Colorado Mandatory Reporting Task Force

Interim Committee Update

July 18, 2023

POLICY COLLABORATIVE
FOR CHILDREN
& FAMILIES

TABLE OF CONTENTS

Background

Task Force Overview 9-11

Legislative Charge 15-17

Task Force Charter 21-25

Meeting 1 – December 7, 2022

Agenda 29

Materials – Glossary of Child Welfare Terms 33-40

Meeting Minutes 43-50

Meeting 2 – February 1, 2023

Agenda 53-54

Speaker Bios 57-61

Materials – National Child Abuse & Neglect Data System Report (HHS) 65-78

Materials – Meeting 1 Themes 81-87

Presentation – Racial Disparities & Disproportionality in Child Welfare (HMA) 91-114

Meeting Minutes 117-124

Meeting Recap 127-128

Meeting 3 – April 5, 2023

Agenda 131-132

Speaker Bios 135

Materials – CPS Investigations & State Surveillance of Family Life (Dr. Kelley Fong) 137-174

Presentation – Facilitator Slides 177-184

Meeting Minutes 187-191

Meeting Recap 195-197

Meeting 4 – June 7, 2023

Agenda 201-203

Materials – Health Panel Pre-Meeting Survey Responses 207-211

Presentation – Facilitator Slides..... 215-224

Presentation – AFCARS & NCANDS Data (Casey Family Programs)..... 227-242

Background

Task Force Overview

Mandatory Reporting Task Force:

Background, Task Force Process and Directives

Background

In September 2021, the Colorado Child Protection Ombudsman's Office published an issue brief on Colorado's mandatory child abuse reporting law outlining the statewide trends that dozens of individual cases had highlighted. What we heard from teachers, law enforcement, medical professionals, social workers and families was that the law was not working as intended.

An analysis of these cases, the state's mandatory reporting law and similar laws in all 49 other states revealed an inconsistent, fragmented and under-resourced child abuse reporting system.

Soon after the report was published, the Colorado General Assembly responded by creating this Mandatory Reporting Task Force with HB22-1240 – a bill sponsored by Rep. Meg Froelich, D-Greenwood Village, Rep. Mary Young, D-Greeley, Sen. Rhonda Fields, D-Aurora, and Sen. Cleave Simpson, R-Alamosa.

Legislative Directive

Established through House Bill 22-1240, this two-year task force will be comprised of 33 members with various personal and professional experiences. The Mandatory Reporting Task Force has been charged with analyzing 19 directives concerning Colorado's mandatory reporting laws and their corresponding impacts on children, families and professionals across the state. Among the issues the task force will analyze:

- Effectiveness of mandatory reporting laws in keeping children safe
- Disproportionate impacts of mandatory reporting on under-resourced communities, communities of color and persons with disabilities
- Alternative processes and services for families who do not present child safety concerns, but may benefit from other supports
- Sufficiency of training and infrastructure to support mandated reporters in fulfilling their legal duties
- Areas of the current law that require clarification regarding the role and duties of mandated reporters

Meeting 13 times over the next two years, the task force will review national best practices and consult with numerous experts, researchers and people with lived experience. In January 2025, a final report of findings and recommendations will be submitted to the General Assembly, the Governor's Office and the Colorado Department of Human Services.

Overview of the Task Force

The Meeting Process

Agendas and pre-work for each meeting will be sent out via email prior to the meeting. The meetings will be held virtually to ensure participation from stakeholders across the state.

Each meeting will be supported and facilitated by the Keystone Policy Center (Keystone).

Meeting Dates:

The Mandatory Reporting Task Force meetings will be held virtually from 8 a.m. to 11 a.m. on the following dates:

- December 7, 2022
- February 1, 2023
- April 5, 2023
- June 7, 2023
- August 2, 2023
- October 4, 2023
- December 6, 2023
- February 7, 2024
- April 3, 2024
- June 5, 2024
- August 7, 2024
- October 2, 2024
- December 4, 2024

Meetings of the Mandatory Reporting Task Force are open to the public and will be streamed live via Zoom. A period for public comment is scheduled at the end of each meeting and will provide members of the public the opportunity to ask questions and share insights on the topics and issues the group discusses. Meeting materials, including Zoom links, will be posted on the CPO website at least 24 hours in advance.

Task Force Members

The Mandatory Reporting Task Force is chaired by Colorado Child Protection Ombudsman Stephanie Villafuerte and consists of 33 other members appointed by various government authorities or the CPO to represent a specific stakeholder group.

We greatly appreciate every appointee's service, commitment and willingness to participate in this historic effort that will create a better child protection system for every kid, family and community in our state.

Support

Meetings will be supported and facilitated by the Keystone Policy Center (Keystone). Keystone will assist the Task Force by providing facilitation, meeting support and assistance in generating final written reports.

The Task Force's work will also be supported by information and resources provided by the CPO and guest speakers and presenters.

Task Force Member Responsibilities

Task Force members are expected to attend and participate in each meeting. Each member brings an important perspective, and your presence enriches the discussion. As the Task Force explores the complexities of mandated reporting, we encourage you to seek first to understand the data and the variety of viewpoints and experiences of the system, then discuss with your fellow members to recommend paths forward.

If you are unable to attend a meeting, please provide advance notice to Trace and we will ensure you are provided meeting minutes and updates.

Questions?

If you have any questions about the Task Force, please contact:

Trace Faust, Senior Project Director
Keystone Policy Center
Email: tfaust@keystone.org
Phone: 303-990-7422

Doris Tolliver, Principal
Health Management Associates
Email: dtolliver@healthmanagement.com
Phone: 317-975-3044

Jennifer Superka, Director of Legislative Affairs and Policy
Office of Colorado's Child Protection Ombudsman
Email: jsuperka@coloradocpo.org
Phone: 720-673-9546

Berrick Abramson, Senior Policy Director
Keystone Policy Center
Email: babramson@keystone.org
Phone: 970-760-0727

ABOUT THE OFFICE OF COLORADO'S CHILD PROTECTION OMBUDSMAN

The Office of Colorado's Child Protection Ombudsman (CPO) is an independent state agency committed to ensuring the state's child protection system consistently provides high quality services to every child, family and community in Colorado. The CPO studies the child protection system to ensure a better future for Colorado's children and youth. By researching and highlighting issues within Colorado's publicly funded safety nets, the CPO is working create a better child protection system now and for the future.

Background

Legislative Charge

Mandatory Reporting Task Force Charge and Directives

On June 2, 2022, Gov. Jared Polis signed House Bill 22-1240, which established the Mandatory Reporting Task Force. The legislation convenes the 33-member task force and articulates 19 directives concerning Colorado's mandatory reporting laws and the correlating impacts on children, families and professionals across the state. Each of these directives is listed below.

CRS §19-3-304.2

(7) (a) pursuant to subsection (2) of this section, the task force, at a minimum, shall analyze:

(i) whether a study should be conducted to determine the effectiveness of mandatory reporting in serving children and families and determine the necessary funding for a study. If the task force determines there should be a study, the study must include an analysis on whether enhanced screening techniques for accepting reports may mitigate the disproportionate impact of mandatory reporting on under-resourced communities, communities of color, and persons with disabilities

(ii) the disproportionate impact of mandatory reporting on under-resourced communities, communities of color, and persons with disabilities

(iii) standardized training that addresses implicit bias

(iv) alternative processes and services for families who do not present mandatory reporters with child abuse or neglect concerns but who would benefit from alternative services

(v) standardized training that addresses the requirements of the law pursuant to this part 3

(vi) the definition of "immediately" and how reporting time frames affect mandatory reporters from different professions

(vii) reporting timeframes for mandatory reporters who are creating a safety plan for victims of domestic violence, sexual assault, or stalking to ensure the safety of the victim and the victim's family members while creating the safety plan

(viii) medical child abuse and the process to report medical child abuse

(ix) whether mandatory reporters should report incidents observed outside of a mandatory reporter's professional capacity

(x) whether a mandatory reporter who is employed by, an agent of, or a contractor for an attorney who is providing legal representation is exempt from the reporting requirements described in section 19-3-304

(xi) mandatory reporting requirements for mandatory reporters who have knowledge or reasonable cause to know or suspect that a child or youth is the victim of dating violence or sexual assault

(xii) (xii) a reporting process for two or more mandatory reporters to report child abuse or neglect who have joint knowledge or joint reasonable cause to make a report of child abuse or neglect

(xiii) whether the duty to report remains with the mandatory reporter who has reasonable cause to know or suspect that a child has been subjected to child abuse or neglect

(xiv) whether institutions that employ mandatory reporters may develop procedures to assist mandatory reporters in fulfilling reporting requirements, as described in section 19-3-307

(xv) training requirements for people applying for or renewing a professional license for a profession that is identified as a profession required to report child abuse or neglect pursuant to section 19-3-304

(xvi) the personal information of a child, as set forth in section 19-3-307 (2), that is collected for a report

(xvii) standardized training regarding the county departments' process to determine which reports meet the threshold for assessment and investigation

(xviii) the benefits of an electronic reporting platform for the state, and

(xix) a process for inter- and intra-agency communications, confirming receipt of reports, and, in some circumstances, sharing the outcome of reports with certain mandatory reporters.

Background

Task Force Charter

Colorado Mandatory Reporting Task Force

Interim Committee Update (July 18, 2023)

Mandatory Reporting Task Force Charter

Introduction

On September 15, 2021, the Office of the Colorado Child Protection Ombudsman (CPO) issued a brief detailing its study of Colorado's mandatory reporting law. The CPO initiated that study in response to repeated inquiries from citizens, professionals and mandatory reporters themselves, seeking clarification regarding what the law requires of them. The CPO spoke with numerous mandatory reporters, including health professionals, school administrators, teachers, school resource officers, law enforcement, county human service agencies and others whose job it is to report child abuse and neglect. During these conversations, many urged the CPO to also consider how mandatory reporting disproportionately impacts families of color and under-resourced communities.

The CPO's analysis of issues revealed an inconsistent understanding of the law by mandatory reporters, a fragmented system of trainings for mandatory reporters and a general lack of support and resources for mandatory reporters to capably do the job asked of them – namely, to report suspected child abuse and neglect. This report culminated in the creation of House Bill 22-1240, which established the Mandatory Reporting Task Force (Task Force).

This Charter outlines the mission, scope and objectives of the Task Force along with its guidelines, media protocols and task force roles.

Mission

This critical task force is established to analyze the effectiveness of mandatory reporting and its relationship with systemic issues, including the disproportionate impact of mandatory reporting on under-resourced communities, communities of color and persons with disabilities. The Task Force will analyze whether Colorado's mandatory reporting system is the most effective way to help and/or support children and families and may develop recommendations regarding secondary support systems, training and other issues identified by the Task Force.

Charge

Pursuant to HB 22-1240, the Task Force is required to analyze:

- Whether a study should be conducted to determine the effectiveness of mandatory reporting in serving children and families and determine the necessary funding for a study. If the Task Force determines there should be a study , the study must include an analysis on whether enhanced screening techniques for accepting reports may mitigate the disproportionate impact of mandatory reporting on under-resourced communities, communities of color and persons with disabilities.

- The disproportionate impact of mandatory reporting on under-resourced communities, communities of color and persons with disabilities.
- Standardized training that addresses implicit bias.
- Alternative processes and services for families who do not present mandatory reporters with child abuse or neglect concerns but who would benefit from alternative services.
- Standardized training that addresses the requirements of Colorado's mandatory reporting law.
- The definition of "immediately" and how reporting time frames affect mandatory reporters from different professions.
- Reporting time frames for mandatory reporters who are creating a safety plan for victims of domestic violence, sexual assault or stalking to assure the safety of the victim and the victim's family members while creating the safety plan.
- Medical child abuse and the process to report medical child abuse.
- Whether mandatory reporters should report incidents observed outside of a mandatory reporter's professional capacity.
- Whether a mandatory reporter who is employed by, an agent of, or a contractor for an attorney who is providing legal representation is exempt from the reporting requirements.
- Mandatory reporting requirements for mandatory reporters who have knowledge or reasonable cause to know or suspect that a child or youth is the victim of dating violence or sexual assault.
- A reporting process for two or more mandatory reporters to report child abuse or neglect who have joint knowledge or joint reasonable cause to make a report of child abuse or neglect.
- Whether the duty to report remains with the mandatory reporter who has reasonable cause to know or suspect that a child has been subjected to child abuse or neglect.
- Whether institutions that employ mandatory reporters may develop procedures to assist mandatory reporters in fulfilling reporting requirements.
- Training requirements for people applying for or renewing a professional license for a profession that is identified as a profession required to report child abuse or neglect.
- The personal information that is collected for a report.
- Standardized training regarding the county department's process to determine which reports meet the threshold for assessment and investigation.
- The benefit of an electronic reporting platform.
- A process for inter- and intra-agency communications, confirming receipt of reports, and, in some circumstances, sharing the outcome of reports with certain mandatory reporters.

Definitions (see other sections for more detailed descriptions):

- **Members:** The Task Force is composed of 24 individuals from our community. These members include young people who were previously involved with the child welfare system, families whose children have run from out-of-home placements, members of law enforcement and professionals who are responsible for the care of youth in out-of-home placements, including residential child-care providers, child welfare professionals, non-profit organizations, foster parents and others.

- **Factiliation Team:** Each meeting will be supported and facilitated by the Keystone Policy Center (Keystone). Keystone was established in 1975 and is an independent non-profit organization. They have helped public, private and civic-sector leaders solve complex problems and advance good public policy for more than 40 years in Colorado and nationally. Keystone does not advocate for any policy position but rather works to ensure that stakeholders share decision making and work together to find mutually agreeable solutions to complex problems.
- **Co-Chairs:** Co-chairs of the Task Force will serve in an advisory role to Keystone, between meetings to assist with assessing progress and setting agendas for Task Force discussions. They will be available to members to provide feedback and guidance.
- **Work Groups:** Forums composed of members and implementing partners that are focused on coordinating and aligning efforts in executing official and endorsed projects of the task force.

Task Force Outcomes

Per HB 22-1240, the Task Force must submit a first year status report and a final report to the House Public & Behavioral Health & Human Services Committee and the Senate Health & Human Services Committee. The first-year status report must be submitted by January 1, 2024, and the final report must be submitted by January 1, 2025. The CPO will also broadly disseminate the report to the public and members of the media.

Both reports will contain a summary of the Task Forces analysis of each directive listed above. The reports will recognize any points of consensus reached by the Task Force, as well as any differing opinions or perspectives. It is important to note that consensus is not required for any discussion to be presented in the report.

Pursuant to its enabling statute, the Task Force may issue recommendations, but it is not required to do so. The Task Force may discuss whether a recommendation is necessary to address any of the directives above.

Keystone is responsible for facilitation and project management, as it relates to the activities of the Task Force. Keystone is responsible for co-designing the process with the CPO office and co-chairs and ensuring the Task Force runs smoothly, including promoting full participation of all Task Force members and -- when possible -- helping the parties resolve their differences and work toward resolving concerns. Working with task force members, Keystone will ensure adequate and coordinated stakeholder engagement that will be essential to the task force meeting its goals. Keystone staff will also be available to consult confidentially with participants during and between meetings.

Ground Rules

- **GOOD FAITH**: Act in good faith in all aspects of group deliberations with the intent to promote joint problem solving, collaboration and collective, common-ground solutions; honor prior agreements including but not limited to the contents of this Charter.
- **OWNERSHIP**: Take ownership in the outcomes and the success of the Task Force.
- **OPENNESS**: Be honest and open in sharing your perspectives; be open to other points of view and to the outcome of discussions.
- **FOCUS**: Maintain focus on the mission and goals of the Task Force as well meeting objectives; honor agendas.
- **LISTENING**: Listen to each speaker rather than preparing your response; no interruptions; refrain from multitasking during meetings.
- **PARTICIPATION**: Participate actively, ensuring that your experience and voice is included in the discussion. Make space for others to speak. Be mindful and respectful of the presence of multiple backgrounds and areas of expertise and avoid the use of acronyms and technical language from your field.
- **RESPECT**: Disagree judiciously and without being disagreeable; do not engage in personal attacks; in all contexts, refrain from behavior that denigrates other participants or is disruptive to the work of the group.
- **PREPAREDNESS AND COMMITMENT**: Prepare for and attend each session; get up to speed if you missed a meeting.
- **FACILITATION AND CONFLICT RESOLUTION:** Let the facilitators facilitate; allow them to enforce the ground rules and engage them with any concerns.

Media Protocols

Media protocols are provided to ensure that Task Force members utilize consistent messages and processes when communicating about the Task Force and that individual members' interests are protected through the accurate characterization of their association with the Task Force.

- Only use messaging that has been agreed upon by the Task Force and approved by Keystone when characterizing the Task Force on behalf of its members, and when characterizing the roles and commitments of members.
- Be clear to delineate your own opinion or interest from the agreed-upon messaging of the Task Force.
- Do not characterize or attribute the opinions or positions of other members.
- Press releases of/on behalf of the Task Force will be reviewed by the CPO prior to their release. CPO will coordinate the development, review and submission of media releases with the Task Force under a timely process.

- Individual members should not make announcements on behalf of the Task Force. Members planning their own media releases and/or other formal communications that reference or characterize the Task Force – including but not limited to web copy and presentations – should submit the draft materials to Keystone for review at least one week prior to the intended public release date. Keystone will review the materials for consistency with agreed-upon messaging and, where necessary, coordinate with task force members for further review.

If you receive a media inquiry, you are encouraged to coordinate with Keystone prior to providing answers to interview questions. You may also feel free to refer the inquiry directly to Keystone.

Meeting 1 – Dec. 7, 2022

Agenda

Mandatory Reporting Task Force | Kick-Off Meeting

December 7, 2022, 8am-11am

Virtual - Zoom

Facilitators: Doris Tolliver, Keystone Policy Center

Trace Faust, Cally King, Berrick Abramson

Time	Agenda Topic	Facilitator / Presenter
8:00 am	Opening • Background, Process and Purpose	Stephanie Villafuerte
8:15 am	Keystone Policy Center Overview • Introductions • What we bring to the table	Facilitation Team (Doris Tolliver, Trace Faust, Cally King, Berrick Abramson)
8:20 am	• Task Force Member Introductions ○ What brought you to this task force?	Full group
9:20 am	Stretch Break	
9:25 am	• What is your biggest concern about the current child welfare system? (via Jamboard) • What is your greatest hope for the work of this task force?	Full group
10:25 am	Terminology Overview (time permitting)	Doris Tolliver
10:40 am	Public Comment	
11:00 am	Closing	Stephanie Villafuerte

Meeting 1 – Dec. 7, 2022

Materials

Glossary of Child Welfare Terms

Colorado Mandatory Reporting Task Force

Interim Committee Update (July 18, 2023)

Glossary of Common Child Welfare Terms[1]

Adjudicatory Hearings – held by the juvenile and family courts to determine whether a child has been maltreated or whether another legal basis exists for the state to intervene to protect the child.

Adoption and Safe Families Act (ASFA) – passed in 1997, this act (P.L. 105–89) emphasized the safety of children as the paramount concern in child welfare and promoted timely adoption and other permanent placements for children in foster care.

Burnout – overwhelming emotional exhaustion, depersonalization, and feelings of professional inefficacy; results from cumulative stress in a work environment.

Court Appointed Special Advocates (CASA) – people appointed by the court (usually volunteers) who serve to ensure that the needs and bests interests of a child are fully presented to the court in child protection judicial proceeding. See also Guardian ad Litem.

Case Closure – the process of ending the involvement between the CPS worker and the family, which often involves a mutual assessment of progress and outcome achievement. Optimally, cases are closed when families have achieved their goals, and the risk of maltreatment has been sufficiently reduced or mitigated.

Case Planning – (also known as developing the family plan) the process where the CPS caseworker works with the family and other professionals comprising the family team to develop the family plan.

Caseworker Competency – professional behaviors based on the knowledge, skills, personal qualities, and values a person demonstrates and/or are required.

Central Registry – a centralized database containing information on all substantiated/founded reports of child maltreatment in a selected area (typically a state or tribe).

Change Strategies – actions taken by children, youth, parents, and families toward the achievement of outcomes that will strengthen protective factors and reduce risk factors associated with child maltreatment. Family members may implement change strategies alone or through support from friends or family members, and/or the CPS or other child welfare worker, a community provider, or a combination of professional and informal supports.

Child Abuse Prevention and Treatment Act (CAPTA) – Federal law (P.L. 93–247, enacted in 1974; last amended in 2016 as P.L. 114–198) establishing a federal definition of maltreatment as “at a minimum, any recent act or failure to act on the part of a parent or caretaker, which

[1] adapted from *Child Protective Services: A Guide for Caseworkers (2018) retrieved on 11/20/22 at: https://www.childwelfare.gov/pubPDFs/cps2018.pdf*

results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm."

Child and Family Services Review (CFSR) – periodic reviews of state child welfare systems conducted by the Children's Bureau to ensure conformity with federal child welfare requirements; determine what is actually happening to children and families as they are engaged in child welfare services; and assist states and territories in helping children and families achieve positive outcomes of safety, permanency, and well-being.

Child Protective Services (CPS) – the designated social services agency (in most states, tribes, and territories) to usually receive, investigate, or assess report of alleged maltreatment and to provide intervention and treatment services to children and families in which child maltreatment has occurred; frequently located within larger public social service agencies, such as Departments of Social Services.

Coaching Supervisory Practice – a practice which supports caseworkers to build competency and empower them to come up with their own solutions.

Comprehensive Family Assessment – following the initial assessment/investigation, its purpose is to gather and analyze information that will guide the intervention change process with families and children.

Concurrent Planning – simultaneously identifies alternative permanency goals while making efforts to achieve reunification of the child with his or her parents. The process allows the child to realize other legal permanency more quickly if reunification efforts fail.

Consultative Supervisory Practice – a practice which focuses on supporting caseworkers to fulfill their responsibilities to interview, conduct assessments, develop plans, implement and change strategies and interventions, and evaluate changes in the risk and protective factors that brought families to need CPS interventions.

Cultural Responsiveness – "the awareness, knowledge, understanding, sensitivity, and skill needed to conduct and complete professional activities effectively with people of diverse cultural backgrounds and ethnic affiliations."

Cultural Humility – "the humble and respectful attitude toward those of other cultures, which pushes one to challenge his or her own cultural biases, realize he or she cannot possibly know everything about other cultures, and approach learning about other cultures as a goal and process." This enables a system, agency, or providers to work effectively in cross-cultural situations with awareness of and respect for the diverse experiences, customs, and preferences of individuals and groups.

Cultural Sensitivity – "the ability to recognize, understand, and react appropriately to behaviors of persons who belong to a cultural or ethnic group that differs substantially from one's own."

Differential Response – also referred to as “dual track,” “alternative,” or “multi-track” response, it permits CPS agencies greater flexibility to respond with either a traditional investigation or a family assessment approach to children’s needs for safety based on the degree of risk present and the family’s needs for services and support. See Dual Track.

Dispositional Hearings – held by the court to determine the disposition of children, such as whether placement of the child in out-of-home care is necessary and/or should continue and what services and support the children and family will need to reduce the risk of maltreatment and to address the effects of maltreatment.

Disproportionality – the under- or overrepresentation of families of color out of proportion to their representation in the general population of the United States. Its causes are complex and may reflect bias or other conditions beyond the stated facts or circumstances.

Domestic Violence – a pattern of coercively controlling behaviors perpetrated by one intimate partner against another.

Domestic Violence Perpetrator Intervention Program – typically court-ordered programs for domestic violence perpetrators, which both hold them accountable for their actions and identify alternate appropriate and nonviolent behaviors; usually held in a group format where participants learn about the dynamics of domestic violence, its effects on both the adult and child survivors, and issues of power and control. Also known as Batterer Intervention Programs.

Domestic Violence Advocates or Specialists – individuals, both professional and volunteer, who work to empower child and adult survivors of domestic violence by advocating for the rights of survivors within multiple systems, identifying resources and supports, and aiding them in developing plans for their safety. An advocate usually works for a domestic violence service provider and advocates for the survivors, while a specialist generally works within the child welfare (or agency other than the domestic violence service provider) and, as the name implies, specializes in addressing domestic violence issues for that particular agency.

Dual Track (also known as alternative response) – a term reflecting CPS response systems that typically combine a non-adversarial, service-based assessment track for cases where children are not at immediate risk with a traditional CPS investigative track for cases where children are unsafe or at greater risk for maltreatment. See Differential Response.

Emotional Abuse – See Psychological Maltreatment.

Empathic Stress Responses – the effects of stress experienced by helping professionals because of their empathy with the families they are working with; truly putting oneself in the family’s shoes can result in stress responses in the helper.

Exposure to Violence – environments in which children live where they are exposed to domestic violence perpetrators’ abusive behaviors; applies to children who witness physical violence, as well as to those who do not (i.e., hearing violence, being exposed to threats or verbal abuse, intervening, having awareness of its aftermath).

Family Assessment – the stage of the child protection process when the CPS caseworker or ongoing worker, community treatment provider, and the family develop a mutual understanding regarding the behaviors and conditions that must change to reduce or eliminate the risk of maltreatment, the most critical treatment needs that must be addressed, and the strengths on which to build.

Family Group Decision-Making – a generic term that includes a number of approaches in which family members are brought together and empowered to work with CPS and other service providers to make decisions about how to care for their children and to develop a plan for services. Different terms used for this type of intervention include family group conferencing, family team conferencing, family team decision making, family team meetings, and family unity meetings.

Family Preservation Services – short-term, family-focused, and community-based services designed to help families cope with significant stresses or problems that interfere with their ability to nurture their children; goal is to maintain children with their families or to reunify the family, when it can be done safely.

Family Plan (also known as Case Plan) – the casework document that outlines the outcomes, goals, timelines, tasks, and services and supports necessary to reduce the risk of maltreatment, assist in achieving those outcomes and goals, or facilitate adoption or other permanent placement when a child cannot safely return home.

Full Disclosure – CPS information to the family regarding the steps in the intervention process, the requirements of CPS, the expectations of the family, the consequences if the family does not fulfill the expectations, and the rights of the parents to ensure that the family completely understands the process.

Guardian ad Litem (GAL) – a lawyer or lay person who represents a child in court proceedings in CPS cases. Usually this person considers the “best interests” of the child and may perform a variety of roles, including those of independent investigator, advocate, advisor, and guardian for the child. See also CASA.

Historical Trauma – a form of trauma often associated with racial and ethnic population groups who have suffered major intergenerational losses and assaults on their culture and well-being; refers to the cumulative emotional and psychological wounding, as a result of group traumatic experiences, that is transmitted across generations within a community.

Home Visitation Programs – prevention programs (often voluntary) that offer a variety of family focused services to pregnant mothers and families with new babies. Activities frequently encompass structured visits to the family’s home and may address positive parenting practices, nonviolent discipline techniques, child development, maternal and child health, available services, and advocacy.

Indian Child Welfare Act (ICWA) – enacted in 1978 (P.L. 95–608), establishes standards for the placement of American Indian/Alaska Native children in foster and adoptive homes and enables tribes and families to be involved in child welfare cases.

In-Home Services – services provided to families involved with the child welfare agency whose children remain at home or have returned home from out-of-home care.

Initial Assessment or Investigation – the stage of the CPS case process where the CPS caseworker determines whether a child is unsafe and assesses current safety threats and risk of future maltreatment; the worker also develops a safety plan, if needed to assure the child's protection, and determines if services are warranted.

Intake – the stage of the CPS case process (or on a child abuse hotline) where a worker (also known as the screener or intake specialist) screens alleged child maltreatment calls, reports, and referrals and makes collateral calls, as needed, to determine if the information meets the jurisdiction's criteria to assign for initial assessment or investigation.

Interventions – a specific practice, service, strategy, program, practice model, or combination that is clearly defined, operationalized, and distinguishable from one or more alternatives. For the purposes of CPS, the goal of the intervention is likely to address the reasons the family became involved with the agency.

Memorandum of Understanding (MOU) – a written agreement that serves to clarify relationships and responsibilities between two or more organizations that share services, clients, or resources.

Motivational Interviewing – a method to support +families that may be ambivalent or hesitant about support from the child welfare system.

Multidisciplinary Team – established between agencies and professionals to confidentially share information related to families involved with CPS and to aid in decisions at various stages of the CPS case process; also known as child protection teams, interdisciplinary teams, or case consultation teams.

Multiethnic Placement Act of 1994 (MEPA) – as amended in 1996 by the Interethnic Placement provisions (MEPA-IEP), prohibits state agencies and other entities receiving federal funding and are involved in foster care or adoption placements from delaying, denying, or otherwise discriminating when making a foster care or adoption placement decision on the basis of the parent or child's race, color, or national origin.

Neglect – the failure to provide for the child's basic needs. Physical neglect can include not providing adequate food or clothing, appropriate medical care, supervision, or proper weather protection.

> Educational neglect includes failure to provide appropriate schooling, special educational needs, or allowing excessive truancies. Psychological neglect includes the lack of any

emotional support and love, chronic inattention to the child, exposure to spouse abuse, or drug and alcohol abuse.

Medical neglect includes the failure to (1) provide or to allow needed care as recommended by a competent health care professional, and/or (2) seek timely and appropriate medical care for a serious health problem that any reasonable person would have recognized as needing professional medical attention.

Out-of-Home Care – placement by the CPS agency in the care of a licensed foster parent, relative, or fictive kin or in a group home or residential facility.

Permanency – as defined in the Child and Family Services Reviews, a child in foster care is determined to have achieved permanency when any of the following occurs when the child is discharged from foster care to: (1) reunification with his or her family or either a parent or other relative, (2) a legally finalized adoption, or (3) the care of a legal guardian.

Perpetrator – the person who commits a pattern of domestic violence and coercive control; also referred to as offender, batterer, abuser, etc.

Physical Abuse – the inflicting of a nonaccidental physical injury upon a child. This may include burning, hitting, punching, shaking, kicking, beating, or otherwise harming a child. It may, however, have been the result of over discipline or physical punishment that is inappropriate to the child's age.

Protective Factors – conditions or attributes of individuals, families, communities, or the larger society that reduce risk and promote healthy development and well-being of children and families and appear to mitigate vulnerability to or negative effects from maltreatment.

Protective Capacities – caregiver characteristics that help ensure the safety of his or her child; building protective capacities contributes to a reduction in risk.

Protective Order – order a criminal court issues that prohibits persons arrested for domestic violence from abusing their alleged victim(s); may include requirements that the perpetrator leave the home and/or refrain from contacting the victim(s); typically expires when the case is adjudicated.

Psychological Maltreatment – a pattern of caregiver behavior or extreme incidents that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value to meeting another's needs; can include parents or caregivers using extreme or bizarre forms of punishment or threatening or terrorizing a child; also known as emotional abuse or neglect, verbal abuse, or mental abuse.

Response Time – a determination made by CPS and/or law enforcement regarding the immediacy of the response needed to a report of child abuse or neglect.

Restraining Order – a legal intervention where a survivor petitions a civil or family court for temporary protection. If granted by a judge, it typically orders that a perpetrator not commit acts of violence or threaten the adult or child survivors; some orders will not allow the perpetrator to enter the home of the survivor or may order no contact by the perpetrator with the survivor or children for a period of time guided by state law.

Review Hearings – held by the court to review dispositions (usually every 6 months) and the progress being made in meeting family plan goals and outcomes and to determine the need to maintain placement in out-of-home care or court jurisdiction over a child. Risk – the likelihood that a child will be maltreated in the future.

Risk Assessment – assesses and measures the likelihood that a child will be maltreated in the future, frequently through the use of checklists, matrices, scales, and other methods of measurement.

Risk Factors – behaviors and conditions present in the child, parent, or family that will likely contribute to child maltreatment occurring in the future.

Safety – the absence of an imminent or immediate threat of moderate-to-serious harm to the child.

Safety Assessment – an ongoing CPS process in which available information is analyzed to identify whether a child is in immediate or imminent danger of moderate-to-serious harm.

Safety Plan – a casework document developed when it is determined that a child is in imminent or potential risk of serious harm; it targets the factors that are causing or contributing to the risk of imminent serious harm to the child and identifies, along with the family, the interventions that will control the safety factors and assure the child's protection.

Safety Plan (when domestic violence is involved) – a casework document developed when it is determined that the adult or child survivor is in imminent or potential risk of serious harm. In the safety plan, the caseworker targets the factors that are causing or contributing to the risk of serious harm and identifies, in concert with the adult survivor, the interventions that will control the safety factors and enhance the child and adult survivors' safety.

Secondary Traumatic Stress (STS) – work-related stress arising from secondary exposure to extremely or traumatically stressful events.

Service Provision – the ongoing process when CPS and other providers deliver specific services geared toward the reduction of risk of maltreatment and/or meeting outcomes.

Sexual Abuse – inappropriate adolescent or adult sexual behavior with a child. It includes fondling a child's genitals, making the child fondle the adult's genitals, intercourse, incest, rape, sodomy, exhibitionism, sexual exploitation, or exposure to pornography. To be considered child abuse, these acts have to be committed by a person responsible for the care of a child (for example a babysitter, parent, or daycare provider) or related to the child. If a stranger commits

these acts, it would be considered sexual assault and handled solely by the police and criminal courts.

Substantiated/Founded – an investigation disposition concluding that the allegation of child maltreatment or risk of maltreatment was supported by state law or policy, i.e., that credible evidence exists that child abuse or neglect has occurred.

Survivor – the perpetrator's target (adult or child) of domestic violence, including emotional, physical, verbal, sexual, and coercive control; includes children who witness domestic violence.

Trauma-Informed – a trauma-informed system or practice is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system, including children, caregivers, and service providers.

Treatment – the provision of specific, formal services by CPS and other providers to reduce the risk of maltreatment, support families in meeting case goals, and address the effects of maltreatment.

Unsubstantiated/Unfounded (not substantiated) – an investigation disposition that determines that there is not sufficient or credible evidence under state law or policy to conclude that the child has been maltreated or is at serious risk of maltreatment.

Vicarious Trauma – the profound shift that helpers experience in their worldview when working with clients who experience trauma; fundamental beliefs about the world are altered and possibly damaged due to repeated exposure to traumatic material.

