



Mandatory Reporting Task Force | Meeting Two

February 1, 2023, Meeting Minutes

[Recording](#)

February 1st, 2023, 8:00 am-11:00 am Virtual Meeting (Zoom)

Facilitators: Trace Faust and Doris Tolliver

Welcome & Approval of Minutes	Stephanie Villafuerte (Chair) welcomed the group. Minutes from the Mandatory Reporting Task Force’s (Task Force) December 7, 2022 were presented for approval. Michelle Dossey motioned for approval; Ashley Chase seconded. Minutes approved.
Presentation: Child Welfare Systems Overview and (Un)Intended Impacts	<p>Doris Tolliver, Principal with Health Management Associates and co-facilitator of the Task Force, presented state and national data on the racial disparities and disproportionality in child welfare. Click here to view the presentation. The group discussed the unintentional harms often associated with mandatory reporting, as well as current work being done to mitigate those impacts.</p> <p>Questions/Comments from Task Members:</p> <ol style="list-style-type: none"> 1) A Task Force member notes that she knows it’s not fair that these populations are treated the way they are, and it feels overwhelming, and it needs to be fixed. The Task Force member stated she was unsure how to fix this in her position and in child welfare. She stated that, as someone who works with families, she speaks to her staff about disproportionality in the system. The bottom line for her is that if a child isn’t getting fed and is starving, even if the family is trying with everything they can, she feels like it is her responsibility to ensure the child gets fed. She stated that she continuously wrestles with these two realities and is unclear how to move things forward. <p>Doris responded to the Task Force member and stated that part of the challenge of this Task Force is identifying what opportunities might exist to actually have some impact such that neglect doesn’t get conflated with poverty and what kinds of interventions might exist for families outside of the context of child welfare.</p> <ol style="list-style-type: none"> 2) A different Task Force member stated that, from her perspective as an attorney, she feels there is potentially something missing in statutory language when

	<p>talking about neglect. She commented on the differences between intentional or negligent acts, compared to situations in which there is a lack of resources and the inability to provide, despite someone’s best attempts to do so. She addressed the language that is used in mandatory reporting laws. She asked if we can differentiate between the inability to provide vs. some sort of willful neglect, noting the substantial difference in how we can and should treat people. Most people are not out there willfully neglecting, it is more a lack of resources.</p>
<p>Panel Discussion: Effectiveness of Mandatory Reporting within the Child Welfare System: Disproportionate Impacts</p>	<p>Doris Tolliver moderated a conversational panel including Dr. Jerry Milner, former United States Children’s Bureau Associate Commissioner; Dr. Ida Drury, assistant professor of pediatrics at the Kempe Center; Dr. Kathi Wells, Executive Director of the Kempe Center; and Crystal Ward Allen, Casey Family Programs Senior Director of Strategic Consulting.</p> <p>Question: Looking at your experience both locally and nationally, how would you say your viewpoint around mandatory reporting specifically has evolved over time?</p> <ul style="list-style-type: none"> ● Dr. Jerry Milner: Viewpoint has changed fairly dramatically over time. He stated he is a social worker, has investigated the reports and moved children into foster care, many of whom he now realizes never had to be moved if they could have supported their families. Understanding the trauma removal causes parents and children has been the biggest factor in his changed perspective. His perspective is now centered on the way our mandatory reporting system exists and the fact that it does more harm than it does good. A number of changes have to be made. The biggest influence on him has been sitting down with parents and young people and seeing and hearing the effects of not just reporting, but also the overall intrusion into their lives. <p>Question: What are some of the efforts that are underway, nationally, regarding how to approach kids, families and communities differently that might have a more significant impact?</p> <ul style="list-style-type: none"> ● Dr. Jerry Milner: Getting tighter on what gets reported and what doesn’t. Getting tighter on what the word neglect means, it varies based on where you are. He also stated: <ul style="list-style-type: none"> ○ The biggest thing is that we make dramatic moves towards a community-based approach. Helping families and kids meet their needs before they need to call a hotline. ○ Creating a robust network of services and supports that are available to families on a universal basis. ○ Create an alternate reporting structure for when you recognize a family is in need, but it doesn’t rise to the level of abuse or neglect. We have to

give other options to families for getting help.

- Reserve hotline reporting for the most egregious situations where kids are in actual danger. I'm not suggesting mandatory reporters to have nothing to do, but potentially change the level of reports they make.

- Crystal Ward Allen: Stated she wants to endorse the theme of the trauma that mandatory reporting inflicts on families. The reports that are screened in, particularly Colorado, about 25% are substantiated though it's more like 14% for educators. There's still 35% of calls that receive no services even though we go out and expose families to this traumatic process. She also stated:
 - Moving upstream is critical, I want to give Colorado kudos for doing that. One of the data points she likes is "what's the rate of kids that are involved in the system?" Colorado's rate is about 55% of what the national rate is. And looking at congregate care, because Colorado was always notorious for having a very big value in residential and therapeutic healing processes, there is a recognition that that wasn't always working for families and children and youth. Colorado has reduced it by about half in the past few years. Feels like we're on the right trend.
 - Lots to be done on the Mandatory Reporting Task Force, which is taking a bold approach. She referenced California, Texas and New York City as examples of policy changes that have been in support of families. She also provided examples of jurisdictions where processes are going on to change mandatory reporting from "if you're in doubt, call us" to actually training people on these issues.

