

OFFICE OF THE CHILD ADVOCATE ANNUAL REPORT

FISCAL YEAR 2025



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THE COMMONWEALTH OF MASSACHUSETTS

MARIA Z. MOSSAIDES, DIRECTOR

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Letter from the Child Advocate

I am pleased to present the Fiscal Year 2025 (FY25) Annual Report of the Office of the Child Advocate (OCA). The OCA is dedicated to ensuring that children and their families receive high-quality, effective, and timely state services, while identifying gaps and recommending improvements to systems, policies, and practices.

This is my final Annual Report as the Commonwealth's Child Advocate. As I prepare to conclude my tenure, I am proud to reflect on the substantial growth and evolution of the OCA over the past ten years. When I began in 2015, the Office employed three staff members and operated with a budget of approximately \$450,000. At that time, the OCA's work was primarily focused on our statutory core functions: operating a Complaint Line and reviewing critical incident reports and Department of Children and Families (DCF) supported reports of child abuse or neglect in out-of-home settings.

While these functions remain central to the OCA's mission, the Office has since undergone significant growth and transformation. Through the support of the Massachusetts Legislature and the Governor, and via both statutory changes and budgetary appropriations, the OCA has expanded our staff to 36 (as of the end of Calendar Year 2025) and our budget to \$7.3 million in FY25.

With this expanded staff and budget, and in partnership with our colleagues in the legislative, executive, and judicial branches as well as advocates, provider organizations, and many others who are dedicated to the safety and wellbeing of children, here are just some of the OCA's achievements over the past decade:

Strengthening Oversight and Quality Assurance

The OCA has significantly expanded our Quality Assurance team, increasing both capacity and expertise. In FY25, this team reviewed more than 1,700 cases involving children's experiences with state services, providing direct assistance to families seeking access to services, engaging with state agencies to address practice concerns, and conducting comprehensive, multi-month investigations when systemic issues were identified. Over the past decade, the OCA has issued four major public reports following the death or disappearance of a child served by DCF, each leading to substantial policy and practice changes. Through close work with the Legislature, Governor's Office, DCF, and countless other partners, the OCA has ensured that lessons are learned and that after each tragedy, significant changes to policy and practice are made.

Leading on State Boards and Commissions

Over the past ten years, the Legislature has assigned the OCA to [lead or co-lead several major state commissions and boards](#), including the Juvenile Justice Policy and Data Board, the Mandated Reporter Commission, the DCF Data Workgroup, the Childhood Trauma Task Force,

and the Child Sexual Abuse Prevention Task Force. This work reflects the OCA's commitment to rigorous analysis and collaborative partnership.

Advancing Public Policy

The OCA has played a central role in developing and advancing public policy to improve the wellbeing of children and youth. Through data analysis, research, and stakeholder engagement, the Office has informed legislative and administrative reforms that have led to measurable changes in practice. Notable legislative accomplishments include statutory reforms improving access to behavioral health services, ending the automatic filing of mandated reports for birthing parents whose children are substance exposed, and the enactment of legislation banning child marriage in Massachusetts. The OCA approaches policy reform with flexibility and persistence, recognizing that meaningful systems change often occurs through sustained, collaborative effort.

Innovating and Implementing Pilot Projects

The OCA has [developed and implemented multiple pilot projects](#) designed to improve outcomes for children and families, with legislative support and collaboration from executive agencies. These initiatives include the Massachusetts Youth Diversion Program in partnership with the Department of Youth Services (DYS), the Transition Age Youth Housing Stabilization and Support program with the Executive Office of Health and Human Services, and a variety of public awareness campaigns such as HandholdMA with the Department of Mental Health, the Safe Sleep campaign with the Department of Public Health, and the Safe Kids Thrive program with the Children's Trust. The OCA also developed and maintains a free, evidence-based online training for mandated reporters to enhance reporting quality. Massachusetts remains the only state whose OCA directly engages in this type of innovation, balancing oversight with proactive problem-solving on behalf of children and families.

Coordinating and Collaborating Across Agencies

The OCA serves as a neutral convener on complex, cross-agency issues affecting children and families. The Office has led interagency oversight of residential schools to improve information sharing and collaboration, address service delivery challenges, identify emerging trends, and provide early warning of potential crises. The OCA also partners with the Office of the Chief Medical Examiner and DPH to administer the Child Fatality Review program and participates in numerous ongoing interagency efforts, including the Interagency Review Team process, the Restraint and Seclusion Task Force, and the Families and Children Requiring Assistance Board. These efforts underscore the importance of partnerships across agencies and secretariats in achieving better outcomes for children.

Advancing Data Quality and Transparency

Improving data quality and accessibility has been a central priority of the OCA's work. Over the past decade, the OCA has strengthened our own data systems, collaborated with DCF to

enhance our annual data reporting, and supported the creation of an [online DCF dashboard](#). Through leadership of the Juvenile Justice Policy and Data Board, the OCA oversees the production of an annual statewide juvenile justice report and maintains an [online data dashboard](#) that integrates data from multiple agencies, including the Juvenile Court, the Massachusetts Probation Service, and DYS.

Building the Center on Child Wellbeing and Trauma

In FY22, the OCA partnered with UMass Medical School to pilot the [Center on Child Wellbeing and Trauma](#) (CCWT), following a recommendation by the Childhood Trauma Task Force. In 2023, the Center was integrated fully into the OCA, growing our office substantially. The CCWT now provides training and technical assistance on trauma-responsive practices to multiple child-serving state agencies across secretariats and branches of government. The CCWT's success reflects the OCA's commitment to embedding effective practices into the fabric of Massachusetts' child-serving systems.

Thank You

As detailed in this Annual Report, the initiatives described above continue to evolve as the OCA advances our mission of promoting the safety, wellbeing, and equitable treatment of all children in the Commonwealth.

I wish to express my appreciation to the dedicated staff of the OCA for their professionalism, commitment, and expertise. It has been an honor to work with so many talented professionals at the OCA, and I continue to learn from them each and every day. I also extend my gratitude to the Legislature, the Governor, our state agency partners, advocacy and provider organizations, and families who work collaboratively with us to improve outcomes for children.

It has been truly an honor to serve as the Child Advocate of the Commonwealth and to lead an office dedicated to ensuring that every child in Massachusetts receiving state services has the opportunity to grow, thrive, and be protected by systems worthy of their trust.

Sincerely,



Maria Z. Mossaides
Director, Office of the Child Advocate

About the Office of the Child Advocate

The Office of the Child Advocate is an independent executive branch state agency with oversight and ombudsperson responsibilities, established by the Massachusetts Legislature in 2008.¹ The OCA's mission is to ensure that children receive appropriate, timely and quality state services, with a particular focus on ensuring that the Commonwealth's most vulnerable and at-risk children have the opportunity to thrive. Through collaboration with public and private stakeholders, the OCA identifies gaps in state services and recommends improvements in policy, practice, regulation, and/or law. The OCA also serves as a resource for families who are receiving, or are eligible to receive, services from the Commonwealth. The OCA executes its mission by:

- Overseeing and monitoring the services delivered by child-serving state agencies.
- Improving the collection, use, and transparency of state agency data.
- Identifying gaps in and concerns with how state agencies and systems serve at-risk children, and recommending and advocating for solutions, including changes to improve coordination across agencies.
- Advising on and leading efforts for systemic change in policies, programs, and practices affecting vulnerable and at-risk children.
- Partnering with state agencies to improve service quality through the development and launch of innovation and incubation projects.
- Offering training and technical assistance to child-serving agencies to support policies, programs, and a workforce that are trauma-responsive.
- Serving as an ombudsperson, including providing information and referral support for families who are receiving, or are eligible to receive, services from the Commonwealth.
- Promoting child and family wellbeing.

OCA's Core Values:

- We are child centered.
- We are trauma informed and responsive.
- We believe diversity, equity, inclusion and belonging are central to our work.
- We value collaboration.
- We strive for excellence.

[Read our full Statement of Values.](#)

¹ Office of the Child Advocate statute. [M.G.L. c. 18C](#).

Executive Summary

The Office of the Child Advocate's FY25 Annual Report documents progress toward the eight strategic goals outlined in the [OCA's FY24-FY26 framework](#), which guide the OCA's oversight, policy, and programmatic work to ensure the safety and wellbeing of children served by the Commonwealth.

Table 1: OCA Strategic Goals	
Strategic Goals	OCA FY25 Actions & Accomplishments
Goal 1: Safety, High-Quality Services and Continuous Quality Improvement (CQI)	The OCA advanced oversight and quality assurance through its core functions, worked to improve trauma-informed and responsive practices in the early education and care system, reviewed child-serving state agency training requirements, and developed a new cross-secretariat Training and Learning Collaborative.
Goal 2: Prevention and Breaking the Cycle	The OCA worked on a number of prevention-focused reforms, including updating policies to support substance-exposed newborns, providing training for mandated reporters, expanding youth diversion, studying and recommending reforms to the pretrial system, researching ways to reduce crossover from the child welfare to the juvenile justice system, and continuing to co-lead the Child Sexual Abuse Prevention Advisory Council.
Goal 3: Transition into Adulthood	The OCA provided supports for youth and young parents transitioning to adulthood, such as funding the Transition Age Youth Bridge Fund, engaging in partnerships to support young mothers, and advancing initiatives promoting teen driver safety.
Goal 4: Addressing the Needs of Diverse Populations	The OCA promoted equity through a number of initiatives described throughout the report, including leading the Trauma and Racial Equity Empowerment Academy and delivering training for professionals serving newcomer families.
Goal 5: High/Complex Behavioral Health Needs	The OCA supported children with children with complex behavioral health needs by leading autism and water-safety awareness efforts, participating in the Interagency Review Team, and improving coordination across residential schools.
Goal 6: Awareness of Services	The OCA promoted youth awareness of OCA services by directly engaging with youth in congregate care settings and developing a resource guide for caregivers of children with problematic sexual behaviors.

Table 1: OCA Strategic Goals

Goal 7: High-Quality Data	The OCA continued to track and make available data on the juvenile justice system.
Goal 8: OCA Capacity	The OCA enhanced internal systems for continuous quality improvement and expanded its capacity to advance legislative priorities.

Collectively, the initiatives described reflect a coordinated, trauma-informed, and equity-driven approach to improving outcomes for Massachusetts children and families.

Introduction

In FY24 the Office of the Child Advocate released its FY24-FY26 strategic framework. The framework is the result of a strategic planning process that started with the question, “What is the OCA’s vision for the Commonwealth’s children and their families, and what will it take to get there?”

The framework identifies eight key goals that must be achieved by the Commonwealth to reach a future where all children—and specifically children in the care and/or custody of the Commonwealth—can thrive. These goals guide decisions about OCA projects and initiatives:

- **Safety, High-Quality Services and Continuous Quality Improvement:** Children in the care and/or custody of the Commonwealth are safe and receiving the services they need, and the state agencies serving them are continuously improving with well-functioning quality assurance mechanisms in place.
- **Prevention and Breaking the Cycle:** There is a comprehensive, coordinated statewide approach to supporting families with the aim of reducing child protective service and juvenile justice system involvement, particularly for those families for whom persistent disparities in supports exist and for families with multi-generational involvement.
- **Transition into Adulthood:** Youth receiving state services transition into adulthood with the support they need to succeed.
- **Addressing the Needs of Diverse Populations:** The Commonwealth’s state child-serving systems are addressing the needs of traditionally underserved populations, including racially and ethnically diverse populations, LGBTQ+ youth, and newcomer families.
- **High/Complex Behavioral Health Needs:** The needs of children and youth with high and/or complex behavioral health needs are met, including their needs for timely delivery of and navigation to appropriate support.
- **Awareness of Services:** Families and youth, and those who serve them, are aware of available supports and services.
- **High-Quality Data:** The Commonwealth’s state agencies serving children and families use high-quality data to inform decision-making and continuous quality improvement.
- **OCA Capacity:** The OCA has the expertise, reputation, relationships, capacity, and operational infrastructure to execute its mission.