Meeting 1 – Dec. 7, 2022

Minutes

Colorado Mandatory Reporting Task Force

Interim Committee Update (July 18, 2023)

Mandatory Reporting Task Force| Kick-Off Meeting

December 7, 2022, 8am-11am

Facilitators:

Doris Tolliver, Keystone Policy Center (Trace Faust, Cally King, Berrick Abramson)

Time	Agenda Topic	Facilitator
8:00am	Opening ● Stephanie Villafuerte opened the meeting with background on the Child Protection Ombudsman Office (CPO) whose purpose is to serve with objective and provide problem-solving about concerns with children and the child protection services as well as providing resources to help people with concerns related to children. The job is to give citizens immediate service with critical concerns about a child or their own family. The office has about a dozen staff members who provide neutral services and don't advocate for any certain arty. Services are free and confidential. CPO also does tracking and identify trends from cases to work towards recommendations and changes related to bigger system concerns, both of which are required by the law. ● This Task Force will be working on questions related to mandatory reporting. There is a national conversation on the effectiveness of mandatory reporting laws – do they keep children safe as they are intended? Is there empirical evidence to support these laws? Do these laws put too many children into the system when assistance or help could be provided in other ways – food, housing, other security? ● There are 34 task force members from a variety of backgrounds and experiences. The law provides 19 directives for this task force to tackle. The Task force will meet 13 times over two years. The final task is to	Stephanie Villafuerte, Jennifer Superka

	produce a report for the general assembly due in January 2025. ● Jennifer Superka, CPO Director of Policy, provided an overview of the process. This process is looking specifically at mandatory reporting which has not been looked at in a while. CPO is a neutral convener that will provide resources and curriculum throughout the process. They have partnered with Keystone Policy Center who are providing facilitation services for the task force.	
8:15	Overview of facilitation team ● Keystone Policy Center is a non-partisan organization founded in 1975 with the goal of getting people together to have respectful conversations, find common ground and solutions that serve the common good. Keystone works on a number of issues from fiscal policy to education and energy and youth and youth services. Want to ensure everyone is heard equitably, everyone has an environment to raise unique opinions, expertise and lived and professional experience. In addition to the Keystone team of Berrick Abramson, Trace Faust and Cally King Newman, they have also partnered with Doris Tolliver from Health Management Associates who brings a national perspective and expertise on child welfare.	Facilitation Team (Doris Tolliver, Trace Faust, Cally King, Berrick Abramson)
8:20am	● **Task Force Member Introductions** ● Task force members introduced themselves and talked about why they wanted to serve on the mandatory reporting task force. Task force members present included: ● Adriana Hartley – Office of the Delta County Attorney ● Ashley Chase – Office of Child's Representative ● Brynja Seagren - Boys & Girls Club of Metro Denver ● Colleen O'Neil – CO Dept Education ● Criston (Cris) Menz – Otero County; Licensed Contract Social Worker	Doris Tolliver

	● Dawn Alexander – Early Childhood Education Assoc. of Colorado ● Dr. Donna Wilson – WellPower ● Ida Drury – The Kempe Center ● Jade Woodward – Illuminate Colorado ● Jennifer Eyl – Project Safeguard ● Jessica Dotter – CO District Attorney's Council ● Jill Cohen – Office of the Respondent Parent's Counsel ● Dr. Kathryn (Kathi) Wells – Children's Hospital Colorado ● Kevin Bishop – Office of Alternate Defense Council ● Leanna Gavin – Kalamaya Goscha ● Lori Jenkins – Kindred Kids Child Advocacy Center ● Margaret Ochoa – CO Dept of Public Safety ● Maria Mendez – Colorado Coalition Against Sexual Assault ● Michael Nicoletti – CO Dept of Regulatory Agencies ● Michelle Murphy – Colorado Rural School Alliance ● Michelle Dossey – Arapahoe County Dept of Human Services ● Monica Rivera – Violence Free Colorado ● Nate Hailpern – Parent Advocate ● Nicci Surad – Mesa County Dept of Human Services ● Samantha (Sam) Carwyn – Families Minister ● Sara Pielsticker – Disability Law Colorado ● Shayna Koran – Parent Advocate ● Stephanie Villafuerte – Task Force Chair; Office of Colorado's Child Protection Ombudsman ● Tara Doxtater – Recovery Coach/Parent Advocate ● Tess McShane – Family Resource Center Assoc. ● Yolanda Arredondo – CO Dept of Human Services ● Zane Grant – CASA of Pueblo	
9:20am	**Stretch Break**	

9:25am	Task force members provided input virtually via jamboard on their biggest concerns about the current child welfare system. The emerging themes are outlined below and will be refined by the facilitators. Members then shared their greatest hope for the work of the task force which are included below. Emerging themes around biggest concerns include: ● Disproportionality and implicit bias impacting decision making ● Greater clarity around what to report – where, when and how ● How it looks like to support families and understand underlying needs in addition to/separate from reporting ● Complicated role of a reporter when they want to help families ● Clear guidance and understanding on what gets reported ● Child welfare seen as surveillance and not a helper ● Rural communities and limited resources available, as well as anonymity/confidentiality in small communities ● Inflating poverty with neglect ● Trying to provide services and support for families even if the issue is not neglect or abusive parenting ● Lack of follow-up and feedback to the mandatory reporters. What does feedback loop like once reports are made? ● Underestimate how scary it is to be investigated and the trauma it creates for parents and children, as well as organizations that are investigated. Member hopes for the outcome of this work include: ● Updates to statute that encompasses concerns and shines a spotlight for the nation on how we do child welfare in Colorado. ● There will be clarity moving forward for folks who are mandatory reporters and for families, agencies, child welfare workers, and everyone involved ● Clarity around statute and support for those who are reporters.	Full group

	● Spark real change and bringing innovation in this space, looking at what other states are doing and build on those efforts. Right sizing child welfare and protection for what it was always envisioned to be and the inherent conflict between providing both prevention and protection. ● Ensure we are seeing parents and supporting them. There is a lot of unclear questions on what expectations are. ● Empowering families, individuals, each other, and the state of Colorado towards system change. ● Reduce disproportionate impacts for black and brown people and provide better implicit bias training for reporters. ● Consistent training that incorporates reporting and other resources available before reporting. ● Keeping interests of families and kids in mind and how they will be impacted. ● Able to center communities most impacted and create actionable change in response. ● Clarity and alignment for folks on the ground without ambiguity. There are different people involved with different skillsets and responsibilities. ● Clarity on what is abuse and neglect as defined by law in statute. ● Better alignment of state government agencies that are involved with or have regulation/oversight on mandatory reporting. ● Trust and confidence for both survivors and advocates. Trust victims can come to advocates and feel confident they will be provided support and can trust the system. For advocates to have trust and confidence in process. Support not report. ● Confidence in systems and building confidence in trainers that it is consistent across the state. Confidence for mandatory reporters that they know when, where and how to report. Confidence for families that they believe systems are equitable and are treated fairly. Confidence in child welfare in the work they do and resources they offer, it isn't punitive and designed to trick people. Confidence that law enforcement and child welfare will respond in a trauma informed way to support families.	

	● Clarity on how we can work as a multi-disciplinary team and trust all agencies involved provide trauma-informed care. Advocates are not always provided with all the information they need from reporting parties to provide better informed care or take the action necessary. Also need standardized training to ensure everyone is getting the same information. ● Increase clarity around laws and practices, and reduce harm to both youth and adults through unintended consequences of the law. ● Bold and impactful innovation. Adaptive innovation that can be flexible to meet different needs or adjust for unintended impacts. ● Create recommendations for a strong, workable bill for the legislature to institute statutory changes around clarifying elements of failure to report. Mandatory reporters are rarely ever nefariously failing to report and unfortunately the consequences can be devastating. Want the law to be clear for reporters so we don't see failures in reporting and better training on complex issues around sexual crimes and teen dating scenarios. ● Right sizing child welfare, ensure mandatory reporting is focused on the right things and the right kids. ● Address public perception and awareness around child welfare. ● Understanding and reconsidering the underpinning philosophy behind mandatory reporting which is encompassed by fear for all involved. ● Opportunity to rewrite cultural legacy for children and families in Colorado. Dismantle current system that creates more harm than help. Need to intentionally incorporate equity into everything we do from research, policy and practice. ● Need to understand that with various systems a report can trigger secondary actions in another system that can have lasting implications for years to come. Clarity is critical because it is the door that opens all these other systemic consequences. ● Destigmatize what a mandatory reporter is. They really want to provide support based on concerns. Address fear of deportation for migrant families and	

	cultural competency working with first generation and new Americans. ● Bringing in empathy, equity and trauma-informed practices. ● Make it simple so lay people can understand. Supportive, clear, actionable and consistent. ● Simplified and targeted. ● Statute that decreases fear and increases transparency	
10:25	Terminology Overview (time permitting) ● Members were provided a packet with terminology related to child welfare. The task force did not review during the meeting due to time.	Doris Tolliver
10:40am	Public Comment ● Kristin Jones, journalist: More of a question than comment. I'm a journalist writing about mandatory reporting for a book project. My understanding is that this task force was created because of a need for people who represent mandatory reporters vs. people who have experience in the system. My understanding is there are supposed to be 5 people on task force who are representing learned experience and want to confirm if there are 5 people representing that perspective? ● David Hansell, Casey Family Programs: As a non-Coloradan want to thank you all for your commitment to this important topic. From a national perspective, the work you do can have national implications. The dramatic racial disproportionality begins at the front door and most of this is due to mandatory reporting which continues through the system. Mandatory reporting is going to be critical to address racial disproportionality. Want to suggest you focus on mandated reporters are not homogeneous with different cultures and backgrounds and will be important to look at all different categories or reporters and they have alternate resources. Second is to look at penalties attached to failure to report and often penalties that are associated can chill exercise of judgement. Third is neglect definitions – the bulk of reports are for	

	neglect and conflation of neglect with poverty. Casey Family Programs are ready to assist in your work however they can. ● Noelle, adoptive and special needs parent: The system is underrepresenting and failing adoptive and special needs families in a similar way to people of color and poor families. There are a lot of kids in the system who are not learning to attach with people and they system is not addressing reactive attachment disorder. The school sent the police and CPS to our home, and it was very scary for our family. The police officer said the words of the adoptive child was enough to charge adoptive parent without any evidence. The system does not provide enough information for working with special needs kids, especially ones with reactive attachment disorder. ● Lonnie Gautreau, Olivia Gants' grandfather: I am not sure if you know who Olivia is or are familiar with her cause, but I hope you are able to get this system fixed because it failed my granddaughter.	
11:00am	Closing	Stephanie Villafuerte

Meeting 2 – Feb. 1, 2023

Agenda

Mandatory Reporting Task Force | Meeting 2

February 1, 2023, 8am-11am

Virtual - Zoom

Facilitators: Doris Tolliver, Keystone Policy Center

Trace Faust, Berrick Abramson, Cally King

Time	Agenda Topic	Facilitator / Presenter
8:00 am	Welcome • Selection of Vice Chair • Review 12-7-2023 Jamboard Themes and Task Force Directives • Grounding: Opportunity to be BOLD	Stephanie Villafuerte, Colorado Child Protection Ombudsman
8:25 am	Child Welfare System Overview and (Un)intended Impacts • Understanding the impact of race and ethnicity on children and families involved with child welfare	Doris Tolliver, Principal, Health Management Associates
9:00 am	Break	
9:05 am	Effectiveness of Mandatory Reporting within the Child Welfare System: Disproportionate Impacts Discussion with: • **Dr. Jerry Milner** - Director of the Family Integrity and Justice Works at Public Knowledge and former Associate Commissioner at the Children's Bureau	Doris Tolliver

	• **Dr. Kathi Wells** - Executive Director of the Kempe Center, Associate Professor, Pediatrics-Child Abuse and Neglect • **Dr. Ida Drury** - Assistant Professor, Principal Investigator of the Child Welfare Training System for the Kempe Center • **Crystal Ward Allen** - Senior Director, Strategic Consulting, Casey Family Programs	
10:40 am	Public Comment	Keystone
11:00 am	Closing	Stephanie Villafuerte

Meeting 2 – Feb. 1, 2023

Speaker Bios

Doris Tolliver, JD, MHRM
Principal, Health Management Associates

Doris Tolliver is a strategic thinker specializing in racial and ethnic equity, organizational effectiveness, change management, and business strategy development. She has spent her career working to advance the interests of vulnerable populations, serving in programmatic and leadership roles in both the private and public sectors.

Prior to joining HMA, Doris served as the inaugural managing director of Equitable Impact for the Foster America team, focused on transforming life outcomes for vulnerable children. Dedicated to serving those in need, she served as a child welfare consultant for the Child Welfare Strategy Group (CWSG) at the Annie E. Casey Foundation.

She also spent more than a decade in public service at the Indiana Department of Child Services in various leadership roles, including chief of staff and human resources director. While serving as chief of staff she provided operations and policy leadership and transformed the organizational structure and culture to integrate outcomes, technology, and strategic planning at the organization and program levels.

Her child welfare experience is complemented by her work in community service and with educational and training organizations. Through her work experience she has prioritized diversity, equity, and inclusion while providing executive oversight to various organizations.

Doris is an expert in federal and state regulatory compliance and has a strong track record of organizational restructuring and change management. Her background in child welfare, human resources, and law aid her in partnering with cross-sector stakeholders to improve outcomes for children and families.

She earned her Bachelor of Arts degree from the University of California, Davis and holds a Master of Arts degree in human resources management from Webster University.

Doris is a licensed attorney and earned her Juris Doctor from Indiana University, Robert H. McKinney School of Law.

Jerry Milner, DSW

Jerry Milner is the former Associate Commissioner at the Children's Bureau (2017 – 2021). Before joining ACF, he served as the Vice President for Child Welfare Practice at the Center for the Support of Families. Currently, he's the Director of the Family Integrity and Justice Works at Public Knowledge. He began his career as a front-line social worker in child welfare. He also held the position of child welfare director in Alabama.

At the Center for the Support of Families, he assisted state and local child welfare agencies in evaluating their child welfare programs, and designed and implemented improvements in practice, policy and procedures. His work includes the use of data, implementation science principles, development of practice models, systematic problem solving and the direct provision of technical assistance to achieve organizational changes and practice improvements in child welfare.

He received his undergraduate degree in political science from Auburn University and graduate degrees in social work from the University of Alabama.

From Child Welfare to Child Well-Being: Dr. Jerry Milner Shares the Power of Prevention
Rethinking Foster Care by Dr. Jerry Milner (video)
Time to Ask Tough Questions About Child Welfare (video)

Kathryn (Kathi) Wells, MD, FAAP

Dr. Kathi Wells is Executive Director of the Kempe Center. A board certified specialist in child abuse pediatrics, Wells has dedicated her career to protecting children and families and building communities where children have the opportunity to thrive.

For nearly 50 years, the Kempe Center has strived to improve the care and wellbeing of all children by strengthening families, communities and the systems that serve them. Through clinical service, research, education and training, the Center supports innovation in systems and communities that work with vulnerable children, youth and families.

Wells also serves as the section head for child abuse and associate professor of Pediatrics at the University of Colorado School of Medicine. The center works in partnership with Children's Hospital Colorado to run the Kempe Child Protection Team, a multidisciplinary team made up of professionals from medicine, pediatrics, mental health and hospital social work to evaluate, diagnose and treat suspected victims of child abuse and neglect.

Prior to taking this position, Wells was the medical director of the Denver Health Clinic at the Family Crisis Center and an attending physician at Denver Health and with the Kempe Child Protection Team at Children's Hospital Colorado. She also did clinical research at the Kempe Center and served as an Outreach Liaison with ECHO Colorado.

Wells is originally from Montana where she attended Carroll College in Helena. She earned her medical degree from Creighton University in Omaha, Neb., where she also completed a pediatric residency. She practiced general pediatrics for five years in Caldwell, Idaho, before coming to Colorado in 2001.

Ida Drury, PhD, MSW

Ida Drury has close to twenty years of experience in the human services field, most of which has been in a public child welfare setting. She has been a part of the Kempe team since 2015, where she has served multiple consulting and research projects including the Child Welfare Training System, the Capacity Building Center for States, and the Quality Improvement Center for Workforce Development. Prior to joining the Kempe Center, Ida was a research and data analyst for the Colorado Department of Human Services. Before that, she guided Colorado child welfare funding as the CAPTA administrator. She had the unique opportunity in 2009 to serve as project director for the Colorado Consortium on Differential Response, where she led a five-county research and implementation project to create and evaluate a Differential Response system in Colorado that continues today. Her early career was on the front line in Minnesota as a child welfare caseworker.

Ida received her Bachelor of Arts in social work at Wartburg College in Waverly, Iowa. She earned her Master of Social Work at St. Ambrose University in Davenport, Iowa. She completed her Doctor of Philosophy at the School of Public Affairs at the University of Colorado Denver in 2019.

Crystal Ward Allen, MSW, LSW

Senior Director - Strategic Consulting

Casey Family Programs

Crystal is a strategic consultant, working with the child welfare communities primarily in Colorado and Ohio to strengthen families and reduce the need for foster care. She has been with Casey Family Programs since Spring of 2014, after 24 years working with the child welfare system in Ohio, as well as early years as a juvenile probation counselor in Appalachia, VA; adolescent group care in Pittsburgh, PA; and child welfare in suburban Minnesota.

Crystal is a Va. Tech Hokie as well as an OSU Buckeye, loves to ride her bike, hike and enjoy music - but most importantly she has two amazing adult children. Crystal is passionate about ensuring every child and youth has someone that is unconditionally crazy about them - thus, strengthening families is a must.

Meeting 2 – Feb. 1, 2023

Materials

National Child Abuse & Neglect Data System Report

U.S. Department of Health & Human Services

NCANDS Flow (2021) | Colorado

Aggregation Level	Select Nation or State	Select County	Select Field Office
State	Colorado	All	All

The data visuals on these dashboards look at the flow at the front end of the child welfare system, beginning with reports accepted for investigation. The visuals can be used to examine different patterns based on who made the report to CPS, the type of maltreatment, the race/ethnicity and age of the children included in the report.

Step 1: At what aggregation do you want to see the data?

In the "Aggregation Level" drop-down above, please select National, State, County, or Field Office.

Step 2: Set additional aggregation level preferences.

National View: (1) Set the 'Aggregation Level' to National, (2) In the 'Nation or State' drop-down above please select 'All', and (3) confirm that both the 'County' and 'Field Office' drop-downs are set to 'All'.

State View: (1) Set the 'Aggregation Level' to State, (2) In the 'Nation or State' drop-down above please select your state of interest then (3) confirm both the 'County' and 'Field Office' drop-downs are set to 'All'.

County View: (1) Set the 'Aggregation Level' to County, (2) In the 'Nation or State' drop-down above please select the state, then (3) type in county of interest from the 'County' drop-down, then (4) confirm that the 'Field Office' drop-down is set to 'All'

Field Office View: (1) Set the 'Aggregation Level' to Field Office, (2) In the 'Nation or State' drop-down confirm selection of 'All' and 'County' drop-down confirm selection of 'All', then (3) select your field office of interest from the 'Field Office' drop down above.

Step 3: Select tabs at top of page to view data *(pages may take up to a minute to load).*

Hovering over and clicking on 'paths' will display additional information and highlight path of flow of data.

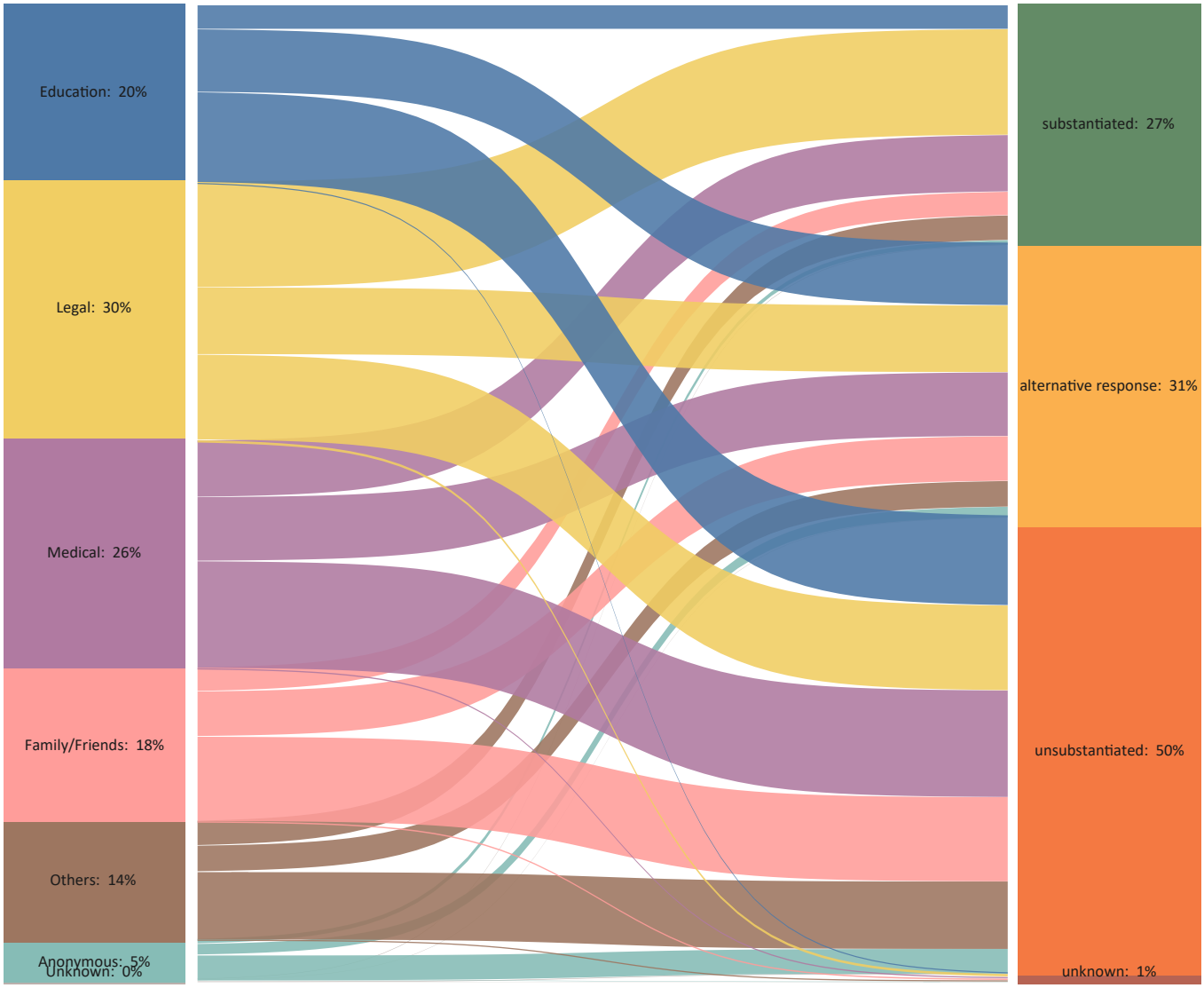
Notes:

National and state data will only be accurate upon all states submitting their current NCANDS data.
For additional information, explore DASH or contact Data Advocacy at DataRequest@casey.org

Report Source to Disposition (2021) | Colorado

The data on this report come from NCANDS. This data source starts with reports that have been accepted for investigation. Data about hotline calls that do not result in an investigation are not available.

Note that a single report often contains more than one child and that there may be reports from more than one source per child and/or allegation. Thus the percents will total more than 100%



Report Source
Education includes school personnel and child care providers
Legal includes law enforcement and criminal justice
Medical includes medical and mental health personnel
Family/Friends includes parents, neighbor, other relative
Others includes alleged victim, social services personnel, substitute care providers

Disposition grouping
Substantiated: Substantiated ; Indicated or reason to suspect
Alternative Response disposition: AR-victim; AR-not a victim
Unsubstantiated: unsubstantiated; unsubstantiated due to intentionally false reporting
No finding: closed - no finding
Unknown: other; unknown

Report Source to Disposition (2021) | Colorado

The data on this report come from NCANDS. This data source starts with reports that have been accepted for investigation. Data about hotline calls that do not result in an investigation are not available.

Note that a single report often contains more than one child and that there may be reports from more than one source per child and/or allegation. Thus the percents will total more than 100%.

Report Source Description	Disposition Grouped	# of children	% of children
Education	substantiated	1,215	14%
	alternative response	3,210	36%
	unsubstantiated	4,580	52%
	unknown	58	1%
Legal	substantiated	5,400	42%
	alternative response	3,430	27%
	unsubstantiated	4,357	34%
	unknown	128	1%
Medical	substantiated	2,919	26%
	alternative response	3,272	29%
	unsubstantiated	5,462	48%
	unknown	64	1%
Family/Friends	substantiated	1,213	16%
	alternative response	2,300	30%
	unsubstantiated	4,300	56%
	unknown	71	1%
Others	substantiated	1,248	21%
	alternative response	1,326	22%
	unsubstantiated	3,439	58%
	unknown	62	1%
Anonymous	substantiated	226	11%
	alternative response	543	26%
	unsubstantiated	1,279	62%
	unknown	18	1%
Unknown	substantiated	25	32%
	alternative response	15	19%
	unsubstantiated	30	39%
	unknown	7	9%

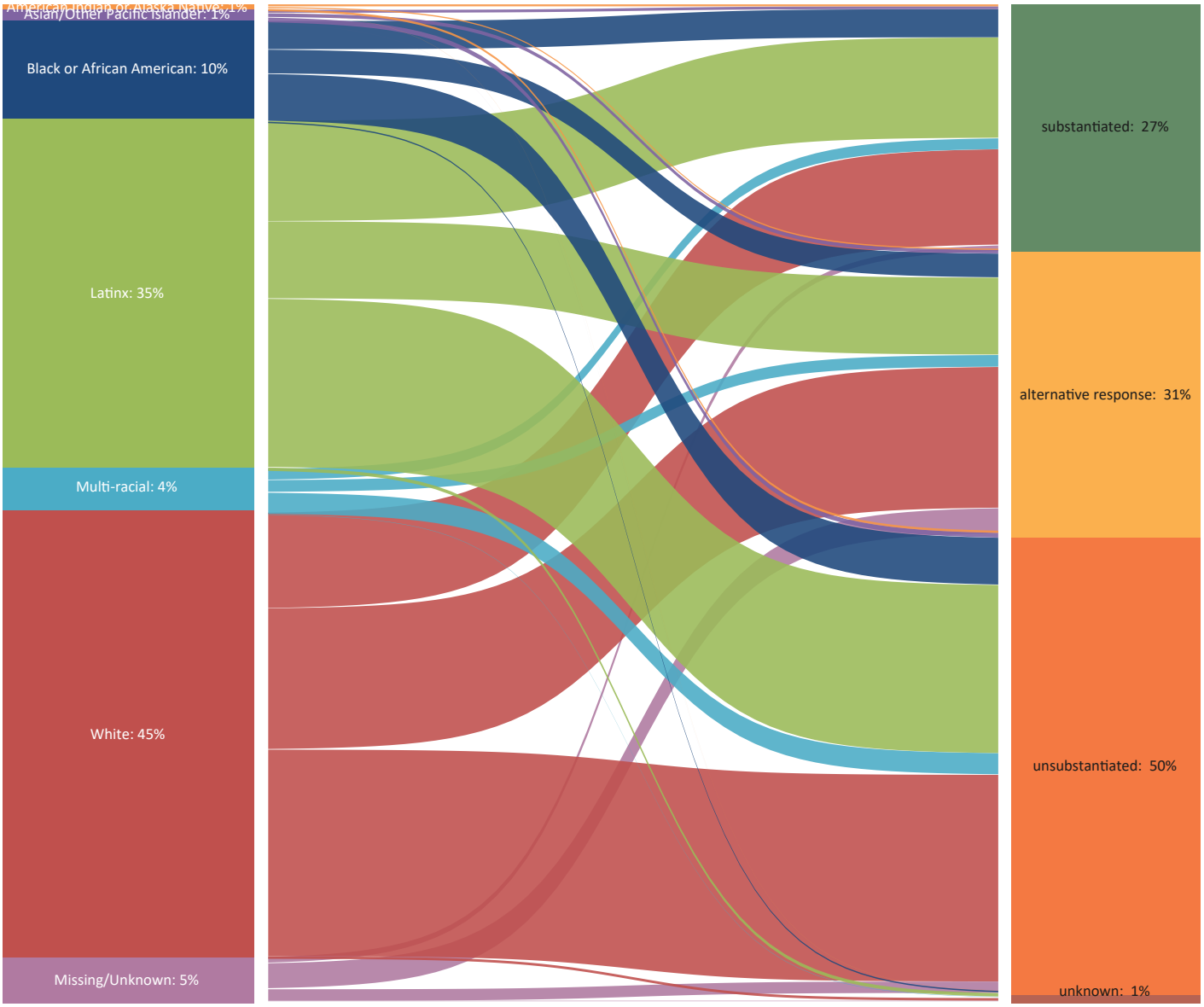
Report Source
Education includes school personnel and child care providers
Legal includes law enforcement and criminal justice
Medical includes medical and mental health personnel
Family/Friends includes parents, neighbor, other relative
Others includes alleged victim, social services personnel, substitute care providers

Disposition groupings
Substantiated: Substantiated ; Indicated or reason to suspect
Alternative Response disposition: AR-victim; AR-not a victim
Unsubstantiated: unsubstantiated; unsubstantiated due to intentionally false reporting
No finding: closed - no finding
Unknown: other; unknown

Race/Ethnicity to Disposition (2021) | Colorado

The data on this report come from NCANDS. This data source starts with reports that have been accepted for investigation. Data about hotline calls that do not result in an investigation are not available.

Note that a single report often contains more than one child and that there may be reports from more than one source per child and/or allegation. Thus the percents will total more than 100%



Race/Ethnicity
Based on data entered into NCANDS.

Disposition grouping
Substantiated: Substantiated ; Indicated or reason to suspect
Alternative Response disposition: AR-victim; AR-not a victim
Unsubstantiated: unsubstantiated; unsubstantiated due to intentionally false reporting
No finding: closed - no finding
Unknown: other; unknown

Race/Ethnicity to Disposition (2021) | Colorado

The data on this report come from NCANDS. This data source starts with reports that have been accepted for investigation. Data about hotline calls that do not result in an investigation are not available.

Note that a single report often contains more than one child and that there may be reports from more than one source per child and/or allegation. Thus the percents will total more than 100%

Race/Ethnicity	Disposition Grouped	# of children	% of children
American Indian or Alaska Native	substantiated	91	40%
	unsubstantiated	102	44%
	alternative response	60	26%
	unknown	6	3%
Asian/Other Pacific Islander	substantiated	130	26%
	unsubstantiated	224	46%
	alternative response	173	35%
	unknown	2	0%
Black or African American	substantiated	1,319	31%
	unsubstantiated	2,166	51%
	alternative response	1,127	27%
	unknown	65	2%
Latinx/Hispanic	substantiated	4,754	31%
	unsubstantiated	7,855	52%
	alternative response	3,651	24%
	unknown	162	1%
Missing/Unknown	substantiated	269	14%
	unsubstantiated	544	27%
	alternative response	1,196	60%
	unknown	23	1%
Multi-racial	substantiated	506	28%
	unsubstantiated	974	53%
	alternative response	554	30%
	unknown	17	1%
White	substantiated	4,561	24%
	unsubstantiated	9,652	50%
	alternative response	6,691	35%
	unknown	124	1%

Race/Ethnicity
Based on data entered into NCANDS.

Disposition grouping
Substantiated: Substantiated ; Indicated or reason to suspect
Alternative Response disposition: AR-victim; AR-not a victim
Unsubstantiated: unsubstantiated; unsubstantiated due to intentionally false reporting
No finding: closed - no finding
Unknown: other; unknown

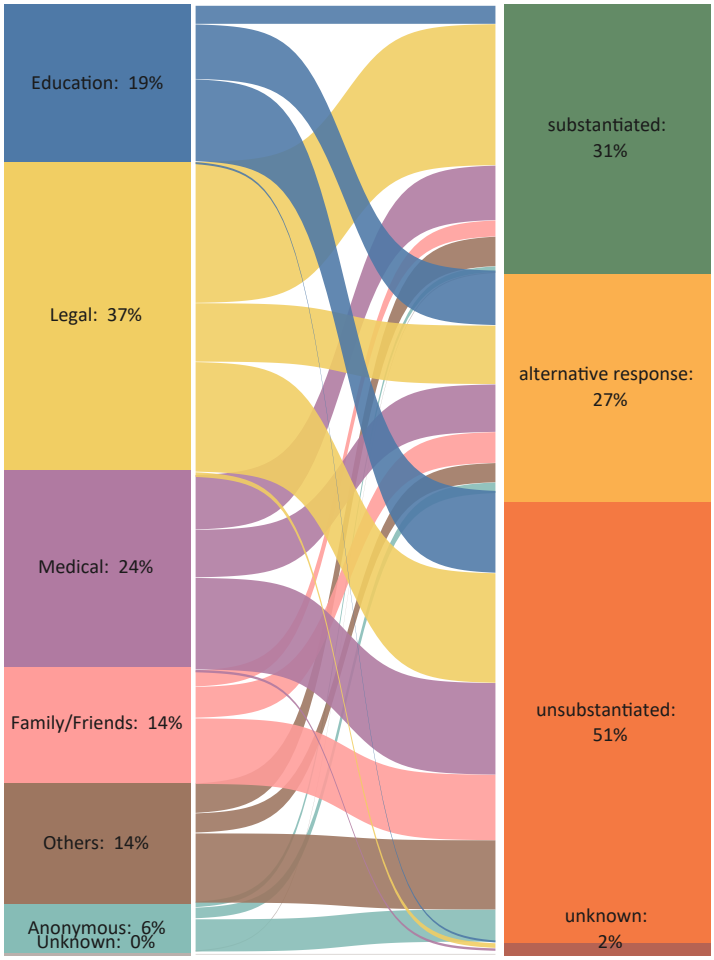
Comparisons (2021) | Colorado

The data on this report come from NCANDS. This data source starts with reports that have been accepted for investigation. Data about hotline calls that do not result in an investigation are not available.

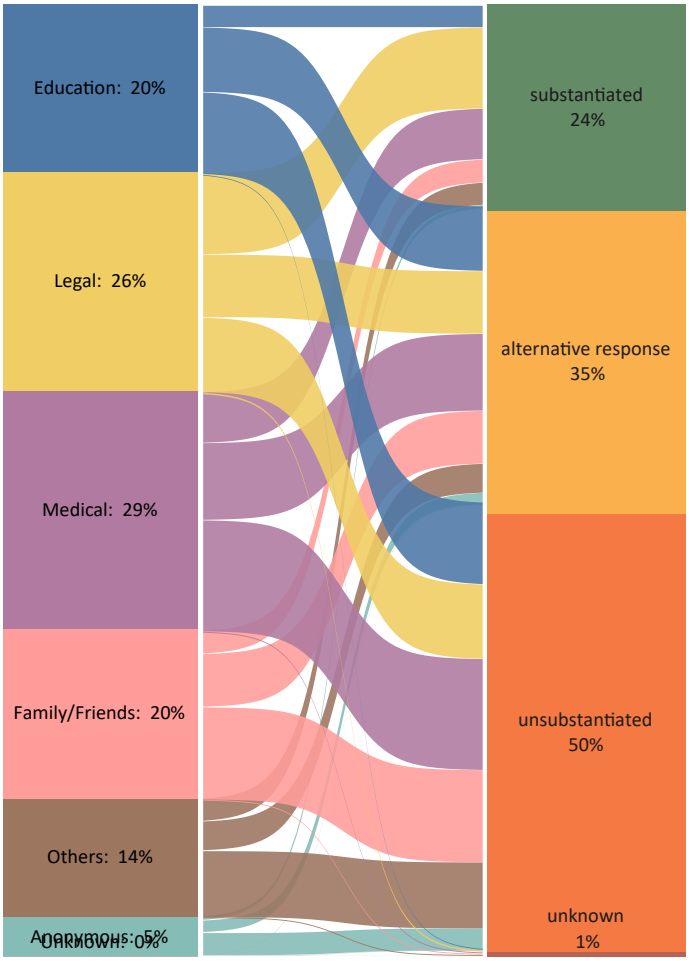
Note that a single report often contains more than one child and that there may be reports from more than one source per child and/or allegation. Thus the percents will total more than 100%

Each diagram can be filtered by age group and race/ethnicity of children. Select different combinations for each half to compare groups.
NOTE - if there are less than ~ 10 children in a path based on the filters the path may not render.

race/ethnicity of children	age
Black or African American	0-17 year olds (all ages)



race/ethnicity of children	age
White	0-17 years old (all ages)



Report Source
Education includes school personnel and child care providers
Legal includes law enforcement and criminal justice
Medical includes medical and mental health personnel
Family/Friends includes parents, neighbor, other relative
Others includes alleged victim, social services personnel, substitute care providers

Disposition grouping
Substantiated: Substantiated ; Indicated or reason to suspect
Alternative Response disposition: AR-victim; AR-not a victim
Unsubstantiated: unsubstantiated; unsubstantiated due to intentionally false reporting
No finding: closed - no finding
Unknown: other; unknown

Comparisons (2021) | Colorado

The data on this report come from NCANDS. This data source starts with reports that have been accepted for investigation. Data about hotline calls that do not result in an investigation are not available.

