



## The Mandatory Reporting Task Force | Meeting 4

### Meeting Minutes

June 7th, 2023, 8:00 am-11:00 am Virtual Meeting (Zoom)

Facilitators: Doris Tolliver and Trace Faust

Members: See Appendix A

<p>Welcome &amp; Approval of Minutes</p>	<p>After member welcome, Task Force Chair Stephanie Villafuerte recorded Mandatory Reporting Task Force attendance and approved minutes from the previous meeting. The motion for approval was provided by Michelle Dossy and was seconded by Dr. Kathi Wells. Task Force Chair Stephanie Villafuerte also updated the Task Force regarding an upcoming Child Welfare Interim Committee and the Office of the Colorado Ombudsman will distribute information to members. An inquiry was raised regarding the members of the Child Welfare Interim Committee, this can be accessed <a href="#">HERE</a>.</p>
<p>Roadmap for 2023 Meetings</p>	<p>Trace Faust, Keystone Policy Center, outlines process updates including the “Meeting Recap” and the directive overview as the Task Force is currently working on 3 of 19 directives. Doris Tolliver, Health Management Associates, reviewed the Roadmap for 2023 meetings. Doris Tolliver also shared the roadmap detailing the various points of view that will be shared with the Task Force including lived experience, mandatory reporters themselves from a variety of professional fields, those who access the reports, and those who enforce and monitor the reports.</p>
<p>Review of Directive of Discussion: Effectiveness of Mandatory Reporting Panel</p>	<p>Trace Faust explores reasons “why are Mandatory Reporters making calls” which was condensed to concerns about the safety of a child, desire to connect families and children with resources and services, or concerns about legal liability for failing to report. Task Force members are asked to keep in mind the following questions while disseminating their thoughts on the effectiveness of mandatory reporting. Trace Faust introduces the Task Force member panel of medical/mental health professionals consisting of Heather Kaczmarczyk, MSW, LCSW (Proxy for Kelsey Wirtz), Dr. Kathi Wells, MD, FAAP, and Donna L. Wilson, Ph.D., LPC. Each panelist provided a small biography of their experience with mental health and desire to reconsider intent versus impact within mandatory reporting. Trace Faust asks the panelists questions in an effort to allow the panelist's points of view to inform the Task Force. After the panelist's stories, Trace Faust inquires what, in their perspective, regarding the proportion of calls being made by medical/mental health professionals in Colorado?</p> <ul style="list-style-type: none"> <li>● To Dr. Kathi Wells, the proportion of calls made by medical/mental health professionals is the concern for the child/ a change of engagement as safety is their number one factor.</li> <li>● To Donna L. Wilson, the proportion of calls made by medical/mental health professionals is also a concern for the child. Dr. Wilson highlights the importance of transparency with parents as Child Protective Services/ Child Welfare may hold negative connotations with families and may inhibit support.</li> <li>● To Heather Kaczmarczyk, the proportion of calls being made by medical/mental health professionals is a failure to report as that relates to the safety of the child as Ms. Kaczmarczyk includes neonatal mandatory reporting. Liability may vary with reporting environments.</li> </ul>



- Tolliver remarks on how interesting the intersectional nature of Mandatory Reporting applies to appropriate discretion in assessments as it varies tremendously from industry to industry.

Tolliver inquires 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?

- To Dr. Kathi Wells, alternative reporting methods or the intention to request services/resources for children/families includes the creation of a safety plan and determining barriers to care.
- To Dr. Donna L. Wilson, alternative reporting methods or the intention to request services/resources for children/families includes a risk assessment, an in-home therapist, as well as definitions of concerns/risks. Dr. Wilson shares they believe intervention should lead with education.
- To Heather Kaczmarczyk, alternative reporting methods or the intention to request services/resources for children/families aren't typical and they would prefer a resource/services phone line to call with a "speak back" feature. This would allow mandatory reporters to follow up on a call.
- Dr. Kathi Wells highlights the importance of culturally specific community resources and their effectiveness, as Child Protective Services holds a negative connotation to some families. In addition to Child Protective Services being understaffed, Dr. Kathi Wells shares she feels easily accessible services can serve as a "safety net" for families to receive support. Dr. Wilson agrees with Dr. Wells's sentiments and shares the "Settlement House Model" with the Task Force.

Mandatory Reporting Task Force Members were invited to ask Effectiveness of Mandatory Reporting Panel inquiries regarding the information presented, all comments are individual and not attributed to the Task Force.