The following report provides a high-level description of the actions and activities undertaken by the OCA in FY25, organized by the OCA’s eight strategic goals. While projects are described under specific priorities to help organize the information, many projects address multiple goals. Additional more detailed data on the OCA’s core functions will be released in a separate report in Spring 2026.

Goal 1: Safety, High-Quality Services and Continuous Quality Improvement

Children in the care and/or custody of the Commonwealth are safe and receiving the services they need, and the state agencies serving them are continuously improving with well-functioning quality assurance mechanisms in place.

In This Section You Will Find:

- Strengthening Quality Assurance and Oversight
- Promoting a Trauma-Informed and Responsive Early Education and Care System
- Building a Cross-Agency Training and Learning Collaborative
- Assessing State Agencies' Trauma and Resilience Training Requirements and Opportunities

Strengthening Quality Assurance and Oversight

The OCA's quality assurance function is grounded in the OCA statute, [M.G.L. Chapter 18C](#), which requires the OCA to ensure that children who are involved with an executive agency receive timely, safe, and effective services. The OCA statute establishes several pathways for information about state services to come to the OCA's attention: the operation of an [OCA Complaint Line](#), receipt of critical incident reports (CIR), and receipt of DCF-supported allegations of abuse and/or neglect of children in out-of-home settings.² Although not statutorily required, as part of the OCA's long-term efforts to strengthen the foster care review process, in FY22 the OCA also began to receive foster care review safety alerts³ from DCF.

² Out-of-home settings include foster care, congregate care, child care, public schools, private schools, after-school and summer programs, residential and inpatient therapeutic programs, and school-funded transportation companies.

³ See [Appendix E: Glossary of Terms](#) for definitions.

OCA's Oversight Functions

The OCA is required by statute ([Chapter 18C of the Massachusetts General Laws](#)) to perform several functions to ensure that children involved with an executive branch agency, particularly children served by the child protective services or juvenile justice systems, receive timely, safe, and effective services. Fulfilling these duties is the OCA's top priority and includes the following:

- **Complaint Line:** Respond to concerns about state services provided to individual children or families. Youth, family members, foster parents, advocates, attorneys, and various other individuals contact the [OCA Complaint Line](#) to express concerns, ask questions, or receive resources and information about a service a child is receiving or is eligible to receive.
- **Critical Incident Reports:** Receive and review reports from state agencies regarding children or youth who die or experience a near fatality, serious bodily injury, or emotional injury while receiving state services.
- **Supported Reports of Abuse and/or Neglect in Out-of-Home Settings:** Receive and review DCF reports of supported allegations of abuse and/or neglect of children in out-of-home settings.
- **Investigations:** The OCA may initiate a formal investigation when a preliminary review suggests that the actions or inactions of a reporting agency may have been egregious or have significantly contributed to the harm of a child or young adult. Typically, a critical incident report brings cases to the OCA's attention for investigation, though the OCA has discretion to investigate any matter that aligns with its statutory oversight obligations. Formal investigations may be non-public or public. Formal investigations include recommendations for implementation, which the OCA monitors through its ongoing oversight functions.

In FY25 the OCA received 993 Complaint Line inquiries, 240 critical incident reports,⁴ 491 DCF-supported reports of abuse and/or neglect in out-of-home settings, and 26 foster care review safety alerts. In total, these combined cases amounted to a 33% increase in FY25 compared to FY24 (1,750 vs. 1,312).

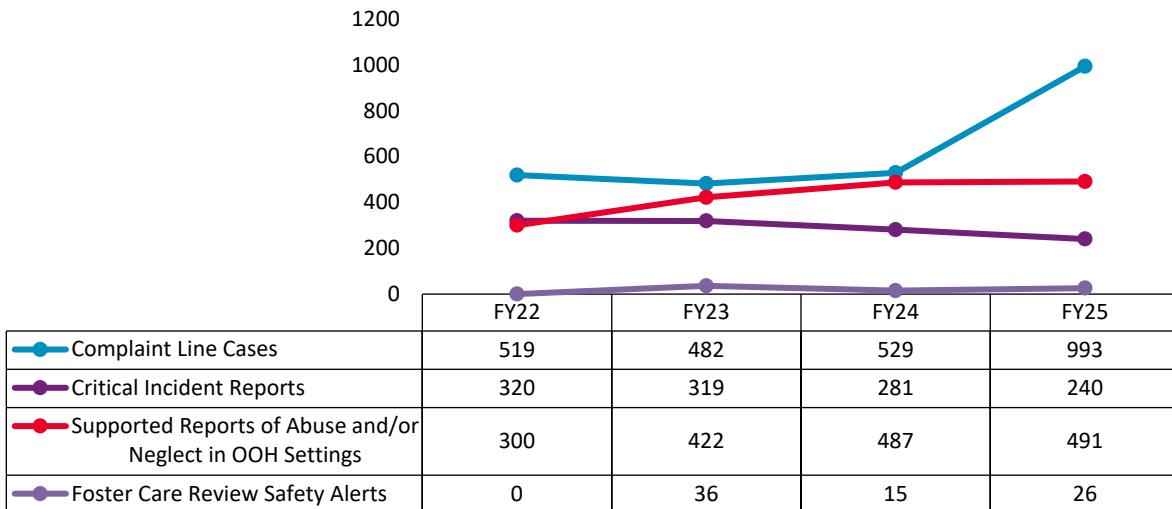
Most of these additional cases came to the OCA's attention through the Complaint Line. There was an 88% increase in Complaint Line inquiries, from 529 in FY24 to 993 in FY25. The OCA believes this increase was at least partially driven by the OCA's increased outreach efforts in

⁴ The OCA received an additional 49 CIRs that did not meet reporting criteria of a fatality, near fatality, serious bodily injury or emotional injury. A state agency will sometimes report incidents that do not meet the definition of a critical incident but which the agency believes is important to share with the OCA. An example of this type of discretionary report might involve an altercation between youth placed in an out-of-home setting or incidents of violence in the community that involve children receiving services.

recent years, including launching a youth engagement initiative to promote awareness of the OCA's Complaint Line to youth in congregate care settings⁵, as well as efforts to increase awareness among legislators, staff at other state agencies, and other child-serving professionals.

Figure 1:

Volume of Reports and Inquiries Received Through the OCA Oversight Functions



OCA quality assurance staff provided advice and systems navigation to the 826 individuals who contacted the Complaint Line and reviewed each concern brought to the OCA's attention. Staff also reviewed every critical incident report, DCF-supported report of abuse and/or neglect in an out-of-home setting, and foster care review safety alert.

Based on these reviews, in FY25 OCA staff followed up with external state agencies and/or service providers on several hundred reports/inquiries, filed a handful of allegations of abuse and/or neglect (51As) with DCF, conducted one investigation, and initiated a second investigation.⁶ In response, external agencies regularly took direct action by addressing OCA-identified concerns with staff or senior leadership or through training. The Quality Assurance team also identified dozens of documentation and administrative issues as well as concerns that led DCF to convene approximately 50 area clinical review teams, regional clinical review teams, or specialist consultations. A limited number of OCA-identified cases led an agency to file

⁵ See [Goal 6: Awareness of Services](#) for additional information.

⁶ The OCA may initiate a formal investigation when a preliminary review suggests that the actions or inactions of a reporting agency may have been egregious or may have significantly contributed to the harm of a child or young adult. Formal investigations may be made publicly available, or they may be held confidential due to the sensitive nature of the personal information they contain about children and their families. Formal investigations include recommendations for implementation, which the OCA monitors through its ongoing oversight functions. For additional details on how the OCA determines when to make an investigation public, see the [OCA Protocol on the Release of Confidential Information](#).

its own allegations of abuse and/or neglect; to make changes to an outcome decision, permanency plan, or practice; or to provide additional services.

The primary goal of the OCA's follow-up and engagement with executive agencies is to ensure that children are safe, that they are receiving the services they need, and that any barriers to receipt of those services are resolved. The OCA also utilizes individual case engagement to inform its evaluation of agency policies and practices. This informs the OCA's individual case review work as well as its overall mission of ensuring that children and their families receive effective services.

The OCA's work in this area also informs its participation in the Child Fatality Review (CFR) program, and its work on various other boards and commissions and related research projects. The OCA uses the information to identify case practice concerns specific to the child and family involved as well as system-wide patterns and trends about child maltreatment, injury, suicide, and other issues or associated risk factors. More broadly, this information helps the OCA to:

- Identify policy and/or practice changes that could be instituted or refined to increase the safety and wellbeing of children.
- Determine whether there are trends or patterns that may need to be addressed by new legislation, regulations, policies, or procedures.
- Identify trends where the Commonwealth would benefit from greater data gathering and analysis.

More detailed data on the OCA's core functions will be released in a separate report in Spring 2026.

Promoting a Trauma-Informed and Responsive Early Education and Care System

When a child experiences trauma, it can affect their ability to form relationships, regulate their emotions, and learn. Early education and care settings (serving children aged 0-5) offer unique opportunities to promote safety and wellbeing for children with trauma histories. In FY24, the OCA, through its Center on Child Wellbeing and Trauma, partnered with the Department of Early Education and Care (EEC) to design and implement a multi-pronged approach to developing and sustaining a trauma-responsive early education system.

In FY25, CCWT continued its partnership with EEC and launched the first phase of this initiative. Of note, CCWT:

- Launched six online, asynchronous modules on trauma, racial equity, and resilience for early education and care providers on EEC's Strong Start Learning Management System. As of June 2025, close to 3,900 professionals had enrolled in the course, with 37% taking the course in Spanish, 7% in Portuguese, and 1% in Chinese.

- Implemented a train-the-trainer program for professional development specialists across Massachusetts' early education and care system, so that they, in turn, are able to provide training to educators on trauma-responsive practices. In FY25, the OCA trained 35 of these professional development specialists. Following this train-the-trainer initiative, the OCA supported the roll-out of regional trainings delivered by these trained professional development specialists in English, Spanish, Portuguese, and Chinese. In FY25, 37 early education and care providers participated in these trainings, with more trainings ongoing in FY26.
- Trained EEC field operations staff (licensors and investigators) on trauma-responsive practices and provided ongoing technical assistance through a series of communities of practice.

In FY26, the OCA will continue its collaboration with EEC by developing a multi-session, role-specific training series that promotes and sustains a trauma-responsive early education and care system. In September 2025, CCWT facilitated a Leadership Summit on Trauma, Equity, and Resilience, which gathered approximately 75 senior leaders and managers across all of EEC. The OCA is currently partnering with EEC leaders to provide training and workshops to staff who work directly with children and families, followed by training and workshops for EEC's internal-facing staff.

Building a Cross-Agency Training and Learning Collaborative

Training is an important tool to promote equitable, high-quality state services. Ongoing training helps the state and contracted provider workforce stay informed about best practices and apply uniform and equitable processes and standards of care for children and families. Accordingly, improving training accessibility and quality for state employees and those working for contracted providers that serve children and families in the Commonwealth can help improve service quality.

To better understand the current training landscape of child- and family-serving state agencies, in FY25 the OCA compiled and evaluated information on the training practices and topics required for, or offered to, state agency staff and contracted service providers. OCA staff also interviewed staff that manage state agency training efforts and other subject matter experts in child- and family-serving state agencies in Massachusetts and researched human service competency requirements and training models in other states.

Through this process, the OCA observed that agencies had many shared pain points related to capacity and resources. The OCA also observed a variety of opportunities for system-level improvement, including:

- Promising training initiatives and practices in individual agencies that could be shared with other agencies.

- Opportunities for coordination, alignment, and resource pooling across child-serving agencies.
- Agencies' interest in connecting and collaborating with colleagues in other child-serving state agencies on these topics.

To strengthen workforce training efforts across the child-serving sector, in fall 2025 the OCA launched a new cross-secretariat Training and Learning Collaborative (TLC), including representatives from the Executive Office of Health and Human Services (EOHHS), the Executive Office of Education (EOE), the Executive Office of Housing and Livable Communities (EOHLC), as well as their relevant constituent agencies. The TLC aims to support the development and dissemination of high-quality training, while leveraging the existing resources, training practices, and expertise of each participating agency. The ultimate goal of this multi-year initiative is to align state resources and efforts to increase the quality and accessibility of training for state agency and provider staff to support them in their important work with children and families of the Commonwealth.