Note that a single report often contains more than one child and that there may be reports from more than one source per child and/or allegation. Thus the percents will total more than 100%

Filtered on Black or African American, ages 0-17 year olds (all ages)

		# of children	% of children
Education	substantiated	96	12%
	alternative response	290	36%
	unsubstantiated	434	54%
	unknown	11	1%
Legal	substantiated	735	47%
	alternative response	312	20%
	unsubstantiated	583	37%
	unknown	25	2%
Medical	substantiated	291	29%
	alternative response	252	25%
	unsubstantiated	481	48%
	unknown	13	1%
Family/Friends	substantiated	86	15%
	alternative response	163	28%
	unsubstantiated	344	58%
	unknown	6	1%
Others	substantiated	157	26%
	alternative response	103	17%
	unsubstantiated	362	59%
	unknown	4	1%
Anonymous	substantiated	29	11%
	alternative response	57	22%
	unsubstantiated	173	67%
	unknown	3	1%
Unknown	substantiated	6	46%
	unsubstantiated	4	31%
	unknown	3	23%

Filtered on White, ages 0-17 years old (all ages)

		# of children	% of children
Education	substantiated	507	13%
	alternative response	1,518	40%
	unsubstantiated	1,915	50%
	unknown	19	0%
Legal	substantiated	1,920	38%
	alternative response	1,480	29%
	unsubstantiated	1,757	35%
	unknown	38	1%
Medical	substantiated	1,205	22%
	alternative response	1,812	33%
	unsubstantiated	2,610	47%
	unknown	23	0%
Family/Friends	substantiated	542	14%
	alternative response	1,250	32%
	unsubstantiated	2,165	56%
	unknown	21	1%
Others	substantiated	522	19%
	alternative response	688	25%
	unsubstantiated	1,550	57%
	unknown	23	1%
Anonymous	substantiated	86	10%
	alternative response	273	31%
	unsubstantiated	525	60%
	unknown	2	0%
Unknown	substantiated	2	11%
	alternative response	10	53%
	unsubstantiated	7	37%

Report Source
Education includes school personnel and child care providers
Legal includes law enforcement and criminal justice
Medical includes medical and mental health personnel
Family/Friends includes parents, neighbor, other relative
Others includes alleged victim, social services personnel, substitute care providers

Disposition grouping
Substantiated: Substantiated ; Indicated or reason to suspect
Alternative Response disposition: AR-victim; AR-not a victim
Unsubstantiated: unsubstantiated; unsubstantiated due to intentionally false reporting
No finding: closed - no finding
Unknown: other; unknown

Neglect Maltreatment (2021) | Colorado

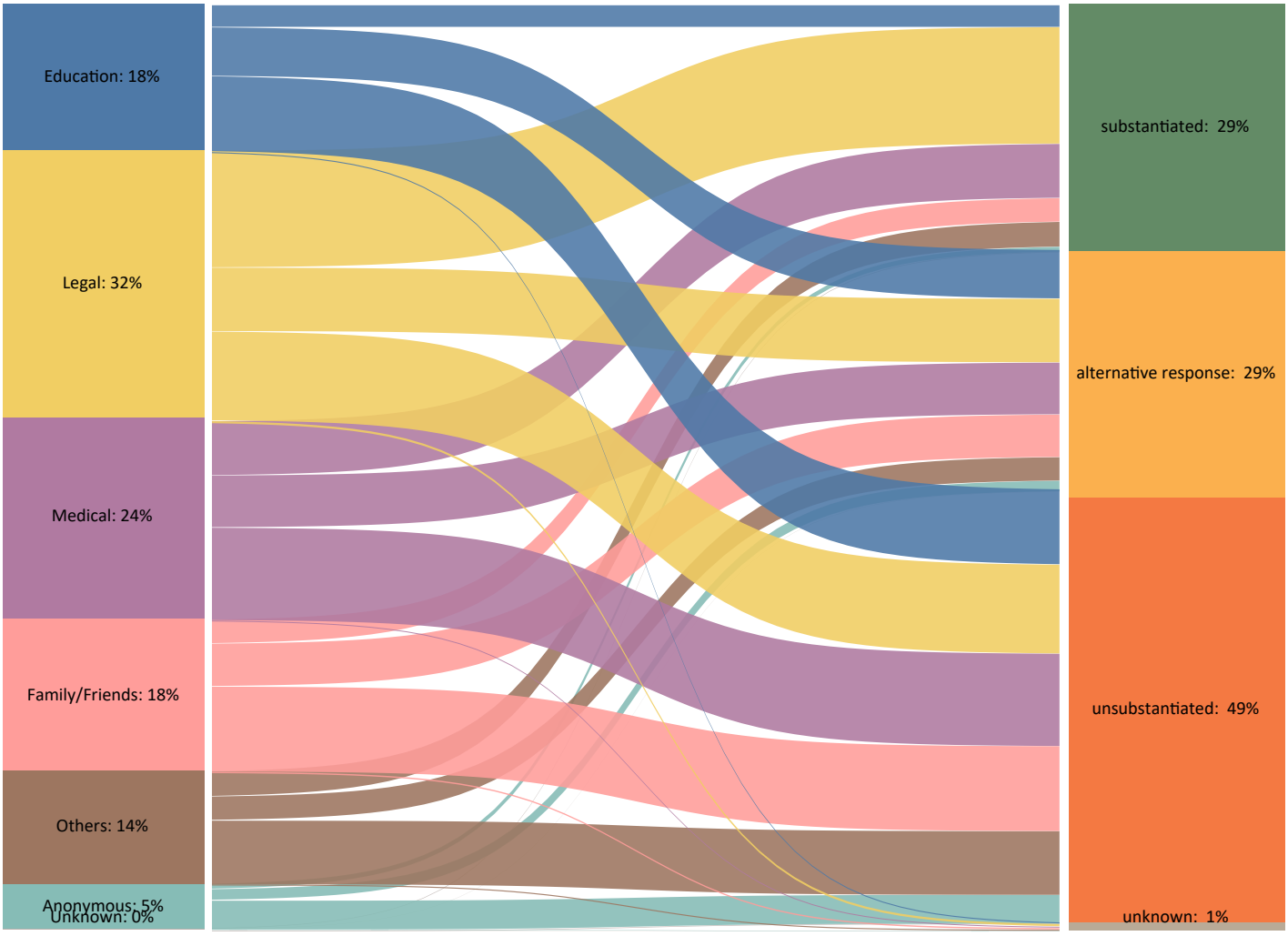
The data on this report come from NCANDS. This data source starts with reports that have been accepted for investigation. Data about hotline calls that do not result in an investigation are not available.

Note that a single report often contains more than one child and that there may be reports from more than one source per child and/or allegation. Thus the percents will total more than 100%

When you **select the type of maltreatmen**t, the diagram will show report sources for that specific type of maltreatment and the path to disposition.

Select type of maltreatment.

Neglect



Report Source
Education includes school personnel and child care providers
Legal includes law enforcement and criminal justice
Medical includes medical and mental health personnel
Family/Friends includes parents, neighbor, other relative
Others includes alleged victim, social services personnel, substitute care providers

Disposition grouping
Substantiated: Substantiated ; Indicated or reason to suspect
Alternative Response disposition: AR-victim; AR-not a victim
Unsubstantiated: unsubstantiated; unsubstantiated due to intentionally false reporting
No finding: closed - no finding
Unknown: other; unknown

Neglect Maltreatment (2021) | Colorado

The data on this report come from NCANDS. This data source starts with reports that have been accepted for investigation. Data about hotline calls that do not result in an investigation are not available.

Note that a single report often contains more than one child and that there may be reports from more than one source per child and/or allegation. Thus the percents will total more than 100%

		# of children	% of children
Education	substantiated	854	15%
	alternative response	1,921	34%
	unsubstantiated	2,944	52%
	unknown	41	1%
Legal	substantiated	4,552	44%
	alternative response	2,503	24%
	unsubstantiated	3,504	34%
	unknown	87	1%
Medical	substantiated	2,137	28%
	alternative response	2,050	27%
	unsubstantiated	3,635	47%
	unknown	37	0%
Family/Friends	substantiated	933	16%
	alternative response	1,680	29%
	unsubstantiated	3,323	57%
	unknown	54	1%
Others	substantiated	963	22%
	alternative response	929	21%
	unsubstantiated	2,497	57%
	unknown	43	1%
Anonymous	substantiated	192	11%
	alternative response	418	24%
	unsubstantiated	1,140	65%
	unknown	12	1%
Unknown	substantiated	22	37%
	alternative response	6	10%
	unsubstantiated	24	41%
	unknown	7	12%

Report Source
Education includes school personnel and child care providers
Legal includes law enforcement and criminal justice
Medical includes medical and mental health personnel
Family/Friends includes parents, neighbor, other relative
Others includes alleged victim, social services personnel, substitute care providers

Disposition grouping
Substantiated: Substantiated ; Indicated or reason to suspect
Alternative Response disposition: AR-victim; AR-not a victim
Unsubstantiated: unsubstantiated; unsubstantiated due to intentionally false reporting
No finding: closed - no finding
Unknown: other; unknown

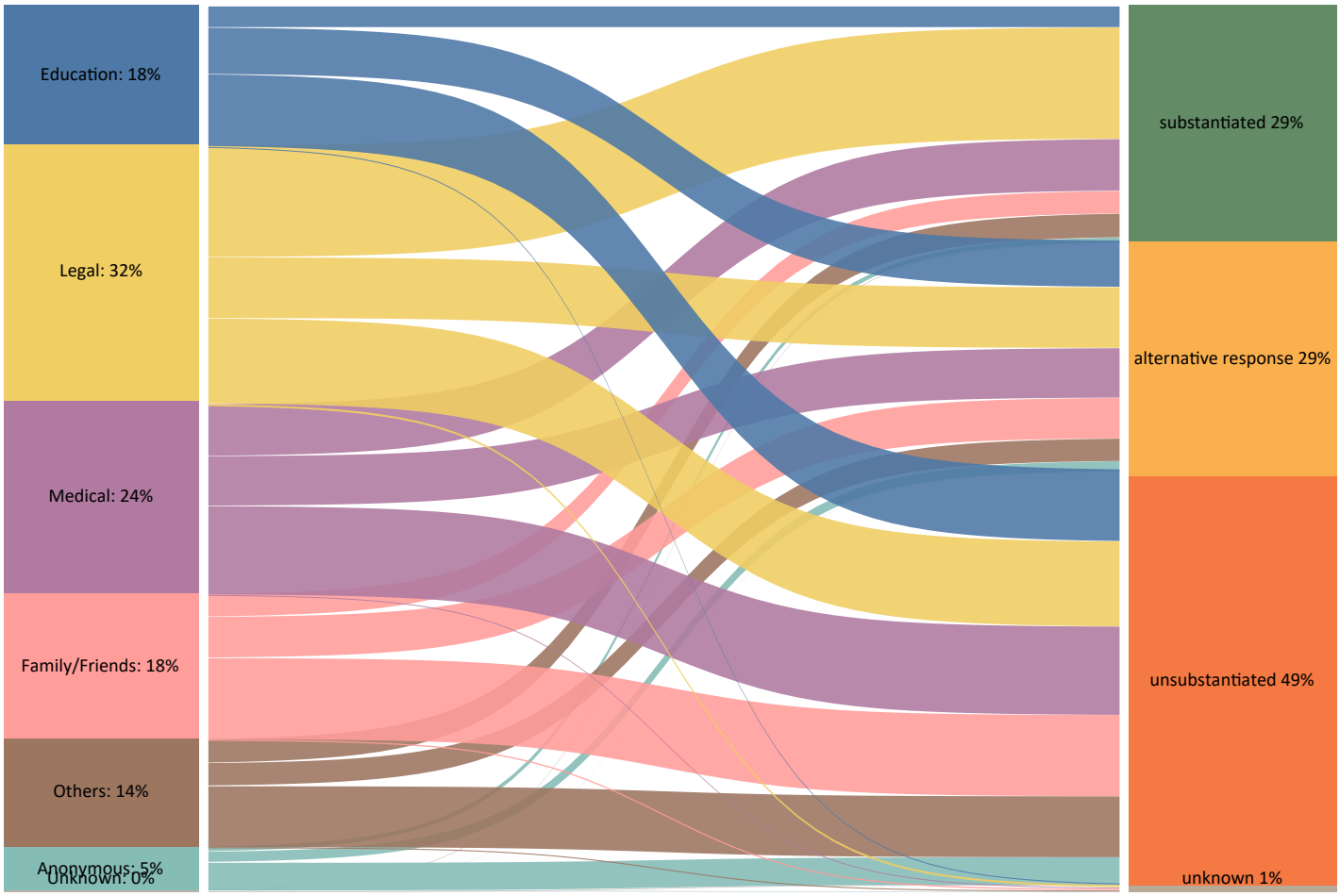
Report Source to Disposition (2021) | Colorado

The data on this report come from NCANDS. This data source starts with reports that have been accepted for investigation. Data about hotline calls that do not result in an investigation are not available.

Note that a single report often contains more than one child and that there may be reports from more than one source per child and/or allegation. Thus the percents will total more than 100%

When you **select the type of maltreatment, age, and race/ethnicity**, the diagram will show report sources for that specific type of maltreatment and the path to disposition. NOTE - if there are less than ~ 10 children in a path based on the filters the path may not render.

Maltreatment type	child's race/ethnicity	age group
Neglect	All	0-17 year olds (all age..



Report Source
Education includes school personnel and child care providers
Legal includes law enforcement and criminal justice
Medical includes medical and mental health personnel
Family/Friends includes parents, neighbor, other relative
Others includes alleged victim, social services personnel, substitute care providers

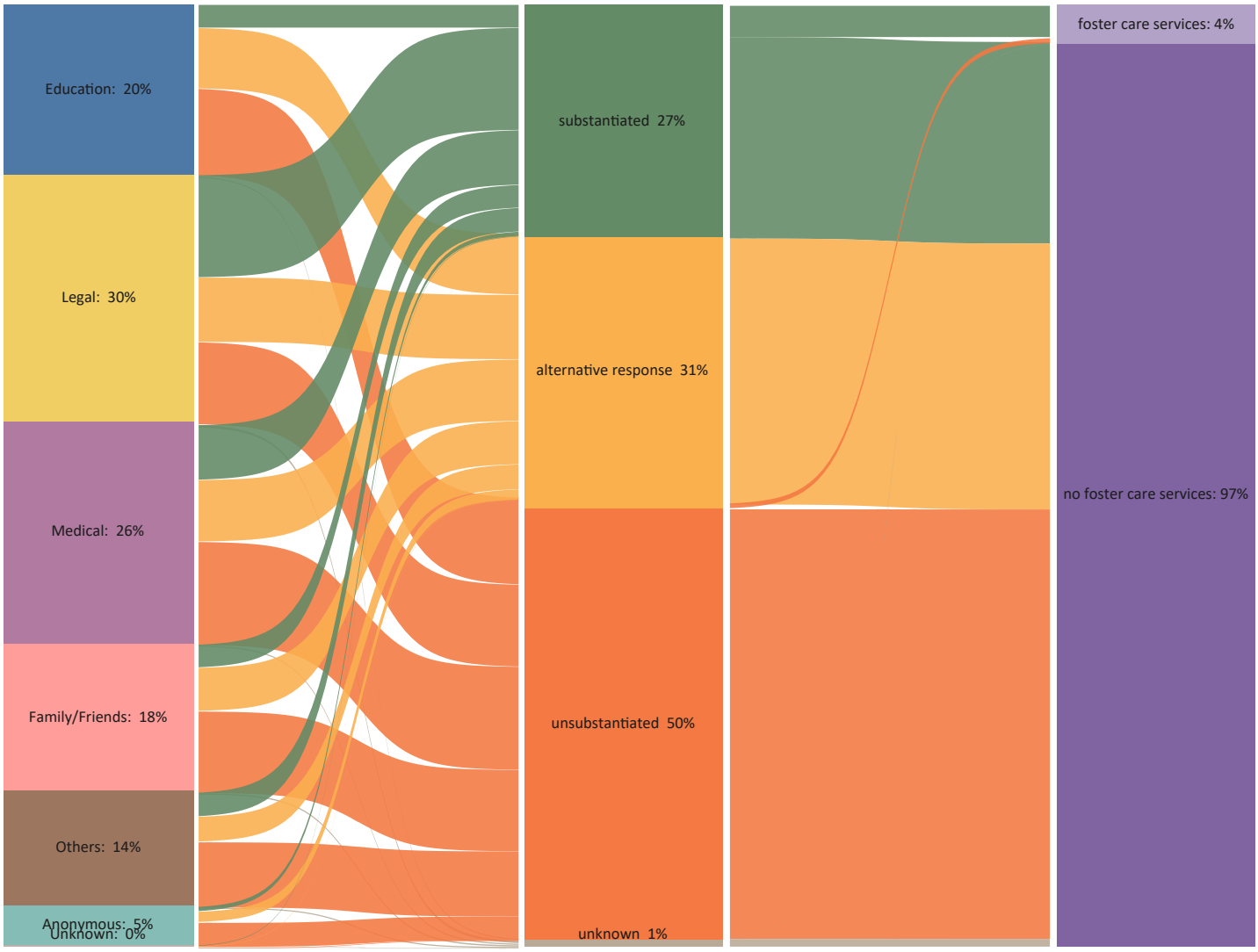
Disposition grouping
Substantiated: Substantiated ; Indicated or reason to suspect
Alternative Response disposition: AR-victim; AR-not a victim
Unsubstantiated: unsubstantiated; unsubstantiated due to intentionally false reporting
No finding: closed - no finding
Unknown: other; unknown

Reporter to Foster Care (2021) | Colorado

The data on this report come from NCANDS. This data source starts with reports that have been accepted for investigation. Data about hotline calls that do not result in an investigation are not available.

Note that a single report often contains more than one child and that there may be reports from more than one source per child and/or allegation. Thus the percents will total more than 100%

Note: Foster Care Services is an optional field in NCANDS and not used by all states.



Report Source
Education includes school personnel and child care providers
Legal includes law enforcement and criminal justice
Medical includes medical and mental health personnel
Family/Friends includes parents, neighbor, other relative
Others includes alleged victim, social services personnel, substitute care providers

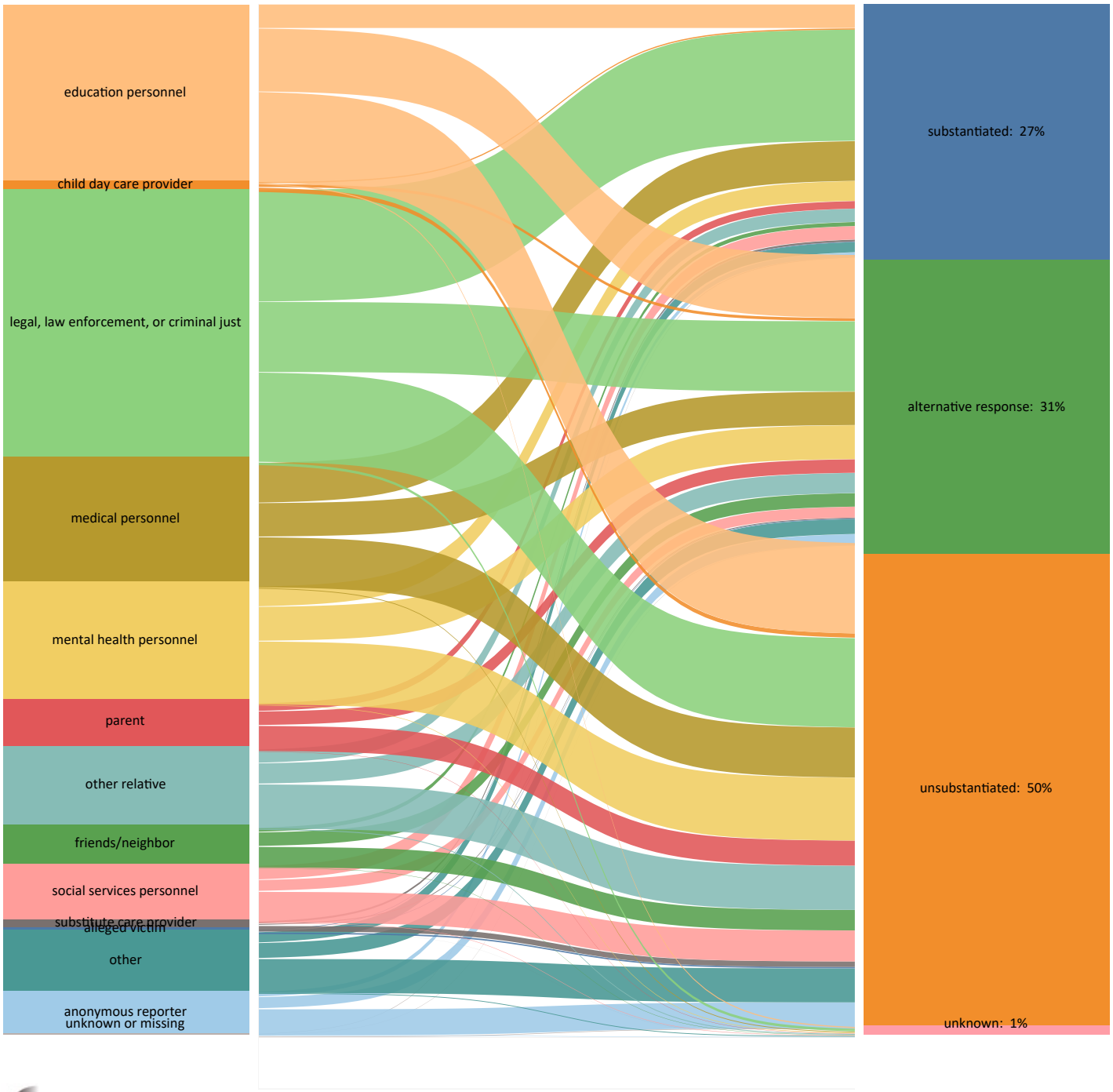
Disposition grouping
Substantiated: Substantiated ; Indicated or reason to suspect
Alternative Response disposition: AR-victim; AR-not a victim
Unsubstantiated: unsubstantiated; unsubstantiated due to intentionally false reporting
No finding: closed - no finding
Unknown: other; unknown

Foster Care Services
This field indicates that this service began or continued for the child in the report or the child's family as a result of the CPS response to reported allegations. The services must have been delivered between the report date and 90 days after the disposition date of the report, and the services continued past the report disposition date.

Report Detail to Disposition (2021) | Colorado

The data on this report come from NCANDS. This data source starts with reports that have been accepted for investigation. Data about hotline calls that do not result in an investigation are not available.

Note that a single report often contains more than one child and that there may be reports from more than one source per child and/or allegation. Thus the percents will total more than 100%



Report Detail to Disposition (2021) | Colorado

			# of children	% of children
Education	education personnel	Substantiated	1,153	14%
		Alternative Response - Not a victim	3,075	36%
		Unsubstantiated	4,385	52%
		Unknown/Missing	58	1%
	child day care provider	Substantiated	62	15%
		Alternative Response - Not a victim	141	35%
		Unsubstantiated	210	52%
Legal	legal, law enforcement, or criminal just	Substantiated	5,400	42%
		Alternative Response - Not a victim	3,430	27%
		Unsubstantiated	4,357	34%
		Unknown/Missing	128	1%
Medical	medical personnel	Substantiated	1,953	33%
		Alternative Response - Not a victim	1,647	27%
		Unsubstantiated	2,456	41%
		Unknown/Missing	37	1%
	mental health personnel	Substantiated	975	17%
		Alternative Response - Not a victim	1,657	29%
		Unsubstantiated	3,066	54%
		Unknown/Missing	27	0%
Family/Friends	friends/neighbor	Substantiated	198	11%
		Alternative Response - Not a victim	663	36%
		Unsubstantiated	1,003	54%
		Unknown/Missing	15	1%
	other relative	Substantiated	650	17%
		Alternative Response - Not a victim	988	26%
		Unsubstantiated	2,144	57%
		Unknown/Missing	42	1%
	parent	Substantiated	372	17%
		Alternative Response - Not a victim	666	30%
		Unsubstantiated	1,227	55%
		Unknown/Missing	14	1%
Others	alleged victim	Substantiated	26	21%
		Alternative Response - Not a victim	28	23%
		Unsubstantiated	68	55%
		Unknown/Missing	1	1%
	other	Substantiated	503	17%
		Alternative Response - Not a victim	736	25%
		Unsubstantiated	1,662	57%
		Unknown/Missing	37	1%
	social services personnel	Substantiated	652	24%
		Alternative Response - Not a victim	534	20%
		Unsubstantiated	1,507	57%
		Unknown/Missing	22	1%
	substitute care provider	Substantiated	92	23%
		Alternative Response - Not a victim	41	10%
		Unsubstantiated	269	67%
		Unknown/Missing	2	0%
Anonymous	anonymous reporter	Substantiated	226	11%
		Alternative Response - Not a victim	543	26%
		Unsubstantiated	1,279	62%
		Unknown/Missing	18	1%
Unknown	unknown or missing	Substantiated	25	32%
		Alternative Response - Not a victim	15	19%
		Unsubstantiated	30	39%
		Unknown/Missing	7	9%

NCANDS Data

All data shown on this report come from the state supplied NCANDS data files. The NCANDS data files begin with cases that have been opened for investigation. It is important to note that these graphs **do not** include all hotline calls.

Maltreatment Disposition vs. Report Dispostion

On a Child File record, dispositions of substantiated, indicated, unsubstantiated, etc. can be assigned for up to four different allegations of maltreatment. For example, if physical abuse and neglect are alleged, either one, both, or neither one may substantiated.

An overall disposition for the report is also assigned and applies to all children on the report, regardless of the disposition of an individual child's allegations. The disposition of a report will correspond to the highest level of any of the allegations for any of the children on the report. For example, if a report has three children, and only one allegation for one child was substantiated, the report disposition is substantiated for all three children, even though no allegation is substantiated for two of them. More succinctly, for a given record, the fact that the Report is substantiated does not mean the child is a victim. Only if all the allegations for all the children on the report are unsubstantiated is the report disposition coded as unsubstantiated. (pg 10)

State Classifcation of the Disposition of investigations

The disposition of each investigation depends on the classification system used by the participating state. Most states use a two-tier system that categorizes an allegation as substantiated or unsubstantiated. Some states use a three-tier system that includes a third category, indicated. In these states, maltreatment is indicated if there is sufficient reason to suspect that the child may have been maltreated or is at risk of maltreatment, but the case does not meet the level of evidence required by state law to substantiate the allegation.

A small number of states have diversified systems that do not fit into the two and three tier disposition categories. To accommodate these states, NCANDS uses two additional disposition codes, known as Alternative Response-Victim and Alternative Response-Nonvictim. Only states with a diversified system use these codes.
For analytic purposes, NCANDS considers children who have been assigned the Substantiated or Indicated codes (MalLev 1 or 2) to be victims of maltreatment.

Foster Care Services:

Activities associated with 24-hour substitute care for children placed away from their parents or guardians and for whom the state title IV-B/IV-E agency has responsibility for placement, care, or supervision.
A foster parent is an individual who provides a home for orphaned, abused, neglected, delinquent or disabled children under the placement, care or supervision of the state. The individual may be a relative or non-relative and need not be licensed by the state agency to be considered a foster parent.
This field indicates that this service began or continued for the child in the report or the child's family as a result of the CPS response to reported allegations.
A value of "1" can only be entered in this field if the services were delivered between the report date and 90 days after the disposition date of the report, and the services continued past the report disposition date.

Meeting 2 – Feb. 1, 2023

Materials

Meeting 1 Themes

Policy Collaborative for Children & Families

Colorado Mandatory Reporting Task Force

Interim Committee Update (July 18, 2023)

12-7-2022 Mandatory Reporting Task Force Meeting Jamboard Themes

What is your biggest concern about Colorado's mandatory reporting system?

Note: This captures all of the responses – some repeat because they fit under multiple themes

A flawed system

- No discretion for MR who have the capacity to help without DHS involvement
- Lack of prevention lens
- Insufficient resources to respond to underlying concerns
- Unwillingness to report (for many reasons)
- Long hold times on hotline, problematic for reporters who are on the job
- Confidentiality in small communities
- Balancing child safety while also supporting families.
- MR are too worried about CYA
- Hierarchy and nepotism. hesitation to report
- Violates autonomy
- Lack of clarity for organization capacity
- Concerns around confidentiality of reporters and subpoenas to testify in court
- Getting investigated is actually scary and traumatic and all of us on this zoom would want an attorney if we got that knock on the door - but we act like it's normal
- Rural seems to pick and choose which case is reported based on who they know, or want to protect
- Repetitive calls for same youth and families
- Mandated Reporters are worried for families but don't know how to engage or help them, so they report to DHS, trying to fit their concerns within the parameters of child abuse/neglect
- Too many professionals are mandatory reporters and most are poorly trained.
- A culture of systemic oppression leads to disparate outcomes for children and families of color
- Failure to provide timely/informative response to reports
- Teachers who are not from an education background working on emergency waivers do not understand the law
- Programs working together; public schools, DHS, SW, etc.
- Undocumented parents fear of deportation, do not report-also creates huge language barrier to communicate
- Viewed as govt vs parenting rights
- The potential impact on quality of representation when a person is represented by an interdisciplinary legal team
- There is a disconnect between the intention of the policy and the impact it has on families
- Language/requirements unclear

- The statute is overly broad, casting too wide of a net and catching too many families in the child welfare system.
- Mandatory reporting prevents service providers from helping families because of their obligation to involve CPS.
- Antagonistic interactions with investigators in programs. Assumption of guilt, public announcement requirements prior to findings.
- Can sever client/professional relationship
- It has become a complicated patchwork over time with inconsistent application and understanding.
- Generational families of the system
- Lack of involvement when the child/family wants or needs involvement but involvement at minimal things
- So many categories of professionals

Bias and Disproportionate Impact

- Implicit bias and ambiguity impacting decision-making
- Reporting is too subjective and allows for implicit bias and racism to influence calls
- Children and families of color being disproportionately being reported and no awareness of reporting parties, their implicit bias.
- The current workforce in Colorado is culturally disconnected and does not meet the needs of communities of color
- That the current system over surveillances communities of color.
- Families are not supported to prevent & those reported on tend to be Blk/Brown/other from the reporter.
- Implicit bias impacting mandatory reporters
- Implicit bias leads to families of color and those experiencing poverty being investigated when reports on other families are overlooked.
- Rural seems to pick and choose which case is reported based on who they know, or want to protect
- A culture of systemic oppression leads to disparate outcomes for children and families of color

Unclear Outcomes/Impact/Resolution

- Lack of follow up/feedback to MR's - difficult to know the impact
- No notification to the MR of what aspired from the report, feels as though it is all for nothing
- If the consequences for reporting OR failing to report are too severe or unclear, people are less likely to report.
- Often there is no coordination and/or feedback loop to ensure reporters also can help be part of solutions for children and families.
- Failure to provide timely/informative response to reports
- Concerns around confidentiality of reporters and subpoenas to testify in court
- There is a disconnect between the intention of the policy and the impact it has on families

Lack of Family Support/Need for Alternate Resources

- Poverty is equated to CPS concerns when families simply need resources
- That people don't know they are mandatory reporters, and that families who lack resources are reported for alleged neglect.
- Barrier for families in accessing supportive services and resources needed for their families
- Destigmatize mandatory reporting
- Clearly understanding the difference between suspected abuse and neglect vs. Lacking support or resources to no fault of the caregiver.
- Minimal resources once involved with the system, and harm is being done
- A lack of coordinated supports for families that are outside of the child welfare system
- To help get more resources in place in order to help parents get support rather than report on them
- Families are not supported to prevent & those reported on tend to be Blk/Brown/other from the reporter.
- Poverty is frequently seen as neglect - if money solves the problem, it's not neglect
- Lack of alternative resources or strategies apart from reporting first
- Lack of resources for rural communities
- Child abuse/neglect experts see most concerns through that lens - there are other important ways to help people that don’t require investigation and policing
- Poverty is too often viewed as neglect.
- Lack of involvement when the child/family wants or needs involvement but involvement at minimal things

Policing

- State campaigns create fear about child abuse (posters, CPR ads on calling in on your neighbors)
- People report rather than talk with families
- Reporters become investigators
- The community is charged with surveillance rather than support, and support is where they are best poised to serve children and families.
- Resources continue to go to carceral systems rather than us funding community-based support networks
- Child welfare is not seen as a helper but as a surveiller

Lack of clarity in training, oversight, and processes

- Implicit bias and ambiguity impacting decision-making
- Lack of consistent training for mandatory reporters
- Lack of communication between Mandatory reporters and local counties. Ambiguity in the statute around what is "immediate" reporting.
- There is not consistent oversight for mandated reporters that is tracked on an ongoing basis

- That people don't know they are mandatory reporters, and that families who lack resources are reported for alleged neglect.
- Definition of "immediately"
- Mandatory reports confused with reporting and/or investigating
- Children and families of color being disproportionately being reported and no awareness of reporting parties, their implicit bias.
- Counties differ so much - hotline in Denver will reject a case that Adams will accept.
- Feeder systems are not properly trained on their duty to report
- Undertrained mandatory reporters
- The current workforce in Colorado is culturally disconnected and does not meet the needs of communities of color
- Inconsistent intake, response and resolution
- MRs are confused about what they are required to report.
- Lack of clarity with regard to obligation to investigate circumstances prior to reporting
- Implicit bias leads to families of color and those experiencing poverty being investigated when reports on other families are overlooked.
- Rural seems to pick and choose which case is reported based on who they know, or want to protect
- Too many professionals are mandatory reporters and most are poorly trained.
- Teachers who are not from an education background working on emergency waivers do not understand the law
- Clear guidelines that define "abuse" - emotional, physical
- Unclear elements of the crime of failure to report and unclear duties for mandatory reporters in law
- Confusing and hard to interpret laws
- It has become a complicated patchwork over time with inconsistent application and understanding.
- Clear guidelines about who and where reports should be made.
- Clear definitions about when to make a report. A child "lost" for one minute is not abuse/neglect.
- So many categories of professionals

Domestic violence response

- Parents experiencing interpersonal violence can’t seek resources for fear that it will trigger a report
- Survivors of domestic violence are afraid to seek services knowing that victim advocates, doctors and others are mandatory reporters.
- Lethal outcomes in cases where dv survivors hesitated to seek support
- Mr allows abusers to continue to use systems to exert coercive control over the victim parent.
- CPS relies on domestic relations cases to resolve serious child welfare concerns assuming that the issues are just a "high conflict divorce."

Mandatory Reporting Task Force Themes

Alignment of legislative directives (CRS §19-3-304.2(7)(a)) to Task Force input on their biggest concerns about mandatory reporting (12-7-2022 Jamboard activity)

1. Effectiveness and Impact	1. Alternatives and Resources	1. Clarity and Technical Support
Flawed System	**Lack of family support**	**Lack of Clarity in Training and Oversight**
Disproportionate Impact and Bias	**Need for alternative resources**	**Domestic Violence concerns**
Unclear process and outcomes/impact/resolution	**Issue of Policing**	
(i) need for study	(iv) alternative process for non-abuse/neglect	(iii) implicit bias training
(ii) disparate impact	(xviii) electronic reporting	(v) standardized training
	(xix) inter agency communications	(vi) "immediately"
		(vii) DV exemption
		(viii) medical abuse reporting
		(ix) scope of duty
		(x) attorney team exemption
		(xi) dating violence
		(xii) 2+ reporters
		(xiii) duty delegation
		(xiv) institutional reporting
		(xv) licensure
		(xvi) personal info
		(xvii) training on threshold

Vision for the Mandatory Reporting Task Force (From 12/7/2022 Meeting)

Bold and impactful

- Capitalize on task force's shared passion
- A shining example for other states, setting the standard
- Innovative
- Actual change, systems change, actionable and implementable change
- Dismantle the current system

Adaptive, continues to evolve

- Implement measures to evaluate impact of changes
- Ensure it's relevant and being implemented the way we envision it

Overlay an equity lens

- If not equitable, not effective

Align intent and impact

- A meaningful paradigm shift in the way we think about MR and the child welfare response
- Philosophy - Child welfare is best provided by family most of the time
- Change language
- Right-sizing child welfare, not such a wide net, focused on the right things and the right kids
    - Scalpel versus a blunt instrument
- Problematic when main motivation is fear

Change public perception

- Decrease fear and increase transparency

What will it look like if we get this right?