Q: What are some of the perceptions that healthcare workers in particular have around reporting child abuse and neglect?

- Dr. Kathi Wells: My perspective has changed over time as a pediatrician. She has recognized there is a moral and legal need when we think a child is experiencing abuse or neglect. We've been talking about what that might do for families. Loves the idea of an alternative system, there needs to be something. She used to think that if a child was born exposed to substances, the need is to send them to a home where they can be cared for. She has since evolved to understand that she instead needs to be asking what can be done to support that family because the child is best supported in their own home environment. She also stated the need for better training. She doesn't remember any training in her career around what it means to be a mandatory reporter.

Q: What are some of the challenges and lessons you've learned as other jurisdictions

begin to more deeply grapple with mandatory reporting (laws, policies, practices) that we can have top of mind as this task force is thinking about taking the right approach for Colorado?

- Dr. Drury: The history is important to the current context in thinking about doing this work differently. Dr. C. Henry Kemp is credited with a lot of policy changes from 1974, which generated national attention for the issue of child abuse. The child protection system and the intent of mandatory reporting laws was to ensure secrets weren't kept surrounding child maltreatment. Over time, this became conflated with neglect. She also stated:
 - She has participated in differential response efforts in the past, but the stigma of interacting with a child welfare agency still remains. The notion of "I'm from the government and I'm here to help" is a very scary idea to families.
 - We need to address the needs of families differently, through more of a public health approach.

Q: What are those approaches that really do work, that can be accessed, that can be implemented, particularly in under-resourced communities?

- Dr. Ida Drury: This involves a diversion of money. The child welfare system is resourced and capable. And so then we're expending a lot of energy, personnel and resources already to respond in this disproportionate way. I think it's going to take a system to really come together and think through how we defer those monies that are currently being used in the present structure and start to think about how to use the money differently. That's the only way we'll get to this kind of thinking.
- Dr. Jerry Milner: When talking about primary prevention and community-based care, I don't think the child welfare agency can or should be the face of that. When families need help, they need to be in a trusted system. Over surveillance is an issue. Mandatory reporters are threatened if they don't make a report. We should be building networks of services and supports that help families over time and help them avoid difficulties over time.

Q: What work is happening, in Colorado specifically, around this topic that is already underway?

- Crystal Ward Allen: Colorado Partnership for Thriving Families is focused on young families. That focus is based on an extreme data point, which was child maltreatment fatalities. If we can make a difference here, we can make a difference throughout the span of this. It is a collaborative effort, and the backbone is Illuminate Colorado. The partnership is for folks all over Colorado,

including child welfare agencies, Colorado Department of Human Services (CDHS), community-based organizations and pediatricians. I am impressed by everyone's efforts. She also stated:

- Initiatives: Denver Metro area and Eagle County to launch "family connects" which is evidence-based programming from Duke University. It is a visitation program in which, at the time of birth, professionals do an assessment and match whatever the right services are in the community for that young family.
- Family Resource Centers: There are 23 to 24 around the state. Looking at this being the front door and a trusted community-based service provider for families.
- Colorado has partnered with Montana State University to understand how families connect to get the relationships and support they need. Culture is often about pulling yourself up by your bootstraps, this says everything is interconnected and let's provide relationships at all levels to ensure families have the right services. How do you try and change cultural communication and message around that? Work is ongoing.

Final thoughts from panelists and the Task Force:

- Dr. Kathi Wells: The importance of confidentiality is clear. And in some ways, as we rethink things, the lack of sharing information amongst professionals that are best suited to support families contributes to the lack of trust between professions. It limits our awareness of partnerships to support families but also limits our ability to leverage support for families. Tackling this will be really important. She also discussed the importance of training. For whatever system is piloted, we must make sure that we're thinking of profession-specific tools that include decision making criteria. The reality is those folks don't have the time or resources to dive in the way they'd want to, having something that's easily accessible to support them throughout the process they're in. She stated she would love to see not just the training, but an increase in feedback and conversation between mandatory reporters and child welfare agencies. More collaboration in problem solving efforts on behalf of families and kids.
- Dr. Jerry Milner: One of the best ways to address mandatory reporting issues is to address what they are supposed to report. We need to tighten up this definition. As things currently are, there's a large amount of subjectivity. Currently, 16 states have a poverty exclusion. Colorado does not.