Assessing State Agencies' Trauma and Resilience Training Requirements and Opportunities

The OCA chairs the Childhood Trauma Task Force (CTTF), which was established by the Legislature in 2018 and charged 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 involvement. The Task Force draws its membership from the Juvenile Justice Policy and Data (JJPAD) Board and consists of members representing a broad spectrum of public and private stakeholders involved in the juvenile justice system as well as child welfare and other child-serving agencies.

In FY25, the OCA conducted a landscape analysis of trainings provided to state employees and contracted providers working with children and families (as described above) and presented findings on trainings specific to trauma and resilience to the CTTF.

Findings from interviews with staff at seven state agencies, an analysis of over 600 training topics, and review of 18 state contracts show that:

- While most state agencies train on general topics related to trauma and resilience, there are great variations in terms of what content these trainings cover and who receives them. Specifically, there are important variations between agencies, within individual agencies, and in training requirements for contracted providers. These variations can impede the Commonwealth's child-serving workforce from having a common language and a common approach to working with children and families who have experienced trauma.

- Child-serving state agencies have varying capacity to ensure employees and contracted providers have sufficient knowledge on trauma, resilience, and trauma-responsive strategies. Agencies face multiple barriers to ensure they can track training completion and identify professional development needs—both internally and with organizations with which they contract to provide services to children.
- Cross-agency training collaborations are useful to support child-serving staff's professional development. While there have been efforts to promote cross-agency training initiatives that bolster professionals' trauma-responsive practices, more can be done to ensure professionals employed or contracted by the state have access to cross-agency training opportunities on these topics.

In December 2025, the CTTF published [its annual report](#) with research on Massachusetts' child-serving agencies' current training efforts on trauma, resilience, and trauma-responsive practices. The report's findings are followed by recommendations to promote professional development of staff serving children and families in the Commonwealth.

Goal 2: Prevention and Breaking the Cycle

There is a comprehensive, coordinated statewide approach to supporting families with the aim of reducing child protective service and juvenile justice system involvement, particularly for those families for whom persistent disparities in supports exist and for families with multigenerational involvement.

In This Section You Will Find:

- Reforming Policies and Laws to Support Substance-Exposed Newborns
- Providing Trainings for Mandated Reporters
- Expanding the Massachusetts Youth Diversion Program (MYDP)
- Improving Pretrial Outcomes of Youth
- Reducing Crossover from Child Welfare to Juvenile Justice
- Improving the Child Requiring Assistance System
- Co-Leading the Child Sexual Abuse Prevention (CSAP) Advisory Council

Reforming Policies and Laws to Support Substance-Exposed Newborns

In recent years, DCF received over 1,000 reports on families with newborns who were born substance exposed—but in approximately half of those reports, DCF did not find reasonable cause to believe that the newborns had been abused or neglected.⁷ In some cases, the “addictive drug” that the newborn is exposed to in utero and that results in physical dependence is a drug knowingly prescribed to the birthing person by their physician to treat substance use disorder or support ongoing mental health treatment. Therefore, the birthing person who is following physician’s recommendations to stay on stabilizing medications was often reported to DCF at the time of the birth of their child, a particularly vulnerable and critical time for the family. The report of maltreatment to DCF, even if it is screened out, can be destabilizing and stigmatizing and can prompt parents to avoid the use of prescribed medications, which can put children and families at risk.

Throughout FY24 and FY25, the OCA supported *An Act relative to substance exposed newborns*, which was signed into law as part of a larger omnibus package in December 2024.⁸ Previously, health care professionals were required to file a 51A report of abuse or neglect with DCF whenever an infant was born substance exposed.⁹ The new law replaces this required reporting with a dual notification system: Providers are required to send de-identified notifications to the Department of Public Health (DPH) for each child who is born with prenatal substance exposure

⁷ [Massachusetts Department of Children and Families](https://www.mass.gov/info-details/child-protective-services-overview-dashboard). (n.d.). Child Protective Services Overview & Dashboard. Accessed January 26, 2026. <https://www.mass.gov/info-details/child-protective-services-overview-dashboard>

⁸ An Act Relative to Treatments and Coverage for Substance Use Disorder and Recovery Coach Licensure, Ch. 285. (2024). <https://malegislature.gov/Laws/SessionLaws/Acts/2024/Chapter285>.

⁹ Specifically, the prior statute read, “physical dependence upon an addictive drug at birth.”

and to only file a 51A report with DCF when they have reasonable cause to believe that the child is at substantial risk of abuse or neglect, including whether ongoing parental substance use may endanger the child. The law no longer presumes that physical dependence on an addictive drug at birth is abuse or neglect. The law also strengthens perinatal support systems, enhances data collection, and requires reporting on impacts such as child safety, service gaps, and racial disparities. Together, these changes aim to protect infants while reducing stigma and encouraging parents with substance use challenges to seek treatment and support.

Parallel to these efforts, the OCA has worked in partnership with DCF and DPH for several years to strengthen our state's capacity to support infants, children, parents, and caregivers affected by substance use disorder and prenatal substance exposure. In FY23, DCF and DPH were selected by the National Center on Substance Abuse and Child Welfare (NCSACW) to participate in the 2023 Policy Academy. The OCA, along with other cross-system partners, established four key goals:

- Creating a statewide governance structure
- Developing a shared vision and language across systems
- Ensuring compliance with CAPTA regulations
- Implementing a public health approach to Family Care Plans

In March 2023, Massachusetts was chosen for In-Depth Technical Assistance (IDTA) from NCSACW, which launched in May 2023, to guide the work in the oversight, planning and implementation of these goals. The OCA was an active participant in this work. The NCSACW leadership role concluded in March 2024, but the OCA, DCF, DPH, and other cross-system partners continue a strong and active collaboration to further advance and sustain the mission of this important work.

Providing Trainings for Mandated Reporters

There is no state agency or entity that is responsible for training, monitoring, or providing guidance to mandated reporters on reporting allegations of child abuse and neglect. Based on recommendations issued in 2021 by the OCA-chaired Mandated Reporter Commission, in 2023 the [OCA developed and launched a free, online, on-demand training](#) for all mandated reporters, along with a specialized module designed for school personnel that focuses on issues most relevant to Massachusetts K-12 educators, as a large portion of reports are filed by educators and school personnel.

The OCA developed this training to provide mandated reporters with the information and tools necessary to fulfill their legal duty to protect children by reporting suspected abuse or neglect, accurately identify instances of abuse and neglect, improve their awareness of how bias and culture may influence reporting decisions, and use structured decision-making to connect families to supportive resources when a DCF report is not warranted—advancing the OCA's goal

of prevention and breaking the cycle. The trainings are supported by a comprehensive [online resource library](#), including resources to help mandated reporters connect families to services when concerns do not meet the threshold for abuse or neglect. This resource library is accessible anytime, with no requirement that the reporter must have completed the training beforehand.

In FY25, the OCA updated both the general module and the educator-specific module to reduce repetition, include more detailed information about child grooming, and provide information about changes to data and updated laws, including Chapter 285 of the Acts of 2024, which, as described above, changed mandated reporting requirements regarding infants affected by prenatal substance exposure.

In FY25, a total of 5,739 people completed the mandated reporter general training and 6,935 completed the training for school personnel. Additionally, 400 organizations—including schools, child care providers, religious institutions, medical and dental practices, and sports and recreation organizations—registered to assign the training to their staff. In December 2025, the OCA released [a report on the design and implementation of the mandated reporter training](#), including data on registration, completion, and learner outcomes.

In FY26, the OCA plans to improve the mandated reporter training further by continuing to edit and update the available courses, developing additional scenarios for deeper learning, and exploring developing a new profession-specific training.

Expanding the Massachusetts Youth Diversion Program

The OCA has prioritized expanding statewide diversion opportunities for youth and improving community-based interventions as part of its focus on reducing juvenile justice system involvement for children in Massachusetts.

Since 2021, the OCA has partnered with DYS to develop, implement, evaluate, and expand the [Massachusetts Youth Diversion Program](#), which provides high-quality, evidence-based youth

programming that can serve as an alternative to arresting youth or prosecuting them through the juvenile court. For the first few years of the program, the OCA provided funding to DYS to operate the program; in FY25, with the full support of the OCA, funding and full operational responsibility shifted to DYS through the creation of a line item for MYDP in the state budget.

The OCA continues to monitor implementation of the program. In FY25, the OCA began work on a data report looking at results from the third year of the MYDP, including the program's expansion to the Cape and Islands and Bristol County in 2024. [This report was released in October 2025.](#)

In FY25, the OCA also supported a partnership between the Attorney General's Office (AGO) and the MYDP to provide diversion services to youth under 18 who are charged with possessing, receiving, purchasing, or sharing sexually explicit images of another minor—so-called “sexting”—following the 2024 passage of *An Act to prevent abuse and exploitation*.¹⁰ This law required that youth who are alleged to have committed these offenses be diverted from the court system and required the AGO to design and implement an educational diversion program for these youth.

In FY25, the OCA helped the AGO develop [an educational brochure for youth referred to the program](#). The OCA also partnered with the AGO and DYS to coordinate referrals and programming support with the MYDP to help provide youth enrolled in this program with the opportunity to work with a diversion coordinator.

In FY26, the OCA will continue to partner with the AGO to develop an improved online educational curriculum and with DYS to continue to expand and improve the MYDP.

Improving Pretrial Outcomes of Youth

Between FY22 and FY24, the number of youth supervised/monitored by pretrial probation increased 67%.^{11,12} Professionals have also reported greater use of electronic location monitoring/global positioning system (ELM/GPS) monitoring, reflecting efforts to reduce youth detention. While some of these shifts were expected following broader system reforms—and are not necessarily concerning on their own—the fact that 35% of youth are detained pretrial due to revoked bail or personal recognizance suggests that there are opportunities to strengthen supports that help youth succeed during the pretrial phase.

In 2023, the JJPAD Board launched an initiative studying this specific phase of the juvenile justice system, with the goal of making recommendations to improve the pretrial phase in

¹⁰ An Act to Prevent Abuse and Exploitation, Ch. 118. (2024).

<https://malegislature.gov/Laws/SessionLaws/Acts/2024/Chapter118>

¹¹ Data as most recently reported by the JJPAD Board's 2024 Annual Report: <https://www.mass.gov/doc/jpad-2024-annual-report/download>.

¹² See [Appendix E: Glossary of Terms](#) for a definition.

Massachusetts. In FY25, the OCA, through its role as chair of the JJPAD Board, concluded work on this project and published the report [Improving Massachusetts' Juvenile Pretrial Phase: An Assessment of the Current Pretrial System and Recommendations for Improvement](#), which was released in January 2025.

As detailed in the report, the OCA conducted 73 interviews with stakeholders across sectors, analyzed available state-level data, facilitated presentations from the Committee for Public Council Services (CPCS), Massachusetts Probation Service (MPS), and DYS, reviewed national research, and reviewed current state policies to inform this work. Findings that emerged from the project included:

- Pretrial conditions for youth can be developmentally inappropriate or not tailored to their specific cases.
- Many Massachusetts professionals are concerned that restrictive conditions, most notably ELM/GPS and home confinement, are overused as an unintended consequence and result of the state's effort to limit the use of detention.
- The pretrial process lasts too long, causing harm to youth. While the Juvenile Court time standards clearly state delinquency proceedings are to be disposed within six to eight months, in practice, the pretrial phase can extend much longer, which can negatively impact youth, victims, and personnel.
- There are vastly different regional practices at this stage, leading to concerns about equity.
- The pretrial statutory framework—such as when and how cash bail and other conditions of release are to be set—is unclear and does not account for all relevant circumstances.
- There are disparities in who is detained pretrial, who is placed on pretrial monitoring/supervision, and who is released on personal recognizance. Black and Latino youth are overrepresented at every pretrial process point. Additionally, numerous individuals interviewed for the report shared that girls and youth with DCF involvement were more likely to be detained pretrial for reasons other than the legally allowable concerns about their failure to appear or community safety.