De-stigmatize MR – get help for families because they are concerned

Support before report, Help and not harm, A tool and a resource versus punishment

- Works to support families and keep children safe
- Partner for best outcomes for children (versus the idea you can't support both children and parents)

- Reduce harm to children and families
- Deal with one issue without creating more, triggering multiple system responses

Clarity

- Simplify – shouldn't need a law degree to understand
    - Expectations, laws, practices
- Standardized training
    - Implicit bias, trauma-informed and domestic violence
- Definition and standards for abuse and neglect
- Support for reporters
    - Clarify use of discretion
    - Clarify elements of failure to report
- Alignment and collaboration across agencies/teams
- Gather enough and the right information at the start, accuracy of reports
    - Ability to interview MR

Center on communities most impacted, amplify voice of parents and children

- Reducing disproportionality – addressing bias, doing the real work
- Trauma-informed response and care
- Trust and confidence, confidence that families are being treated fairly

Meeting 2 – Feb. 1, 2023

Presentation

Racial Disparities & Disproportionality in Child Welfare

Health Management Associates

Colorado Mandatory Reporting Task Force

Interim Committee Update (July 18, 2023)

Health Management Associates

Doris Tolliver, JD, MA

Copyright © 2021 Health Management Associates, Inc. All rights reserved. The content of this presentation is PROPRIETARY and CONFIDENTIAL to Health Management Associates, Inc. and only for the information of the intended recipient.
Do not use, publish or redistribute without written permission from Health Management Associates, Inc.

Welcome

- Develop foundational understanding of disparities and disproportionality in the child welfare system
- Understand the decision points that have the greatest impact on child and family involvement and experiences with child welfare

Copyright © 2021 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

- **Strive for humility**. Be willing to grapple with challenging ideas.
- **Differentiate between opinion and informed knowledge**, which comes from sustained experience, study, and practice.
- Hold your **opinions lightly** and with humility.
- **Notice your** own **defensive reactions** and attempt to use these reactions as entry points for gaining **deeper self-knowledge**, rather than as a rationale for closing off.
- **Recognize** how your own **social positionality** (e.g., race, class, gender, sexuality, ability) **informs your perspectives and reactions** to information that is shared by the facilitators, guests, and other task force members.
- **Differentiate between safety and comfort**. Accept discomfort as necessary for social justice and racial equity growth.
- **Identify** where your **learning edge** is and **push it**.
- **Seek out counter-stereotypic images**. Much of what we believe about the world, including people, is introduced and reinforced through imagery (movies, television, commercials, etc).

Copyright © 2021 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

Race is a Powerful Predictor of Experiences and Outcomes

- Race, like no other characteristic, has been baked into our government and systems and has resulted in deep and persistent inequities across identities.
- Leading with race and understanding the ways in which systemic and institutional inequities are perpetuated provides a framework that can be applied to other forms of oppression.
- Oftentimes discussions about group oppression (gender, ability, sexuality) leave out the compounding impact of the intersection of race and other identities.

Copyright © 2021 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

- In the United States, children of color are **more likely to live in poverty**
- Black Americans and American Indians have much lower rates of upward mobility and higher rates of downward mobility than whites, leading to persistent **disparities across generations**.**
- Differences in **parental marital status, education, and wealth explain little** of the Black-white income gap conditional on parent income.**
- More than half of all Black children **experience a child protective services investigation** within their lifetime.***

*National Kids Count, KidsCount Data Center, datacenter.kidscount.org, a Project of the Annie E. Casey Foundation

**Raj Chetty, Nathaniel Hendren, Maggie R Jones, Sonya R Porter, Race and Economic Opportunity in the United States: an Intergenerational Perspective, *The Quarterly Journal of Economics*, Volume 135, Issue 2, May 2020, Pages 711–783, https://doi.org/10.1093/qje/qjz042

*** Hyunil, K. et.al. (2017). Lifetime Prevalence of Investigating Child Maltreatment Among US Children. *Am. J. Public Health. Vol. 107* (2). 274-280

Copyright © 2021 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

Disproportionality exists when the representation of one group is larger or smaller than the same group's representation in the general population

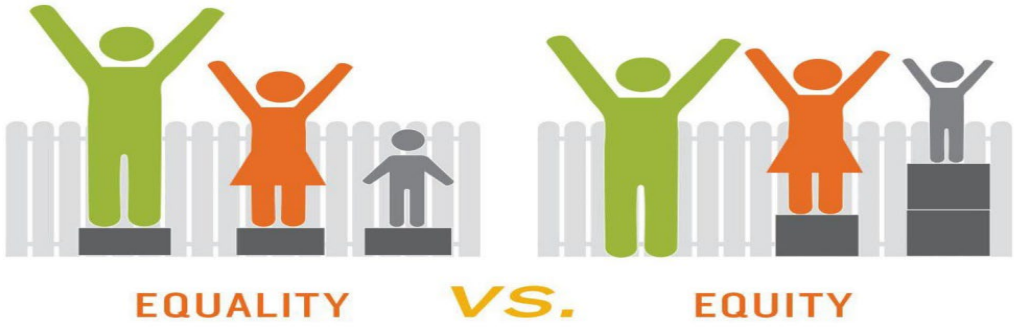
Disparity is the difference in outcomes that children experience based on race

Equality

The quality or state of being equal. Having the same rights, social status, etc.

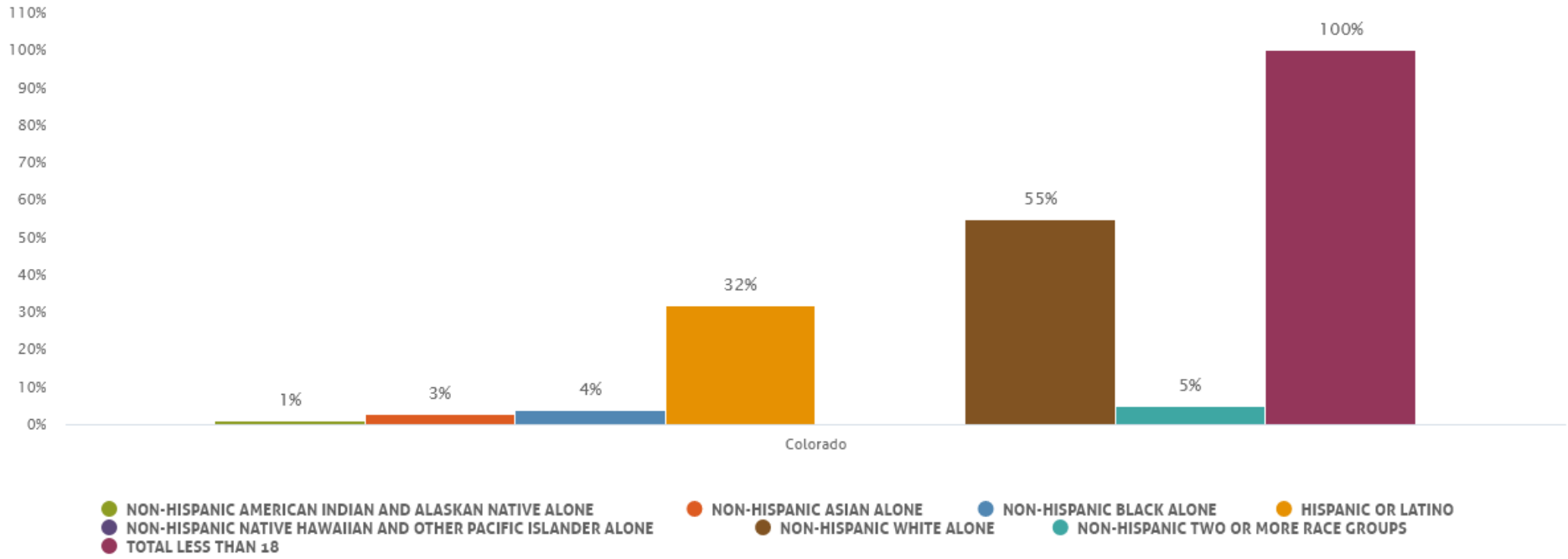
Equity

Fairness or justice in the way people are treated based on needs



Copyright © 2021 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

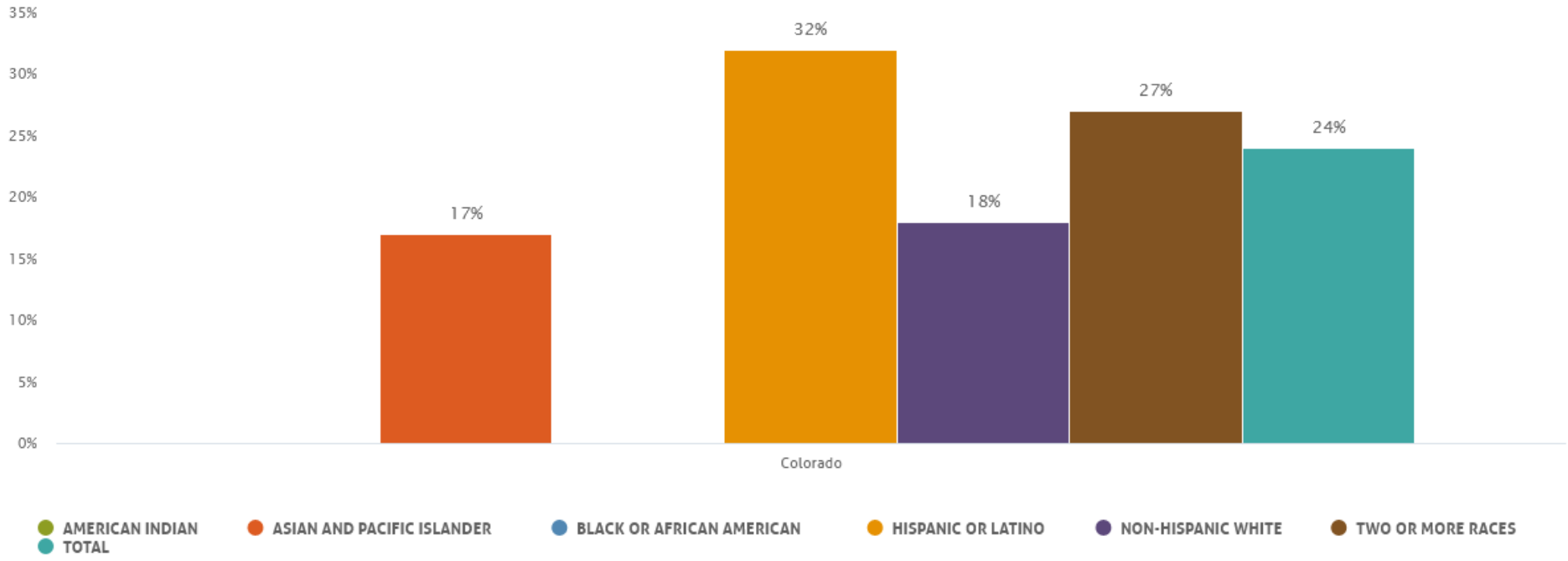
CHILD POPULATION BY RACE AND ETHNICITY (PERCENT) - 2021



The Annie E. Casey Foundation from datacenter.kidscount.org

Copyright © 2021 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

CHILDREN WHOSE PARENTS LACK SECURE EMPLOYMENT BY RACE AND ETHNICITY (PERCENT) - 2021

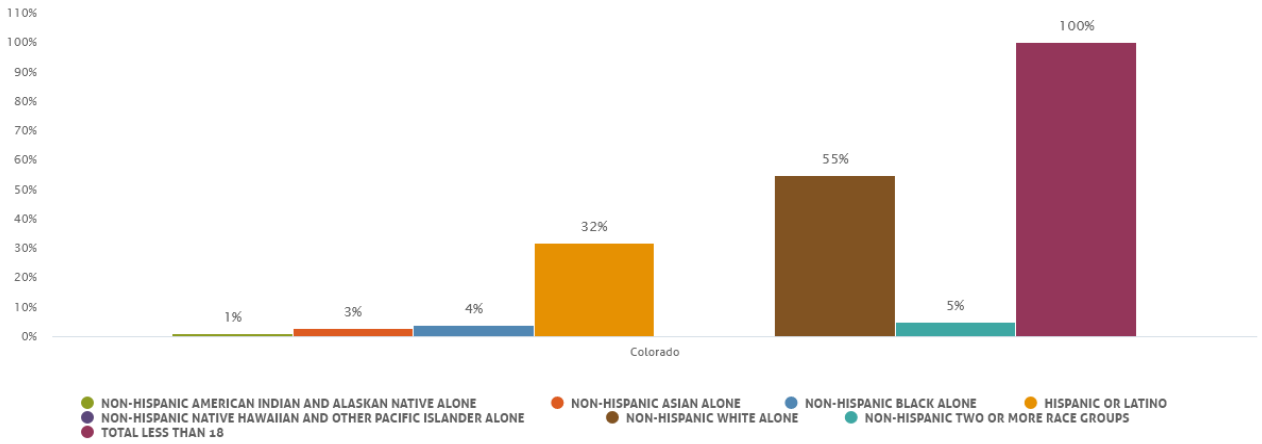


The Annie E. Casey Foundation from datacenter.kidscount.org

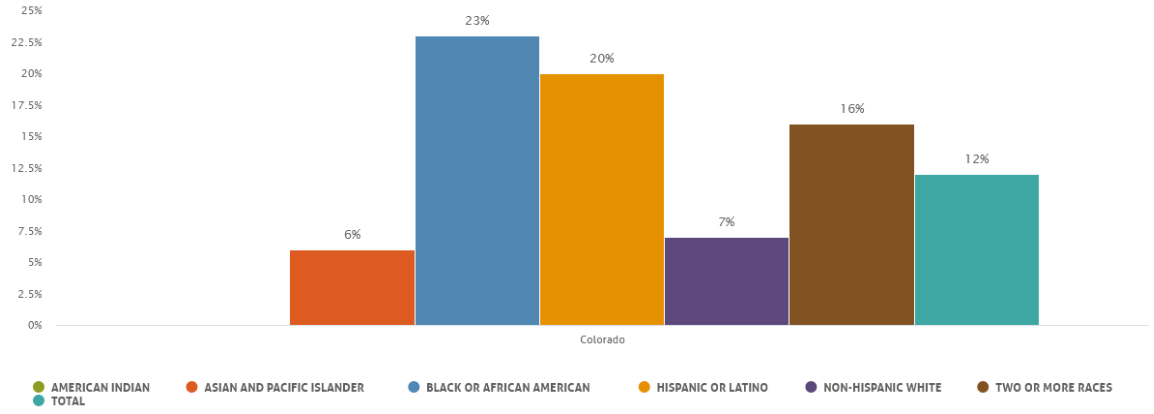
Copyright © 2021 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

Less than half of Colorado children are BILPOC.

CHILD POPULATION BY RACE AND ETHNICITY (PERCENT) - 2021



CHILDREN IN POVERTY BY RACE AND ETHNICITY (PERCENT) - 2021



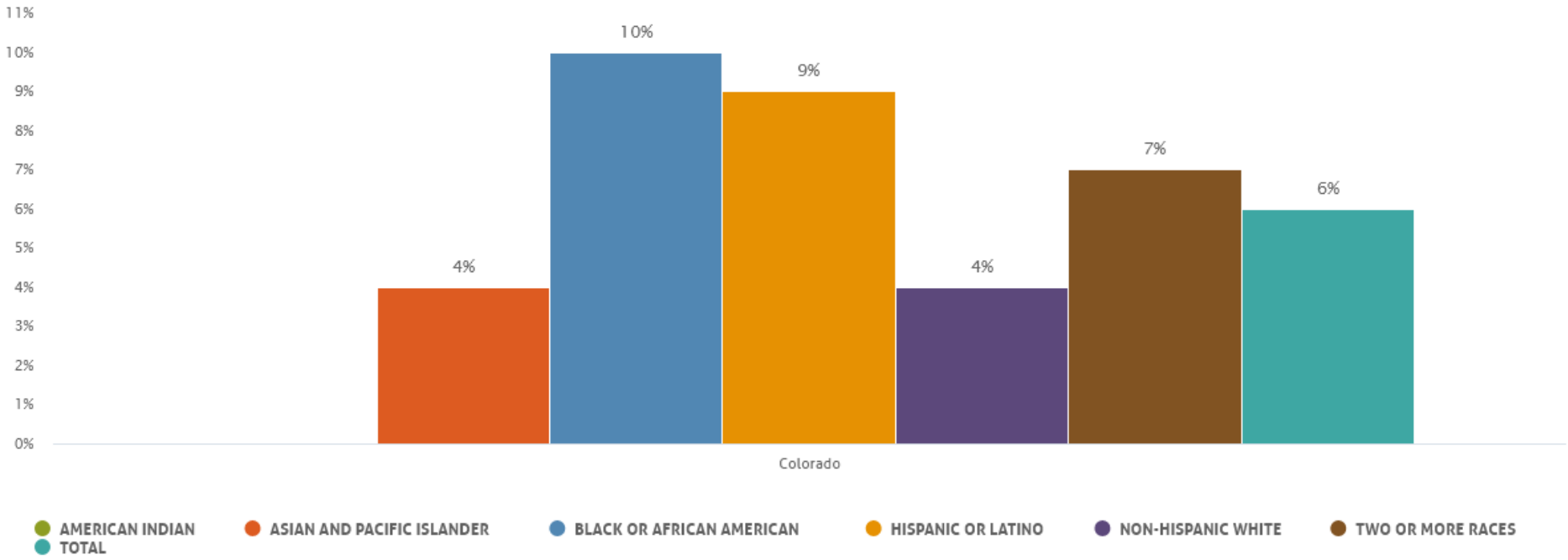
BILPOC children represent 65% of the children living in poverty.

The Annie E. Casey Foundation from datacenter.kidscount.org

HEALTH MANAGEMENT ASSOCIATES

Copyright © 2021 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

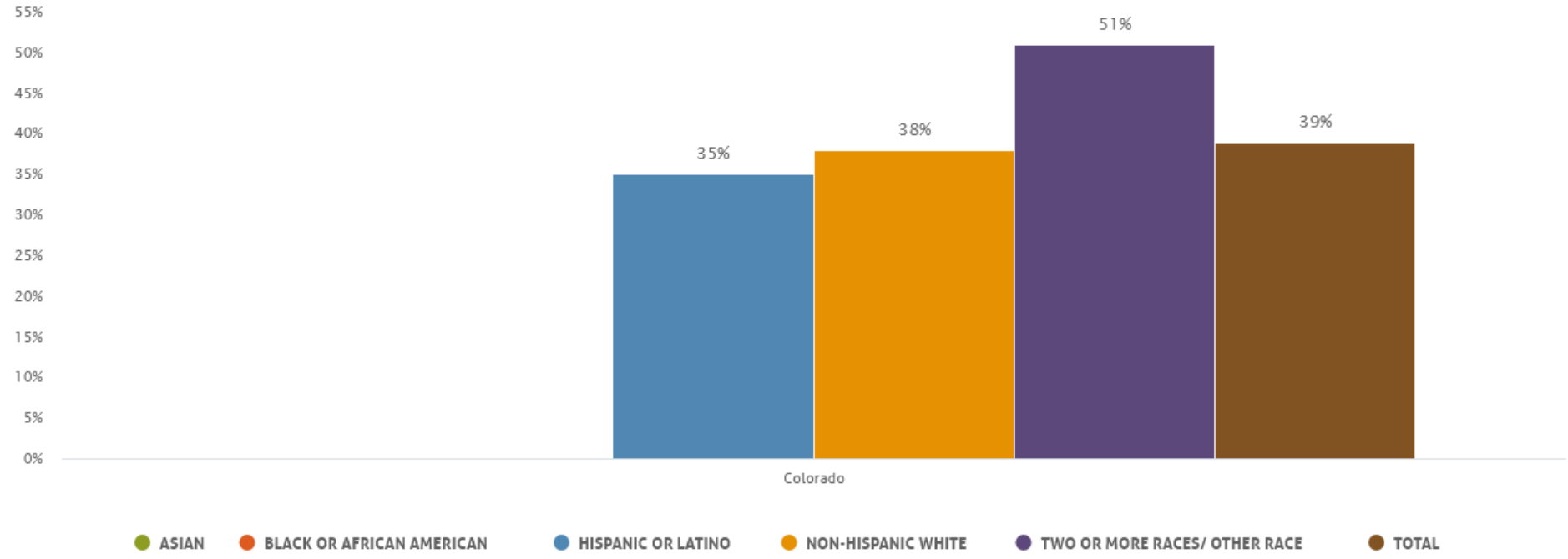
CHILDREN IN EXTREME POVERTY BY RACE AND ETHNICITY (PERCENT) - 2021



The Annie E. Casey Foundation from datacenter.kidscount.org

Copyright © 2021 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

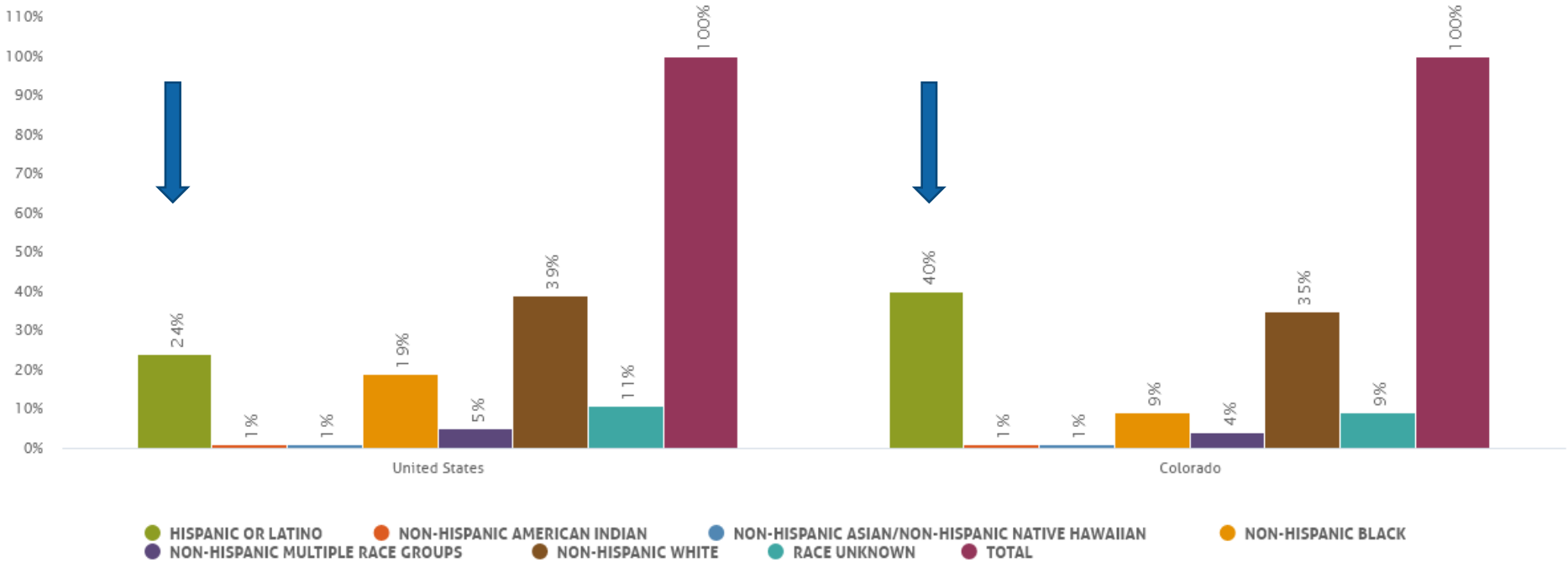
HOUSEHOLDS WITH CHILDREN THAT ARE NOT CAUGHT UP ON RENT OR MORTGAGE AND ARE VERY OR EXTREMELY LIKELY TO HAVE TO LEAVE THIS HOME DUE TO EVICTION OR FORECLOSURE IN THE NEXT TWO MONTHS BY RACE AND ETHNICITY: TOTAL (PERCENT) - 2021



The Annie E. Casey Foundation from datacenter.kidscount.org

Copyright © 2021 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

CHILDREN WHO ARE CONFIRMED BY CHILD PROTECTIVE SERVICES AS VICTIMS OF MALTREATMENT BY RACE AND HISPANIC ORIGIN (PERCENT) - 2020

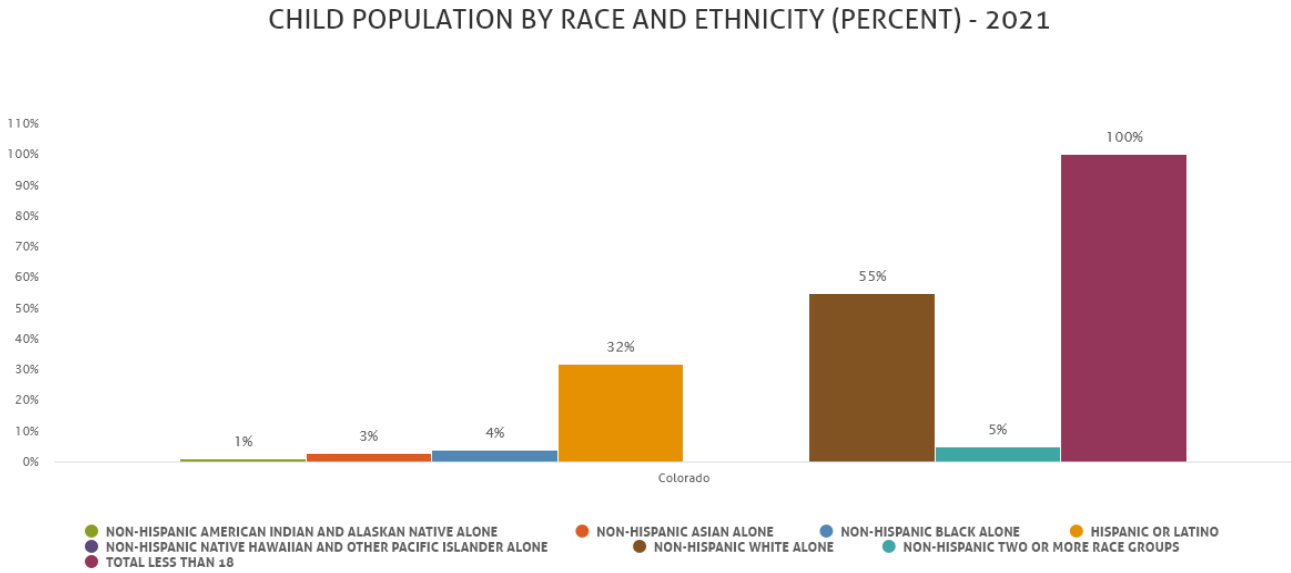


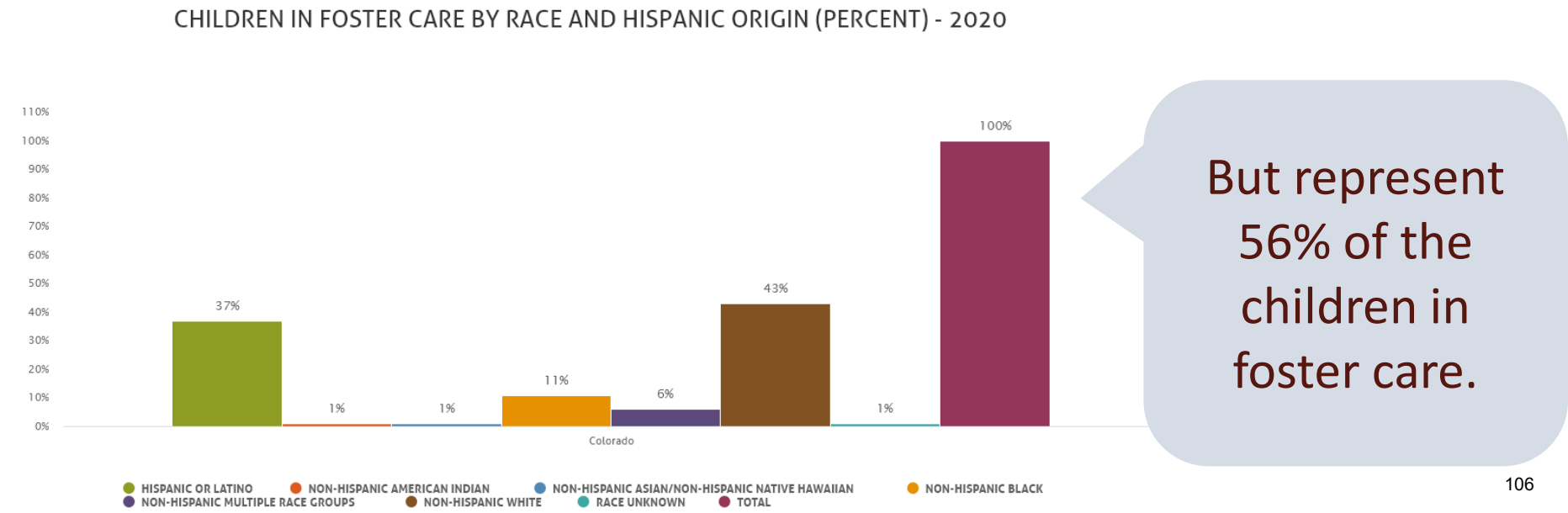
The Annie E. Casey Foundation from datacenter.kidscount.org

Copyright © 2021 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

In Colorado, Black, Indigenous, Latino/a/x and children of color are overrepresented in foster care

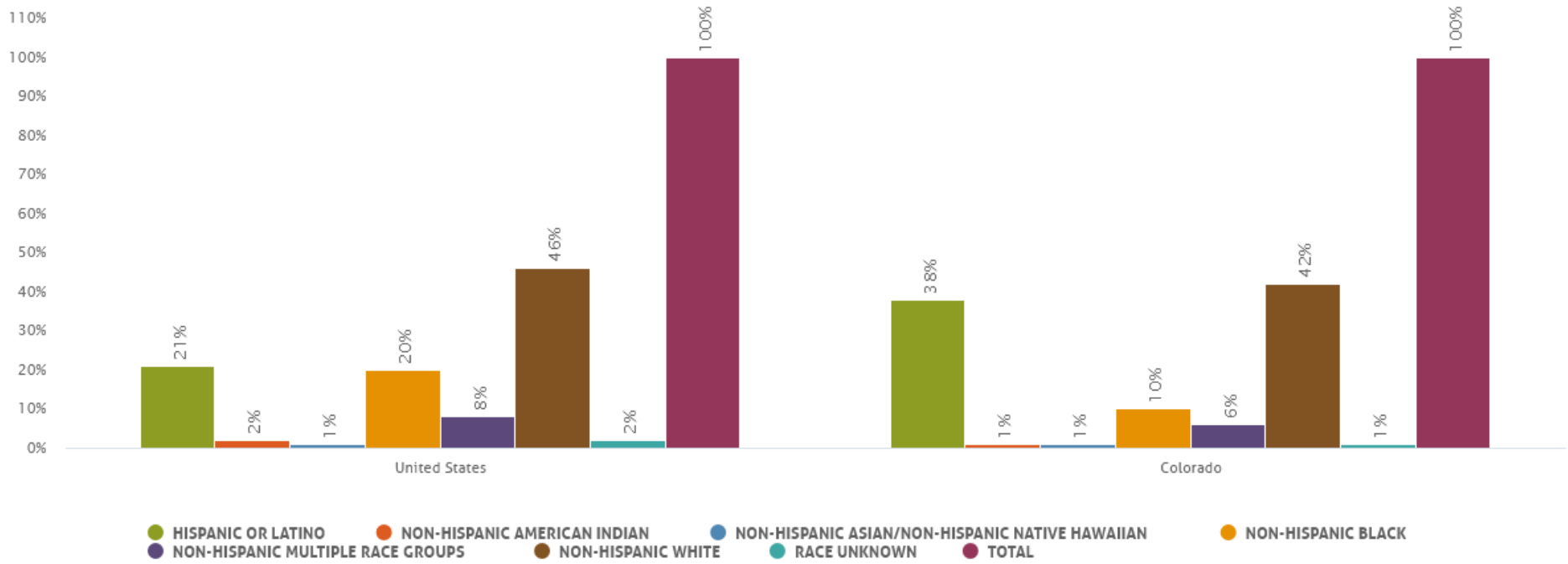
45% of Colorado children are BILPOC.





But represent 56% of the children in foster care.

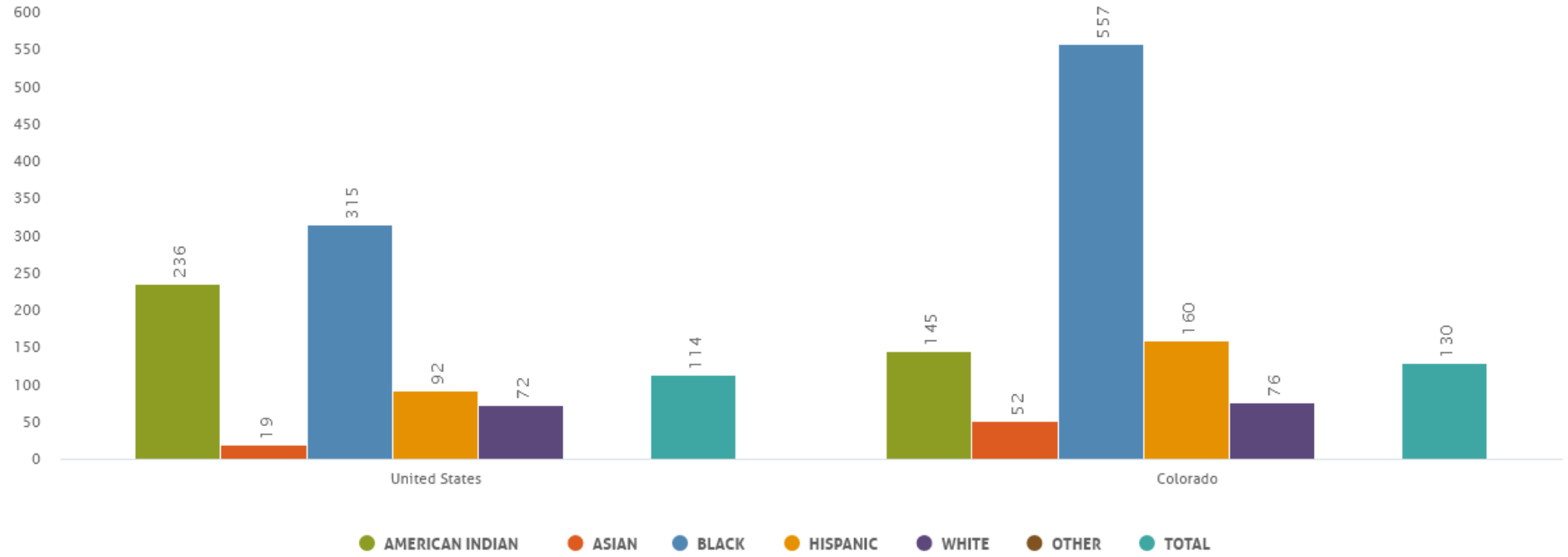
CHILDREN ENTERING FOSTER CARE BY RACE AND HISPANIC ORIGIN (PERCENT) - 2020



The Annie E. Casey Foundation from datacenter.kidscount.org

Copyright © 2021 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

YOUTH RESIDING IN JUVENILE DETENTION, CORRECTIONAL AND/OR RESIDENTIAL FACILITIES BY RACE AND HISPANIC ORIGIN (RATE PER 100,000) - 2019



The Annie E. Casey Foundation from datacenter.kidscount.org

Copyright © 2021 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

Reporting Child Abuse and Neglect

- Hotline data (including data on screened-out calls) offer the first touchpoint for learning about who is reporting and for what circumstances, including the underlying needs of families.
- Nationally, in FFY 2020, data show **professionals submitted 66.7 percent of child abuse and neglect (CA/N) reports**.
- The highest percentages of reports are from **legal and law enforcement** personnel (**20.9%**), **education** personnel (**17.2%**), and **medical** personnel (**11.6%**).
- **Nonprofessionals submit 17.0 percent of reports** with the largest category of nonprofessional reporters being parents (6.3%), other relatives (6.3%), and friends and neighbors (4.0%).
- Unclassified sources submit the remaining 16.3 percent
- In Colorado, **Black children** are the focus of calls to the child abuse hotline **1.27 times more** than their percentage of the population in Colorado.
- **White children are underrepresented** in hotline calls compared to their portion of the state population, at a rate of 0.64.