	<ul style="list-style-type: none"> ● Task Force Member: We can change the mandatory reporting laws, but one of the other problems that we have within our system, specifically the juvenile justice and the truancy court system, is that the human service departments end up getting ordered in to investigate for placement in services and to remove children and place them. Sometimes, because the system doesn't function the way it should function, families have to get help on their own. And other times, because the judicial system sees the department as a threatening force to be able to come in and hold families accountable, there's a feeling we're not able to hold families accountable. There has to be a concurrent path to address this piece. When there's an effort to get out of a family's life but the court demands they continue to intervene, this can cause friction. ● Doris thanks the Task Force for their time. She stated as the Task Force looks to improve or right size the mandatory reporting laws, it will have to keep an eye toward ensuring equitable impact on the child welfare system and reducing disparities and disproportionality.
<p>Public Comment</p>	<p>Heather Durusko (Submitted a comment to be shared with the Task Force): Representing the Colorado Human Services Directors Association, Heather noted that the Behavioral Health Administration has all the data from independent assessments done when a child is being considered for residential placement and treatment in a QRTP, since Colorado started that process. Heather wanted to note that the Task Force should consider reviewing that data.</p> <p>Sheldon Spotted Elk: You know there has to be technical and adaptive aspects of change. So not only just policy and law change, black words on white paper change, but also the way that we think about these things, that the public thinks about these things and that the professionals think about these things. I just think it's an interesting time right now. There has been some really great work done in the reform and abolition movements that are currently going on, but there's a chasm happening. Of course, there's states that have anti-CRT laws and the Indian Child Welfare Act of course at the Supreme Court is being challenged as a race-based law. So those are things that I kind of think about. I'm interested in some of the adaptive dynamics that this task force is thinking about as far as change goes. I'm a Native American, grew up in Indian country all my life. I think sometimes the way that professionals are introduced to some of these issues is through a professional lens. I think sometimes the way that professionals, me included, think about some of these things is very sequential and not really capturing the humanity behind some of these things. So, I would encourage the Task Force to have lived experience, people of color. I think definitely those voices need to be at the table to make sure that we're thinking about these things in adaptive ways rather than just maybe black letters on white paper and more toolkits and more resources. And all those things are really</p>

important. I'm not trying to undermine those things, they're really critical things to have changed. Also, the most significant aspects of the way that we think, the way that we feel about these things are and raise humanity and these things are really important.

Stephanie Villafuerte responds regarding lived experience within the panel. She expressed the Task Force's commitment to include those who have been reported on. Families and parents who have experienced the system. Also, how to include youth that have been impacted by the system with a note of the need for a trauma informed approach to that inclusion of voice.

Noelle: I'm a therapist, a private therapist, and I'm also a parent with lived experience. I'm just curious what the stats are about adopted children and children who have been through the foster care system and having social services called on them, children with oppositional defiance, attachment issues who've gone from foster home to foster home, even adopted at birth like our son was. Dr. Wells said something that really stuck with me, that mandated reporters need someone they can call and sort through "What is reportable?" And that has been the situation with us. Mandated reporters can't be the experts on everything. But can there be experts in this mandated reporting system who understand certain populations? Dr. Wells also mentioned children who are born drug addicted and how they need to go to good homes where they can really be cared for. And those children struggle throughout their lives. And if those families aren't advocated for, we're going to lose those families that we need to take in these hard kids. Our son is a storyteller. He has a history. And in light of lack of evidence, no, not a single mark on him, the school social worker took it upon herself to embellish the story and reported that we tried to give him back as a baby and that we're abusing him because his family wouldn't take him back. It was not a true story at all. And we didn't learn this until we got the police report. How much the school had embellished what they were reporting because there was really nothing other than his claim that we shot him with a BB gun. We have to clearly define what is reportable and what isn't, and it's okay. I think we need to say that it's okay if there's no more to report. If you have only one statement from a child, that it's not a mandated reporter's job to add to a story or to take it away or to make the family look guilty, that's not their job. In addition to bias being shown towards BIPOC families, I think there's some bias towards other populations like adopted children and children who've been in the system. So, we actually had our case dropped by the DA, but the damage was done. I have three kids who are now in treatment because of the severe anxiety and trauma that this put our family through, this social worker not understanding her job and what was reportable and what wasn't. So, I just wanted to share that. Just some things that I hope we will talk about as the task force goes on."

Kelly Haviland: When children are biracial, who determines whether they're getting listed

	<p>as black or white or whatever race? Second question: There's been several important people talking about the fear of being a mandated reporter. And I agree that there needs to be a special avenue just for mandated reporters that the mandated reporters can link with and discuss. Because I feel like the children that are vulnerable, the most vulnerable who have been abused and neglected and are in the court system, depend on those mandated reporters. CASA, mental health resources, they depend on those people. And if those people are scared to do their job. I mean, that's putting those kids in shark infested water and those kids need the most help, absolutely.</p>
Closing	<p>Stephanie Villafuerte thanked the panelists, task force members, and various support staff and closed the meeting.</p>