The JJPAD Board found that there are cohorts of youth who could be diverted away from pretrial detention, pretrial supervision/monitoring, or the system entirely. The project yielded several recommendations across three general themes for state improvements:

- Improve how conditions of release are set and revisited throughout the pretrial process, as a way to continuously address developmental, case, and youth appropriateness in order to limit the number of violations of probation at this phase.
- Divert more youth from detention and juvenile court involvement by expanding the range of pretrial supervision and pre-arrainment diversion options.

- Support implementation of pretrial reforms and continue to measure the impact through increased data availability measures through MPS, the Juvenile Court, CPCS/Youth Advocacy Division, and district attorney's offices.

The OCA will monitor the implementation of the report's recommendations.

Reducing Crossover from Child Welfare to Juvenile Justice

In FY25 just under half (45%, n=400) of all pretrial detention admissions were for youth who were involved with DCF, including some who were in the care and/or custody of the Commonwealth. This rate has been relatively consistent over time, despite declines in detention admissions for the general population of youth in Massachusetts.

Youth who cross over from the child welfare system into the juvenile justice system face heightened risks of instability, deeper system involvement, and poorer long-term outcomes. In Massachusetts, fragmented systems of care across agencies mean that supports for these youth are often inconsistent and inequitable.

In 2023, the JJPAD Board launched the Dually Involved Youth project, which aims to better understand the overrepresentation of youth with DCF involvement in the juvenile justice system. Studying crossover youth provides an opportunity to identify system gaps and disparities and to advance the overarching goal of building a comprehensive, coordinated statewide approach that reduces involvement in both the child welfare and the juvenile justice system while promoting more equitable outcomes for children and families.

In FY25, OCA staff completed 79 interviews representing 97 stakeholders, completed a national scan of literature on dually-involved youth, and obtained datasets from DCF and DYS to allow for an in-depth analysis of data on dually-involved youth in Massachusetts. OCA staff also led numerous JJPAD and subcommittee meetings that convened members from across child-serving state agencies, the judiciary, and advocacy and provider communities to discuss this project.

In FY26, OCA staff will identify and connect with peer states to learn about potential systems and policies of interest and continue to facilitate conversations on this topic with the goal of publishing findings and recommendations from the JJPAD Board in calendar year 2026.

Improving the Child Requiring Assistance System

In 2022, the Juvenile Justice Policy and Data Board, which the OCA chairs, [published a report on the state's Child Requiring Assistance \(CRA\) system](#). The report details the significant shortcomings of the current CRA system nearly a decade following major reforms made to what was previously called the Children in Need of Services (CHINS) system. Among the shortcomings were frequent instances of young people being sent to Juvenile Court for services that are provided in the community, therefore unnecessarily involving youth and families in the Juvenile Court system. The report recommended steps the state should take to improve the system.

Three years later, little has been done to address the Board's findings and concerns. In an effort to support state implementation of the Board's recommendations, the [OCA published a report in July 2025](#), which provided updates on ongoing data trends as well as on implementation efforts. Key findings include:

- **Petitions continue to rise:** Total CRA petitions have continued to rise each year (FY23 and FY24) since the Board published its report. This increase is driven by school-based filings. Since the Board published FY22 data, truancy filings have increased 13% and habitual school offender filings have increased 15%.
- **Racial and ethnic disparities have worsened:** Since FY22, racial and ethnic disparities in CRA filings have worsened. In FY24, compared to white youth (6-17) in Massachusetts, Latino youth were 3.5 times more likely to have a petition filed against them (compared to 2.7 in FY22), and Black youth were 3.3 times more likely to have a petition filed against them (compared to 2.9 times in FY22).
- **Geographic differences in the number and types of CRA petitions remain:** Compared to the number of youth in each county eligible for a CRA petition, youth in Barnstable, Berkshire, Bristol, Essex, Hampden, Suffolk, and Worcester counties were overrepresented in CRA filings.

As the data above indicates, challenges remain that only structural changes through statutory reforms can address. Therefore, in its report the OCA recommends the state Legislature pass H.265/S.141, [An Act regarding families and children in need of assistance](#). This bill introduces sweeping changes to the support systems and legal processes for families and children in Massachusetts, aiming to strengthen community-based interventions and prevent the need for court involvement.

Co-Leading the Child Sexual Abuse Prevention Advisory Council

Child sexual abuse is a prevalent and preventable issue. While estimates vary, research suggests that 20% of girls and 14% of boys are victims of sexual violence in North America.¹³ From 2014 to 2024, the OCA co-chaired, with the Children's Trust, the Legislative Task Force on the Prevention of Child Sexual Abuse. Following the end of the group's statutory authorization, the OCA and the Children's Trust transitioned the Task Force into an Advisory Council to provide feedback on the development and implementation of a new three-year strategic plan. The Advisory Council meets twice a year to discuss and advance the implementation of this plan.

¹³ This median prevalence rate was calculated based on rates discussed in Moody, G., Cannings-John, R., Hood, K., Kemp, A., & Robling, M. (2018). Establishing the international prevalence of self-reported child maltreatment: a systematic review by maltreatment type and gender. *BMC Public Health* 18(1), 1164. Accessed January 26, 2026. <https://doi.org/10.1186/s12889-018-6044-y>.

The Children's Trust and the OCA continue to co-chair this group, with the Children's Trust primarily focused on implementation of strategic goals related to training and programming to support child sexual abuse prevention, and the OCA primarily focused on implementation of strategic goals related to research, policy development, and advocacy.

Key OCA activities in FY25 included:

- **Developing a comprehensive approach to the response and prevention of problematic sexual behaviors (PSB) in children and adolescents:** The OCA continued researching Massachusetts' current system of response to PSB and developing policy briefs proposing ways to improve access to and coordination of services among organizations and state agencies working with children who engage in PSB. The OCA also developed guidance for caregivers and professionals for responding to incidents and supporting children with PSB (see Guidance About PSB, below).
- **Enhancing state policies and programs to promote child sexual abuse prevention and reduce systemic barriers to implementation:** The OCA monitored legislation related to the prevention of child sexual abuse, submitted written testimony for CSAP-focused bills (see Advocating for Change: Legislative Affairs below), and collaborated with legislative sponsors on drafting legislation to promote CSAP training and policies for schools and child-serving organizations.
- **Increasing the availability of CSAP research and data critical to meeting strategic goals:** The OCA conducted research on types and prevalence of child sexual abuse, conducted a literature review of risk and protective factors for the prevention of victimization and perpetration, and began collecting state data on this issue.

Goal 3: Transition Into Adulthood

Youth receiving state services transition into adulthood with the support they need to succeed.

In This Section You Will Find:

- Supporting Transition Age Youth Facing Housing Insecurity
- Supporting Parents Under 25
- Advancing Teen Driver Safety Through the Child Fatality Review Program
- Partnering with Roca to Support Young Mothers

Supporting Transition Age Youth Facing Housing Insecurity

Finding and maintaining stable, affordable housing is one of the biggest challenges facing youth who are transitioning into adulthood. This is particularly true for youth who are involved with DCF, who may not have the option to live with a parent or relative as many of their peers do. To help address this challenge, in FY25 the OCA partnered with DCF's Adolescent and Young Adult Services Unit, as well as the EOHHS Homeless Youth Services division, on two projects designed to support transition age youth in achieving and maintaining housing stability.

The first is the Transition Age Youth (TAY) Bridge Fund. In FY25, the OCA distributed \$250,000 to DCF to support a TAY Bridge Fund to cover one-off costs to assist youth engaged with DCF after age 18 to secure and maintain stable housing. These funds allowed staff of DCF's Adolescent and Young Adult Services Unit to address immediate housing crises, provide summer and winter campus housing for students, and ease the transition of youth moving into and out of college. In particular, because of this funding:

- 95 new students received move-in assistance.
- 34 youth attending college secured summer or winter housing.
- 9 youth avoided homelessness through emergency funding.
- 47 graduating seniors leaving college received support to move into independent apartments.

Second, as a member of the state's Unaccompanied Homeless Youth Commission (UHYC), the OCA recognized the need for more effective outreach and communication to ensure youth are aware of these critical services. To this end, the OCA provided financial support to help the Commission and EOHHS Homeless Youth Services (HYS) develop a [campaign to ensure youth understand how and where to access help.](#) The UHYC Youth Advisory Council developed creative materials, with input from the regional youth advisory boards and Unaccompanied Homeless Youth Commission members. To ensure authenticity, HYS recruited youth from regional youth boards to participate in a photo shoot. Funding from the OCA supported campaign development, media placement, and the youth photo shoot.

Both of these initiatives reduced the risk of housing instability, supported educational achievement, and created pathways toward independence for some of the Commonwealth's most vulnerable youth. The impact of this work is evident in the experiences of the young people themselves. Youth described the relief of being able to cover rent and bills, the security of remaining close to employment, and the ability to grieve personal losses without risking homelessness. Their voices underscore how well-timed, practical supports can make the difference between stability and crisis.

Supporting Parents Under 25

For young parents, transitioning into adulthood is fraught with challenges. The Department of Transitional Assistance (DTA) and DPH oversee programs focused on supporting young parents, including a service provider network of close to 100 providers.

Starting in FY24, the OCA, through its Center on Child Wellbeing and Trauma, partnered with DTA and DPH to increase the availability of resources, training, and technical assistance on trauma-responsive practices to their provider network. In FY24, CCWT developed an eight-module toolkit for young parent providers: [Supporting Parents Under 25: A toolkit for, and by, Young Parent Programs](#). CCWT also began conducting a five-session training series for the provider network on this toolkit, covering topics such as the developmental needs of adolescents, trauma resilience, and healing-centered engagement.

In Their Words: Youth Helped by the TAY Bridge Fund

"I was without work for many days, I had to spend all my savings, simply to pay rent and bills, I didn't know what would happen next month if things continued that way. Thanks to the financial support I received, I was able to pay my rent and my bills. It was the best night I had that month, just being able to put my head on the pillow and not worry about getting kicked out."

These funds "...made a life-changing difference for me not only in helping me secure reliable transportation, but also in opening doors to valuable internship opportunities, learning to manage money responsibly, and developing budgeting skills that will serve me for the rest of my life."

In FY25, CCWT continued providing training and technical assistance to this provider network and collaborated with DTA to integrate education on trauma and trauma-responsive practices into its standard training for agency staff. CCWT also supported DTA in updating contract requirements through its re-procurement process, making recommendations to leverage contracting to promote trauma-responsive and equity-focused language, protocol, and practice requirements for DTA's Young Parent Programs.

Partnering with Roca to Support Young Mothers

Young mothers with state system involvement may experience challenges transitioning to adulthood. This can lead to deeper system involvement for themselves, or intergenerational system involvement for their children.¹⁴ Young mothers:

- Are at higher risk for mental health challenges.¹⁵
- Are more likely to be the victim/survivor of abuse.¹⁶
- Experience higher levels of PTSD.¹⁷
- Report higher incidence of substance use disorder.¹⁸

Roca's Young Mothers Program supports women—mostly mothers—who have experienced abuse, neglect, and trauma. Over four years, participants learn emotional regulation through a non-clinical cognitive behavioral therapy model and build life, educational, and job skills. Roca also helps with basic needs, navigating public systems, and reentry. The program aims to improve participants' cognitive and behavioral outcomes in the short term and promote long-term stability and reduced system involvement.

In FY24, the Legislature added an earmark to the OCA's budget to partially fund this program, which continued in the FY25 budget. In FY25, the Roca Young Mothers program served 292 young women aged 14-25+ and their children across four sites in Massachusetts: Boston, Chelsea, Lynn, and Springfield.

¹⁴ Cox, J. E., Harris, S. K., Conroy, K., Engelhart, T., Vyavaharkar, A., Federico, A., & Woods, E. R. (2019). A Parenting and Life Skills Intervention for Teen Mothers: A Randomized Controlled Trial. *Pediatrics*, 143(3). Accessed January 26, 2026.

<https://publications.aap.org/pediatrics/article-abstract/143/3/e20182303/76780/A-Parenting-and-Life-Skills-Intervention-for-Teen?redirectedFrom=fulltext>; In addition to further system involvement, young mothers' children are at higher risk of negative outcomes, such as poor physical and mental health, lower academic achievement, and lower lifetime earnings in adulthood. Aizer, A., Devereux, P. J., & Salvanes, K. G. (2020). Grandparents, Moms, or Dads? Why Children of Teen Mothers Do Worse in Life. *SSRN Electronic Journal*. Accessed January 26, 2026.