Copyright © 2021 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

- Analysis of hotline data can help us:
  - Improve training for mandated reporters
    - For example, if a jurisdiction finds that a high percentage of calls from a certain group of mandated reporters (such as school staff in a particular school or neighborhood) results in a particularly large number of screened-out reports, focused mandated reporter training can clarify what constitutes maltreatment and can provide guidance on alternative sources of support for children and families.
  - Identify communities from which a disproportionately high number of reports come can help target the development and placement of prevention services.
  - Develop approaches to provide an alternative to hotlines by helping connect families to resources without a report to child protection being made

Copyright © 2021 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

Copyright © 2021 Health Management Associates, Inc.
All rights reserved. PROPRIETARY and CONFIDENTIAL

Fireside Chat

A Fireside Chat: Perspectives From Leaders In Child Welfare

Meeting 2 – Feb. 1, 2023

Minutes

Colorado Mandatory Reporting Task Force

Interim Committee Update (July 18, 2023)

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	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. Questions/Comments from Task Members: 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. 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. 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

	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.
Panel Discussion: Effectiveness of Mandatory Reporting within the Child Welfare System: Disproportionate Impacts	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. Question: Looking at your experience both locally and nationally, how would you say your viewpoint around mandatory reporting specifically has evolved over time? ● 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. 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? ● 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: ○ 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.

	• 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.
Public Comment	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. 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

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

	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.
Closing	Stephanie Villafuerte thanked the panelists, task force members, and various support staff and closed the meeting.

Meeting 2 – Feb. 1, 2023

Recap

Colorado Mandatory Reporting Task Force

Interim Committee Update (July 18, 2023)

Mandatory Reporting Task Force | Meeting Two

February 1, 2023, Meeting Recap

Overview

The Mandatory Reporting Task Force is legislatively charged with analyzing the effectiveness of Colorado's mandatory reporting laws in keeping children safe, connecting families with the resources they need, and providing clarity to mandatory reporters. Integral to this analysis, the task force will continue to examine the relationship of these laws to systemic issues and disproportionate impacts on under-resourced communities, communities of color, and people with disabilities.

At its initial meeting in December, task force members expressed the desire to be bold in addressing these issues. Many expressed the desire to provide Colorado with innovative ideas and actionable recommendations for a new approach to mandatory reporting and family support.

Summary of February 1, 2023, Meeting

> ***Directive Discussed:*** *The disproportionate impact of mandatory reporting on under-resourced communities, communities of color, and persons with disabilities." (See C.R.S. §19-30304.2(7)(a)(II))*

Doris Tolliver, Principal with Health Management Associates, led the February discussion by presenting an overview of disproportionality and disparity in the child welfare system and the importance of understanding the impact of decision points, including mandatory reporting. Doris encouraged the audience to be bold and use discomfort as an opportunity to grow and learn.

Among the data presented, national data shows that professionals submitted 66.7% of all child abuse and neglect reports, with legal and law enforcement personnel being the largest source followed by education and medical personnel. Non-professional reporters submitted 17% of reports and the rest were from unclassified sources. In Colorado, Black children are overreported to the child abuse hotline 1.27 times more than their percentage of the population, while white children are underreported at about 0.64 in relation to their representation in the state population. Nationally, more than half of all Black children experience one child protective services investigation during their lifetime.

Additional data indicated that statutory language regarding neglect may not address the difference between intentional neglect and neglect due to a lack of resources. According to one of the panel speakers, mandatory reporting has become conflated with neglect and catching families and children in disproportionate ways, especially those in poverty. This has created barriers for agencies and has made it difficult to differentiate between neglect and abuse. Differential response has been implemented in Colorado, but it only occurs after a family has been reported. The stigma remains, and it's challenging to address neglect.

Doris then facilitated a discussion among a panel of speakers with various backgrounds and expertise, who highlighted the need to rethink the current mandatory reporting system that stigmatizes, traumatizes and often separates children from families. The panel included:

- Dr. Jerry Milner – Director of the Family Integrity and Justice Works at Public Knowledge and former Associate Commissioner at the Children's Bureau
- Dr. Kathi Wells – Executive Director of the Kempe Center, Associate Professor, Pediatrics0Child Abuse and Neglect
- Crystal Ward Allen – Senior Director Strategic Consulting, Casey Family Programs

Overall, the panel suggested creating a community-based approach, in which services and support are available to families, and an alternative reporting structure for reporters who recognize a family's need that does not rise to the level of abuse or neglect. They also emphasized the importance of understanding the trauma that families and children undergo when separated and preventing neglect before it occurs. The speakers also discussed the challenges and lessons learned from both Colorado and other jurisdictions that have developed community support and multi-disciplinary models to address the issues of mandatory reporting and disproportionate impact on vulnerable communities.

Additionally, the panel emphasized that while there is a large budget for child welfare, the majority of it goes towards out-of-home care and only a small amount goes towards primary prevention and community-based services. They advocated for more flexibility in funding and that a trusted, community-driven alternative system with networks of supports could be more effective in avoiding difficult situations for families.

Task force members and members of the public then shared their own insights and observations, highlighted below:

- Concern about the chilling effect on victims of domestic violence in disclosing their need for services.
- Challenges to provider-patient relationship and creating potential risks for the child.
- Striking the right balance between accessing resources and preventing harm to the child.
- A need to refine approaches and challenge assumptions about reporting and referring to child welfare.
- How child removal may increase the likelihood of children involvement in the detention system.
- Changing mandatory reporting laws alone is not enough as child welfare departments are often ordered to investigate and remove children from their families by the judicial system.
- Enhancing the capacity of community partners to serve families is important, but they often lack the skills and resources necessary to engage with families effectively.
- Raising the voices of those with lived experience, especially people of color.
- The need for a trauma-informed approach.

Meeting 3 – April 5, 2023

Agenda

Mandatory Reporting Task Force Meeting Agenda

April 5, 2023 | 8 a.m. to 11 a.m.

Virtual – Zoom (Link and information below)

Facilitators: Keystone Policy Center

Trace Faust | Doris Tolliver

Time	Agenda Topic	Facilitator / Presenter
8:00 a.m. to 8:15 a.m.	**Welcome and Review** • Member Roll Call • Approval of February 1, 2023 Meeting Minutes • Task Force Co-Chair • Recap of February 1, 2023 Meeting	Trace Faust and Stephanie Villafuerte (Chair)
8:15 a.m. to 8:30 a.m.	**Task Force Process and Charter** • Review of the work to date • Presentation of Task Force Charter	
8:30 a.m. to 8:45 a.m.	**Where We're Going** • Roadmap for 2023 Meetings • Review of Directive ○ Is mandatory reporting effective in serving children and families in Colorado? (See C.R.S. §19-3-304.2(7)(a)(I)) • Key Questions for Directive: 1. What is the purpose of child welfare services in Colorado? 2. How does Colorado's mandatory reporting law help achieve that goal? 3. In what ways does Colorado's mandatory reporting law inhibit that goal?	Doris Tolliver and Trace Faust
8:45 a.m. to 9:15 a.m.	National Perspective • Dr. Kelley Fong, an assistant professor of sociology at the University of California,	Kelley Fong, Doris Tolliver and Trace Faust

	Irvine, will share her research regarding the intentions of many mandated reporters, and the impacts of reports made by mandatory reporters on children and families. Summary of Dr. Fong's research may be accessed **HERE**. • Q & A Session	
9:15 to a.m. 9:25 a.m.	BREAK	Full Group
9:25 a.m. to 10:20 a.m.	Lived Experience Panel • Four members will discuss their lived experience with the mandatory reporting system and will address the key questions for the directive. • Panelists: 1. Sam Carwyn 2. Tara Doxtater 3. Nate Hailpern 4. Shayna Koran	Doris Tolliver and Trace Faust
10:20 a.m. to 10:45 a.m.	Breakout Groups • Members will move into breakout groups to discuss the key questions for the directive, as well as the information presented by Dr. Fong and the panelists.	Full Group
10:45 a.m. to 11:00 a.m.	Public Comment	Doris Tolliver and Trace Faust
11:00 am	Closing	Doris Tolliver, Trace Faust and Stephanie Villafuerte

Zoom Information

Topic: Mandatory Reporting Task Force

Time: Apr 5, 2023 08:00 AM Mountain Time (US and Canada)

Join Zoom Meeting

https://us02web.zoom.us/j/82732120205?pwd=THVNbFJ4Y0FuTFZkR2R2QVFxek9nUT09

Meeting 3 – April 5, 2023

Speaker Bios

Kelley Fong, PhD

I am assistant professor of sociology at the University of California, Irvine. My research and teaching interests include poverty, inequality, social policy, children and youth, education, and family life. Much of my current research focuses on Child Protective Services, drawing on administrative data as well as fieldwork with mothers, child welfare agency staff, and professionals mandated to report child maltreatment. Other projects examine school choice and residential decision-making.

My work has been supported by the Multidisciplinary Program on Inequality and Social Policy at Harvard, the Doris Duke Fellowship for the Promotion of Child Well-Being, the Julius B. Richmond Fellowship at the Harvard Center on the Developing Child, and the National Science Foundation Graduate Research Fellowship.

I received my Ph.D. in sociology and social policy from Harvard University and was previously at Georgia Tech's School of History and Sociology. Before beginning my doctoral studies, I contributed to multi-method research on community college reforms and worked on impact litigation to reform child welfare systems. I have also advocated for youth in foster care and assisted self-represented litigants in housing and family law clinics.

My primary line of research focuses on Child Protective Services (CPS). I examine CPS as a state response to families facing adversity, analyzing the workings and implications of a system that can offer therapeutic support to families but that also wields coercive power.

I also study the spatial patterning of CPS contact, using child welfare system administrative data from Connecticut. In an article recently published in Child Abuse & Neglect, I estimate the prevalence of CPS reports during early childhood and of substantiated CPS reports during childhood, for children living in neighborhoods with different poverty rates and racial compositions. In a study forthcoming in Housing Policy Debate, Lindsey Bullinger and I analyze the relationship between evictions and neighborhood CPS reports.

- We Shouldn't Rely on Child Protective Services to Address Family Adversity
- Research: Child Protective Services and State Intervention into Families Facing Adversity

Meeting 3 – April 5, 2023

Materials

CPS Investigations & State Surveillance of Family Life

Dr. Kelley Fong

Colorado Mandatory Reporting Task Force

Interim Committee Update (July 18, 2023)

Getting Eyes in the Home:
Child Protective Services Investigations and State Surveillance of Family Life

Kelley Fong
School of History and Sociology
Georgia Institute of Technology
221 Bobby Dodd Way, Atlanta, GA 30332
ktfong@gatech.edu

Final Version Published in American Sociological Review, volume 85, issue 4, pp. 610–38.
https://doi.org/10.1177/0003122420938460

Abstract: Each year, U.S. child protection authorities investigate millions of families, disproportionately poor families and families of color. These investigations involve multiple home visits to collect information across numerous personal domains. How does the state gain such widespread entrée into the intimate, domestic lives of marginalized families? Predominant theories of surveillance offer little insight into this process and its implications. Analyzing observations of child maltreatment investigations in Connecticut and interviews with professionals reporting maltreatment, state investigators, and investigated mothers, this article argues that coupling assistance with coercive authority—a hallmark of contemporary poverty governance—generates an expansive surveillance of U.S. families by attracting referrals from adjacent systems. Educational, medical, and other professionals invite investigations of families far beyond those ultimately deemed maltreating, with the hope that child protection authorities' dual therapeutic and coercive capacities can rehabilitate families, especially marginalized families. Yet even when investigations close, this arrangement, in which service systems channel families to an entity with coercive power, fosters apprehension among families and thwarts their institutional engagement. These findings demonstrate how, in an era of welfare retrenchment, rehabilitative poverty governance renders marginalized populations hyper-visible to the state in ways that may reinforce inequality and marginality.

Acknowledgments: I thank Jocelyn Viterna and Bruce Western for their generous and insightful feedback. Devah Pager's sage guidance and steadfast encouragement during data collection and early analysis made this work possible. Frank Edwards, Jared Schachner, Monica Bell, Kathryn Edin, Hope Harvey, Robert Smith, and William Julius Wilson provided helpful comments and/or support on this project. I am also grateful to the Connecticut Department of Children and Families staff who facilitated my access; analyses, interpretations, and conclusions are my own and do not necessarily reflect the Department's views. This research was supported by the Doris Duke Fellowship for the Promotion of Child Well-Being, the Multidisciplinary Program on Inequality and Social Policy at Harvard University, and the National Science Foundation Graduate Research Fellowship.

INTRODUCTION

Managing problems of poverty constitutes a perennial task for government authorities (Piven and Cloward 1971; Soss, Fording, and Schram 2011). Surveillance, a fundamental component of poverty governance, is typically envisioned as the state monitoring public activity, as in pedestrian police stops and closed-circuit cameras, or interactions with institutions such as the labor market or the welfare system. But the state also gathers substantial information about domestic life, investigating the families of 3.5 million U.S. children each year following allegations of child maltreatment (U.S. Department of Health and Human Services [HHS] 2020). Tasked with protecting children from abuse and neglect, the child welfare system is a central institution of poverty governance with the power to separate families (Roberts 2014), and child maltreatment investigations represent the defining case of surveillance in a private sphere. These investigations, reaching more than one in three children nationwide over the course of childhood (Kim et al. 2017) and concentrated among poor families and families of color (Berger and Waldfogel 2011; HHS 2020), bring state agents into family homes to observe domestic space and probe household members' personal lives. How does the state gain such widespread entrée into intimate family and home life?

Predominant theories of surveillance are insufficient to explain how states come to observe the domestic life of so many families. Challenging Foucault's (1971) conception of subjects fully visible to state authorities, the state cannot see into private homes at any substantial scale; no Orwellian vision of state cameras inside the home has (yet) come to pass. In recent decades, state systems have merged vast stores of personal data across systems (Brayne 2017; Haggerty and Ericson 2000), raising questions about how individual systems amass information in the first place, especially information regarding private, domestic activity ordinarily beyond the gaze of the state.

This article uses the critical case of child maltreatment investigations to trace how—and to what effect—an array of systems on the front lines of serving families opens up the intimate domains of home and family. Surveillance is not unilaterally a tool of punishment: it often serves as a vehicle for assistance as well (Lyon 2003). I argue that these dual capacities—the possibility of therapeutic support alongside the threat of coercive intervention—generate expansive investigations of domestic life by inviting referrals from adjacent systems, such as healthcare, education, law enforcement, and social services. These other systems, framing the coupling of care with coercive authority as an appealing response to families' needs, invite surveillance of families well beyond those deemed sanctionable, marginalized families in particular. Yet this arrangement—in which service systems summon an entity with coercive power—introduces specific harms for those surveilled, even aside from any sanctions levied.

I develop this argument based on fieldwork in Connecticut, where I observed child maltreatment investigations and interviewed the professionals who reported suspected maltreatment, the state investigators, and the mothers on these cases. Most reports to Child Protective Services (CPS) originate from educational, medical, law enforcement, and social services personnel (HHS 2020). These "reporting professionals," I find, do not primarily channel families to CPS to address imminent child safety concerns or to fulfill legal mandates. Instead, reporting professionals—aspiring to help families facing adversity but unable to intervene as they would like—summon CPS to address families' multifaceted needs. In particular, they are drawn to

CPS's coupling of care and coercion, as the agency's goal of supporting families stands alongside its power to separate them. The dual capacities of surveillance—as a means of identifying needs for support as well as controlling marginalized populations—frame CPS as a sort of all-purpose agency and a promising option to respond to family adversity, such that reporting professionals bring cases to CPS's doorstep that frontline investigators do not believe require a child protection-specific response. This process extends CPS surveillance to families seen as unlikely candidates for sustained intervention and exposes families unequally to the state. Yet even as allegations in most cases are unsubstantiated (HHS 2020), and typically, neither reporters nor investigators expect children to be removed, the possibility of family separation engenders acute fears among mothers, and the active involvement of reporting systems strains relationships between families and the service providers reporting them.

These findings are substantively important given the widespread, racialized, and gendered intervention of the child welfare system, which has been overlooked or sidelined by scholars of poverty governance despite its centrality to state efforts to manage marginalized families (Roberts 2002, 2014). I show how so many families—especially poor families and families of color—come into contact with the child welfare system, even as maltreatment allegations do not usually lead to further agency oversight (HHS 2020). I argue that these low-level encounters can be consequential for families in ways that perpetuate marginality.

The model I elaborate is not necessarily specific to the domain of home and family, offering theoretical implications for scholarship on surveillance and poverty governance more broadly. Extant research focuses on tactics of surveillance, with less attention to its production: how states come to surveil in the first place. I build on prior conceptions of surveillance to show how observation in an array of institutional spaces (Foucault 1971) opens up new opportunities for the state's information-gathering. Links across discrete state and non-state bureaucracies (Lara-Millán 2017; Seim 2017) enable states not only to integrate information across systems (Brayne 2017; Haggerty and Ericson 2000), but also, through interorganizational referrals, to gather new and much more intimate information. Additionally, scholars have documented logics of governance at the intersection of service provision and social control (Haney 2010; McKim 2017; Moore 2011), raising questions about how this duality, at the heart of U.S. poverty governance, shapes the scope and experience of state intervention. I show how coupling care and coercion expands the scope of state knowledge and channels people seen as needing help to a system with coercive power. This does not require increased outreach by the surveilling system itself (Stuart 2016); in the fragmented, privatized state, surveillance can emerge from the initiative of other bureaucracies with their own aspirations and constraints. Even when disconnected from further sanctions, this response renders marginalized families hyper-visible to the state, potentially reinforcing adversity and inequality.

SURVEILLANCE AND POVERTY GOVERNANCE

To manage marginality, states engage in surveillance, or the systematic collection and retention of personal information "to protect, understand, care for, ensure entitlement, control, manage, or influence individuals or groups" (Lyon 2015:3). Through its systems of social assistance and law enforcement, the state gathers substantial information about marginalized populations (Bridges 2017; Eubanks 2018; Headworth 2019; Hughes 2017; Wacquant 2009). Research on surveillance in the form of policing has primarily focused on policing of public space (Fagan et al. 2016;

Herbert, Beckett, and Stuart 2017; Stuart 2016), but state surveillance extends beyond public activity into private family life, with states governing families as a means of managing poverty and adversity. As Donzelot (1979:69) writes, states seek to "bring to light the moral fault that more or less directly determined" a family's hardship, "involving continuous surveillance of the family, a full penetration into the details of family life." Amid cherished ideals of family privacy—a "private realm of family life which the state cannot enter" (*Prince v. Commonwealth of Massachusetts* 1944:321)—how does the state enter and come to know about the domestic sphere?

The predominant explanation holds that families open themselves up to the state as a condition of receiving public benefits (Bridges 2017; Gilliom 2001). This model, in which families proactively disclose family relations and activities to obtain needed support, reflects a social safety net that has long predicated assistance on assessment (Abramovitz 1988). This dyadic, exchange-oriented conception may illuminate surveillance in public assistance programs, yet it does not account for the third parties increasingly involved in poverty governance and social control (Garland 2001; Herring 2019). Moreover, welfare policies from decades past regarding "suitable home" assessments and midnight "man in the house" raids have been outlawed (Frame 1999). Although welfare agencies still collect information about household relationships and finances, surveillance through linked databases has supplanted personal observations of families' domestic lives (Gilliom 2001).

Other theories of surveillance are also insufficient to explain state assessment of domestic space and intimate family life. Foucault's (1971) conception of modern disciplinary power draws on the architecture of Bentham's panopticon, in which an overseer in a central watchtower can look into prisoners' cells at all times, without subjects aware of when, specifically, they are being watched. It is telling, however, that his archetypal site is the prison, where the state can arrange near-total visibility. Foucault argues that similar processes operate in other contexts, such as factories, schools, and hospitals. Yet these, too, are institutional spaces, providing little insight into surveillance of home and family life. The state does not, and cannot, completely supervise life outside enclosed institutions—in homes and other domains of private life (Goffman 2009).

Scholars have challenged Foucault's notion of a single, central, and all-seeing inspector, conceptualizing instead a "surveillant assemblage" that integrates information across systems (Deleuze and Guattari 1987; Haggerty and Ericson 2000). In this conception, modern data storage and merging capacities bring previously separate systems together (Brayne 2017), producing an increasingly fluid and expansive surveillance (Haggerty and Ericson 2000). This argument highlights the networked nature of surveilling systems,[1] but it does not speak to how these systems obtain information in the first place. Rather than eliciting new information, integrated data systems merge information already obtained—typically, information about engagement with labor market, healthcare, law enforcement, and financial institutions, not documentation of domestic space and interactions. This line of scholarship suggests that as

[1] Although increased technological and computing capacities are central to theories of the "surveillant assemblage" (Brayne 2017; Haggerty and Ericson 2000), I use the concept to reflect linked systems more broadly, in which people engaging with one system can become known to another, whether through merged databases or other means.

surveillance has become more expansive, combining information across systems, it has also become more anonymous, invisible, and distant (Marx 2016). As Lyon (1994:92–93) writes, modern surveillance is "'depersonalized', making it hard to 'name' the person, and even sometimes the agency, behind the surveillance" (see also Ball and Webster 2003:14). This calls for theoretical and empirical work conceptualizing a personalized, intimate side of contemporary surveillance.[2]

THEORIZING STATE SURVEILLANCE OF HOME AND FAMILY

Building on prior arguments about surveillance and poverty governance, I trace how the state gains entrée into domestic spheres. Central institutions of social life, such as education and healthcare, become the point of entry to state assessment of intimate space and family relations. Next, I propose that these assessments become widespread when surveillance involves evaluating needs alongside identifying candidates for coercive intervention—a duality that draws referrals from other systems. Finally, beyond generating expansive surveillance of intimate life, this arrangement introduces harms that may reinforce inequality and marginality. I discuss each of these components in turn.

First, visibility to, and interactions with, other systems, typically service-oriented bureaucracies, makes intimate surveillance possible. Here, I draw on the insight that governance involves the joint action of discrete, fragmented state and non-state entities (Lara-Millán 2017; Seim 2017). For example, crime control efforts involve numerous organizational entities beyond the criminal justice system (Garland 2001). At a basic level, systems transfer people across bureaucracies, as when sanitation workers summon police (Herring 2019), police call medical or psychiatric services (Herring 2019; Seim 2017), schools and community centers channel youth to juvenile and criminal justice systems (Rios 2011; Shedd 2015), and juvenile holding facilities send youth to transitional housing (Lara-Millán 2017). A bureaucracy that assesses family and home life can receive referrals from other entities, rather than itself identifying families to investigate. Thus, the ever-present potential for observation in organizational spaces, as theorized by Foucault (1971), may go beyond visibility within those spaces, extending to more private spheres. Moreover, the connections across systems comprising the "surveillant assemblage" may not only merge information across discrete systems, but may enable the state to collect new information.

Second, to explain how the path from systems engagement to intimate surveillance becomes so highly-trafficked, I consider the capabilities of the surveilling agency as well as the constraints and aspirations of referring systems. Specifically, I propose that a surveilling agency's orientation around care (providing rehabilitative assistance) alongside its power to intervene coercively (e.g., pursuing legal intervention or taking custody of an individual) draws reports from other systems. Surveillance need not be undertaken for nefarious purposes; rather, surveillance often has ambiguous goals and multivalent outcomes (Ball and Webster 2003; Lyon 2003). The distinction between care and control logics can be blurry, with care taking the form of

[2] Prior conceptions of intimate or family surveillance refer to intimate partners or family members observing one another (Garey and Nelson 2009; Levy 2015). Here, I focus on surveillance of family life by an external entity, rather than surveillance within familial relationships.

control and vice versa (Moore 2011). Assessments of risk are often intertwined with assessments of need (Hannah-Moffat 2005), as contemporary poverty governance merges support with punishment (Gustafson 2011; Haney 2004; Soss et al. 2011; Stuart 2016). With this capacity to sort people for assistance and punishment (Lyon 2003), "street-level bureaucrats" may find summoning surveillance of family and home life appealing—not to lodge complaints (Herring 2019) but to rehabilitate marginalized populations. Lipsky's (1980:xii) foundational treatise identifies the basic dilemma faced by street-level bureaucrats such as teachers and police officers: they generally want to improve people's lives, but amid resource constraints, conflicting demands, and clients' complex needs, "the very nature of this work prevents them from coming even close to the ideal conception of their jobs." I suggest that bringing in an agency that can assess families' intimate lives to distribute assistance or sanctions may help street-level bureaucrats resolve this conundrum. In this context, interorganizational referrals enable frontline workers not only to manage high workloads by shifting undesirable or burdensome tasks (Herring 2019; Lara-Millán 2017; Seim 2017), but also to reconcile their aspirations for families with their constrained realities.

Finally, surveillance categorizes people in ways consequential for social inclusion or exclusion (Lyon 2003). Ultimately, I suggest, the same features producing widespread surveillance of domestic life—interorganizational referrals and the coupling of care and coercion—also reinforce inequality and introduce specific harms for those drawn in, even when cases are closed. The constraints, aspirations, and decisions of street-level bureaucrats may vary based on clients' race and class (Epp, Maynard-Moody, and Haider-Markel 2017; Fagan et al. 2016; Soss et al. 2011) to make some families more visible to the state than others. Although the dual nature of surveillance may provide some families with needed support, the possibility of coercive intervention as well as the record-keeping involved in surveillance may provoke anxiety and fear (Asad 2020; Goffman 2009). Moreover, with referrals originating from street-level bureaucrats, surveillance maintains an intimacy that may shift relationships in its aftermath. When an agency with coercive power arrives through the initiative of specific, known, service-oriented actors—rather than imperceptible, disembodied others (Marx 2016)—this may depress institutional engagement. The state thus comes to know about family life, but in ways that may perpetuate marginality.

CHILD PROTECTIVE SERVICES

To examine surveillance of family life, I draw on the case of investigations conducted by CPS. As the quintessential case of state intervention into the family, CPS is theoretically powerful, illuminating aspects of governance less visible elsewhere. It also has a vast and stratified reach, directly touching millions of families each year (HHS 2020). More than one in three children nationwide—and over *half* of Black children—experience a child maltreatment investigation by age 18 (Kim et al. 2017). Poor families, Black families, and Native American families disproportionately come into contact with CPS (Berger and Waldfogel 2011; HHS 2020), such that system contact is commonplace in marginalized communities (Coulton et al. 2007; Fong 2019b; Roberts 2008). Scholars, journalists, and advocates have drawn parallels between state policing of Black men by the criminal justice system and of Black women by the child welfare system, as racialized and gendered constructions of parental fitness concentrate state scrutiny on Black mothers in particular (Roberts 2002, 2014).

Child maltreatment reports typically involve families with high needs that are rooted in material hardships, neighborhood and social network disadvantage, systemic racism, accumulated trauma, and other adversities (Coulton et al. 2007; Fong 2017; Lee 2016; Reich 2005). Thus, although parents' alleged actions present risks to children's well-being (Gilbert et al. 2009), these actions often stem from structural vulnerabilities rather than individual apathy or cruelty. Maltreatment as understood by CPS often involves adversities such as substance use, mental health, and domestic violence, structured by racism, sexism, and classism. In this context, the child welfare system stands alongside criminal justice and welfare systems in managing problems arising from adversity.

CPS intervention begins with a report to a state hotline. At least two-thirds of reports come from professionals legally required to report suspected maltreatment, including medical, educational, law enforcement, and social services personnel (HHS 2020). CPS social workers respond to these reports by conducting holistic needs assessments to provide guidance, referrals to voluntary services, and short-term case management. Investigating social workers also use the information gathered to assess risk and safety, often through structured decision-making tools (Hirschman and Bosk 2019). Ultimately, the agency makes decisions about whether to continue oversight, substantiate maltreatment allegations, and remove children from home. CPS declines to substantiate allegations of maltreatment for the vast majority of children investigated (83 percent), and 95 percent remain at home following the investigation (U.S. HHS 2020).[3] Information from investigations, including investigations that find allegations are unsubstantiated, remains in state databases to inform risk assessments and decision-making on future reports.

If CPS continues oversight beyond the investigation, the agency monitors parents' participation in services, primarily therapeutic services aimed at modifying parents' behavior, such as family therapy and substance use treatment. These services are typically operated by private, contracted agencies. If the agency deems children unsafe at home, CPS can request court intervention to place children in kinship, foster, or congregate care, usually with a goal of family reunification. If CPS believes reunification cannot be achieved in a timely manner, it can petition the court to sever parental rights permanently. CPS's rehabilitative ideals are thus infused with regulative and coercive authority, emblematic of U.S. poverty governance more broadly (Haney 2004; Soss et al. 2011).

As a common and highly stratified point of contact between families and the state, CPS reporting is a social process essential for scholarship on the family to consider. Much research examines parenthood at the intersection of race, gender, and class (Arendell 2000; Collins 1994; Dow 2019; Edin and Kefalas 2005; Gurusami 2019; Hays 1996). These intersecting social structures shape parenting in large part through state governance practices. Mothers, especially mothers marginalized by race and class, are acutely aware that authorities, including CPS, are scrutinizing their parenting, evaluating their motherhood against an ideal that fails to account for the systemic challenges they face (Elliott and Bowen 2018; Elliott and Reid 2019; Fong 2019a; Gurusami

[3] These figures are underestimates, as some states do not submit data on "alternative responses" that are much less likely to result in removal. Connecticut, for example, excludes 43 percent of reports deemed "family assessments" rather than traditional investigations.

2019). This work documents mothers' perspectives of the surveillance they encounter, with less attention to the operation and practices of the surveilling systems themselves, calling for research on the mechanisms producing mothers' fears and systems (dis)engagement.

Scholarship on child maltreatment investigations, often in the field of social work, largely analyzes these investigations as proxies for child maltreatment. This research, typically quantitative, examines characteristics of children, families, and neighborhoods associated with CPS contact in order to understand the etiology, risk factors, and prevalence of child abuse and neglect (Coulton et al. 2007; Putnam-Hornstein and Needell 2011). To complement this work, we need to interrogate the social and institutional processes through which family situations become child maltreatment reports (McDaniel 2006). Recent research situates CPS intervention within a broader social policy regime, related to other systems' interventions (Edwards 2016, 2019). I bring this focus on interconnected systems to the street level, where reporting happens, and center the constraints and aspirations of the frontline bureaucrats who file reports. Research has examined professionals' divergent interpretations of their statutory reporting responsibility (Crowell and Levi 2012; Levi and Brown 2005) and their hesitations about reporting suspected maltreatment (Foster et al. 2017; McTavish et al. 2017), but we know little about the processes affirmatively generating CPS reports beyond legal requirements. Indeed, legal mandates may not fully account for CPS reports, as frontline workers give moral accounts precedence over legal justifications, "invok[ing] law strategically as a tool to enforce their moral judgments" (Oberweis and Musheno 1999:897; see also Maynard-Moody and Musheno 2000).

Qualitative research on the child welfare system, meanwhile, provides little insight into the system's front door: the maltreatment reporting that launches agency involvement. Prior work focuses primarily on court-involved families (Lee 2016; Reich 2005), even though CPS encounters rarely lead to such deep system entanglements.[4] Just as taking full account of the criminal justice system necessitates studying policing in addition to incarceration, research must attend to the front end of the child welfare system, especially given its vast reach and the race and class disparities that emerge at this earliest stage (HHS 2020; Putnam-Hornstein and Needell 2011). As research on police stops shows, lower-level investigative contacts can have psychological and social consequences even if they do not lead to further system involvement (Brayne 2014; Epp et al. 2017; Stuart 2016). By analyzing how families come under CPS's purview and how this shapes the ensuing surveillance, the present study illuminates a much more widespread state intervention into families.

DATA AND METHODS

Sociologists have drawn insight from in-depth fieldwork in a number of realms where marginalized people engage with bureaucratic authorities, such as welfare (Watkins-Hayes 2009), healthcare (Seim 2017), education (Shedd 2015), and policing (Herring 2019; Stuart 2016). Yet the day-to-day practice of the child welfare system—and especially its investigative

[4] The most recent available data show 29 percent of children who experienced substantiated maltreatment (or approximately 5.5 percent of children subject to investigations) were subjects of court action (HHS 2020). Although CPS can pursue court intervention without substantiating allegations, my observations suggest this rarely occurs.

arm, CPS—has largely remained out of view to researchers, perhaps due to difficulties accessing these confidential, sensitive interactions (for a notable exception, see Reich 2005).

This study draws on multi-perspective data on child maltreatment investigations: observations of CPS visits, conversations with CPS investigators, interviews with reporting professionals, and interviews with investigated mothers. The primary data come from a set of 37 cases investigated by the Connecticut Department of Children and Families. I selected two of the state's 14 area offices for the study: one covering 20 towns in the "Northeast Corner," a predominantly White, small-town and rural region of the state, and one covering New Haven, a higher-poverty, majority Black and Latinx city. I selected these sites to reflect some of the variation statewide. Findings generally applied across these different demographic contexts, although I note differences observed. (The appendix includes additional information on the research setting, data collection, and study cases.)

I spent two to three months in each office, keeping the same hours as full-time staff and sitting in a cubicle alongside investigators. The research period was preceded by four months of informal shadowing one to two days each week while securing university and agency approvals, which allowed me to begin the research with a better understanding of the agency's work. Beyond the case-specific fieldwork described below, I also engaged in informal conversations, attended staff meetings, participated in trainings, and shadowed investigators on dozens of other family visits. After my full-time period in each field site, I returned occasionally to collect follow-up data and share preliminary findings.

I selected cases alleging a biological mother perpetrating child maltreatment, due to the gendered nature of child welfare intervention. In selecting cases, I also prioritized those where mothers had no prior child welfare involvement as a parent to understand mothers' experiences as they learned about the agency firsthand.

On each of the 37 study cases, I observed a CPS visit with the family, usually the first visit, when the investigator met the family and conducted an initial assessment. Investigators frequently bring trainees, interns, and medical residents along on home visits, so they seemed comfortable with my shadowing, especially given my identity as a young, well-educated professional in training. On all 37 cases, I briefly interviewed the investigator after the visit, typically on the drive back to the office. All interviews were audio recorded and transcribed.

I also interviewed 38 "reporting professionals," or individuals legally mandated to report suspected maltreatment in their capacities as educational, medical, law enforcement, mental health, or social services professionals. Of the reporting professionals interviewed (17 in the Northeast Corner and 21 in New Haven), 21 reported one of the 33 study cases reported by a professional contact, 4 reported a case where I attempted a visit but was unable to observe or obtain consent, and 13 were recruited separately from the study cases. Reporting professionals seemed accustomed to scheduling meetings during their workdays and were often eager to share their perspectives on CPS.

Finally, I interviewed 27 of the 37 mothers (8 of 11 in the Northeast Corner and 19 of 26 in New Haven) and conducted follow-up interviews and/or additional observations with 10 of them. Mothers' social and economic situations varied, but most had low incomes, consistent with

research finding poor families disproportionately come to the attention of CPS (Berger and Waldfogel 2011). Ten mothers identified as Latina (including two Black Latina mothers), ten as non-Latina Black, and seven as non-Latina White.

After investigating, the agency closed 30 of the 37 study cases; maltreatment allegations against the mother were unsubstantiated in 29 of these cases. Among the seven cases transferred for ongoing agency oversight, five had maltreatment allegations substantiated. The case-level substantiation rate (16 percent) is comparable to the 17 percent child-level substantiation rate nationwide (HHS 2020).