- I think it is important to delineate between the definitions that Nicci gave us, which was defining the response times we use in Colorado (immediate/3 Day/5 Day) which is separate from the laws in Colorado that define abuse or neglect.
- I agree, it is important to understand that this is one law out of many that we are using to determine safety and risk
  - Task Force Chair Stephanie Villafuerte agrees that the Colorado Ombudsman Office will get the actual legal definitions for the group for future meetings.
- We would have to make sure our community-based agencies were well funded. Also, I want to make sure that we don't just give people a phone number to call.
- Agreed. This must be a trauma-informed approach to connecting folx to services.
- I think it's undeniable that would be best, but I worry so much about how we can actually launch such a fundamental program.
- A member shared [this link](#) of family resource centers across Colorado.
- Some mandatory reporters have access to immediate help and families want it. That's a group that has to call the hotline only because of the law. I spoke to the director of a family shelter the other day who had that exact situation, called to report as required by law, but had the resources to help the parent. But of course, the Department of Human Services opened the case because a mandated



	<p>reporter with a lot of information called it in.</p> <ul style="list-style-type: none"><li>● That can also be true for victim advocates. We are providing the services needed to ensure the child is safe, but we are still required to report to Child Protective Services.</li><li>● The Family Resource Center Association has connections to 32 family resource centers across Colorado. Happy to help share more information about the FRCs model and work.</li><li>● I think what Jade just highlighted is the disconnect between a written law and the implementation of it through practice. We have to bridge the gap between the intent of the law and how it is practiced in real time.</li><li>● The difference between needing to report vs helping get someone resources without conditions attached. As you said earlier, things get criminalized that shouldn't be.</li></ul>
Data Discussion	<p>Task Force Chair Stephanie Villafuerte welcomes Steve Ellis and Crystal Ward Allen of Casey Family Programs to review and present national mandatory reporting data and Colorado specific data for reports made by medical/mental health professionals accessible <a href="#">HERE</a>. Task Force members were invited to ask Ellis and Ward Allen questions regarding the information presented, all comments are individual and not attributed to the Task Force.</p> <ul style="list-style-type: none"><li>● The data presented is from CO's Trails system, as submitted to the Children's Bureau, and Casey Family Programs at the same time.</li><li>● So based on that data, white families in Colorado are being offered an alternative response more than other groups in our state? Why is that?</li><li>● Can you filter medical vs. mental health? Are reports by med reporters substantiated more frequently?<ul style="list-style-type: none"><li>○ Crystal Ward Allen shares that this is available.</li></ul></li><li>● With the passage of 1240, is the state now capturing medical abuse as a separate category of abuse? (I realize this data was collected before the passage of the law.)</li><li>● It is very important that we break out and review all the types of neglect and understand that not all neglect is poverty related. It includes so many different types of maltreatment.</li><li>● Alternative Response in Colorado generally does not allow for us to use that track for sexual abuse.</li><li>● Emotional: 30% of reports, 14% substantiated...really sad, under-reporting and how do you prove abuse we can't see.</li><li>● The difference between what a mandatory reporter will be required to report and what will be substantiated is a huge issue.</li><li>● Villafuerte shares the Task Force will have a legal discussion planned to review applicable laws and regulations. Those meetings are currently slated for September 20 and October 4.</li><li>● Does any data refer to undocumented youth or first-generation youth?<ul style="list-style-type: none"><li>○ Crystal Ward Allen shares AFCARS and NCANDS does not collect this distinction.</li></ul></li></ul>