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3708643

¹⁵ Hodgkinson, S., Beers, L., Southammakosane, C., & Lewin, A. (2014). Addressing the Mental Health Needs of Pregnant and Parenting Adolescents. *Pediatrics*, 133(1), 114–122. Accessed January 26, 2026.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC3876179/>

¹⁶ Dollar, J. (2022). Parenting Teens: Their Unique Struggles and How to Support Them. Comprehensive Behavioral Health Center. Accessed January 26, 2026. <https://cbhc1.org/how-to-support-parenting-teens/>

¹⁷ Ibid.

¹⁸ Ibid.

The program also continued working with Tufts University Interdisciplinary Evaluation Research in FY25 on an implementation and outcome evaluation. The evaluation points to successes in the Roca model: For participants enrolled in the program between FY19 and FY24 there were sizable declines in criminal convictions post-enrollment and an increase in public benefits (SNAP, TANF, and child care) use post-enrollment, which means these high-risk young mothers were better able to access supportive services for their families.

Advancing Teen Driver Safety Through the Child Fatality Review Program

The OCA is an active participant in the Massachusetts Child Fatality Review program, which seeks to decrease the incidence of preventable child fatalities and near fatalities.¹⁹ Massachusetts law requires establishment of two types of CFR teams: local child fatality review teams (LCFRTs), which are coordinated by the district attorneys, and a state child fatality review team (SCFRT) chaired by the Office of the Chief Medical Examiner (OCME). The OCA performs management and coordination functions for the CFR program, provides funds related to epidemiological work at DPH, and is a statutory member of the state and local teams. The OCA, DPH, and OCME collaborate on the administration of the CFR program.

Since 2018, the OCA has worked closely with the chair of the CFR program in the OCME and DPH to implement and strengthen the CFR program. In FY25, this work centered on teen driver safety, recognizing that motor vehicle crashes are a leading and increasingly prevalent cause of child death both in Massachusetts and nationwide.²⁰

Between 2018 and 2023, 41 teen vehicle occupants aged 15-17 died in motor vehicle crashes on Massachusetts roadways. These preventable deaths reflect long-standing patterns in teen driver risk—nighttime driving, speeding, seatbelt nonuse, and inexperience—compounded by barriers to driver education, inequitable access to safe transportation, and evolving challenges like cannabis-impaired, distracted, and drowsy driving. Boys and Black non-Hispanic adolescents are at increased risk of dying in a motor vehicle crash compared to their peers.

To better understand risk and prevention strategies, in FY25 OCA staff conducted a comprehensive literature review and a series of key informant interviews, examining Massachusetts' roadway safety infrastructure, including data systems, driver education, seatbelt usage, speeding prevention, and impaired driving initiatives. The forthcoming Massachusetts CFR FY25 Annual Report will provide further information, resources, and recommendations.

¹⁹ The CFR program was established in 2000 following the enactment of [M.G.L. c. 38, § 2A](#).

²⁰ [Office of the Chief Medical Examiner](#). (2025). Massachusetts Child Fatality Review Annual Report. Accessed January 26, 2026. <https://www.mass.gov/doc/fy24-child-fatality-review-annual-report/download>

Goal 4: Addressing the Needs of Diverse Populations

Our state child-serving systems are addressing the needs of traditionally underserved populations, including racially and ethnically diverse populations, LGBTQ+ youth, and newcomer families.

In This Section You Will Find:

- Expanding the Trauma and Racial Equity Empowerment (TREE) Academy
- Training Partners to Provide Trauma-Informed and Responsive Services for Newcomers

Expanding the Trauma and Racial Equity Empowerment (TREE) Academy

There are persistent racial and ethnic inequities across child-serving systems in the Commonwealth that disproportionately negatively impact Black and Latino children and families. In FY25, the OCA, through its training division (CCWT), collaborated with DYS to develop a cross-agency Trauma and Racial Equity Empowerment training and technical assistance series. The primary purpose of the TREE Academy is to build a common language and framework for becoming more equitable and trauma-responsive. This work increases statewide capacity for trauma-responsive, equity-driven knowledge and skills by developing a cadre of TREE champions.

In FY25, the OCA trained two cohorts representing over 75 staff at DYS, DCF, MPS, CPCS, Department of Mental Health, EEC, and other system partners. The two series of trainings led to the planning of other training projects related to trauma and equity that will take place in FY26:

- DYS and MPS TREE Academy will focus on building capacity for trauma-responsive and equity-centered practices when working with children and families involved with the Juvenile Court system. One of the goals of this initiative is to increase DYS and MPS staff's use of strategies to reduce re-traumatization and promote equitable outcomes for children and families in their agencies and systems.
- A train-the-trainer TREE Academy for DTA will build the agency's capacity to train its staff in the TREE curriculum.

Training Partners to Provide Trauma-Informed and Responsive Services for Newcomers

The number of migrant families coming to Massachusetts increased significantly in recent years and includes many children and families who have experienced significant trauma.²¹ Equipping

²¹ "...the administration has logged more than 11,000 migrants from October 2022 through September 2023, the federal fiscal year. That represents an increase of more than 152 percent over the previous fiscal year." Gross, S. J. (2024, April 1). How many migrants have arrived in Massachusetts? It's hard to know for sure, but they keep coming. The Boston Globe. BostonGlobe.com. Accessed January 26, 2026. <https://www.bostonglobe.com/2024/04/01/metro/how-many-migrants-in-massachusetts/>

staff who work with newcomer families across sectors with trauma-informed and responsive practices is critical to addressing the needs of these families.

Starting in FY24, CCWT partnered with the EOHLC, EOHHS, and EEC to support shelter staff providers and other staff working to support newcomers. In FY25, CCWT continued to provide a three-part training series to help staff:

- Better understand trauma and its impact on newcomers.
- Integrate promising practices for working with newcomers into daily operations, with a focus on reducing or preventing re-traumatization.
- Address the secondary traumatic stress experienced by staff providing support to these children and families.

In FY25, CCWT also developed and implemented a three-part training series to support staff working in K-12 schools who serve newcomer students. The training series, offered through the Department of Elementary and Secondary Education (DESE) to all schools, focused on:

- Nurturing a culture of belonging.
- Effective communication strategies.
- Instructional and behavioral strategies for supporting new arrival students.

In total, in FY25, CCWT supported 356 staff working with newcomers in schools, shelters, and other family programs across the state. In FY26, CCWT will partner with the Office for Refugees and Immigrants (ORI) to train their staff on trauma-responsive practices to support newcomers.

Goal 5: High/Complex Behavioral Health Needs

The needs of children and youth with high and/or complex behavioral health needs—including the need for timely delivery of and navigation to appropriate support—are met.

In This Section You Will Find:

- Preventing Elopement and Drowning Among Children with Autism
- Participating in the Interagency Review Team
- Enhancing Collaboration and Information Sharing on Residential Schools

Preventing Elopement and Drowning Among Children with Autism

The [Massachusetts Child Fatality Review FY24 Annual Report](#), released in FY25, examines inequities in fatality rates among children with autism spectrum disorder (ASD). While ASD is not a life-limiting diagnosis, certain characteristics—such as wandering behaviors and an affinity for water—can increase the risk of fatalities, including deaths due to drowning. The report’s recommendations emphasized improving caregiver access to services and information alongside broader systemic changes.

Following the release of the report, the OCA partnered with the Department of Developmental Services (DDS) and other state agencies to launch a public awareness campaign. A central feature of the campaign is the website [Autism, Wandering, and Water Safety: Information for Caregivers](#), which provides families, educators, and service providers with resources including:

- Prevention strategies for wandering and emergency planning.
- Water safety tips for providers and educators.
- Guidance for first responders.
- Links to safety modification kits and financial assistance.

To expand access to this information, the OCA printed and distributed brochures to all DPH Early Intervention Programs, DCF Family Resource Centers, and DDS Autism Support and Family Support Centers across Massachusetts. A [printable version is also available online](#), and DDS translated the materials into the seven most-spoken languages in Massachusetts. For sample materials, see Appendix C: Autism, Wandering and Water Safety Materials.

Participating in the Interagency Review Team

Although the Commonwealth has a wide variety of programs and services to support youth with behavioral health needs, each year there are a small number of children with particularly complex challenges who may become “stuck” between the state’s various systems and their different eligibility criteria. In 2022, the Massachusetts Legislature passed *An Act addressing*

*barriers to care for mental health,*²² which created a new process designed to help improve access to services for these children. This process, called the Interagency Review Team (IRT), is facilitated by EOHHS.

The OCA serves as a statutory member of the IRT, whose charge is to collaborate on complex cases where there is a need for urgent action to address any lack of consensus or resolution between state agencies about an individual's current service needs or placement.

The IRT first convened in January 2025 and has operated continuously since. The IRT's work to date has made a significant difference in the lives of a small, highly vulnerable population of children. The OCA is grateful for the leadership of EOHHS in this initiative.

The OCA utilizes information gained in this process to inform its understanding of placement and service needs across the Commonwealth. In FY26, the OCA's Interagency Review Team priorities are to ensure that the child or youth's needs are centered in the conversation, that their preferences are prioritized, and that the state agencies are collaborating in meaningful ways.

Enhancing Collaboration and Information Sharing Through the Residential Schools Working Group

Special education residential schools serve some of the most vulnerable children in the state. They include children who may have complex behavioral, developmental, emotional, mental health, and/or medical challenges; who may face health vulnerabilities, communication barriers, bullying and stigmatization, and impaired executive functioning; and who may be especially dependent on caregivers to meet their basic needs. Children served in residential schools where housing and educational support are co-located are not regularly visible in the community, potentially exacerbating their vulnerabilities.

Oversight and regulation of residential schools are distributed across multiple state agencies, including EEC, which licenses the residential aspect of the programs; DESE, which oversees compliance with the special education requirements in the school-day aspect of the programs; DCF, which contracts with some schools and investigates allegations of child abuse and/or neglect in the school and residential settings; and DMH, which contracts with some residential schools and provides individual case management for some students in residential school settings.

Since 2017, the OCA has been working with state agencies to enhance collaboration and information sharing in this context. Currently, this work includes facilitating the Residential Schools Working Group—a monthly interagency meeting designed to ensure adequate cross-

²² An Act Addressing Barriers to Care for Mental Health, Ch. 177. (2022).
<https://malegislature.gov/Laws/SessionLaws/Acts/2022/Chapter177>

agency communication, discuss challenges to service provision, identify trends that need to be addressed through collaborative efforts, and serve as an early-warning system for potential crises.

During FY25, the Residential Schools Working Group expanded to welcome both EOHHS and DDS. The Working Group has identified several areas of further discussion surrounding placement of children with medical complexity, transparency into available placement models, and the relevant laws applicable to special education placements. In FY26, the OCA looks forward to advancing learning and system improvement in this domain both as a Residential Schools Working Group member and in its oversight role.

Goal 6: Awareness of Services

Families and youth, and those who serve them, are aware of available supports and services.

In This Section You Will Find:

- Improving Youth Awareness of OCA Services
- Developing Guidance for Caregivers and Professionals on Children with Problematic Sexual Behavior

Improving Youth Awareness of OCA Services

One of the most critical OCA statutory functions is responding to concerns about state services provided to children, which the OCA fulfills through the operation of its Complaint Line. The OCA statute prioritizes youth as a target group for the Complaint Line. Historically, however, youth have accounted for only 2% of the individuals who contact the Complaint Line. The OCA recognized this lack of contact from young people is likely due to a lack of awareness about the Complaint Line among the youth population.

In FY24 the OCA designed a Complaint Line outreach campaign specifically to better reach youth who may need information, guidance, or help, and to increase their awareness of the OCA Complaint Line and how to access it. This campaign was launched in FY25 with an initial focus on youth in congregate care settings. The OCA printed and distributed a poster about the OCA Complaint Line to congregate care facilities that serve youth receiving services from DCF, DPH, DMH, and DYS.