Through the fieldwork, I thus examined child maltreatment reporting and investigations from the vantage points of the multiple parties involved. This research design enabled me to analyze stakeholders' expectations on the same cases. Often, as I discuss, these expectations diverged in ways that stoked apprehension in families with little chance of coercive intervention. Yet studying "an interconnected web of people, many of whom are bound in relationships of antagonism" involved challenges (Desmond 2014:569). For example, recruiting mothers under investigation necessitated meeting them through the agency. This meant I arrived at mothers' doorsteps alongside CPS. I told mothers I did not work for CPS and would not share anything they told me with CPS unless a safety concern arose. (I informed all participants that the project involved speaking with others on their cases.) Still, mothers likely associated me with CPS, especially in early interactions. I was approximately the same age as many investigators; dressed casually, like CPS staff; and did not share mothers' racial, ethnic, or class identities.

To build trust and rapport, I drew on extensive experience interviewing similarly-situated mothers, emphasizing that they were the experts and I wanted to learn from them. Investigators tended to ask focused questions during visits and took detailed written notes of mothers' responses, redirecting mothers when, in investigators' views, their responses strayed too far afield. In contrast, I asked more open-ended questions, took no written notes, and gave mothers space to tell their stories. Still, aware I had some connection to CPS, some mothers may have declined to participate in the study or may have tailored their responses to me accordingly, potentially limiting my ability to understand the full extent of mothers' fear of and negative feelings about CPS. Nevertheless, as I describe, fear came through clearly in mothers' accounts, and mothers generally seemed open to criticizing investigators and reporters.

During data collection, I wrote analytic memos along with my fieldnotes regarding emerging themes. Approximately halfway through data collection, I coded all interview and observational data collected to that point line-by-line, using a grounded theory, initial coding approach to keep this early analysis close to the data (Charmaz 2006). Once initial data collection concluded, I wrote detailed memos on each case, reading all transcripts and notes related to the case and writing a summary of the case participants' perspectives. I developed the initial argument based on these within-case analyses; then, drawing on these memos and the initial coding, I applied a set of analytic codes, organized across the three categories of respondents, to the entire dataset. I then read coded segments to write additional analytic memos. The findings presented here developed iteratively from these memoing and coding processes.

FINDINGS

To analyze how family life becomes visible to the state, I draw on the critical case of child maltreatment investigations, which invoke child protection aims to justify state entry into domestic, private spheres. Based on fieldwork in two offices in Connecticut, I trace how families' everyday systems participation brings state agents into family life. Envisioning a community responsibility for child well-being, the child welfare system turns to frontline bureaucrats in other systems to identify families for assessment. CPS's goal of assisting families stands alongside its authority to separate families—a combination that, I find, draws reports from "reporting professionals" such as educators and police officers. This process generates surveillance that is expansive, extending beyond families deemed serious threats to their children's safety; stratified, reaching marginalized families in particular; and distressing for investigated mothers, even when investigations ultimately close.

I begin this section with a case example, presenting multiple perspectives on a single case to illustrate the different components of my argument. Next, I argue that the professionals who file CPS reports leverage the multifaceted capacities of CPS as a means of rehabilitating the families they encounter, rather than rescuing severely maltreated children. I then show how reporting professionals' approach generates an expansive and unequal surveillance, with CPS collecting substantial information about families not seen as posing serious risks to their children, particularly marginalized families. Finally, I reveal how the features producing expansive surveillance—a diffuse network of street-level bureaucracies invoking an entity offering care alongside coercion—introduce costs for families under investigation that may perpetuate adversity and marginality.

Gaby's Investigation

Around midnight one summer night, Gaby, a Latina immigrant and mother of two in New Haven, realized her 15-year-old daughter Livia was not in her bed (all names are pseudonyms). Gaby panicked. Livia had mental and behavioral health needs and Gaby felt their neighborhood was unsafe at night. Gaby also recalled Livia hanging out with a man in his 20s whom Gaby did not know. As Gaby told Livia's therapist the next day, when Livia returned home a few hours later, Livia offered a weak excuse for leaving, so Gaby got a belt and hit her two or three times on the legs.

Livia's therapist, a young Latina woman named Alma, called the CPS hotline. Alma said she would have reported without a legal mandate to do so. She did not think Livia or her younger brother needed to be removed or even needed an open child welfare case. Instead, believing the family needed education regarding appropriate behavior, Alma felt "a different kind of agency" could help get the message across. Alma also hoped CPS could connect the family with supportive services: extracurricular activities and a higher level of mental health care for Livia and perhaps a parenting support program for Gaby. Although she recognized CPS's constraints, Alma felt limited in what she could do for Gaby's family:

> There's not a lot of programs that we have available as clinicians here… [Sometimes] we think CPS has all these resources at hand and they may not have these resources at hand.

> That's the way we look at CPS, as like, oh, CPS has the resource for parenting, CPS has this, that, and the other thing.[5]

Alma hoped CPS could intervene with Gaby's family to prevent similar incidents from happening again.

Gaby's case was assigned to a veteran investigator, Ria, an immigrant herself, from the Caribbean. Reading the allegations, Ria viewed Gaby as simply a parent concerned about her teenage daughter. Ria said she would not have called CPS. CPS might not agree with Gaby's response to the situation, she said, but Ria felt Gaby likely reacted out of fear for Livia's safety. Arriving unannounced to Gaby's apartment, Ria spent over an hour at Gaby's kitchen table asking questions about personal topics such as Gaby's experiences with domestic violence and her migration history.

Ria fully expected the investigation would close, but Gaby was apprehensive when we spoke a few days after Ria's visit: "It scares me, because I have never gone through something like this." Although Gaby ultimately felt positively about Ria, the experience colored her view of Alma, whose report came as a surprise. Gaby understood Alma's mandate to report, but she nevertheless felt hurt and upset:

> She is not being helpful, she is just making my life more complicated, that's the way I see it… I needed help from her and she did the opposite… Instead of bringing peace, she messed everything up for us… To me, she is not reliable anymore, she is not reliable at all… The confidence we have placed in her by telling her our life, making her part of our life, we lost that confidence in her… [I]t really hurts, because there are people who tell me, "You shouldn't tell everything," but how can someone help me if I don't tell them everything?

Alma, interviewed a few weeks later, said that Livia had continued therapy but Gaby kept her distance, declining to talk when previously they had a close relationship.

Ria recognized some family conflicts and stressors, visited twice more, and looked into more intensive mental health services for Livia. With the child protection investigatory mandate fulfilled, Ria closed the case after the 45-day investigation period. Gaby's case would remain in the agency's database for at least five years and add a "point" to future risk assessments. (Five points would indicate moderate risk and a recommendation to open the case for ongoing services.)

Engaging in therapy brought the state into Gaby's home to probe her personal life, with Livia's therapist invoking this surveillance as a means of providing additional support and correcting behavior she deemed inappropriate. Both Alma and Ria fully expected from the start that the case would close, but the threat of coercive intervention, initiated by a key source of support for her family, left Gaby apprehensive and distrusting.

---

[5] For consistency, I substitute "CPS" for respondents' references to the Connecticut Department of Children and Families.

The Path to Surveillance

I argue that institutions central to social life, such as education and healthcare, create a pathway to surveillance of the domestic sphere. Notably, support-oriented systems do not always turn people over to authorities with coercive power. For example, Marrow (2009) describes how schools suspected many immigrant students had false birth certificates but, given their mission of serving students and families, did not notify authorities. Legal requirements are insufficient to explain widespread reporting. Professionals in a number of fields, including education, healthcare, law enforcement, mental health, childcare, and social services, are mandated to report suspected maltreatment, but these legal obligations are not always clear. The federal definition of child maltreatment—a caretaker's action or lack thereof that results in, or presents an imminent risk of, serious harm to a child (HHS 2020)—is subject to considerable discretion (Crowell and Levi 2012; Levi and Brown 2005). Additionally, street-level bureaucrats cite moral obligations, more so than legal requirements, motivating their discretionary decision-making (Maynard-Moody and Musheno 2000; Oberweis and Musheno 1999). Why, then, do frontline bureaucrats turn to CPS?

I find that reporting professionals, unable to intervene with families as they believe necessary (Lipsky 1980), call on the agency's dual supportive and coercive capacities to rehabilitate families. Reporting professionals interviewed did not believe the children they reported were at risk of imminent harm. None felt child removal was absolutely necessary in the focal case discussed. Some said they did not know or it would depend, but many explicitly said that child removal was not needed or wanted. (The study did not include cases involving critical injuries, but such cases are rare.) Reporting professionals who encountered families facing adversities such as poverty, domestic violence, and substance use framed parents not as unequivocally dangerous, but as needing additional intervention to care for their children effectively.

Reporting professionals highlighted resource limitations and boundaries in their professional roles that constrained them from intervening as they felt necessary. A state trooper, for example, spent much of the interview lamenting his high workload given the department's lack of resources. He was relieved to hand off cases to CPS, which could "focus on the needs of the children… 'cause I don't have—and I know it's gonna come out wrong—I don't have the time." Reporting professionals envisioned CPS as a sort of all-purpose agency, compensating for what they could not provide. For example, emergency room staff, who had short-term interactions with families, appreciated CPS's ability to follow up with families afterward and get "eyes in the home." Or police, given their law enforcement focus, invoked CPS's expertise in child and family issues.

Reporting professionals overwhelmingly said they would have summoned CPS even without legal mandates to report child abuse or neglect. A maternity ward nurse explained: "I don't think of it, 'Oh, my God. I'm a mandated reporter. I have to do it.' I don't think like that. I think, this mom needs help. This baby needs to stay safe." Rather than seeking to rescue victimized children from willfully maltreating parents or shield themselves from legal liability, reporting professionals leveraged CPS in an effort to realize their rehabilitative aspirations for families.

Drawn to Combined Care and Coercive Capacities

For reporting professionals, CPS's appeal stemmed from its mission of helping families coupled with its coercive authority. Beyond a process of "burden shuffling"—shifting subjects across bureaucracies out of "convenience and a general effort to disclaim liability" (Seim 2017:464; see also Herring 2019)—reporting professionals wanted to improve family well-being and believed that, in the cases they reported, CPS was better positioned to do so. Reporting professionals expressed paternalistic goals of helping families by instructing and guiding them to what professionals believed would be best for them. Even as some articulated more assistance-oriented aims while others emphasized more disciplinary goals, therapeutic and regulative logics often went hand-in-hand. Reporting professionals recognized the agency's service orientation alongside its coercive power and surveillant capacity as useful in facilitating families' rehabilitation.

First, to reporting professionals, CPS's orientation around support framed the agency as well-positioned to rehabilitate families. Nearly all reporting professionals interviewed invoked CPS's service orientation, portraying CPS reports as a way to provide assistance if they could identify credible allegations of child maltreatment. An elementary school principal who frequently reported explained, "What I have found in the Northeast Corner… [is] there aren't enough resources to be had in this area, where CPS might have access or know more of that information than what our [school] family resource center can give." CPS aims to prevent future maltreatment by offering information, education, and service referrals; reporting professionals sought to connect families with this support. For example, a therapist called CPS upon learning her client was experiencing severe domestic violence. The therapist explained that in addition to getting the mother's partner to leave the home, she hoped CPS could provide additional support, as this mother also faced other hardships:

> She's going to be evicted very soon, and I've been trying to find resources for her, as well… I don't wanna see her kids taken away, either, but she needs some help… She needs to be linked to the proper service…
>
> *You said you don't want to see the kids taken away. Tell me more about that.*
>
> No, I don't. I would like them all to be together. She needs case management and supports. I can't do all of that from my office. She needs housing, she and her kids. She's getting disability, but she can still work under 20 hours. She probably needs training, an assessment to see what she can do.

Rather than child removal, this therapist wanted assistance for the family. Recognizing her own constraints, she summoned another entity to help.

Yet reporting professionals understood CPS was not simply a benign helper, as many also invoked CPS's coercive power as a means of rehabilitation. For example, some reporting professionals could offer voluntary services to families themselves, but they had little recourse if families declined services, and they recognized CPS could pressure families to participate. A school social worker explained:

> [When CPS refers] I think parents either hear it differently or out of nervousness and fear of what if I don't accept this service. Not that that's the greatest way to get people involved, but if you get them involved, then hopefully the outcome is beneficial. I guess really, I hope that [CPS] can get in, have eyes on, maybe [have] Mom and Dad be more open to hearing their feedback and their suggestions and then also hook them up to whatever they may think is appropriate.

Although she acknowledged that bringing in a coercive authority to provide support was not ideal, this social worker saw benefits in CPS's power over parents, as parents might take advice and service referrals from CPS more seriously. CPS's dual therapeutic and regulative roles thus aligned with reporting professionals' aspirations for families.

Reporting professionals also envisioned CPS's surveillance itself as a tool in rehabilitation—a way to assess families' needs holistically and monitor families' compliance with recommendations. For example, a hospital social worker explained that she primarily did "crisis work" and turned to CPS to "take it from there," getting "eyes on the kid" and conducting an assessment to put additional services in place. Another hospital social worker, reporting a mother who accidentally overdosed, described what she wanted from CPS: "Oversight. Someone checking in that's not family to see how they're doing and just making sure that they are going to counseling and they're getting the supports that they need."

CPS surveillance and authority even appealed to police officers. One might imagine that police, the embodiment of coercive state power, could correct families' behavior themselves through force. However, whereas police might respond once to a call for service, CPS investigations involve multiple home visits, making CPS an attractive option. Professionals like police envisioned CPS's repeated check-ins—during the 45-day investigation but potentially months or years longer for cases opened for continuing services—as a means of rehabilitating and disciplining families (Foucault 1971). One officer explained why he agreed with departmental policy to notify CPS about domestic violence incidents with children present: "You have to make sure that… when the police aren't there, somebody else is holding them accountable, checking in on them, making sure that the kids are okay." He hoped CPS would facilitate services such as counseling for the couple and, if old enough, the child, "to make sure they're okay." An officer in a different department recalled entering homes with animal urine, animal feces, and moldy food throughout. He said he felt uncomfortable making on-scene arrests in these situations and saw CPS as better suited to address the concerns: "[CPS has] programs…They have more resources than we do when it comes to that kind of stuff, and… more leverage than we would." This leverage, he clarified, referred to CPS's ability to remove children, an authority he lacked. Reporting professionals seeking to rehabilitate families were drawn to CPS's intertwined capacities for care and coercion—providing resources and services but also oversight and leverage.

Educational, medical, mental health, law enforcement, and social service professionals find themselves on the front lines of responding to manifestations of poverty and trauma (Seim 2017; Stuart 2016; Watkins-Hayes 2009). When these professionals, aspiring to improve conditions for children, believe families need intervention beyond what they can provide, CPS becomes an appealing option to bridge this gap, given its dual orientation around support and coercion. Child maltreatment investigations thus emerge not so much from professionals sounding the alarm

about children in imminent danger, but from constrained street-level bureaucrats hoping to rehabilitate families in need by shuttling them to a multifaceted surveilling agency.

Expansive and Stratified Surveillance

Deploying maltreatment reporting to rehabilitate families through service referrals, information provision, oversight, and threats of coercion produces an expansive and stratified surveillance of intimate life. As the vast majority of cases, about five in six, are unsubstantiated (HHS 2020), CPS intervention reaches well beyond cases with documented maltreatment. In this section, I first demonstrate that CPS subjects families to substantial surveillance. Second, I argue that although trauma and adversity are not necessarily absent in unsubstantiated cases, CPS reporting brings families under surveillance that may not need a child protection response specifically, as frontline CPS investigators see it. Third, I suggest that reporting professionals' discretionary reporting decisions place marginalized families in particular under the state's gaze.

CPS Surveillance

Child maltreatment investigations subject families to substantial surveillance. Compared with the analogous stage in criminal justice—police stops or perhaps arrests—CPS investigations are much more informationally invasive. In Connecticut, investigations involve multiple home visits, typically three; assessments of the physical condition of the home, including children's bedrooms; individual interviews with children, parents, and other household members; questioning about topics such as income, employment, domestic violence, substance use, physical and mental health, and discipline practices; criminal background checks of household members; and requests to communicate with service providers involved with families, such as schools and pediatricians. Initial assessments often last an hour or more. These activities are common practice and best practice in investigating maltreatment (DePanfilis 2018; HHS 2013).

Investigators in Connecticut enter the substantial information they gather from families into the CPS database. In lengthy narratives, typically running 5,000 to 10,000 words, investigators detail all case contacts and offer their assessments on a long list of topics, from children's engagement with their fathers to "protective factors" such as attachment and social supports. In addition to demographic information such as names and birthdates of household members, investigators ask parents about deeply personal experiences, such as substance use triggers, unfaithful partners, family relationships, and childhood traumas. Framing these inquiries as opportunities to understand the broader context of families' lives and connect families to services if needed, rather than as a means to track and punish deviant parents, investigators elicit information on an array of topics, even if not directly relevant to the initial maltreatment allegations.

Information gleaned from Connecticut CPS investigations stays in the statewide database for a minimum of five years, and for substantiated investigations, indefinitely. When reports come in, investigators and supervisors first review case history to begin the investigation aware of prior agency contacts. Earlier CPS contacts shape the trajectory of later reports. As one investigator explained, the agency may be more lenient for the first report, as "perhaps it was a one-off incident," but may take a case more seriously if the same issue is reported again, especially within a short time period. With quantified risk assessments based in part on the number of prior investigations, substantiated or not (Hirschman and Bosk 2019), stratified surveillance

accumulates to exacerbate inequality (Brayne 2017; Eubanks 2018). Ideally, these holistic assessments and case records enable CPS to intervene more effectively and provide services to prevent future maltreatment, but they also reflect substantial and lasting surveillance of families.

Surveillance without Substantiation

In Connecticut, as nationwide, most cases close after investigation, with the vast majority unsubstantiated (HHS 2020). Thus, CPS gathers considerable information about families despite ultimately amassing insufficient evidence to confirm maltreatment in most cases. This does not imply that families with unsubstantiated cases could not benefit from additional support (Kohl, Jonson-Reid, and Drake 2009). However, CPS investigators expressed ambivalence about their intervention, believing many reports they received did not need a child protection response in particular—that is, a response only CPS could deliver, oriented around identifying candidates for ongoing oversight, legal intervention, and child removal. Recognizing the needs of families deemed low-risk, CPS used investigations to connect families with available services. In a training session for new investigators, the trainer highlighted a perk of investigations work: whereas families deemed high-risk fill other workers' caseloads, "in investigations, 50 percent of cases go right into the garbage," he said lightly, miming tossing something into a trash can. He clarified that this did not mean they should ignore half the reports they receive; investigators should still "get all the information we need" and try to help families to the extent possible. Other entities, however, can also refer families to social services such as nurse home visits and substance use treatment; by turning to CPS to rehabilitate families, reporting professionals initiate widespread surveillance without substantiation.

Investigators expressed frustration upon receiving reports where they saw no clear role for CPS to intervene meaningfully (see also Seim 2017). For example, investigators felt some reports could have been averted with additional follow-up from reporters. When a clinician providing services at a childcare center reported concerns about a family, primarily regarding a child's scooter accident, the investigator questioned why the clinician turned first to CPS:

> I would think that the reporter who's been working with this child would know the parents a little bit better in order to get a better take on them… Why don't you just call the parents and ask them what happened? There's such a lack of communication between the schools, the providers, and the parents. Everybody calls CPS or the police. It could have all been worked [out] if they had just talked to the parents.

Yet recall that reporting professionals often wanted CPS to intervene in ways they felt unable to. In this case, for example, the clinician said, "I felt like this was the time to get some support in for the family. I figured CPS can provide that for them or whatever it is that they're lacking or need support in." This clinician, noting her many other responsibilities, did not know the best person to contact.

In other cases, investigators did not see any levers CPS could pull to resolve or improve the situation. A common refrain in the office was, "What are we supposed to do?" When schools called about students with many absences toward the end of the school year, for example, supervisors and investigators asked rhetorically what schools wanted them to do. In another example, one investigator vented to another about his case involving a 6-year-old with diabetes

not adhering to his diet. The second investigator shook his head and said, "Some of the stuff we get is just ridiculous… I know I'm supposed to be a miracle worker, but sometimes there's nothing we can do." Receiving these reports, agency staff tried to respond as best they could, but the tools at their disposal were limited, especially if the case did not meet criteria to transfer to ongoing CPS oversight beyond the investigation.

In particular, CPS could offer little to address families' chronic material needs. The agency could make referrals to myriad programs run by private and nonprofit providers, generally therapeutic services such as substance use treatment, intensive in-home parenting support, and services for children's behavioral health needs. Certainly, some families found these referrals helpful. The agency also occasionally provided short-term assistance to stabilize families in crisis, for example, by funding a hotel when a family urgently needed a few nights' shelter. CPS offered gift cards, bus passes, furniture, clothing, strollers, and more to families under investigation, soliciting donations from staff's own homes and communities. Yet CPS could rarely provide the enduring material support families needed. Especially in New Haven, families' housing needs were paramount. Material hardship creates conditions that make child maltreatment more likely (Berger and Waldfogel 2011), but CPS is structured around addressing parents' abusive and neglectful behaviors, not meeting families' persistent needs. In interviews, investigators identified non-therapeutic family needs in their cases, but if these needs did not directly and imminently threaten children's safety, they lacked the recourse and resources to address them.

In one case, a hospital social worker reported a mother's housing conditions and recent housing instability. En route to the visit, the investigator asked, exasperated, "What do they want us to do, get rid of the roaches? What am I supposed to really do? I don't see the kids being neglected." CPS could not provide ongoing rental assistance. The investigator said she understood why the report was called in: "Primarily, I think, because they wanted to see what CPS can do to help the family, not because Mom has been neglectful." However, this investigator did not think it should have been reported:

> Because there's nothing we can do… I think the entire community think CPS can save them all and provide housing and fix their financial problem. I think that's the misconception of people in the community. I'm not sure why, but I feel as if they cannot service the family, they feel like we will be the backup plan.

The investigator knew this family needed help and she wanted to help them. But, she reflected, "[t]he sad part is there's nothing we can do in the sense that we don't have housing." Deeming the home environment safe, she closed the case. Reporting professionals bring many families experiencing hardship under CPS surveillance, but the agency is ill-equipped to address these needs.

In frontline investigators' accounts, many reports are ill-suited to CPS investigation; these reports just subject families to surveillance and strain investigators' caseloads. Yet reporting professionals receive conflicting messages from CPS, with CPS administrators encouraging reporting as a means to check out potentially concerning situations. Investigators expressed frustration that reporters did not ask parents more about what happened before reporting, but the agency's mandated reporter training advises reporters not to do their own investigations. "We're not judge and jury," echoed a middle school principal, explaining why she urged her staff to

report any concerns, even if they were unsure CPS would consider it maltreatment. Most reporting professionals described wanting to err on the side of reporting situations that turned out not to be maltreatment. Although they cited reasons for reporting beyond legal mandates when discussing specific cases, some referenced concerns about legal liability when speaking more broadly. In a high-profile case at the end of my fieldwork, school administrators in southeastern Connecticut were arrested for failing to report a staff member's behavior at school. Following this, the school district's acting superintendent told the local news that she had reminded her staff to report: "Making that call is something you do even if you think maybe it's not true" (Burian 2018). In the *Hartford Courant*, an agency spokesperson announced, "We'd rather get a call than not. The call allows us to assess a situation" (Kovner 2018). Thus, reporting professionals receive encouragement to report expansively, even as frontline CPS investigators often see little role for CPS aside from surveillance.

Unequal Exposure to Surveillance

Turning to reporting systems to weigh which families need rehabilitation, delivered alongside the threat of coercive intervention, differentially exposes families to CPS surveillance. CPS investigators in New Haven, and statewide in training sessions, attributed many reports to reporting professionals' racial biases rather than serious child safety concerns. New Haven investigators noted language in reports they deemed opinionated and specific reporters they saw as prejudiced or judgmental. A few cases involved conflicts between families of color and predominantly White systems. For example, the parents of a Black 10-year-old with behavioral outbursts in school were reported when the child made comments about marijuana. The mother said her son had not had issues in his previous, predominantly Black school, where few staff members were White. She wondered if her son's teacher "came in contact with a crazy Black mother who told him off and he was, 'You know what? I ain't fixin' to mess with these Black kids no more like that.'" The investigator, too, said, "I just think a lot of these schools in New Haven are very quick to call in," recalling how the report called the mother "difficult to engage" despite the mother emphasizing her active involvement with the school. These racialized reporting dynamics, particularly in the multiracial city of New Haven, contributed to investigators' frustrations regarding reports they saw as unnecessary.

Professionals serving more privileged families identified alternative responses to issues like possible exposure to marijuana use. The director of a daycare serving many children of faculty and graduate students at the University of Connecticut recalled a recent incident when a child's lunch bag and coat smelled like marijuana. If it became a recurring issue, she said, she would talk with the parents about local substance use resources available. The director said she might ultimately have to bring up CPS, but she would give the parents a chance to resolve it first: "With me, letting families know ahead of time, look, this is a reportable incident, let's find a way to solve this issue, helps a lot." Hesitant to activate CPS, this daycare director identified other steps she would take beforehand, believing the families she worked with could adjust their behavior without involving a coercive authority.

Systems serving marginalized families are especially underfunded (Lipsky 1980), leaving overburdened professionals to turn to CPS (see also Seim 2017). At a major provider of mental health services for poor families of color in New Haven, a therapist described conducting intakes

while carrying a caseload of 20 to 25 clients. This therapist reported a mother who did not follow through with treatment recommendations after her preteen daughter's suicide attempt:

> I didn't want to throw CPS at her. I didn't mean to, but I think that it was just out of my hands and it needed some supervision that, from provider to provider, can get lost… Because I'm seeing so many families… things get lost and they fall through the cracks… When [the mother] didn't [follow through with recommendations], it was time to say, "Okay. I can't continue to monitor and continue to supervise what she does or doesn't do with services. It's gotta go to the big guys."

This therapist described calling CPS in part because she did not have the bandwidth to continue following up with the family and coordinating with providers. Identifying few or no alternatives to address their concerns about marginalized families, and perhaps viewing them as needing increased supervision, professionals render these families' intimate lives visible to the state.

Distressing Surveillance

The very features that produce such widespread intimate surveillance also make it distressing for families under investigation. First, coupling care with coercive authority generates substantial apprehension for families, even when reporting professionals and investigators fully expect cases will close after investigation. Second, with investigations originating in other systems' active, discretionary reports, mothers become upset with and wary of reporting professionals, which strains relationships between families and critical service providers. The extensive yet stratified reach of CPS surveillance thus fosters anxiety and distrust among many families not deemed threats to their children's safety, especially marginalized families.

Fear

Investigations rarely lead to child removal (HHS 2020) and in most cases studied, reporting professionals and investigators alike fully expected children would remain at home. Still, in interviews, mothers overwhelmingly described their initial reactions to the CPS reports as fear, acutely aware of CPS's power to separate families. As one mother said, "I was scared at first" and "really nervous" because "the only thing that crossed my mind was that they were going to take them away." Another mother recalled CPS visiting the hospital after she gave birth: "I was panicking, like, 'Oh, they're going to take my baby'... I was trying to stay calm. I wanted to cry." Even as they expressed confidence in their mothering, saying they had nothing to hide, mothers felt relatively powerless in the face of CPS's authority, uncertain about what the agency would do and whether it would recognize mothers' care for their children.

Although some mothers' fears subsided somewhat after the initial visit, for others, CPS's surveillance provoked ongoing anxiety. Interviewed the day after CPS's first visit, one mother described her experience: "All night long, barely being able to sleep. Did I say something wrong? What did I say? Oh, God. I am 31, and it made me nervous. It made me wanna throw up all night long." When we met again two months later, after her case closed, she remained apprehensive given CPS's surveillant capacities:

> Even though I say this [investigation] went so wonderful, well, I also say random stuff happens. I don't know how that paperwork works. I don't know what system that now is

> in. I don't know how their databases work. I don't know how it works. After that, I walk down the street, get in an accident, now they're bringing up that time when my kid got—I have no idea. I'm a weird thinker. Anything could happen at this point, right? I don't think they'll come back into my life, I'm not that scared, but you just be like okay, I don't know. Somebody don't look over the paperwork. Now they look over the paperwork and said, "Wait, I don't know."

The investigator had recommended a grief counselor, suggested strategies for engaging with the child's school, and referred the family to a program that helped find and pay for summer camp. The mother appreciated these interventions, yet she recognized they came at a cost: a lasting, formal record with CPS and uncertainty about how it might be used against her (see also Asad 2020).

Black and Latina mothers sometimes invoked their racial/ethnic marginalization in describing their fears, concerned CPS would misunderstand or misrepresent things. A Black and Puerto Rican mother in New Haven explained, "I'm not scared because I don't know how to not hit my child. I'm scared because nobody listens to me, because nobody takes my word for anything because everybody just does what they want to do." She recalled the reporter on the case, her White housing case manager:

> She's a straight White woman, so they have that White privilege where their word will go over my word. It doesn't matter what I say. They're always gonna take her word. Then here it comes to an investigation and it's like, oh well, we're just gonna take her word even though there's nothing wrong with him.

Although the New Haven CPS workforce is racially and ethnically diverse and the agency has prioritized racial justice, CPS represents professional-class, White authority and operates in a racially stratified social structure (Roberts 2002). For mothers of color in particular, this contributed to feelings of powerlessness and apprehension in the face of the state.

Distrust and Disengagement

CPS encounters that foster fear among mothers originate not from CPS staff patrolling the streets or deploying surveillance technology, but from other service systems that open the door to state investigation of intimate life. This arrangement strains relationships between families and reporting systems. Mothers recognized legal reporting requirements, but they often expressed resentment and distrust, believing reporting professionals should have handled situations differently. These negative dispositions were not universal; in general, mothers viewed reports as particularly hurtful when they had closer relationships with reporters, with more repeated and sustained contact. Thus, negative ramifications emerged especially for reporters in support-oriented positions, the very roles intended to support marginalized families and promote social integration. When education, healthcare, mental health, and social service systems channel families to state surveillance that threatens child removal, this may distance families from the systems tasked with assisting them.

Even when mothers ultimately found CPS intervention helpful or at least benign, as was common, reports informed mothers about reporting systems' practices and motivations. One case

involved a child with behavioral outbursts in school who mentioned his father hitting him on the head. Driving to the visit, the investigator predicted the case would "end up being a nothing burger," recognizing the school reported more out of frustration that the parents resisted the school's desired intervention, rather than because of physical abuse. After assessing, the investigator referred the family to case management services. Although terrified at first, the mother was ultimately grateful for the investigator's intervention: "He was a really good contact… I felt like he was there to help me." Still, she was "very upset" that the school called. She understood school staff were mandated reporters, but she felt they could have talked to her about any incidents or arranged a meeting at school, especially given her active involvement. This mother resented the school making what she saw as a vindictive report, adding that meeting with school staff since the report had been difficult: "I don't even want to sit across from some of these people."

Reports could also suppress mothers' engagement with health and social service providers. Another mother described her immediate thoughts upon learning she was reported for testing positive for marijuana during her pregnancy: "I was like, 'Oh, [the prenatal clinic] snitched on me.' That was my first reaction." Believing the prenatal clinic and delivery hospital should have notified her in advance of the need to report, she felt set up, saying she could not trust them anymore. Since giving birth, she said, she hesitated to speak openly with the midwife at the clinic:

> It was certain stuff that I didn't wanna say to her because I didn't know if she's gonna go and tell. Like, I thought when I first had him that I was going through postpartum [depression]. I don't tell them how I feel. I don't tell them any of that because I don't need them to say, oh, she's going through postpartum. She's gonna hurt the baby.

Being open about her possible postpartum depression might have enabled her healthcare provider to respond with additional support, but this mother did not want to risk another report (see also Fong 2019a). Although service providers want mothers to be forthcoming with them, their child maltreatment reports can undermine that trust.

Even with their cases closing and imminent fears of child removal beginning to subside, mothers felt betrayed by trusted institutions that jeopardized their child custody, sometimes responding by distancing themselves from critical sources of support. Thus, the very arrangement producing expansive surveillance of intimate life—service systems ferrying families to an agency that couples care with coercive power—may ultimately exacerbate family adversity and marginality.

DISCUSSION

Governance in the modern therapeutic state requires knowledge of subjects' intimate lives (McKim 2017; Polsky 1991). Yet to date, scholars have not theorized how this intimate surveillance emerges to become both widespread and consequential. The model I elaborate aims to fill this gap, drawing on the defining case of state monitoring of private, domestic spheres: the child welfare system. I argue that merged supportive and coercive capacities yield an expansive, stratified, and distressing surveillance, with everyday system interactions—a doctor's visit, a child going to school—opening families up to the state. My findings illuminate new implications of oversight in institutional spaces (Foucault 1971) and bring the "surveillant assemblage" of

linked systems (Haggerty and Ericson 2000) to an intimate, interpersonal level. Monitoring in systems like education and healthcare brings surveillance beyond these arenas and into the home, not through database linkages but through more traditional means of surveillance (Marx 2016). Families under investigation thus experience surveillance not at a distance, but quite personally. The critical case of child maltreatment investigations also sharpens our understanding of broader processes of surveillance in poverty governance, as the mechanisms I identify—interorganizational referrals leveraging combined capacities for care and coercion—provide insight into surveillance beyond the home and family.

Studying the production of state surveillance helps us understand its scope and implications. Little scholarship has examined this process in depth, perhaps because it seems straightforward: states approach people or leverage technology, as in the case of police stops and automatic license plate readers, or people approach a state agency, seeking public assistance. The case of child maltreatment investigations, however, challenges the surveillor–surveilled dyad, centering the interorganizational production of surveillance. External entities initiate surveillance in other cases as well, as when various organizational sources call the police (Herring 2019; Rios 2011; Shedd 2015). Thus, local organizations not only broker resources (Small 2006) but also broker surveillance. In one view, community institutions looking out for the most vulnerable can summon a more specialized response. In another, street-level bureaucrats can, by association, wield coercive state authority upon encountering someone they believe needs correction, augmenting their power over marginalized groups. Building on prior work on interorganizational referrals (Herring 2019), I interrogate the referral process, showing how surveillance can expand beyond what frontline staff in surveilling agencies might pursue themselves (Stuart 2016).

Specifically, interorganizationally produced surveillance becomes widespread when it can lead to rehabilitative assistance as well as coercive intervention. Organizations that take a holistic perspective on social problems and offer a range of responses become a useful resource for other frontline bureaucrats. In this context, rather than complaints (Herring 2019) or interpersonal conflicts (Bergemann 2017; Headworth 2019) driving referrals, merged therapeutic and punitive logics invite referrals from frontline bureaucrats with rehabilitative aspirations they feel they cannot fulfill. The possibility of coercive intervention, however, also generates widespread apprehension. Thus, the very versatility that makes surveillance such a promising option for reporters also makes it profoundly distressing for the people subjected to it.

Expansive surveillance at the intersection of care and coercion exacerbates social stratification. Lyon (2003) conceptualizes surveillance as social sorting: gathering personal information to designate people as worthy, based on assessments of need, or risky, based on assessments of suspicion. CPS investigators are simultaneously assessing risk (that parents will harm their children) and need (for rehabilitative assistance to prevent this harm). This simultaneous classification of people for care and for suspicion is not limited to child welfare. Poverty governance agencies that assess risk also assess need (Hannah-Moffat 2005), recognizing that people are “at risk” because of needs and people “in need” are also at risk. Taking up Brayne’s (2017) call to study these intersections, I show how rehabilitative capacities bring people into a system that also assesses risk. With risk assessments drawing on prior system interactions (Brayne 2017; Hirschman and Bosk 2019), people in need accumulate more perceived risk, reinforcing social inequality.

The findings also reflect a paradox of rehabilitative poverty governance in an era of welfare retrenchment. Macro-level historical analyses link the withdrawal of welfare assistance to the punitive turn of the past half-century (Wacquant 2009). I identify a micro-level mechanism through which austerity engenders expansive surveillance. In a welfare state with few resources to address families' needs, concerned professionals with limited options end up turning to an agency with coercive authority, as that is what remains. For constrained street-level bureaucrats, constructing systemic problems as personal failings (e.g., "maltreatment" or "crime") opens up a possible response. Yet the responding agency, organized around individual behavioral inadequacies, is primarily equipped with tools of surveillance and legal intervention. In the context of austerity, families experience surveillance without material support, reinforcing and punishing their marginality.