	<ul style="list-style-type: none"><li>● It would feel less intimidating to call a referral hotline when the family has a poverty or resource problem. And the reporting hotline would be for immediate safety concerns. It's really hard to navigate resources (and this is not a Colorado-only problem, resources change all the time). If the law was more flexible to give MR the different options, it would be less fear-based.<ul style="list-style-type: none"><li>○ Steve Ellis shares that for AFCARS and NCANDS we can get to the county level but not lower (e.g., zip).</li></ul></li><li>● 211 is a multilingual and confidential service that connects individuals to critical resources including food, shelter, rental assistance, childcare, and more. Our 211 database contains more than 7,000 health and human resources and is updated daily to help community members meet basic needs <a href="https://unitedwaydenver.org/community-programs/2-1-1/">https://unitedwaydenver.org/community-programs/2-1-1/</a></li><li>● Higher utilization of 211 or something similar would require a change in the current mandatory reporting law in my humble opinion.</li><li>● Data is so important to understand the impact of interventions - given the limitations of the data sets we currently have, I think that we should consider requesting support for a strong evaluation component of whatever recommendations this group makes.<ul style="list-style-type: none"><li>○ Crystal Ward Allen shares both/and - provide a referral number, and do a warm handoff, coaching to access and follow up.</li></ul></li><li>● That process would really help older teens who don't want reports made but need resources.</li></ul>
Public Comment	<p><u>Stephanie - Rocky Mountain Crisis Partners</u> <i>"Oh hello, everybody. I'm Stephanie and I work for the statewide crisis. 981 line. We're having challenges, at our agency, when we're hearing allegations of abuse or neglect from callers and the line of mandatory reporting. And so I'm just wondering how this obviously warrants a bigger conversation, but when we hear something, how to establish guidelines for staff in reporting when we're hearing allegations in telephonic work?"</i></p> <p><u>Heather Thompson- Elephant Circle</u> <i>"Hi, all. I'm Heather Thompson, Co. Deputy Director at Elephant Circle, we're a birth justice organization. First off, thank you for this robust conversation and for allowing those of us from the public to listen in, it's been really great to hear all the thoughts and suggestions. And I'm a data nerd, so I appreciated that. I had a quick comment and a question. My comment was, from our experience at Elephant Circle, we want to elevate what Dr. Wells said about some sort of feedback loop back to healthcare providers. We hear that a lot in the maternal health space healthcare providers would like to have a better sense of what happens downstream from a report. And that leads to my question, which is, I'm wondering if this task force is going to spend any time talking specifically about newborns or specifically about newborns whose parents use drugs prenatally as Heather on the first panel mentioned, it's a really nuanced area. And in my experience, it's an area where a lot of our biases and stigmas are very concentrated. And specifically speaking to the data, we already know our current inequitable maternal health and maternal mortality situation makes clear that anti-blackness is rampant in our maternal</i></p>



	<p><i>health care system. So if we've already got a layer of anti-blackness systematically there, what does that look like in terms of reports, in terms of substantiations, and I know that newborns removed, at least in the state of Colorado, have a much higher rate of not ever returning home. So I'd love to hear what mandatory reporting looks like in that space specifically and hope it might be on the agenda in the. Thanks again."</i></p> <p>Task Force Chair Stephanie Villafuerte replies to Heather Thompson's inquiry. She shared her gratitude to Heather for pinpointing the topic of prenatal Mandatory Reporting. Villafuerte assures Ms. Thompson the Mandatory Reporting Task Force will be certainly referencing different categories of youth that are brought into mandatory reporting systems as each age has its own alternate solutions, but there will not be a focus specifically on neonatal circumstances. Villafuerte shares her appreciation for the public comments submitted.</p>
<p>Next Steps and Adjourn</p>	<p>Task Force Chair Stephanie Villafuerte shares her appreciation for Heather Kaczmarczyk, Dr. Kathi Wells, Donna Wilson, Steve Ellis, Crystal Ward Allen, and all present members for the robust conversation. The Mandatory Reporting Task Force was adjourned at 11:01 am.</p>

**Appendix A:**

Dawn Alexander	Early Childhood Education Association of Colorado
Yolanda Arredondo	Colorado Department of Human Services
Kevin Bishop	Colorado Office of the Alternate Defense Counsel
Samantha Carwyn	Families Minister
Carlos Castillo	Denver Police Department
Ashley Chase	Colorado Office of the Child's Representative
Jill Cohen	Colorado Office of the Respondent Parents' Counsel
Michelle Dossey	Arapahoe County Department of Human Services
Jessica Dotter	Colorado District Attorneys' Council
Tara Doxtater	Recovery Coach / Parent Advocate
Jennifer Eyl	Project Safeguard
Leanna Gavin	Kalamaya   Goscha
Nathaniel Hailpern	Parent Advocate
Adriana Hartley	Office of the Delta County Attorney
Lori Jenkins	Kindred Kids Child Advocacy Center
Shayna Koran	Parent Advocate
Maria Mendez/ Gina Lopez	Colorado Coalition Against Sexual Assault
Criston Menz	Licensed Clinical Social Worker
Margaret Ochoa	Colorado Department of Public Safety
Colleen O'Neil	Colorado Department of Education



Sara Pielsticker/Ginger  
Nicci Surad  
Dr. Kathryn Wells  
Donna L. Wilson  
Kelsey Wirtz/Heather  
Jade Woodard  
Stephanie Villafuerte

Disability Law Colorado  
Mesa County Department of Human Services  
The Kempe Center  
WellPower  
Denver Health Medical Center  
Illuminate Colorado  
Office of the Colorado Child Protection Ombudsman

**Appendix B:**

Abbey Koch  
Addi Cantor  
Britney Cornelius  
Britney Nobel  
Catania Jones  
Denver 7  
Jake Goulder  
James Connell  
Kristin Jones  
MariyInn Teel  
Micheal Teagues  
Ruby Richards  
Tiffany Lewis  
Bonnie Steele  
Sheila Strouse