Between March 2025 and June 2025, OCA Complaint Line staff visited seven congregate care facilities. During these visits, OCA staff toured the facilities and met with youth and program staff in a group setting. In the group setting, OCA staff provided information about the OCA, its functions, and how the OCA can help. OCA staff then offered to meet individually with any youth to hear about their experiences or concerns regarding receiving state services, and to answer any questions. Each individual meeting with a youth resulted in OCA staff conducting a case review and follow-up with the involved state agency as appropriate.

As a result of this initiative, in FY25 the OCA met with 71 youth in a group setting and 20 of those youth individually. Interactions with youth during the site visits also lead the OCA to open 47 Complaint Line cases involving 46 youth. The OCA followed up with DCF in 32 (68%) of the cases. Although the youth reached were involved with multiple state agencies, the follow-up work in FY25 all focused on DCF. The OCA expects that additional follow-up work will be needed with other state agencies as this program continues to expand.

In response to the feedback the OCA provided to DCF, one case decision was changed, five area clinical review team, regional clinical review team or specialist consultations were convened,

agency leadership became involved in five cases, documentation errors cited as contributing to the OCA's feedback were corrected in seven cases, and the concern was addressed with appropriate staff in 11 cases. In response to the OCA's feedback, DCF also provided clarifications and rationale in 27 cases.

Overall, the share of youth reaching out to the OCA Complaint Line increased from 2% (8 youth) in FY24 to nearly 9% (60 youth) in FY25. While many of these cases stemmed from congregate site visits, the number of youth who contacted the OCA independently—outside of site visits—also grew.

About the OCA Complaint Line

The [OCA Complaint Line](#) is available for anyone to express concerns or seek information and resources about a state service a child is receiving or is eligible to receive. While the Complaint Line operates Monday through Friday, 9 a.m.-5 p.m., anyone can email, submit a webform, or leave a voicemail at any time, and OCA staff will reach out within two business days. Anyone with concerns for a child receiving state services is encouraged to contact the OCA Complaint Line.

When an individual contacts the Complaint Line, OCA staff most often provide support and resources for the individual to address their concerns directly with the state agency involved. When the OCA determines that the decision-making of an agency places or could place a child at substantial risk, the OCA will contact the appropriate state agency to seek more information and/or assist in the effort to resolve the concern. As mandated reporters, if the OCA is concerned for the imminent safety of a child, the OCA will immediately file a report of child abuse and/or neglect with DCF.

Developing Guidance for Caregivers and Professionals on Children with Problematic Sexual Behavior

Every year in Massachusetts, thousands of children engage in problematic sexual behaviors.²³ Children who exhibit PSB face complex behavioral health, family, and educational challenges that greatly impact their lives at home and in their communities. PSB can lead to disciplinary

²³ Problematic sexual behaviors involve sexual body parts, happen outside of children's expected developmental trajectory, cause harm to the child who is exhibiting the behaviors or to others, and do not respond to typical caregiving strategies. While there is no definitive data on the scope and nature of PSB nationally or in Massachusetts, the following data can inform our understanding of this behavioral health issue in our state: Student surveys show that over 9% of high school students in Massachusetts report being a victim of sexual dating violence in 2021. Based on 2020-2021 student enrollment data, this suggests that approximately 26,000 high school students could have been victims of sexual dating violence that year. (See: [Massachusetts Department of Elementary and Secondary Education](#) and [Department of Public Health](#). (2021). *Health & Risk Behaviors of Massachusetts Youth, 2021: Results from the Massachusetts Youth Risk Behavior Survey and the Massachusetts Youth Health Survey*. Accessed January 26, 2026. <https://www.mass.gov/doc/health-and-risk-behaviors-of-massachusetts-youth-2021/download>). Additionally, data provided to the OCA by DCF suggest at least 1,894 children were alleged to have sexually abused another child in 51A reports in FY25.

actions at school and/or involvement with the Commonwealth's child protective services and juvenile justice systems. Unfortunately, professionals' understanding of these behavioral health issues is inconsistent across child-serving sectors and caregivers are often unsure about how to navigate these incidents.

The OCA co-chairs the Massachusetts Child Sexual Abuse Prevention Advisory Council with the Children's Trust. In this role, the OCA has been conducting research on how to improve the Commonwealth's systems of support for children who engage in PSB. Studies show that with the right therapeutic supports, children who exhibit PSB are highly unlikely to recidivate.²⁴ This means that addressing the needs of children with PSB is vital both for the children themselves and for child sexual abuse prevention in general.

To address the need for more guidance and better understanding of PSB, in FY25 the OCA developed [a resource guide](#) for caregivers of children who exhibit PSB and for professionals who work with them. This guide was reviewed by professionals with specialized knowledge of PSB and child sexual abuse prevention across the state. In FY26, the OCA will collaborate with the Children's Trust to incorporate this guidance on [Safe Kids Thrive](#), the state's resource for child sexual abuse prevention and disseminate this resource to families and professionals across sectors.

²⁴ Kelley, A., Shawler, P., Shields, J. and Silovsky, J. (2019, April). A Qualitative Investigation of Policy for Youth with Problematic Sexual Behavior. *Journal of Community Psychology* 47(6), 1347–1363. Accessed January 26, 2026.

<https://doi.org/10.1002/jcop.22187> ; Caldwell M. F. (2010). Study Characteristics and Recidivism Base Rates in Juvenile Sex Offender Recidivism. *International Journal of Offender Therapy and Comparative Criminology* 54(2), 197–212. Accessed January 26, 2026. <https://doi.org/10.1177/0306624X08330016>

Goal 7: High-Quality Data

Our state agencies serving children and families use high-quality data to inform decision-making and continuous quality improvement.

In This Section You Will Find:

- Tracking and Reporting Data on the Juvenile Justice System
- Maintaining the Juvenile Justice Data Website

Tracking and Reporting Data on the Juvenile Justice System

The JJPAD Board, which is chaired and staffed by the OCA, released its [2024 JJPAD Annual Report](#) in March 2025. This report describes FY24 juvenile justice system data trends and key takeaways, including:

- The increase in entries to the juvenile justice system slowed significantly in the last year after two years of large increases following the COVID-19 pandemic.
- Despite the plateau in overall system use, the use of physical custody is increasing.
- This increase in the use of physical custody is primarily driven by an increase in arrests and detention admissions for lower-level offenses, for instance, a 13% increase in arrests for misdemeanor offenses and a 21% increase in pretrial detention admissions for lower level offenses.
- The vast majority of youth held in a locked detention facility are not found to be dangerous and not ultimately committed to DYS.
- Racial disparities are worsening across many process points as a result of a decrease in system use for white youth and an increase in system use for Black and Latino youth between FY23 and FY24.
- There are substantial increases in the use of physical custody for girls. Between FY23 and FY24, arrests of girls increased by 19%, overnight arrests by 22%, detention admissions by 49%, and first-time commitments to DYS by 10%.
- Key state-level reforms have made an impact on the number of young people coming into the system, but room for improvement—particularly in the use of physical custody—remains.

The JJPAD Board encouraged the state to implement the numerous recommendations that it has made in prior reports within the following three themes:

- The state should divert more youth pre-arrainment by expanding opportunities for diversion.

- The state should improve how pretrial conditions of release are set and re-visited throughout the pretrial process as a way to continuously address developmental, case, and youth appropriateness in order to limit the number of violations of probation at this phase.
- Police departments should re-examine which department policies and practices may be contributing to racial and ethnic disparities in arrests.

The OCA will publish the JJPAD's 2025 Annual Report in early 2026.

Maintaining the Juvenile Justice Data Website

To make informed policy recommendations, both the Commonwealth's state agencies and the public need access to high-quality data across all juvenile justice system process points. The OCA's [Interactive Juvenile Justice System Data Website](#) was created with that goal in mind, using data provided to the OCA by judicial and executive branch partners through the annual JJPAD data collection process.

The OCA partnered with the Executive Office of Technology Services and Security (EOTSS) to launch the webpage in 2020, with significant input from and collaboration with the entities contributing data to the website. The OCA continues to build new pages as juvenile justice system partners have increased their data availability. In FY25, OCA staff maintained the data website, updated the data to include FY24 trends, and created a new page dedicated to data on the use of arrests and summons.

In FY26, the OCA plans to release new webpages expanding data presented across the pretrial process points and create a page dedicated to diversion/case dismissals. The OCA will revise data across the website to include FY25 updates.

Goal 8: OCA Capacity

The Office of the Child Advocate has the expertise, reputation, relationships, capacity, and operational infrastructure to execute its mission.

In This Section You Will Find:

- Enhancing Data Collection and Continuous Quality Improvement
- Advocating for Change: Legislative Affairs

Enhancing Data Collection and Continuous Quality Improvement

The OCA is committed to excellence and believes that continuous quality improvement, including regular reviews and updates to the OCA's data collection system, will enable both the OCA and the agencies it oversees to deliver timely, effective, equitable and culturally responsive services. As such, in FY25 the OCA made changes to improve its data collection system.

Since 2018, the OCA has utilized Salesforce, a cloud-based database system, to record and track the work of the OCA quality assurance team. Salesforce allows the OCA to track quantitative and qualitative information about children, perpetrators, institutions, and other incident-specific information that comes to the OCA's attention. It also provides flexibility to customize data metrics and reports to identify emerging and ongoing trends across the child-serving system.

Key changes include:

- A new feature to capture information about OCA congregate care site visits through the youth engagement initiative.
- Enhancements to select structured fields that allow for deeper qualitative analysis of cases brought to the OCA's attention.
- A new process for creating Complaint Line cases and new metrics to ensure comparison with prior years.
- Refined data dashboards that support OCA staff caseload management, identification of children and institutions named in multiple reports or functions, and patterns and trends of emerging issues requiring attention.
- The launch of a data dictionary that is continuously updated as new fields and variables are added or definitions are modified.

To ensure comparable information year over year based on these modifications, the OCA conducted several data cleaning initiatives and a quarterly quality control process. The OCA is working toward a full and complete release of five years of refined data. Additionally, more detailed data gathered through the OCA's core functions will be released in a separate report in Spring 2026.

Advocating for Change: Legislative Affairs

In addition to improving internal data capacity, the OCA's work in FY25 also extended to legislative advocacy and reform. The OCA recommends changes to law only after thorough review, careful study, and consultation with stakeholders, ensuring that every proposal is rooted in data, best practices, and the lived experiences of children and families.

The OCA's top legislative priorities for the 194th Legislative Session (2025-2026) are focused on seven key goals:

- Strengthening the independence and authority of the OCA (H.4646/S.148, *An Act enhancing child welfare protections*)
- Reforming the Child Requiring Assistance system to keep children out of unnecessary court involvement (H.265/S.141, *An Act regarding families and children in need of assistance*)
- Enacting a statutory bill of rights for children in foster care (H.235/S.107, *An Act establishing a bill of rights for children in foster care*)
- Requiring standardized training for mandated reporters (H.236/S.129, *An Act relative to training of mandated reporters*)
- Transferring and modernizing the Child Fatality Review program (H.234/S.133, *An Act relative to child fatality review*)
- Promoting diversion of juveniles to community supervision and services (H.1695/S.1051, *An Act promoting diversion of juveniles to community supervision and services*)
- Seeking explicit authority to analyze juvenile court data not currently available to the Office (H.1689/S.1123, *An Act clarifying the child advocate's authority to access juvenile records*), which will allow the Office to better answer complex legislative inquiries and identify systemic issues more efficiently

Taken together, these priorities will make children safer, strengthen the OCA's ability to provide oversight, and improve the ability of the Commonwealth's child-serving agencies to connect children and families to the critical resources they need to thrive.

The OCA regularly provides testimony, develops fact sheets, and convenes legislative briefings to provide policymakers with the information they need to make child-centered decisions.

During the current session, the OCA has weighed in on critical issues such as lifting children out of deep poverty, improving access to children's advocacy centers, advancing juvenile diversion, and expanding language access. For a full list of bills that the Office supports or has testified on recommending improvements to legislation, please see Appendix A: Legislative Priorities.