Thus, the findings provide a cautionary account regarding incorporating assistance with regulation, especially in systems that invite referrals. For example, as police embrace law enforcement intervention as a means to pressure social services use (Stuart 2016), their reach may expand not only because police themselves take on this mission, but because others call upon their rehabilitative potential. The ambiguity of police intervention and the perceived lack of alternatives already make police an attractive option to connect family members with social services (Bell 2016) and address concerns such as homelessness, addiction, and mental illness (Herring 2019). Yet this triggers punitive encounters and generates apprehension and distrust. Similarly, welfare fraud units might begin to provide case management assistance, recognizing that "fraud" is often rooted in paperwork errors and challenges navigating complicated bureaucracies (Gustafson 2011). But akin to "net widening" (Cohen 1985)—in which programs diverting people from incarceration end up drawing more people into the system overall—more people might be investigated for fraud if other bureaucrats reframe the units' work as helping families rather than identifying candidates for sanction.

In another example, Prevent, an anti-terrorism initiative in the United Kingdom, combines community development programs with assessments of individuals, typically youth and often Muslim youth, deemed at risk of extremism. The initiative turns to street-level bureaucrats to make reports, and one-third of referrals come from educational professionals. The vast majority of people reported are diverted from program oversight, with approximately half referred to alternative services (Home Office 2018). As one report states, "Many types of support are available [to reported individuals], addressing educational, vocational, mental health, and other vulnerabilities" (Home Office 2018:7). My findings suggest that well-meaning teachers may make referrals to obtain rehabilitative support, criminalizing marginalized youth in the process. Incorporating supportive services invites stratified surveillance that places marginalized groups under state supervision.

CONCLUSION

Child maltreatment investigations, strikingly common among U.S. families, are a central means through which the state comes to learn about intimate family life, especially among poor families and families of color. Certainly, child welfare intervention can protect children from trauma; several mothers I interviewed wished authorities had intervened more forcefully when they experienced severe maltreatment as children. And holistic assessments sometimes connected families to therapeutic services they ultimately found helpful. But with referring systems

initiating investigations as a means of rehabilitation, states obtain extensive capacity to monitor marginalized families even when evidence of wrongdoing is scant.

The empirical findings provide insight into a major challenge for child welfare systems: the deluge of reports that do not necessarily call for a child protection response (Raz 2020). "Light touch" or lower-level interventions represent important forms of social control, even without pulling people deeper into punitive systems (Herring 2019; Kohler-Hausmann 2013). Unsubstantiated maltreatment reports are not necessarily false (Kohl et al. 2009), but expansive surveillance is consequential for several reasons. First, from the agency's perspective, the high volume of cases closed following investigation strains investigators' caseloads, diverting staff resources from higher-need cases. Second, for families, investigations thwart family privacy. Third, even if investigators are confident children will not be removed, investigations stoke anxiety in families who may disengage from systems intended to assist them, undermining efforts to support child and family well-being. Finally, even with many cases closed promptly, processing family adversity as maltreatment creates official records that affect future risk assessments, building narratives framing parents as potentially harmful to their children rather than foregrounding the adversity and trauma they face. With child welfare increasingly merging data with other systems, expansive child welfare surveillance adds yet more information to the "surveillant assemblage" that manages marginal populations (Eubanks 2018; Haggerty and Ericson 2000).

This in-depth case study necessarily involved some tradeoffs that limit the scope of the findings. I prioritized cases without CPS history to understand mothers' initial impressions. In my sample, mothers with prior CPS experience as parents tended to be less fearful, perhaps because their previous experiences did not lead to child removal. Mothers whose children had previously been removed might have different experiences. CPS experiences are also gendered (Reich 2005); although I sought mothers' perspectives, future research might include fathers' accounts as well. Furthermore, I designed the study to examine relatively few cases deeply, from multiple perspectives. Inverting this to study a larger number of cases would enable more comparison across categories, such as race/ethnicity and maltreatment allegation type.

As with most child welfare scholarship, I only observed cases that came to the agency's attention. I asked about situations reporting professionals did not report, but nearly all of those interviewed had recently made reports, given my focus on investigation participants. Obtaining a fuller understanding of reporting, especially inequalities in reporting, would necessitate studying incidents *not* reported as well.

That similar themes emerged in both offices studied suggests the processes identified operate across a range of demographic contexts. However, a comparative study across states or even countries would yield additional insights regarding the mechanisms underlying the dynamics observed, especially regarding policy contexts. Connecticut is a relatively supportive state in terms of service availability, so the findings may represent a best-case scenario with respect to reporting professionals' constraints and service referrals available to CPS.

Addressing and preventing child maltreatment is an issue of significant public concern (Gilbert et al. 2009). Guidance and stricter screening around situations requiring CPS intervention, combined with additional support for professionals seeking assistance for families, could reduce

reports ill-suited for a child protection response (Raz 2020). Moreover, U.S. responses to child maltreatment primarily focus on individual parents' behaviors rather than the systemic injustices creating the conditions for maltreatment. A growing literature suggests community-level strategies (Daro and Dodge 2009) and broad-scale anti-poverty policies (Berger et al. 2017; Cancian, Yang, and Slack 2013; Raissian and Bullinger 2017; Yang et al. 2019) hold great promise for preventing child maltreatment. In the meantime, with a weak social safety net that couples assistance with coercive authority, engagement with vital social support institutions opens the door to stratified state surveillance of intimate family life.

APPENDIX: ADDITIONAL INFORMATION ON DATA AND METHODS

Getting In: Front-end CPS work can involve considerable uncertainty and moments of crisis. Child welfare agencies expect media attention will highlight tragedies rather than successes under their watch. Thus, administrators are not always eager for researchers to observe or speak with participants, especially during investigations, when much is unknown. Unlike criminal courts open to the public or police who offer community "ride-alongs," CPS keeps interactions confidential. In Connecticut, I had previously analyzed agency administrative data and given presentations tailored to administrators' questions and interests. This connected me to local administrators who, committed to learning from stakeholders and trusting I would not impede their work or muckrake, facilitated my access. After university and agency Institutional Review Boards approved the study's protocol, intake managers in each office set me up in cubicles alongside their staff, included me in meetings and trainings, and allowed me to approach investigators about the study.

Policy Context:. Connecticut has received praise for its efforts at the forefront of progressive, family-centered child welfare reforms (Annie E. Casey Foundation 2015). National comparisons are difficult due to variations in data reporting across states, but CPS's reach in Connecticut seems slightly broader than nationwide (but see note 3 about underestimation of national report rates). In federal fiscal year 2018, approximately 3.7 reports were accepted for a CPS response per 100 children in Connecticut, compared with 3.3 reports per 100 children nationwide (author's calculations from HHS 2020:12, 125, 145); 1.0 percent of children were substantiated as maltreated in Connecticut, compared with 0.9 percent of children nationwide (HHS 2020).

The state operates a centralized hotline to receive reports of child maltreatment. Hotline workers determine whether allegations meet statutory definitions of abuse or neglect and send accepted reports to the appropriate area office to investigate. Reports are assigned a timeframe for the investigator to initiate contact with the family, from emergency cases requiring a response within two hours to less urgent cases allowing investigators 72 hours to respond. Lower-risk reports are designated "family assessments" rather than traditional investigations, a reform many states have enacted to respond more flexibly to CPS reports (HHS 2020). (My analysis treats family assessments as akin to investigations; trainings, conversations with investigators, and observations suggested CPS's approach with families does not differ meaningfully.) Investigators have 45 days to complete investigations. Like the vast majority of states, Connecticut uses a "preponderance of the evidence" standard to determine whether to substantiate maltreatment allegations (HHS 2020).

Case Selection: I focused not on the sensational cases that occupy media attention, but on the mundane cases that make up the everyday work of frontline bureaucrats (Fassin 2013). Thus, I excluded "critical incidents," the agency's term for fatalities, near-fatalities, or other serious injuries, which are relatively rare. Additionally, cases where the mother spoke neither English nor Spanish and a small number of cases internally marked confidential, generally because a case participant had some relation to a staff member, were also ineligible. Based on my interest in mothers' first experiences with the agency, in the Northeast Corner and the first period of New Haven data collection, only cases with no prior CPS reports on record were eligible for the study. I began including cases with CPS history partway through my time in New Haven following encouragement from staff, who felt these cases, which comprise a substantial portion of their

caseload, would help me better understand their work. In selecting cases, I prioritized those with less CPS history. None of the mothers in the study had children previously removed by CPS.

Data Collection – CPS Investigators: In each office, approximately 20 to 25 social workers exclusively conducted investigations; these investigators were almost all White in the Northeast Corner and racially and ethnically diverse in New Haven. I became acquainted with investigators in both offices before beginning the study through informal shadowing and an introduction at a staff meeting. I worked with staff to screen incoming cases for eligibility and approach investigators on selected cases, asking to shadow as they conducted their initial visit. Investigators' participation was optional; none refused outright, but some facilitated my shadowing more than others. Investigators provided written consent for all case-specific and general shadowing and, in line with agency policy, received no compensation. Seeking not to impede or add to their work, I tagged along on other visits investigators did before or after the focal cases and did not intervene during visits. I kept recorded interviews about the case brief (approximately 15 minutes), usually discussing cases in the car as we drove back to the office. As cases progressed, I often continued talking with investigators informally, especially when the investigation concluded.

Data Collection – Mothers: At the start of each visit, I introduced myself to the family as a student researcher and asked if it would be all right to sit in. I jotted notes during the visit that I later developed into extensive fieldnotes. At the end of the visit, I described the project to the mother and requested consent to include my visit observations in the study. I spoke with mothers alone to reduce any pressure to participate they might feel with the investigator present; investigators were either interviewing other household members separately or went to the car to wait. I emphasized that participation was optional and would not affect mothers' cases; in fact, investigators would not know who participated. (In cases where mothers did not consent, handwritten notes taken during the visit were destroyed.) I also recruited mothers for individual interviews. I conducted almost all interviews at mothers' homes. Interviews generally lasted one hour but sometimes up to four hours. I asked mothers to recount their expectations, perceptions, feelings, and experiences related to CPS and its recent visit. As my research protocol required me to report child maltreatment, I did not seek information that could put me in a position to have to report. I sometimes asked to tag along when mothers had relevant case activities, such as meetings or court hearings. I also reached out to several mothers for follow-up interviews. Mothers provided written consent for interviews and observations and received $20 for each interview, in line with stipends for similar projects (Fong 2019a).

The monthly median household income among mothers interviewed was $1,790; several reported no current income. Most had no more than a high school education, but two had bachelor's degrees. Approximately half were not formally employed when I interviewed them; others worked in jobs such as childcare, retail, or food service. Some owned homes or stably rented; others were homeless, staying temporarily with friends. Thirteen were unmarried, eight were married, and six were divorced or widowed. In New Haven, I interviewed four mothers with assistance from a certified Spanish interpreter. I understand Spanish and generally listened to mothers' responses without interpreter assistance, but I wanted an interpreter present to ensure mothers clearly understood study procedures and interview questions. These interviews were translated into English during transcription.

Data Collection – Reporting Professionals: Although some individuals report maltreatment in a personal, rather than professional, capacity, I focused on professionals in this study, as most reports originate from such reporters (HHS 2020). Due to confidentiality requirements, I could not contact reporting professionals on the selected cases without their approval. Investigators typically call reporters to ask follow-up questions, so in these conversations, investigators on selected cases asked reporting professionals if I could contact them to describe the project. I followed up to recruit and schedule interviews. In addition to these case reporters, I also recruited reporting professionals by contacting other local organizations. I interviewed these professionals individually at their workplaces; each received a $5 gift card for participating in the 30- to 45-minute interview. I asked about general topics, such as recommendations for CPS, but much of the interview traced their observations, decision-making, and expectations regarding a specific case: the study case for case-specific reporting professionals, and the most recent case reported for others.

Cases: The table below summarizes the study cases, as well as other eligible cases for comparison. The 37 cases included in the study (11 in the Northeast Corner and 26 in New Haven) were assigned to 25 different investigators. I exclude two observed cases where the mothers declined to participate in the study and one case that I learned during the visit was ineligible. Due to my sampling strategy, most cases involved mothers with no prior CPS history. Mothers eligible for the study in the Northeast Corner were predominantly White, with a sizable share of Latina mothers; eligible mothers in New Haven were almost all Latina and/or Black. Consistent with state and national data (HHS 2020), the vast majority of eligible and included cases were reported by professionals, and physical neglect was by far the most common alleged maltreatment type.

Appendix Table: Characteristics of Reports Included in and Eligible for Study

		Eligible Reports		
	Study Reports	NE Corner	New Haven (1)	New Haven (2)
No prior CPS history	81% (30)	100% (39)	100% (28)	27% (19)
Race/ethnicity of mother				
Hispanic/Latina	43% (16)	38% (15)	54% (15)	35% (25)
Black (non-Hisp./Latina)	30% (11)	0% (0)	43% (12)	48% (34)
White (non-Hisp./Latina)	24% (9)	56% (22)	4% (1)	8% (6)
Unknown	3% (1)	5% (2)	0% (0)	8% (6)
Reporter type				
Hospital/medical provider	30% (11)	18% (7)	29% (8)	20% (14)
Police/legal	16% (6)	10% (4)	18% (5)	30% (21)
School/childcare/camp	16% (6)	41% (16)	36% (10)	6% (4)
Social service provider	14% (5)	5% (2)	7% (2)	13% (9)
Mental health provider	14% (5)	13% (5)	4% (1)	10% (7)
Anonymous/friend/relative	11% (4)	13% (5)	7% (2)	23% (16)
Initial CPS response time				
2-hour investigation	11% (4)	5% (2)	14% (4)	6% (4)
24-hour investigation	27% (10)	36% (14)	29% (8)	25% (18)
72-hour investigation	3% (1)	0% (0)	0% (0)	14% (10)
72-hour assessment	59% (22)	59% (23)	57% (16)	55% (39)

	Study Reports	Eligible Reports		
		NE Corner	New Haven (1)	New Haven (2)
Alleged maltreatment type				
Physical neglect	84% (31)	77% (30)	71% (20)	80% (57)
Physical abuse	14% (5)	21% (8)	14% (4)	15% (11)
Emot./moral maltreatment	8% (3)	23% (9)	14% (4)	13% (9)
Medical neglect	8% (3)	0% (0)	7% (2)	4% (3)
Sexual abuse	3% (1)	3% (1)	0% (0)	3% (2)
Educational neglect	0% (0)	10% (4)	0% (0)	0% (0)
Age of oldest child alleged maltreated				
Under 1	11% (4)	18% (7)	14% (4)	4% (3)
1 to 4	32% (12)	15% (6)	25% (7)	20% (14)
5 to 12	35% (13)	31% (12)	32% (9)	39% (28)
Over 12	22% (8)	36% (14)	29% (8)	35% (25)
Unknown	0% (0)	0% (0)	0% (0)	1% (1)
Number of children alleged maltreated				
1	54% (20)	51% (20)	50% (14)	44% (31)
2	27% (10)	33% (13)	39% (11)	32% (23)
3 or more	19% (7)	15% (6)	11% (3)	23% (16)
Unknown	0% (0)	0% (0)	0% (0)	1% (1)
N	37	39	28	71

Notes: The three rightmost columns reflect eligible reports during the research period (February to April 2018 for the Northeast Corner, April to May 2018 for New Haven [1], and July to August 2018 for New Haven [2]). Percentages may not sum to 100 due to rounding. For mothers' race/ethnicity, I use the agency's designations. Maltreatment types do not sum to 100 because reports could have multiple maltreatment types. Maltreatment types apply to the report overall, not necessarily the mother specifically.

REFERENCES

Abramovitz, Mimi. 1988. *Regulating the Lives of Women: Social Welfare Policy from Colonial Times to the Present*. Boston: South End Press.

Annie E. Casey Foundation. 2015. *The Connecticut Turnaround*. Baltimore, MD: Annie E. Casey Foundation.

Arendell, Terry. 2000. "Conceiving and Investigating Motherhood: The Decade's Scholarship." *Journal of Marriage and Family* 62(4):1192–207.

Asad, Asad L. 2020. "On the Radar: System Embeddedness and Latin American Immigrants' Perceived Risk of Deportation." *Law & Society Review* 54(1):133–67.

Ball, Kirstie, and Frank Webster, eds. 2003. *The Intensification of Surveillance: Crime, Terrorism & Warfare in the Information Age*. London, UK: Pluto Press.

Bell, Monica C. 2016. "Situational Trust: How Disadvantaged Mothers Reconceive Legal Cynicism." *Law and Society Review* 50(2):314–47.

Bergemann, Patrick. 2017. "Denunciation and Social Control." *American Sociological Review* 82(2):384–406.

Berger, Lawrence M., Sarah A. Font, Kristen S. Slack, and Jane Waldfogel. 2017. "Income and Child Maltreatment in Unmarried Families: Evidence from the Earned Income Tax Credit." *Review of Economics of the Household* 15(4):1345–72.

Berger, Lawrence M., and Jane Waldfogel. 2011. "Economic Determinants and Consequences of Child Maltreatment." OECD Social, Employment, and Migration Working Papers, No. 111. Paris: OECD Publishing.

Brayne, Sarah. 2014. "Surveillance and System Avoidance: Criminal Justice Contact and Institutional Attachment." *American Sociological Review* 79(3):367–91.

Brayne, Sarah. 2017. "Big Data Surveillance: The Case of Policing." *American Sociological Review* 82(5):977–1008.

Bridges, Khiara M. 2017. *The Poverty of Privacy Rights*. Stanford, CA: Stanford University Press.

Burian, Heather. 2018. "Montville Administrators, Sub Linked to 'Fight Club' Case in Court." *NBC Connecticut*, September 25.

Cancian, Maria, Mi-Youn Yang, and Kristen Shook Slack. 2013. "The Effect of Additional Child Support Income on the Risk of Child Maltreatment." *Social Service Review* 87(3):417–37.

Charmaz, Kathy. 2006. *Constructing Grounded Theory: A Practical Guide through Qualitative Analysis*. London, UK: Sage Publications.

Cohen, Stanley. 1985. *Visions of Social Control: Crime, Punishment, and Classification*. Cambridge, UK: Polity Press.

Collins, Patricia Hill. 1994. "Shifting the Center: Race, Class, and Feminist Theorizing about Motherhood." Pp. 45–65 in *Mothering: Ideology, Experience, and Agency*, edited by E. N. Glenn, G. Chang, and L. R. Forcey. New York: Routledge.

Coulton, Claudia J., David S. Crampton, Molly Irwin, James C. Spilsbury, and Jill E. Korbin. 2007. "How Neighborhoods Influence Child Maltreatment: A Review of the Literature and Alternative Pathways." *Child Abuse & Neglect* 31(11–12):1117–42.

Crowell, Kathryn, and Benjamin H. Levi. 2012. "Mandated Reporting Thresholds for Community Professionals." *Child Welfare* 91(1):35–53.

Daro, Deborah, and Kenneth A. Dodge. 2009. "Creating Community Responsibility for Child Protection: Possibilities and Challenges." *The Future of Children* 19(2):67–93.

Deleuze, Gilles, and Félix Guattari. 1987. *A Thousand Plateaus: Capitalism and Schizophrenia.* Minneapolis: University of Minnesota Press.

DePanfilis, Diane. 2018. *Child Protective Services: A Guide for Caseworkers*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

Desmond, Matthew. 2014. "Relational Ethnography." *Theory and Society* 43(5):547–79.

Donzelot, Jacques. 1979. *The Policing of Families*. New York: Pantheon Books.

Dow, Dawn Marie. 2019. *Mothering While Black: Boundaries and Burdens of Middle-Class Parenthood.* Berkeley: University of California Press.

Edin, Kathryn, and Maria Kefalas. 2005. *Promises I Can Keep: Why Poor Women Put Motherhood Before Marriage.* Berkeley: University of California Press.

Edwards, Frank. 2016. "Saving Children, Controlling Families: Punishment, Redistribution, and Child Protection." *American Sociological Review* 81(3):575–95.

Edwards, Frank. 2019. "Family Surveillance: Police and the Reporting of Child Abuse and Neglect." *RSF: The Russell Sage Foundation Journal of the Social Sciences* 5(1):50–70.

Elliott, Sinikka, and Sarah Bowen. 2018. "Defending Motherhood: Morality, Responsibility, and Double Binds in Feeding Children." *Journal of Marriage and Family* 80(2):499–520.

Elliott, Sinikka, and Megan Reid. 2019. "Low-Income Black Mothers Parenting Adolescents in the Mass Incarceration Era: The Long Reach of Criminalization." *American Sociological Review* 84(2):197–219.

Epp, Charles R., Steven Maynard-Moody, and Donald P. Haider-Markel. 2017. *Pulled Over: How Police Stops Define Race and Citizenship*. Chicago: University of Chicago Press.

Eubanks, Virginia. 2018. *Automating Inequality: How High-Tech Tools Profile, Police, and Punish the Poor.* New York: St. Martin's Press.

Fagan, Jeffrey, Anthony A. Braga, Rod K. Brunson, and April Pattavina. 2016. "Stops and Stares: Street Stops, Surveillance, and Race in the New Policing." *Fordham Urban Law Journal* 43(3):539–614.

Fassin, Didier. 2013. "Why Ethnography Matters: On Anthropology and Its Publics." *Cultural Anthropology* 28(4):621–46.

Fong, Kelley. 2017. "Child Welfare Involvement and Contexts of Poverty: The Role of Parental Adversities, Social Networks, and Social Services." *Children and Youth Services Review* 72:5–13.

Fong, Kelley. 2019a. "Concealment and Constraint: Child Protective Services Reporting and Poor Mothers' Disengagement." *Social Forces* 97(4):1785–810.

Fong, Kelley. 2019b. "Neighborhood Inequality in the Prevalence of Reported and Substantiated Child Maltreatment." *Child Abuse & Neglect* 90:13–21.

Foster, Rebecca H., Denyse Olson-Dorff, Hannah M. Reiland, and Ann Budzak-Garza. 2017. "Commitment, Confidence, and Concerns: Assessing Health Care Professionals' Child Maltreatment Reporting Attitudes." *Child Abuse & Neglect* 67:54–63.

Foucault, Michel. 1971. *Discipline and Punish: The Birth of the Prison.* New York: Vintage Books.

Frame, Laura. 1999. "Suitable Homes Revisited: An Historical Look at Child Protection and Welfare Reform." *Children and Youth Services Review* 21(9–10):719–54.

Garey, Anita Ilta, and Margaret K. Nelson. 2009. *Who's Watching? Daily Practices of Surveillance among Contemporary Families*. Nashville, TN: Vanderbilt University Press.

Garland, David. 2001. *The Culture of Control: Crime and Social Order in Contemporary Society*. Chicago: University of Chicago Press.

Gilbert, Ruth, Cathy Spatz Widom, Kevin Browne, David Fergusson, Elspeth Webb, and Staffan Janson. 2009. "Burden and Consequences of Child Maltreatment in High-Income Countries." *The Lancet* 373(9657):68–81.

Gilliom, John. 2001. *Overseers of the Poor: Surveillance, Resistance, and the Limits of Privacy*. Chicago: University of Chicago Press.

Goffman, Alice. 2009. "On the Run: Wanted Men in a Philadelphia Ghetto." *American Sociological Review* 74(3):339–57.

Gurusami, Susila. 2019. “Motherwork under the State: The Maternal Labor of Formerly Incarcerated Black Women.” *Social Problems* 66(1):128–43.

Gustafson, Kaaryn S. 2011. *Cheating Welfare: Public Assistance and the Criminalization of Poverty*. New York: NYU Press.

Haggerty, Kevin D., and Richard V. Ericson. 2000. “The Surveillant Assemblage.” *British Journal of Sociology* 51(4):605–22.

Haney, Lynne A. 2004. “Gender, Welfare, and States of Punishment.” *Social Politics: International Studies in Gender, State & Society* 11(3):333–62.

Haney, Lynne A. 2010. *Offending Women: Power, Punishment, and the Regulation of Desire.* Berkeley: University of California Press.

Hannah-Moffat, Kelly. 2005. “Criminogenic Needs and the Transformative Risk Subject: Hybridizations of Risk/Need in Penality.” *Punishment & Society* 7(1):29–51.

Hays, Sharon. 1996. *The Cultural Contradictions of Motherhood.* New Haven, CT: Yale University Press.

Headworth, Spencer. 2019. “Getting to Know You: Welfare Fraud Investigation and the Appropriation of Social Ties.” *American Sociological Review* 84(1):171–96.

Herbert, Steve, Katherine Beckett, and Forrest Stuart. 2017. “Policing Social Marginality: Contrasting Approaches.” *Law & Social Inquiry* 43(4):1491–513.

Herring, Chris. 2019. “Complaint-Oriented Policing: Regulating Homelessness in Public Space.” *American Sociological Review* 84(5):769–800.

Hirschman, Daniel, and Emily Adlin Bosk. 2019. “Standardizing Biases: Selection Devices and the Quantification of Race.” *Sociology of Race and Ethnicity,* online first (https://doi.org/10.1177/2332649219844797).

Home Office. 2018. “Individuals Referred to and Supported Through the Prevent Programme, April 2017 to March 2018.” London, UK: Home Office.

Hughes, Cayce C. 2017. “Negotiating Privacy in the Context of Poverty: Poor Mothers and the Social Safety Net.” Doctoral dissertation, Department of Sociology, The University of Chicago.

Kim, Hyunil, Christopher Wildeman, Melissa Jonson-Reid, and Brett Drake. 2017. “Lifetime Prevalence of Investigating Child Maltreatment among U.S. Children.” *American Journal of Public Health* 107(2):274–80.

Kohl, Patricia L., Melissa Jonson-Reid, and Brett Drake. 2009. “Time to Leave Substantiation Behind: Findings from A National Probability Study.” *Child Maltreatment* 14(1):17–26.

Kohler-Hausmann, Issa. 2013. “Misdemeanor Justice: Control without Conviction.” *American Journal of Sociology* 119(2):351–93.

Kovner. Josh. 2018. “Calls from Schools to DCF Child-Abuse Hotline Have Risen Sharply This Fall.” *Hartford Courant*, December 13.

Lara-Millán, Armando. 2017. “States as a Series of People Exchanges.” Pp. 81–102 in *The Many Hands of the State: Theorizing Political Authority and Social Control*, edited by K. Morgan and A. S. Orloff. Cambridge, UK: Cambridge University Press.

Lee, Tina. 2016. *Catching a Case: Inequality and Fear in New York City’s Child Welfare System*. New Brunswick, NJ: Rutgers University Press.

Levi, Benjamin H., and Georgia Brown. 2005. “Reasonable Suspicion: A Study of Pennsylvania Pediatricians Regarding Child Abuse.” *Pediatrics* 116(1):e5–e12.

Levy, Karen E. C. 2015. “Intimate Surveillance.” *Idaho Law Review* 51(3):679–93.

Lipsky, Michael. 1980. *Street-Level Bureaucracy: Dilemmas of the Individual in Public Service*. New York: Russell Sage Foundation.

Lyon, David. 1994. *The Electronic Eye: The Rise of Surveillance Society*. Minneapolis: University of Minnesota Press.

Lyon, David, ed. 2003. *Surveillance as Social Sorting: Privacy, Risk, and Digital Discrimination*. New York: Routledge.

Lyon, David. 2015. *Surveillance after Snowden*. New York: Polity.

Marrow, Helen B. 2009. “Immigrant Bureaucratic Incorporation: The Dual Roles of Professional Missions and Government Policies.” *American Sociological Review* 74(5):756–76.

Marx, Gary T. 2016. *Windows into the Soul: Surveillance and Society in an Age of High Technology*. Chicago: University of Chicago Press.

Maynard-Moody, Steven, and Michael Musheno. 2000. “State Agent or Citizen Agent: Two Narratives of Discretion.” *Journal of Public Administration Research and Theory* 10(2):329–58.

McDaniel, Marla. 2006. “In the Eye of the Beholder: The Role of Reporters in Bringing Families to the Attention of Child Protective Services.” *Children and Youth Services Review* 28(3):306–24.

McKim, Allison. 2017. *Addicted to Rehab: Race, Gender, and Drugs in the Era of Mass Incarceration*. New Brunswick, NJ: Rutgers University Press.

McTavish, Jill R., Melissa Kimber, Karen Devries, Manuela Colombini, Jennifer C. D. MacGregor, C. Nadine Wathen, Arnav Agarwal, and Harriet L. MacMillan. 2017.

"Mandated Reporters' Experiences with Reporting Child Maltreatment: A Meta-Synthesis of Qualitative Studies." *BMJ Open* 7(10):e013942.

Moore, Dawn. 2011. "The Benevolent Watch: Therapeutic Surveillance in Drug Treatment Court." *Theoretical Criminology* 15(3):255–68.

Oberweis, Trish, and Michael Musheno. 1999. "Policing Identities: Cop Decision Making and the Constitution of Citizens." *Law and Social Inquiry* 24(4):897–923.

Piven, Frances Fox, and Richard A. Cloward. 1971. *Regulating the Poor: The Functions of Public Welfare.* New York: Vintage Books.

Polsky, Andrew J. 1991. *The Rise of the Therapeutic State.* Princeton, NJ: Princeton University Press.

Prince v. Commonwealth of Massachusetts, 321 U.S. 158 (1944).

Putnam-Hornstein, Emily, and Barbara Needell. 2011. "Predictors of Child Protective Service Contact between Birth and Age Five: An Examination of California's 2002 Birth Cohort." *Children and Youth Services Review* 33(8):1337–44.

Raissian, Kerri M., and Lindsey Rose Bullinger. 2017. "Money Matters: Does the Minimum Wage Affect Child Maltreatment Rates?" *Children and Youth Services Review* 72:60–70.

Raz, Mical. 2020. "Calling Child Protective Services Is a Form of Community Policing That Should Be Used Appropriately." *Children and Youth Services Review* (https://doi.org/10.1016/j.childyouth.2020.104817).

Reich, Jennifer A. 2005. *Fixing Families: Parents, Power, and the Child Welfare System*. New York: Taylor & Francis Group.

Rios, Victor M. 2011. *Punished: Policing the Lives of Black and Latino Boys*. New York: NYU Press.

Roberts, Dorothy. 2002. *Shattered Bonds: The Color of Child Welfare*. New York: Basic Books.

Roberts, Dorothy. 2008. "The Racial Geography of Child Welfare: Toward a New Research Paradigm." *Child Welfare* 87(2):125–50.

Roberts, Dorothy. 2014. "Complicating the Triangle of Race, Class and State: The Insights of Black Feminists." *Ethnic and Racial Studies* 37(10):1776–82.

Seim, Josh. 2017. "The Ambulance: Toward a Labor Theory of Poverty Governance." *American Sociological Review* 82(3):451–75.

Shedd, Carla. 2015. *Unequal City: Race, Schools, and Perceptions of Injustice*. New York: Russell Sage Foundation.

Small, Mario Luis. 2006. “Neighborhood Institutions as Resource Brokers: Childcare Centers, Interorganizational Ties, and Resource Access among the Poor.” *Social Problems* 53(2):274–92.

Soss, Joe, Richard C. Fording, and Sanford F. Schram. 2011. *Disciplining the Poor: Neoliberal Paternalism and the Persistent Power of Race*. Chicago: University of Chicago Press.

Stuart, Forrest. 2016. *Down, Out, and Under Arrest: Policing and Everyday Life in Skid Row*. Chicago: University of Chicago Press.

U.S. Department of Health and Human Services (HHS). 2013. “How the Child Welfare System Works.” Washington, DC: U.S. Department of Health and Human Services.

U.S. Department of Health and Human Services (HHS). 2020. “Child Maltreatment 2018.” Washington, DC: U.S. Department of Health and Human Services.

Wacquant, Loic. 2009. *Punishing the Poor: The Neoliberal Government of Social Insecurity*. Durham, NC: Duke University Press.

Watkins-Hayes, Celeste. 2009. *The New Welfare Bureaucrats: Entanglements of Race, Class, and Policy Reform*. Chicago: University of Chicago Press.

Yang, Mi-Youn, Kathryn Maguire-Jack, Kathryn Showalter, Youn Kyoung Kim, and Kristen Shook Slack. 2019. “Child Care Subsidy and Child Maltreatment.” *Child & Family Social Work* 24(4):547–54.

Meeting 3 – April 5, 2023

Presentation

Facilitator Slides

Policy Collaborative for Children & Families

Colorado Mandatory Reporting Task Force

Interim Committee Update (July 18, 2023)

CHILD PROTECTION OMBUDSMAN of COLORADO

KEYSTONE POLICY CENTER

Mandatory Reporting Task Force

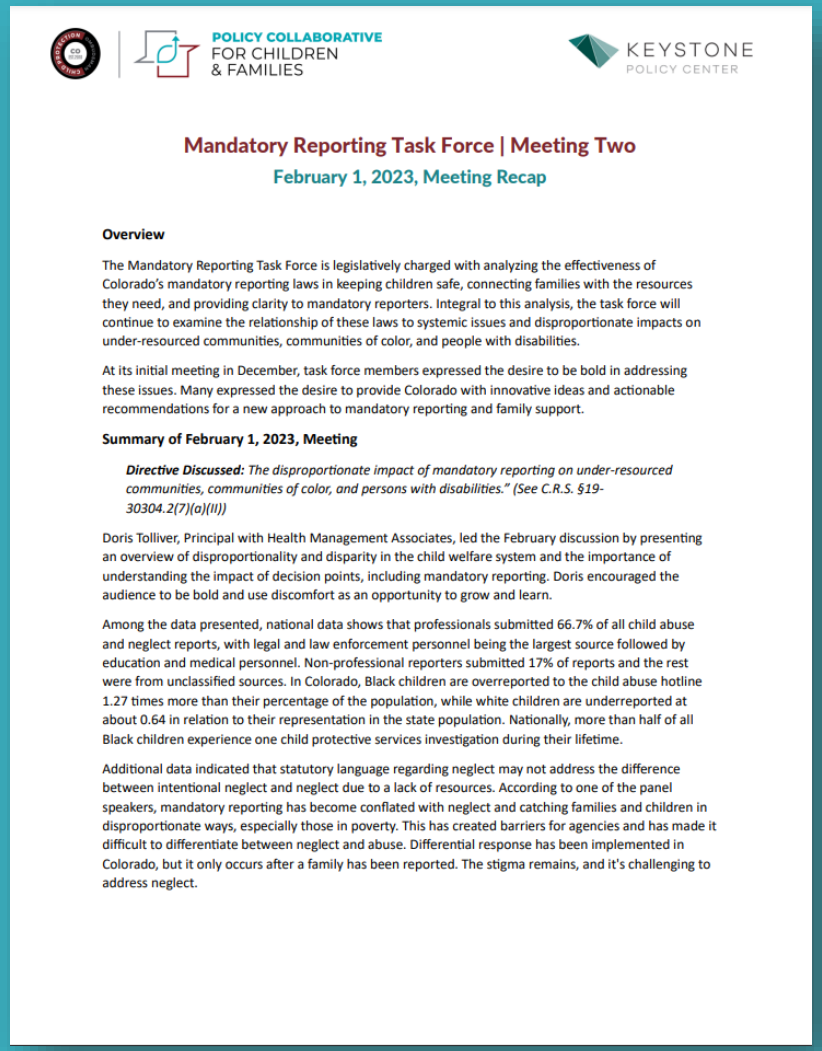
Meeting Three

April 5, 2023

Stephanie Villafuerte, Chair
Trace Faust and Doris Tolliver, Facilitators

Welcome

- Member Roll Call
- Feb. 1, 2023 Meeting Minutes
- Co-Chair
- Google Drive
- Shared Media



POLICY COLLABORATIVE FOR CHILDREN & FAMILIES

KEYSTONE POLICY CENTER

Mandatory Reporting Task Force | Meeting Two

February 1, 2023, Meeting Recap

Overview

The Mandatory Reporting Task Force is legislatively charged with analyzing the effectiveness of Colorado's mandatory reporting laws in keeping children safe, connecting families with the resources they need, and providing clarity to mandatory reporters. Integral to this analysis, the task force will continue to examine the relationship of these laws to systemic issues and disproportionate impacts on under-resourced communities, communities of color, and people with disabilities.

