

Mandatory Reporting Task Force

Medical / Mental Health Panelists

Pre-Meeting Survey Responses

Overview

The Mandatory Reporting Task Force is currently focusing its attention on the following directive:

Is mandatory reporting effective in serving children and families in Colorado? (See C.R.S. §19-3-304.2(7)(a)(I))

During the meeting on Wednesday, June 7, 2023, the Task Force will start a series of meetings in which they hear from broad categories of professionals currently listed as mandatory reporters under Colorado law. We have created very broad categories of professionals including:

- Medical / Mental Health
- Provider
- Education
- Legal
- Advocacy

Each Task Force member has been assigned to one of these broad categories based on their experience, current position and designation on the Task Force. A panel discussion will correlate with each category of professional and each panel will be asked to participate in a pre-meeting survey. Each survey will include the same questions, slightly tailored for each profession.

These documents are meant to serve as a primer for the larger discussion head during the meeting.

During the June 7, 2023, meeting, the Task Force will hear from the Medical / Mental Health Professional Panel. The panel will feature the following Task Force members:

- Ida Drury, Ph.D, MSW
- Heather Kaczmarczyk, MSW, LCSW (Proxy for Kelsey Wirtz)
- Dr. Kathi Wells, MD, FAAP
- Donna Wilson, Ph.D. LPC

Ida Drury, Dr. Kathi Wells and Donna Wilson's answers to the survey are provided below.

Question One: What is your role and what organization are you with?

- **Ida Drury, Ph.D, MSW**
 - o Assistant Professor Kempe Center, University of Colorado

- **Dr. Kathi Wells, MD, FAAP**
 - o Executive Director, Kempe Center

- **Donna Wilson, Ph.D. LPC**
 - o Director of Operations and Community Engagement, Child and Family Services

Question Two: In 2021, approximately 26% of reports filed by mandatory reporters in Colorado were made by medical/mental health professionals. What is your perspective regarding the proportion of calls being made by medical/mental health professionals in Colorado?

- **Ida Drury, Ph.D, MSW**
 - o “It's hard for me to interpret this proportion without subsequent data (i.e. how many of these reports were screened in, contained founded allegations, resulted in further system involvement (e.g., Out of home care, etc)”

- **Dr. Kathi Wells, MD, FAAP**
 - o “I think that this makes sense given these professionals fairly frequent contact with children (especially both very young infants/children and adolescents which we know comprise the highest percentages of reports.”

- **Donna Wilson, Ph.D. LPC**
 - o “I feel that number is a result of MH professionals not understanding the true definition of safety and risk in Colorado or the function of CPS in general. Families that need resources are often called in for a CPS concern instead of being referred to for services and/or resources. I also think that children and families of color are called in at a higher rate due to implicit bias and dominate culture expectations not being displayed by families with limited resources.”

Question Three: Generally, Task Force members have identified three broad reasons for why mandatory reporters file reports: (1) Concerns about the safety of a child; (2) Desire to connect children and families with resources and services; and (3) Concerns about legal liability for failing to report. In your experience as a medical/mental health professional, which of these broad categories is the reason most often cited for making a report, and which is the reason least cited. Why?

- **Ida Drury, Ph.D, MSW**
 - o “Most often: concerns about the safety (very broadly defined) followed by concerns about legal liability. Medical and mental health professionals are very concerned for and in relationship with Colorado children and families. As mandated reporters, this might

tip the scales toward erring on the side of reporting more than might result in actual action by the child welfare agency.”

- **Dr. Kathi Wells, MD, FAAP**

- “I would say that for medical professionals, all of these reasons are represented. I think that #1 is probably the most common reason with #2 next. I do think that #3 is a reason as well but probably the least common.”

- **Donna Wilson, Ph.D. LPC**

- “I think reports are most often filed due to MH professionals trying to access services for families. I think they are not making reports related to safety concerns. I think this is occurring because MH professionals do not have a solid understanding of the CPS system or the distinction between safety and risk. I also think that they do not want to get in trouble for failing to report so they are overreporting things that should not be reported. Many MH workers appear to struggle to distinguish between neglect and poverty. Being poor isn't a CPS issue.”