Conclusion

As we look ahead to 2026 and beyond, the Office of the Child Advocate remains steadfast in our commitment to ensuring that every child in the Commonwealth is safe, supported, and given the opportunity to thrive. The coming year presents an opportunity to build upon the progress outlined in this report—strengthening cross-agency collaboration, improving data transparency, and advancing trauma-responsive, equitable practices across all child-serving systems.

This year also marks a moment of transition for the OCA. We extend our deep gratitude to Maria Mossaides, whose visionary leadership and tireless advocacy over more than a decade have elevated the voice of children and families in Massachusetts government. Her steadfast pursuit of accountability and compassion has set a lasting foundation for the Office.

As we welcome the next Child Advocate, we look forward to a future grounded in the same core values — child-centered, trauma-informed and responsive, collaboration, excellence, and diversity, equity, inclusion, and belonging—while embracing new ideas and innovations that will shape the next chapter of the OCA’s work. Together, we will continue to move toward a Commonwealth where every child is seen, heard, and safe.

Appendix A: Legislative Priorities

The Office of the Child Advocate recommends legislative changes after thorough study and review. The OCA's legislative priorities listed below will, when taken together, help make children safer in the Commonwealth, strengthen the OCA, and help connect children and families with access to the critical resources they need.

The list below reflects the OCA's legislative priorities during the 194th Legislative Session (2025-2026).

Strengthening the Office of the Child Advocate and Child Welfare Protections

[H.262 /S.148, An Act enhancing child welfare protections](#)

This bill would help uphold and enhance the independence of the OCA and help the OCA to achieve its mission of protecting the most vulnerable children in Massachusetts. Born out of the tragic deaths of David Almond and Harmony Montgomery, this bill would better protect children, families, and foster parents.

An Act enhancing child welfare protections reinforces the independence of the OCA, enhances the OCA's powers and responsibilities, enacts educational supports for children in foster care, outlines new data collection requirements for DCF, and clarifies the data reporting structure for DCF. These data collection requirements for DCF and the clarification of the data reporting structures stem from the work of the DCF Data Work Group, which the OCA co-chaired.

Improving the Child Requiring Assistance Systems

[H.265/S.141, An Act regarding families and children in need of assistance](#)

This bill would address the findings from over two years of study of the current Child Requiring Assistance system by the JJPAD Board, as well as its collaborative work crafting recommendations for improvement. JJPAD's 2022 Children Requiring Assistance report details the significant shortcomings of the current CRA system, nearly a decade following major reforms made to what was previously called the Children in Need of Services (CHINS) system.

This legislation would:

- Expand the role and function of Family Resource Centers (FRCs) to support more children and families outside of the court process. This was the Legislature's initial intent with setting up FRCs in 2012. This bill codifies processes and, subject to appropriation, gives the FRCs the authority to convene multiple agencies and organizations to support a youth's needs with the goal of keeping them out of the juvenile justice system.

- Change the juvenile court CRA filing process to ensure the court is a true “last resort” option by requiring probation officers to determine that all community-based options were exhausted by the petitioner prior to filing a CRA petition and, when those options weren’t exhausted, connecting the petitioner with community supports, including local FRCs.
- Raise the lower age of juvenile court jurisdiction from 6 years old to 12 years old for CRA filings to align with the state’s delinquency system and ensure that the state is serving the Commonwealth’s youngest and most vulnerable youth outside of the court process.
- Require the OCA to prepare and update materials about the CRA system.

For the reforms proposed in this bill to be successful, the OCA strongly emphasizes that statute change must be matched with additional funding to ensure Family Resource Centers can add staff to support the influx of additional cases that may result from this shift in process.

A Bill of Rights for Children in Foster Care

[H.235/S.107, An Act establishing a bill of rights for children in foster care](#)

The OCA supports this proposed change to the law as a complement to the foster parents’ bill of rights, which was passed and became [Mass. General Laws c.119 § 23C](#). Just as the Legislature recently passed a bill of rights for foster parents, the OCA agrees strongly that children in foster care deserve similar statutory protections. Specifically, this bill would ensure that foster children have the right to receive medical, dental, and behavioral health services, as well as access to gender-affirming care—crucial for LGBTQ+ children. It spells out that each child should have access to healthy food, clothing, personal care products, and items that preserve and promote the child’s family’s culture and religion. The bill makes clear that each child shall have the right to file complaints with the DCF ombudsman’s office and the OCA and shall be free from retaliation or punishment for asserting this right.

Training Mandated Reporters

[H.236/S.129, An Act relative to training of mandated reporters](#)

This bill addresses gaps in Massachusetts law by requiring licensed mandated reporters to complete training every two years. The training must be approved by the Office of the Child Advocate and cover essential topics like recognizing signs of abuse and neglect, understanding bias, and connecting families to appropriate resources. The OCA currently provides [a free online training](#), which includes general and profession-specific modules (e.g., for educators). This training, along with any other training that meets minimum standards, would qualify under this

legislation. By setting these training standards, the bill aims to ensure that all mandated reporters receive high-quality, relevant training to better fulfill their reporting responsibilities.

Transfer of Child Fatality Review

[H.234/S.133, An Act relative to child fatality review](#)

This bill would transfer the chairmanship of the Child Fatality Review program from the Office of the Chief Medical Examiner to a joint chairmanship between the OCA and DPH. This transfer would reflect the role that DPH currently plays in supporting the program as well as the funding, facilitation, and policy-setting specialization provided by the OCA. The proposed legislation would also add the EEC to the state child fatality review team.

Strengthening the OCA's Ability to Analyze Data from Juvenile Court Records

[H.1689/S.1123, An Act clarifying the child advocate's authority to access juvenile records](#)

The OCA currently has statutory authority to access court records as well as criminal offender record information (CORI) reviews. Although the courts have permitted the OCA access to individual files on a case-by-case basis for the purposes of investigations, the OCA has been denied access to data on juvenile court records held by the state Department of Criminal Justice Information Services (DCJIS) because the OCA's statute does not explicitly authorize access to juvenile records from DCJIS. Having access to this data would allow the OCA to better fulfill requests for information received from the Legislature and conduct higher level analysis of juvenile justice system data, including studying recidivism rates.

Promoting Youth Diversion

[H.1695/S.1051, An Act promoting diversion of juveniles to community supervision and services](#)

The OCA supports increasing opportunities to divert young people from the juvenile justice system as a means to ensure the Commonwealth's most vulnerable children receive appropriate, timely, and quality state services, and an opportunity to thrive. Diversion is a research-backed way of improving public safety, as well as a way to more quickly connect youth to the services and resources they need compared to the traditional court process. Expanding opportunities for diversion has also been a key component of the state's Juvenile Justice Policy and Data Board. This bill enhances the juvenile justice system by expanding the types of charges for which judges may divert youth.

Other Legislative Priorities

In addition to the top priorities outlined above, the OCA weighs in on a variety of bills related to the its mission and values. This fiscal year, the OCA conducted a bill analysis project to examine

the hundreds of bills filed in the 2025-2026 Legislative Session that affect children of the Commonwealth, with the goal of identifying additional legislation aligned with the OCA's mission and vision. The OCA submitted written testimony or plans to testify on the following pieces of legislation this fiscal year:

- H.210/S.399, *An Act to promote equity in school attendance requirements*
- H.214/S.118, *An Act to lift kids out of deep poverty*
- H.218/S.164, *Resolve establishing the Harmony commission to study and make recommendations related to the welfare and best interests of children in care and protection cases*
- H.233, *An Act relative to children's advocacy centers and the Massachusetts Children's Alliance*
- H.247/S.116, *An Act updating the juvenile justice policy and data board*
- H.571, *An Act providing for alternatives to fines for failure to send*
- H.656/S.340, *An Act relative to healthy youth*
- H.1695/S.1051, *An Act promoting diversion of juveniles to community supervision and services*
- H.1900/S.1081, *An Act to prevent the imposition of mandatory minimum sentences based on juvenile adjudications*
- H.1973/SB.1045, *An Act protecting personal security*
- H.3384/S.B.2622, *An Act relative to language access and inclusion*
- H.3643, *An Act relative to junior operators*
- HD.4622/SD.2872, *An Act significantly alleviating poverty*
- S.112, *An Act relative to children's advocacy centers*
- S.117, *An Act establishing basic needs assistance for Massachusetts immigrant residents*
- S.127, *An Act authorizing the Commonwealth of Massachusetts to establish additional mandated reporters for the purpose of the protection and care of children*
- S.157, *An Act establishing a commission on the status of children and youth*
- S.283, *An Act expanding licensure opportunity for school counselors*
- S.1163, *An Act relative to sexual assaults by adults in positions of authority or trust*

Appendix B: Boards and Commissions

The following is a list of state-run boards, commissions, task forces and other advisory groups that the OCA chairs and/or is a member of.

The Children's Behavioral Health Advisory Council (CBHAC): The OCA is a member of the CBHAC, which was established under the provisions of Chapter 321 of the Acts of 2008. The Council is a unique public-private partnership representing child-serving agencies, parents, and professionals with expertise in the issues of children's mental health.

Child Fatality Review: The CFR program was established in 2000 following the passage of [M.G.L. c. 38, § 2A](#) and fulfills a federal requirement for Title IV Part E funding [SEC. 470. \[42 U.S.C. 670\]](#). The purpose of child fatality review is to decrease the incidence of preventable child fatalities and near fatalities. The law requires Massachusetts to have two types of CFR teams: local child fatality review teams, which are coordinated by the district attorneys, and a state child fatality review team. The OCA provides management and coordination of the CFR program, funds related epidemiological work at DPH and is a statutorily named member of the state and local teams. The OCME currently chairs the body.

Child Sexual Abuse Prevention Advisory Council: The OCA co-chairs the CSAP Advisory Council with the Children's Trust; the Children's Trust primarily focuses on strategic goals related to training and programming to support child sexual abuse prevention, and the OCA primarily focuses on strategic goals related to research, policy development, and advocacy.

Childhood Trauma Task Force: The OCA chairs the [CTTF](#), which was created by *An Act relative to criminal justice reform* ([Chapter 69 of the Acts of 2018](#)). The CTTF is a permanent entity charged with determining how the Commonwealth can better identify and provide services to youth who have experienced trauma, with the goal of preventing future juvenile justice system involvement.

Children's Trust: The Children's Trust is a public-private organization dedicated to preventing child abuse and neglect by addressing its root causes and strengthening the systems that support families. The Children's Trust works across sectors and communities to align efforts, share learnings and resources, advance the field of family support, and spark the bold ideas and big actions needed to redefine how Massachusetts supports families. The OCA sits on the public board of the Children's Trust.

Families and Children Requiring Assistance (FACRA) Advisory Board: The OCA is a member of

FACRA, which was established under the provisions of [Chapter 240 of the Acts of 2012](#). The Board was charged with advising EOHHS, collecting and reporting data, and monitoring implementation of the legislation.

Interagency Restraint and Seclusion Reduction Advisory Committee: The OCA is a member of the Interagency Restraint and Seclusion Reduction Advisory Committee, which is an interagency effort that works, in partnership with providers, advocates, educators, schools, families and youth, to focus on preventing the use of coercive practices that can be traumatizing/retraumatizing, including restraint and seclusion.

Interagency Review Team for Complex Cases: The OCA is a member of the Interagency Review Team, which collaborates to review and issue determinations for complex cases for youth/young adults under 22 years of age who reside in the Commonwealth. A complex case is a case where there is a lack of consensus or resolution between state agencies as to the individual's current service needs or placement, and the individual is waiting in a hospital emergency placement, a medical bed, at home, or at another location and in urgent need of a disposition.

Juvenile Justice Policy and Data Board: The OCA chairs the [JJPAD Board](#), which was created as part of *An Act relative to criminal justice reform* ([Chapter 69 of the Acts of 2018](#)). JJPAD is a permanent entity that is chaired by the Child Advocate and comprised of members representing a broad spectrum of stakeholders involved in the juvenile justice system.