Question Four: To the extent reports by medical/mental health professionals are intended to request services or resources for children/families -- not intervention or removal -- what sort of alternative reporting method would you suggest?

- **Ida Drury, Ph.D, MSW**

- “I don't think that "reporting" a family in need has positive results. In fact, on screened out "reports" where families are offered the chance to 'opt in' to supportive services on a completely voluntary basis, we see only about 20% service acceptance nationally, with reasons for low uptake cited as 'stigma of the system,' or 'fear of eventual child protection involvement.' RATHER, medical/mental health experts should be able to connect families with a warm line they can call at their own leisure, staffed by other parents, to establish assistance on parenting, social supports, hard services, etc. Similarly, families should be able to first opt in to home visiting programs such as Colorado Community Response-- that they can choose to initiate helping services without fear of system involvement and with the levels set to their own preferences.”

- **Dr. Kathi Wells, MD, FAAP**

- “I think that if there was a clear path to resources to support children and families in need that included a single entry point and follow up communication regarding services provided, medical/mental health professionals would be very interested in using it. I think if this could be something the health professional could easily either call or connect with through the internet that would provide immediate connection to the patient/family/client, it would be more likely to be used by the health professional. However, if they have to try to find the right number or person and it took very long, it would not be something that would work given their limited time. Another option might be resourcing physical supports that could exist in clinical settings that could work directly with families in need.”

- **Donna Wilson, Ph.D. LPC**
 - “I have always believed that Colorado could benefit from a soft line such as a 411 line for professionals to connect families with resources. Other states have implemented similar things and this has reduced the erroneous overreporting, especially for children and families of color.”

Question Five: Do you feel the outcomes of mandatory reports made by those in medical/mental health professions match the intent behind making a report?

- **Ida Drury, Ph.D, MSW**
 - “No.”

- **Dr. Kathi Wells, MD, FAAP**
 - “This is frankly unclear since rarely do health professionals receive follow up from reports. I would recommend enhancing the communication between health professional reporters and the child welfare system such that outcomes of the report are more clearly communicated along with an opportunity for shared efforts to support families in need.”

- **Donna Wilson, Ph.D. LPC**
 - “Not always. For people of color, needing help and or/resources appears to be criminalized by this current practice. Receiving help comes at a huge cost. For some well-intended workers seeking services for clients fail to understand they have just become a springboard to entering a family into a system that may be near impossible to get out of. The intent and the impact are not equitable, and families pay the cost for this.”

Question Six: What are the biggest barriers or frustrations for medical/mental health professionals in making mandatory reports?

- **Ida Drury, Ph.D, MSW**
 - “Lack of understanding about what actually happens to reports, how child abuse and neglect are defined by CPS, feeling like nothing happens to help the family, never getting feedback from cases that DO get prosecuted for non reporting, not knowing the statute of limitations for adults who disclosed they were sexually abused as children (this happened in a CO county), worry that they will compromise their therapeutic relationship by reporting child maltreatment, worry that the system will over or under respond.”

- **Dr. Kathi Wells, MD, FAAP**
 - “Lack of follow up - never hearing again what happened (at least from the system) - there may be information provided by the family involved but it may not be accurate. Additionally, if the family severs their relationship with the healthcare provider, they are left to wonder what happened.”

- **Donna Wilson, Ph.D. LPC**

- “The biggest complaints that I hear from staff are: (1) the CPS system doesn’t communicate outcomes or expectations to providers. (2) the CPS system is not a collaborative partner with staff or families that they serve. (3) the CPS system is more focused on compliance v. skill/behavioral modification of parents and children. (4) the CPS system is not trauma informed. (5) the CPS system is culturally disconnected from the communities that they serve and appear to fear the communities they serve. (6) the CPS system is a reactive system that piles on arbitrary requirements on families, and they move the finish line when families appear to be getting close to completing them (e.g., “you need to go to parenting classes before Johnny can come home”. Prior to the classes being completed, a parent might then be told “you need to go to substance abuse treatment and then we will discuss if he can come home”.”