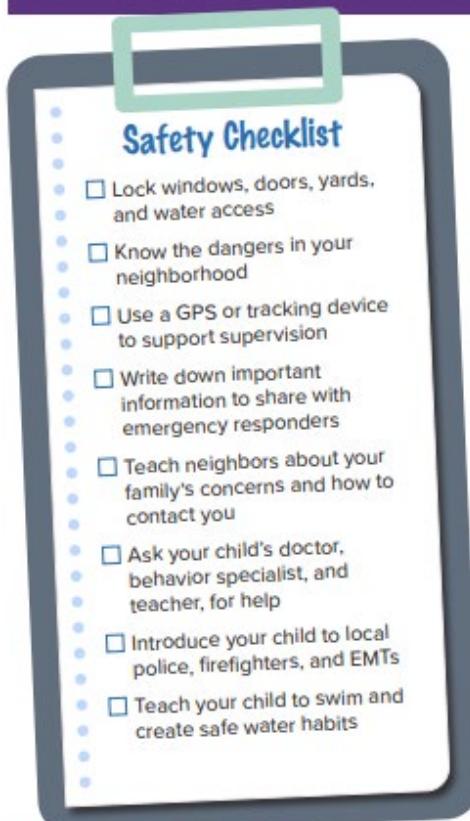
Massachusetts Unaccompanied Homeless Youth Commission: The OCA is a member of the UHYC, which aims to study and make recommendations regarding policy and services for unaccompanied youth and young adults experiencing homelessness in Massachusetts. The Commission works toward a future where experiences of youth homelessness in Massachusetts are rare, brief, and non-recurring. The OCA is an active member of the Commission and sits on the Commission's three work groups focusing on distinct populations: minors, young parents, and young adults who exchange sex to meet their needs.

Appendix C: Autism, Wandering, and Water Safety Campaign Materials



Autism, Wandering, and Water Safety

WHAT YOU NEED TO KNOW



Know the Dangers

Children with **ASD** are more likely to leave a safe place without an adult. This is called **wandering**. Some people call it elopement or bolting. Many children with autism are interested in water. If they wander to water, it can be **dangerous**.

The #1 cause of death for children with autism is drowning, usually after wandering.

There are things you can do to help stop wandering and help emergency workers to find your child if they go missing.



If your child is missing, call 911 immediately.

Help Stop Wandering

KEEP YOUR HOME SAFE

- Put locks or guards on your doors and windows.
- Put stop signs up on your doors and windows.
- If possible, add a fence to your yard.
- Fence and alarm any pools or other water sources.

USE A TRACKING DEVICE

Look for one that is easy to wear, waterproof, and has a long battery life. These can enhance, but not replace, supervision.

ASK FOR HELP FROM EXPERTS

Talk to your child's doctor, behavior specialist, and teacher about skills to prevent wandering, like asking for what they want or need, knowing what's dangerous, creating safe water habits, and how to get help if they need it.



Visit Our Website

For more information about wandering and emergency preparedness, especially:

- A list of tracking devices,
- State programs and foundations that can pay for services, and
- Emergency preparedness planning tools



mass.gov/AutismWaterSafety

Caregiver Support

- Worrying about your child's safety all the time can be stressful and tiring. If you need help, try contacting an **Autism Support Center** near you. You are not alone.
-  www.mass.gov/info-details/autism-support-centers-list

If your child is missing, call 911 immediately.

Autism, Wandering & Water Safety: What Providers & Educators Need to Know

FAST FACTS

- **Wandering**—also known as elopement or bolting—is significantly more common in children with Autism Spectrum Disorder (ASD) than in neurotypical children. Four- to five-year-olds with ASD are nearly five times more likely to wander, and 25% to 50% of caregivers of children with ASD have observed wandering behaviors in the past six months.
- Nearly half (49%) of fatal wandering incidents begin at home. Many children with ASD are drawn to water, which may contribute to the fact that drownings account for 71% of fatal wandering. Drowning is the leading cause of death among children with ASD.
- Only 1 in 3 caregivers report receiving formal guidance on this topic from a provider.
- Parents of children with ASD who wander often change their routines—limiting outings or avoiding outside supervision—to keep their child safe. Constant vigilance, care coordination, and daily caregiving demands can understandably lead to caregiver fatigue.
- While safety is never a guarantee, home modifications, therapeutic supports, and emergency preparedness can help prevent wandering and drowning.

ACTIONS FOR CAREGIVERS TO TAKE	TALKING POINTS	SUPPORTING ACCESS
Home Modification	It is essential to install physical barriers as soon as possible once wandering tendencies are identified. These may be temporary or permanent depending on the child's needs.	Some organizations provide free or reduced-cost products like door locks, window guards, and alarms. Find more information on the Autism, Wandering & Water Safety webpage .
Tracking Technology	Wearable tracking and monitoring devices can aid caregivers and first responders in quickly locating a child who has wandered.	There are many types of tracking devices, and organizations that can help pay for them. Visit the Autism, Wandering & Water Safety page for more information about various options.
Alerting Emergency Responders	Preparation is key for a fast and successful response, including introducing the child to first responders, and/or maintaining a packet of information with the child's current picture, interests, and communication needs that the caregiver can easily hand to first responders	Visit the Autism, Wandering & Water Safety webpage to register a phone number with 911, and learn more about information to compile in a wandering event.
Adaptive Swimming Lessons	The ability to swim can prolong the window of time first responders have to find a child who has wandered and entered water.	A list of adaptive swim lessons and financial resources is available through the Department of Public Health
Enhancing Communication Skills	Therapies like ABA can curb wandering behavior by enhancing a child's ability to communicate. These therapies can also work on skills like asking for help if they have wandered.	You can find an ABA provider through DisabilityInfo.org and other therapeutic providers through Treatment Connection .
Supporting Families and Caregivers	Coping with the very real fear of knowing the risks associated with wandering is difficult and may lead caregivers to change their behaviors, such as limiting outings in public or not leaving their child under family or friend's supervision	For more resources, visit your local Autism Support Center , and considering contacting the Parental Stress Line (1-800-632-8188)

FOR MORE INFORMATION including a non-exhaustive list of financial resources, tracking devices, emergency preparedness planning tools, and Autism Support Centers visit:

mass.gov/AutismWaterSafety AND [Autism Support Centers](#)

Appendix D: Acronyms

State Agencies

AGO Attorney General's Office	EOHHS Executive Office of Health and Human Services
CPCS Committee for Public Counsel Services	EOHLC Executive Office of Housing and Living Communities
DCF Department of Children and Families	EOTSS Executive Office of Technology Services and Security
DDS Department of Developmental Services	MassHealth Massachusetts Medicaid Program
DESE Department of Elementary and Secondary Education	MPS Massachusetts Probation Service
DMH Department of Mental Health	OCA Office of the Child Advocate
DPH Department of Public Health	OCME Office of the Chief Medical Examiner
DTA Department of Transitional Assistance	YAD Youth Advocacy Division of CPCS
DYS Department of Youth Services	
EEC Department of Early Education and Care	

Other Acronyms Appearing in the Report

ACRT/RCRT: Area or Regional Clinical Review Team	PSB Problematic Sexual Behaviors
ASD Autism Spectrum Disorder	QC Quality Control
CQI Continuous Quality Improvement	MYDP Massachusetts Youth Diversion Program
CRA Child Requiring Assistance System	NCSACW National Center on Substance Abuse and Child Welfare
CCWT Center on Child Wellbeing and Trauma	SCFRT State Child Fatality Review Team
CFR Child Fatality Review	TAY Transition Age Youth
CIR Critical Incident Report	TREE Trauma and Racial Equity Empowerment Academy
CSAP Child Sexual Abuse Prevention	UHYC Unaccompanied Homeless Youth Commission
CTTF Childhood Trauma Task Force	
FRCs Family Resource Centers	
FY Fiscal Year	
HYS Homeless Youth Services	
JJPAD Juvenile Justice Policy and Data	
LCFRT Local Child Fatality Review Team	

Appendix E: Glossary of Terms

Care and protection case: A Juvenile Court proceeding to determine if a child is without necessary care and protection and may require DCF intervention.

Child care: For the purposes of this report, child care references center-based, independent home-based, and provider-affiliated home-based programs.

Critical incident report: State agencies providing services to children or youth must notify the OCA if a child suffers a fatality, near fatality, serious bodily injury, or emotional injury. These notifications are referred to as critical incident reports.

Diversion: A process that redirects youth away from formal court processing prior to arraignment.

Dually involved youth: Youth who are involved with the child protection system and the juvenile justice system.

Foster care: When a court orders a child into the custody of DCF, foster care is one type of setting in which they may be placed. As the Commonwealth's designated child protective services agency and the one that serves more children and families than any other EOHS agency, DCF places the most children in foster care, however DYS can also place children in foster care.

Foster care review: A foster care review panel convenes every six months for each child in an out-of-home placement. The foster care review provides oversight and ensures that every child and youth under the state's custody has a permanency plan to achieve a safe and permanent home. The implementation of a foster care review process is a federal requirement.²⁵

Foster care review safety alert: Safety alerts are generated by foster care reviewers at the end of a foster care review if an immediate safety concern is identified for the child/youth. The safety alert is immediately sent to the DCF area office responsible for the case. The area director must document a response to the safety alert within one working day.

Grooming: A deliberate process by which an individual builds a trusting relationship with a child, their family, or other adults in the child's environment with the intent to exploit or abuse them.

²⁵ United States Social Security Act, 42 USC 675 Sec 475 (5) (B). Accessed January 26, 2026.
https://www.ssa.gov/OP_Home/ssact/title04/0475.htm

Near fatality: A serious or critical injury where a child survives but could have died without medical intervention.

Newcomer families: Families who have recently arrived in the U.S., including immigrants, refugees, and asylum seekers.

Out-of-home setting: A facility that provides care to children when they are removed from their home due to abuse and/or neglect, juvenile justice involvement, mental/physical health needs, or for child care. Settings include congregate care like residential schools and group homes, child care facilities, detention centers, foster care, hospitals, and more.

Physical custody: Refers to where a child lives and the day-to-day care they receive.

Pretrial detention: Occurs when a judge has placed a youth in DYS before their trial after a youth has been arrested and arraigned. Detention stays can last from a couple of hours to weeks or months depending on a variety of factors.

Problematic sexual behaviors: Involve sexual body parts, happen outside of children's expected developmental trajectory, cause harm to the child who is exhibiting the behaviors or to others, and do not respond to typical caregiving strategies.

Secure facility: Run by DYS, secure facilities are staff-secured or locked facilities where education and other services are provided on site to children who are held pretrial or because they have been committed to DYS post-adjudication.

Sex registered at birth: The determination about sex that parents and doctors make upon birth of the child based on perceived biological characteristics, such as external reproductive organs. While these data are presented in binary, the OCA acknowledges that 1.7% of the population is intersex or has sexual or reproductive variations and 5.3% of youth in Massachusetts identify as transgender. While the OCA also gathers information about people's gender identity, numbers are low and excluded from stratifications to prevent potential identification.

State care and/or custody: A state agency, such as DCF or DYS, has obtained temporary or permanent legal custody of a child. Children in state custody may stay in their home or be placed out-of-home.

Structured decision-making: A framework used to guide consistent and equitable decisions in child welfare investigations and assessments.

Summons: A formal notification issued by the court to a youth outlining the alleged offense and ordering them to appear in court.

Supported report and/or allegation of abuse and/or neglect: When DCF receives a report of abuse and/or neglect (51A), DCF gathers information to determine whether the allegations meet DCF criteria for suspected abuse and/or neglect, if there is immediate danger to the safety of a child, whether DCF involvement is warranted, and how best to respond. DCF begins its screening process (intake) immediately upon receipt of a 51A report. If a 51A is “screened in,” it is assigned for a child protective response to determine whether there is reasonable cause to believe that a child has been abused and/or neglected. Screened-in is categorized as requiring either an immediate emergency response or a nonemergency response. For information about DCF’s intake and response to allegations of abuse and/or neglect, refer to the [DCF Protective Intake Policy](#).

Train-the-trainer: A professional development model where participants are trained to subsequently train others.

Transgender: Denoting or relating to a person whose gender identity does not correspond with the sex registered for them at birth.

Voluntary placement agreement (VPA): An agreement allowing young adults to remain under DCF care after age 18.

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