At its initial meeting in December, task force members expressed the desire to be bold in addressing these issues. Many expressed the desire to provide Colorado with innovative ideas and actionable recommendations for a new approach to mandatory reporting and family support.

Summary of February 1, 2023, Meeting

> ***Directive Discussed:*** *The disproportionate impact of mandatory reporting on under-resourced communities, communities of color, and persons with disabilities." (See C.R.S. §19-30304.2(7)(a)(II))*

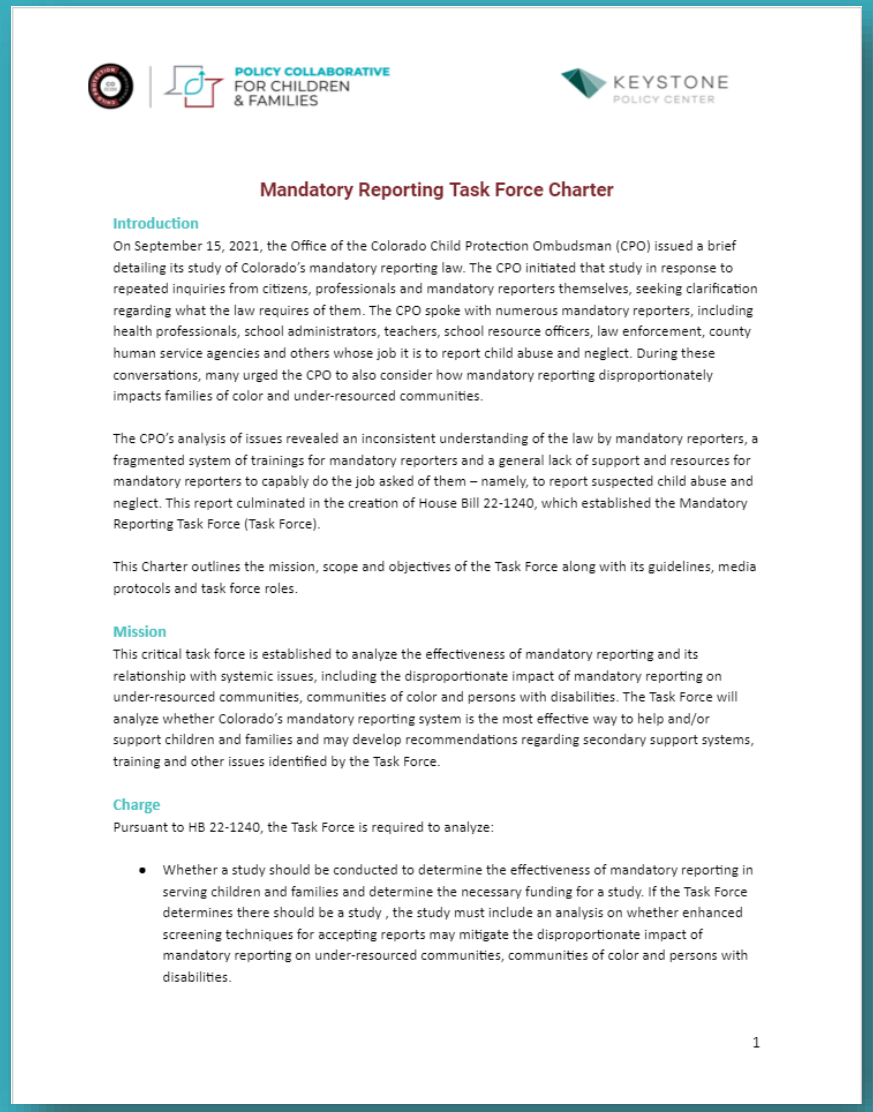
Doris Tolliver, Principal with Health Management Associates, led the February discussion by presenting an overview of disproportionality and disparity in the child welfare system and the importance of understanding the impact of decision points, including mandatory reporting. Doris encouraged the audience to be bold and use discomfort as an opportunity to grow and learn.

Among the data presented, national data shows that professionals submitted 66.7% of all child abuse and neglect reports, with legal and law enforcement personnel being the largest source followed by education and medical personnel. Non-professional reporters submitted 17% of reports and the rest were from unclassified sources. In Colorado, Black children are overreported to the child abuse hotline 1.27 times more than their percentage of the population, while white children are underreported at about 0.64 in relation to their representation in the state population. Nationally, more than half of all Black children experience one child protective services investigation during their lifetime.

Additional data indicated that statutory language regarding neglect may not address the difference between intentional neglect and neglect due to a lack of resources. According to one of the panel speakers, mandatory reporting has become conflated with neglect and catching families and children in disproportionate ways, especially those in poverty. This has created barriers for agencies and has made it difficult to differentiate between neglect and abuse. Differential response has been implemented in Colorado, but it only occurs after a family has been reported. The stigma remains, and it's challenging to address neglect.

Task Force Meeting Recaps

- **Directive discussed: *The disproportionate impact of mandatory reporting on under-resourced communities, communities of color, and persons with disabilities." (See C.R.S. §19-30304.2(7)(a)(II))***
- **Panelists discussed a community-based approach to provide services to families and emphasized the importance of understanding the trauma that families and children experience.**
- **Panelists and members discussed the need for more flexible funding for community-based services.**
- **Members discussed the need to refine approaches and challenge assumptions about reporting.**



POLICY COLLABORATIVE FOR CHILDREN & FAMILIES

KEYSTONE POLICY CENTER

Mandatory Reporting Task Force Charter

Introduction

On September 15, 2021, the Office of the Colorado Child Protection Ombudsman (CPO) issued a brief detailing its study of Colorado's mandatory reporting law. The CPO initiated that study in response to repeated inquiries from citizens, professionals and mandatory reporters themselves, seeking clarification regarding what the law requires of them. The CPO spoke with numerous mandatory reporters, including health professionals, school administrators, teachers, school resource officers, law enforcement, county human service agencies and others whose job it is to report child abuse and neglect. During these conversations, many urged the CPO to also consider how mandatory reporting disproportionately impacts families of color and under-resourced communities.

The CPO's analysis of issues revealed an inconsistent understanding of the law by mandatory reporters, a fragmented system of trainings for mandatory reporters and a general lack of support and resources for mandatory reporters to capably do the job asked of them – namely, to report suspected child abuse and neglect. This report culminated in the creation of House Bill 22-1240, which established the Mandatory Reporting Task Force (Task Force).

This Charter outlines the mission, scope and objectives of the Task Force along with its guidelines, media protocols and task force roles.

Mission

This critical task force is established to analyze the effectiveness of mandatory reporting and its relationship with systemic issues, including the disproportionate impact of mandatory reporting on under-resourced communities, communities of color and persons with disabilities. The Task Force will analyze whether Colorado's mandatory reporting system is the most effective way to help and/or support children and families and may develop recommendations regarding secondary support systems, training and other issues identified by the Task Force.

Charge

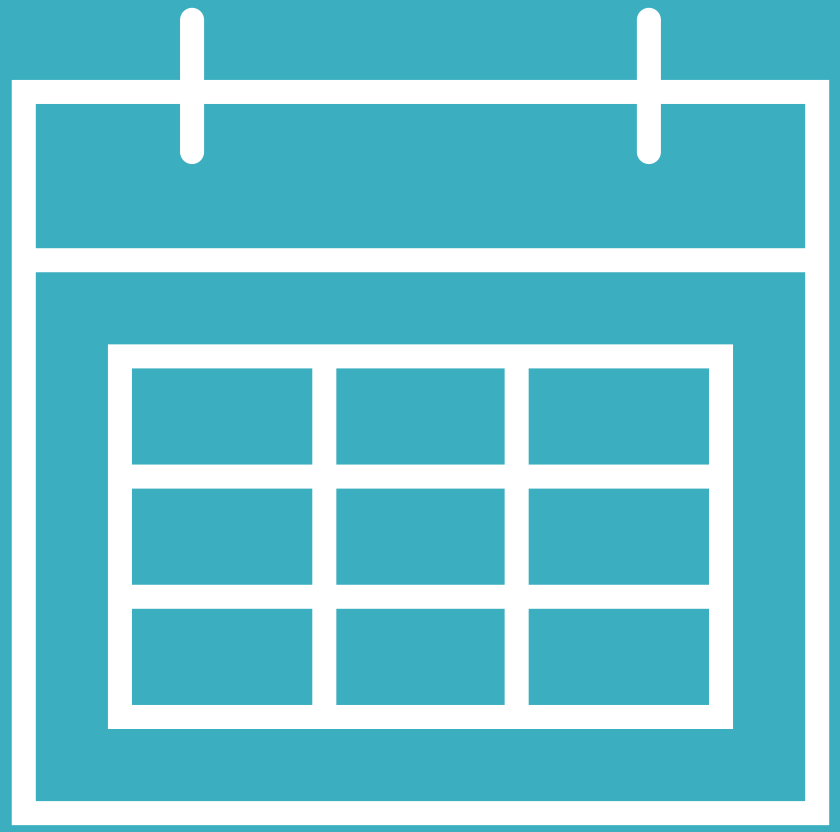
Pursuant to HB 22-1240, the Task Force is required to analyze:

- Whether a study should be conducted to determine the effectiveness of mandatory reporting in serving children and families and determine the necessary funding for a study. If the Task Force determines there should be a study , the study must include an analysis on whether enhanced screening techniques for accepting reports may mitigate the disproportionate impact of mandatory reporting on under-resourced communities, communities of color and persons with disabilities.

1

Mandatory Reporting Task Force Charter

- Mission
- Charge
- Outcomes
- Ground Rules
- Media Protocols



Interim Meetings

8 a.m. to 10 a.m. on Wednesday, May 10, 2023

8 a.m. to 10 a.m. on Wednesday, July 19, 2023

8 a.m. to 10 a.m. on Wednesday, September 20, 2023

8 a.m. to 10 a.m. on Wednesday, November 8, 2023

Directive for Discussion

Is mandatory reporting effective in serving children and families in Colorado?

(See C.R.S. 19-3.3-304.2(7)(a)(I))

Is mandatory reporting effective?

1. What is the purpose of child welfare services in Colorado?
2. How does Colorado's mandatory reporting law help achieve that goal?
3. In what ways does Colorado's mandatory reporting law inhibit that goal?

Roadmap 2023

- April 5, 2023 – Lived Experience: Members who have been the subject – as a parent, caregiver or child – of a report to child welfare services.
- June 7, 2023 – Who Makes the Calls: Members who serve as mandated reporters in Colorado. (2 panels)
- August 2, 2023 – Who Receives the Calls: Members who are charged with receiving and assessing calls from mandatory reporters.
- October 4, 2023 – Who Monitors the System: Members who are charged with monitoring or enforcing the current mandatory reporting laws.
- December 6, 2023 – Interim Report Review

Meeting 3 – April 5, 2023

Minutes

Colorado Mandatory Reporting Task Force

Interim Committee Update (July 18, 2023)

The Mandatory Reporting Task Force | Meeting 3
Meeting Minutes
April 5th, 2023, 8:00 am-11:00 am Virtual Meeting (Zoom)
Facilitators: Doris Tolliver and Trace Faust
Members: See Appendix A

Welcome & Approval of Minutes	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 Kevin Bishop and was seconded by Jennifer Ely.
Roadmap for 2023 Meetings	Trace Faust, Keystone Policy Center, outlined updates including information on the Task Force Google drive, Task Force charter, mission, outcomes, ground rules and protocol information detailing how to interact with media outlets. Trace also highlights the "Meeting Recap" which serves as supplemental "homework" for Task Force members as well as "Exit Tickets/Survey" which will serve as an additional method of feedback to the facilitation team. Task Force members are also invited to reach out to any member of the facilitation team for direct feedback at any time. Interim meetings for the Mandatory Reporting Task Force have been added and are as follows: July 19th, September 20th, and November 8th. All interim meetings will occur 8:00 am-10:00 am via Zoom (MST).
Review of Directive of Discussion	Doris Tolliver, Health Management Associates, reviewed the directive of discussion of the Mandatory Reporting Task Force and requested members to consider if mandatory reporting is effective in serving children and families in Colorado. Task Force members are asked to keep in mind the following questions while disseminating their thoughts on the effectiveness of mandatory reporting: 1. What is the purpose of child welfare services in Colorado? 2. How does Colorado's mandatory reporting law help achieve that goal? 3. In what ways does Colorado's mandatory reporting law inhibit that goal? Doris also shared the roadmap detailing the various points of view that will be shared with the Task Force including members with lived experience, mandatory reporters themselves, those who access the reports, and those who enforce and monitor the reports. Task Force members were asked to share their thoughts, all comments are individual and not attributed to the Task Force. ● What are the broader goals of Child Welfare? ○ Doris shares from the Colorado Department of Human Services' website that "Child Welfare in Colorado works to strengthen the ability of families to protect and care for their own children, minimize harm to children and youth, and ensure timely permanency planning." ○ A member shared it was important to list the complete quote from the CDHS website which is as follows "The Division of Child Welfare is composed of a specialized set of services that strengthen the ability of the family to protect and care for their own children, minimize harm to children and youth, and ensure timely permanency planning." It was important to highlight how the services can aid in stabilization and strengthen the family's capacity to care more effectively. ● Child welfare is not the focus of this Task Force, we need to allow child welfare to do its job. ○ A member shares that they agree child welfare should do its job, yet mandatory reporting and child welfare go hand in hand.

	• It is important to stay true to the charges of the Task Force • The Colorado Department of Early Childhood is a perspective that may be beneficial to this Task Force. Mary Alice Cohen, Deputy Executive Director of the Colorado Department of Early Childhood, was nominated by a member. • Youth are not listened to enough. It is important that mental health supports are also included in solutions.

Data Presentation	Dr. Kelley Fong, associate professor at the University of California, Irvine presents to the Task Force her research regarding the intentions of many mandated reporters and the impacts of reports made by mandatory reporters on children and families. Additional information on Dr.Fong can be accessed here. Dr.Fong ended her presentation by sharing "Whether it is abuse, neglect, or poverty, there is still a child in need" from an Associated Press article.
	
	Task Force Members were invited to ask Dr.Fong inquiries regarding the information presented, all comments are individual and not attributed to the Task Force. Dr. Fong also shared her contact information for Task Force Members: kelley.fong@uci.edu.
	
	• Were you able to see any sector-specific data regarding mandatory reporters?
	  ○ Dr.Fong shared she feels it is more location specific rather than sector. Dr.Fong shares an anecdotal example of police officers in Connecticut who had varying reporting styles as it was station dependent. She does agree that police officers and educators, for example, do report varying topics to each other.
	• This presentation mirrors data seen in Colorado. Prosecution with failure to report has created more reports.
	  ○ Dr.Fong shared one takeaway from her research that has arisen is the topic of legality versus morality. When asking if a report was not required but occurred, the answer was often yes on the basis of morality.She shares prosecution does increase with increased reporting.
	• Is there a standardized way to evaluate a child's needs? Do youth have cross-boundary records?
	  ○ Dr.Fong shares screening discussions that are made by frontline workers with a supervisor.
	• Would a database be beneficial?
	  ○ Dr.Fong shares she hadn't considered a database.
	• Do people often report out of care rather than support?
	  ○ Dr.Fong shares these are both evident in reports made by In-Home service providers that spent hours at the home, multiple days a week. Child protection services aren't called in this case as the in-home service providers are expected to act as the oversight. Dr.Fong also highlights the differences in mandatory reporting through the lens of class as more affluent mandatory reporters would be more patient/forgiving than others.
	• The role of a mandatory reporter is not to investigate, just report. Should the boundaries be blurred?
	  ○ Dr. Fong shares a positive sentiment with caveats as this is often what she hears from mandatory reporters. A slight investigation or a call to parents can clear up many reports.

Lived Experience Panel	Mandatory Reporting Task Force members Nathaniel Hailpern, Samantha Carwyn, Shayna Koran, and Tara Doxtater participate in a lived experience panel facilitated by

	Doris. Each panelist shared their experience with mandatory reporting, how mandatory reporting has impacted them, and how mandatory reporting has impacted the people around them. Doris 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, Dorisr asks to what extent did the mandatory reporting affect the family? ● There were positive portions, but I feel it was not effective for me. I often felt as though the report was weaponized against me. Reports aren't always accurate and made in good faith. ● There is no universal reporting mechanism, thus the outcomes are subjective. ● It is one person making a call rather than a system intervention. ● As a mechanism, mandatory reporting was necessary to catalyze change. ● Mandatory reporting can be a beneficial intervention ● Mandatory reporting leads to access to services including substance abuse support as it is often unattainable due to financial barriers. An anecdote is shared detailing that despite the present efforts like substance abuse support, child protective services removed the child based on previous cases, in the face of difficult barriers like illiteracy and financial struggle. Doris inquires about the unintended consequences of mandatory reporting through child protective services. ● My report was created due to an existing criminal case and led to no contact. I am still rebuilding my relationship with my child as this caused undue trauma to my child. This type of consequence can allow a parent to lose hope, as a child can mean the world to a parent. ● Services were desired but not accessible without the mechanism of mandatory reporting and child protective services ● Long-term reporting consequences can prevent and limit work and community engagement opportunities. ● Foster parents are often given more of the benefit of the doubt than birth parents as titles can be perceived as more reputable. ● Communication is valued to prevent unnecessary reports. ● I wish someone approached me from a position of care and understanding. ● Lack of resources needs to be acknowledged ● Cultural competency should be considered for all reports. ● Cultural competency is valuable. It would be impactful if those from the community can serve the impacted family to prevent judgment and misunderstanding Doris Tolliver inquires if there is a complementary or replacement approach for mandatory reporting. ● Communication is key; if substance abuse is a problem, it would be wise to inquire with the parent if they use it in the presence of their children or how they prepare to use it. ● Rapport is important ● Helping parents stop self-sabotaging Task Force members were invited to ask panelist questions or provide comments regarding the information shared, all comments are individual and not attributed to the Task Force. ● The lack of community is a valuable notion to maintain as the narrative of the enemy is strong. Referral process for mandatory reporting to community

	services. ● As professionals, we are trained not to make an informed decision/ think critically, but rather to make the report with the most information available. This panel was very helpful and I appreciate those who shared. Doris inquires if there are thoughts on law enforcement and mandatory reporting. ● A panelist shares they feel everyone has varying skill sets and it is important to allow for multiple touchpoints to access harm.
Small Group Discussion	Mandatory Reporting Task Force members participated in small group discussions.
Public Comment	There was no public comment for this meeting.
Next Steps and Adjourn	After receiving the exit ticket, Task Force Chair Stephanie Villafuerte shares her appreciation for Dr. Fong, the panelists, and all those who are present for being compassionate and engaged. They adjourned the meeting at 10:54 am

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
Ida Drury	The Kempe Center
Jennifer Eyl	Project Safeguard
Leanna Gavin	Kalamaya | Goscha
Zane Grant	CASA of Pueblo County
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	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	Disability Law Colorado
Roshan Kalantar	Violence Free Colorado
Brynja Seagren	Boys & Girls Club of Metro Denver
Nicci Surad	Mesa County Department of Human Services
Dr. Kathryn Wells	The Kempe Center
Donna Wilson	WellPower
Kelsey Wirtz	Denver Health Medical Center
Jade Woodard	Illuminate Colorado
Stephanie Villafuerte	Office of the Colorado Child Protection Ombudsman

Appendix B:

Abbey Koch
Addi Cantor
Britney Cornelius
Britney Nobel
Catania Jones
Denver 7
Donna Wilson
Jake Goulder
James Connell
Kristin Jones
Mariylnn Teel
Micheal Teagues
Ruby Richards
Tiffany Lewis
Bonnie Steele
Shelia Strouse
CBS 4
Piola Venegas

Meeting 3 – April 5, 2023

Recap

Colorado Mandatory Reporting Task Force

Interim Committee Update (July 18, 2023)

Mandatory Reporting Task Force | Meeting Two

April 5, 2023, Meeting Recap

Overview

The Mandatory Reporting Task Force is legislatively charged with analyzing the effectiveness of Colorado's mandatory reporting laws in keeping children safe, connecting families with the resources they need, and providing clarity to mandatory reporters. Integral to this analysis, the task force will continue to examine the relationship of these laws to systemic issues and disproportionate impacts on under-resourced communities, communities of color, and people with disabilities.

At its initial meeting in December, task force members expressed the desire to be bold in addressing these issues. Many expressed the desire to provide Colorado with innovative ideas and actionable recommendations for a new approach to mandatory reporting and family support.

Summary of April 5, 2023, Meeting

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

Purpose of Child Welfare Services

Doris Tolliver, Principal with Health Management Associates, opened the April discussion by providing an overview of the goals of child welfare in Colorado, which include strengthening families' ability to protect and care for their children, minimizing harm to children and youth and ensuring timely permanency planning. These goals are reflective of a movement towards a more family-centered, prevention-oriented system in child welfare, but their actualization in policy and practice is still being determined. Members discussed a concern that the safety component of child welfare may be lost. As the group continued its discussion of the goals of child welfare, members detailed additional points the Task Force should consider when discussing outcomes for children and families who are the subject of reports by mandatory reporters.

Among the ideas raised during discussion:

- A distinction between reporting abuse or neglect and reporting concerns about a family.
- The language around the goal of child welfare reflects a philosophical shift towards prevention and using family and community as a primary intervention point to keep children safe.
- Concerns about the lack of representation for children in the reunification process.
- The current legal system seems to favor the parents over the welfare of the child.
- Mental health is identified as an important factor that needs to be considered.

National Perspective on Effectiveness

Dr. Kelly Fong, assistant professor of sociology at the University of California, Irvine, presented her research regarding mandatory reporting. Her research focuses on child protection services and the effectiveness of mandated reporting. The goal of her work is to understand the intention and impact of mandated reporting on children, families and communities.

Dr. Fong focused on the perspective of mandated reporters and outlined the challenges and obstacles they face. Mandated reporters operate in an environment where families are often experiencing poverty, domestic violence, mental health needs, substance use and homelessness. Mandated reporters do not have enough time to do everything they want to do for a family or child. They also have limited resources to navigate the social services system, making it difficult to provide the support they believe is needed. Because of this, they resort to calling child welfare services to solve problems, and reporting has become routine. Dr. Fong emphasized that mandated reporting laws, training and policies structure this culture of routine reporting. The main question raised is how mandated reporting laws, training and policies can be improved to provide better support to mandated reporters, families and children.

The conversation focused on the impact of such laws on educators, who have high rates of unsubstantiated reports. Dr. Fong explained that, in addition to legal obligations, educators often have moral obligations to report suspected abuse or neglect. However, concerns about prosecution for failure to report can also drive educators to report anything that could be perceived as abuse or neglect, which results in many unsubstantiated reports. The conversation also touched on the variation in mandated reporting protocols among organizations, sectors, and locations. Finally, Dr. Fong shared insights from her research, including the need for training and support for educators and the importance of balancing legal and moral obligations in mandated reporting.

The questions Dr. Fong proposed to the group:

- Is reporting to child welfare services the right tool to meet these needs?
- What are the aspirations of mandated reporters that we want to realize?
- What's the best way to do things like connect families to supportive services or to respond to these children in need?
- How can our laws and policies shift to facilitate that?

Lived Experience Panel

Four members of the task force – Shayna Koran, Nate Hailpern, Sam Carwyn and Tara Doxtater – shared their experiences and positions regarding effectiveness of mandatory reporting, and the reality of lived experience at a variety of intersections with mandatory reporting.

The panel members detailed their experiences with mandatory reporting as both children and parents. They acknowledged some positive aspects of mandatory reporting but also express concerns about biases, inaccuracies and potential weaponization against families.

Among the points made during the panel discussion:

- Concerns about biases, inaccuracies and potential weaponization against families, and the interpretation of what is reportable can vary.

- The positive aspects of mandatory reporting, including access to services and intervention opportunities.
- Feeling that child welfare services have been weaponized and the loss of sibling relationships and parent-child bonds.
- The cumulative impact of past involvement with child welfare services and the long-term consequences of having reports made, including legal restrictions.
- The trauma of separation for both children and families and the difficulty of reconnecting with children after being removed from them.
- Despite the access to services, there are still concerns about the overall impact of child welfare services on families.
- Anonymous reports are not truly anonymous, which prevents the growth of relationships between families and child welfare workers.
- The difficulty of being believed without certain titles or credentials.

In discussion with members, the following questions and thoughts were raised:

- Replacing mandated reporting with alternative strategies for families in crisis.
- Importance of building trust and providing options/resources instead of reporting to child welfare services.
- Need to focus on prevention over intervention and addressing judgment and parenting biases.
- Importance of communication, understanding and giving benefit of the doubt before reporting.
- Importance of cultural competency in addressing the needs of families from different backgrounds.
- Disconnect between mandated reporting and communities served, need for support and intervention that meets their needs.
- Importance of safety planning, identifying triggers and finding alternative solutions to prevent relapse for clients with substance abuse disorders.
- Building rapport with clients to create open and honest relationships, prioritizing child safety.
- Challenges of recruiting individuals from the same community to work in a harmful system.
- Importance of considering community perspectives and parallel referrals to community resources
- Need for honesty about personal biases and utilizing support from colleagues to center the child and avoid harm.
- Importance of policies and procedures that serve all individuals and disrupt racism and other forms of bias.

Meeting 4 – June 7, 2023

Agenda

Colorado Mandatory Reporting Task Force

Interim Committee Update (July 18, 2023)

Agenda - Mandatory Reporting Task Force | Meeting Four

June 7, 2023 | 8am-11am

Virtual - Zoom

Facilitators: Trace Faust and Doris Tolliver

Time	Agenda Topic	Facilitator Presenter
8:00 a.m. to 8:10 a.m.	**Welcome and Review** • Member Roll Call • Approval of Meeting Minutes • April 5, 2023	Trace Faust and Stephanie Villafuerte (Chair)
8:10 a.m. to 8:25 a.m.	**Task Force Progress** • Approval of April 5, 2023 Meeting Recap ○ April 5, 2023 • Review of the Work Todate	Trace Faust

8:25 a.m. to 8:35 a.m.	**Where We're Going**
	• Roadmap for 2023
	  • Member Panels
	  • Interim Report
		Trace Faust and Doris Tolliver

8:35 a.m. to 9:35 a.m.	**Effectiveness of Mandatory Reporting**
	• Directive for Discussion
	  • Members will focus discussion 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))
	
	  • Why are Mandatory Reporters Making Calls
	  1. Concerns about the safety of a child.
		Trace Faust, Doris Tolliver

	2. Desire to connect families and children with resources and services. 3. Concerns about legal liability for failing to report. • Is mandatory reporting effective for the professionals charged with making the calls? • Member Panel #1: Medical/Mental Health Professionals • Ida Drury, Ph.D., MSW • Heather Kaczmarczyk, MSW, LCSW (Proxy for Kelsey Wirtz) • Dr. Kathi Wells, MD, FAAP • Donna Wilson, Ph.D., LPC	
9:35 a.m. to 9:45 a.m.	**BREAK**	
9:45 a.m. to 10:30 a.m.	**Data Discussion** • Colorado Mandatory Reporting Data • Introduction • Steve Ellis, Casey Family Programs • Crystal Ward Allen, Casey Family Programs • Review of National Mandatory Reporting Data • Colorado Specific Data for Reports Made by Medical/Mental Health Professionals • Q & A Session	Trace Faust, Doris Tolliver, Steve Ellis and Crystal Ward Allen
10:30 a.m. to 10:45 a.m.	**Large Group Discussion** • Members will discuss the directive, panel presentation and data.	Trace Faust and Doris Tolliver

10:45 a.m. to 10:55 a.m.	**Public Comment**	Trace Faust
10:55 a.m. to 11:00 a.m.	**Closing Remarks**	Trace Faust and Stephanie Villafuerte

Zoom Information

Topic: Mandatory Reporting Task Force
Time: Jun 7, 2023 08:00 AM Mountain Time (US and Canada)

Join Zoom Meeting
https://us02web.zoom.us/j/82732120205?pwd=THVNbFJ4Y0FuTFZkR2R2QVFxek9nUT09

Meeting ID: 827 3212 0205
Passcode: 762776
One tap mobile
+12532158782,,82732120205#,,,,*762776# US (Tacoma)
+12532050468,,82732120205#,,,,*762776# US

Dial by your location
+1 253 215 8782 US (Tacoma)
+1 253 205 0468 US
+1 719 359 4580 US
+1 346 248 7799 US (Houston)
+1 669 444 9171 US
+1 669 900 9128 US (San Jose)
+1 309 205 3325 US
+1 312 626 6799 US (Chicago)
+1 360 209 5623 US
+1 386 347 5053 US
+1 507 473 4847 US
+1 564 217 2000 US
+1 646 558 8656 US (New York)
+1 646 931 3860 US
+1 689 278 1000 US
+1 301 715 8592 US (Washington DC)
+1 305 224 1968 US
Meeting ID: 827 3212 0205
Passcode: 762776
Find your local number: https://us02web.zoom.us/u/kc5GMMfU8l

Meeting 4 – June 7, 2023

Materials

Health Panel Pre-Meeting Survey Responses

Policy Collaborative for Children & Families

Colorado Mandatory Reporting Task Force

Interim Committee Update (July 18, 2023)

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**
  - Assistant Professor Kempe Center, University of Colorado

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

- **Donna Wilson, Ph.D. LPC**
  - 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**
  - "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**
  - "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**
  - "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**
  - "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 et 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 hen be told “you need to go to substance abuse treatment and then we will discuss if he can come home”.”

Meeting 4 – June 7, 2023

Presentation

Facilitator Slides

Policy Collaborative for Children & Families

Colorado Mandatory Reporting Task Force

Interim Committee Update (July 18, 2023)

CHILD PROTECTION OMBUDSMAN of COLORADO

KEYSTONE POLICY CENTER

Mandatory Reporting Task Force

Meeting Four

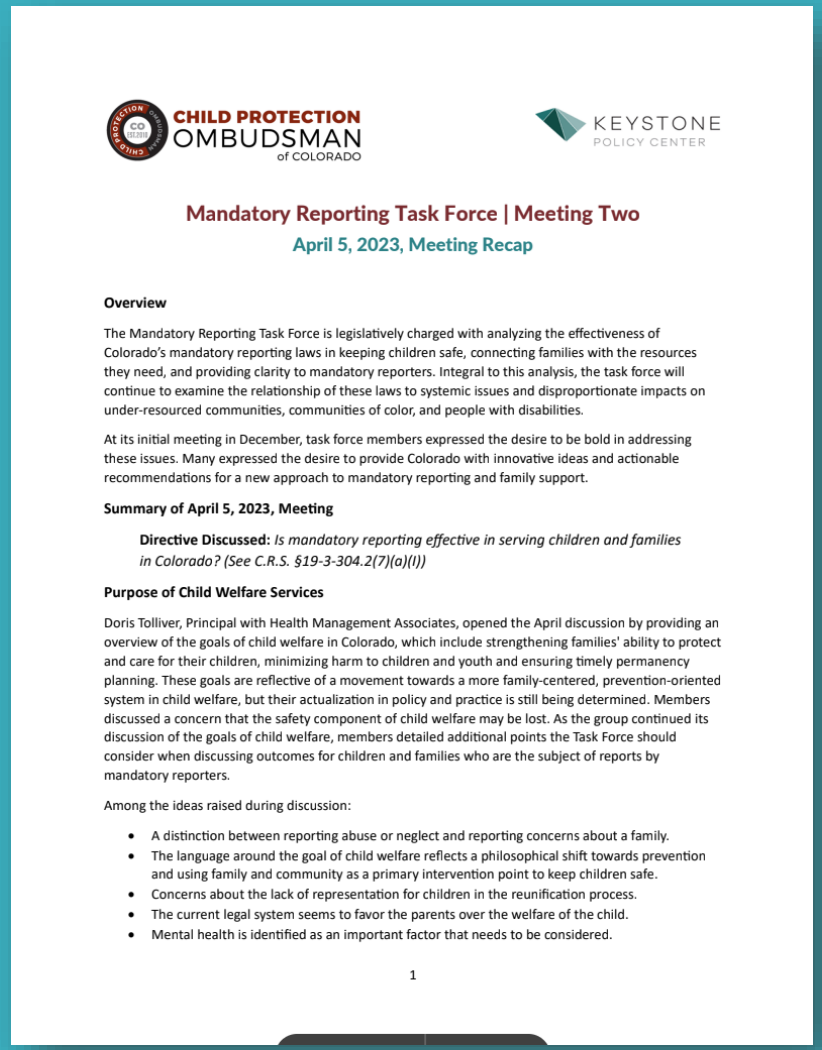
June 7, 2023

- June 7, 2023

Stephanie Villafuerte, Chair
Trace Faust and Doris Tolliver, Facilitators

•Welcome

- Member Roll Call
- April 5, 2023 Meeting Minutes
- Child Welfare Interim Committee



CHILD PROTECTION OMBUDSMAN of COLORADO

KEYSTONE POLICY CENTER

Mandatory Reporting Task Force | Meeting Two

April 5, 2023, Meeting Recap

Overview

The Mandatory Reporting Task Force is legislatively charged with analyzing the effectiveness of Colorado's mandatory reporting laws in keeping children safe, connecting families with the resources they need, and providing clarity to mandatory reporters. Integral to this analysis, the task force will continue to examine the relationship of these laws to systemic issues and disproportionate impacts on under-resourced communities, communities of color, and people with disabilities.

At its initial meeting in December, task force members expressed the desire to be bold in addressing these issues. Many expressed the desire to provide Colorado with innovative ideas and actionable recommendations for a new approach to mandatory reporting and family support.

Summary of April 5, 2023, Meeting

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

Purpose of Child Welfare Services

Doris Tolliver, Principal with Health Management Associates, opened the April discussion by providing an overview of the goals of child welfare in Colorado, which include strengthening families' ability to protect and care for their children, minimizing harm to children and youth and ensuring timely permanency planning. These goals are reflective of a movement towards a more family-centered, prevention-oriented system in child welfare, but their actualization in policy and practice is still being determined. Members discussed a concern that the safety component of child welfare may be lost. As the group continued its discussion of the goals of child welfare, members detailed additional points the Task Force should consider when discussing outcomes for children and families who are the subject of reports by mandatory reporters.

Among the ideas raised during discussion:

- A distinction between reporting abuse or neglect and reporting concerns about a family.
- The language around the goal of child welfare reflects a philosophical shift towards prevention and using family and community as a primary intervention point to keep children safe.
- Concerns about the lack of representation for children in the reunification process.
- The current legal system seems to favor the parents over the welfare of the child.
- Mental health is identified as an important factor that needs to be considered.

1

• April 5, 2023 Meeting Recap

- **Directive discussed: Is mandatory reporting effective in serving children and families in Colorado? (See C.R.S. §19-3-304.2(7)(a)(I))**
- **Panelists discussed whether the current mandatory reporting system hinders or supports child welfare services in Colorado.**

- **Dr. Kelly Fong, assistant professor of sociology at the University of California, Irvine, presented research regarding the juxtaposition between the mandatory reporters' intent in making a report, and the outcome for the child or family involved.**

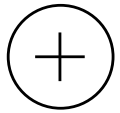
Directive Overview

Total = 19 Ongoing = 3 Complete = 0

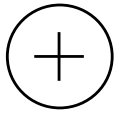
- Analyze the effectiveness of mandatory reporting.

- Analyze disproportionate impacts of mandatory reporting.

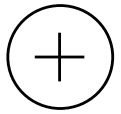
- Alternative process and services for children and families.



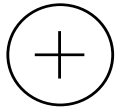
- Standardized training for implicit bias.



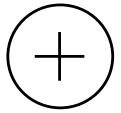
- Standard training regarding the requirements of the law.



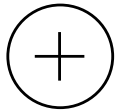
- Definition of “immediately” and timeframes for reporters



- Reporting timeframes when domestic violence, sexual assault or stalking is involved.



- Reporting medical child abuse, standards and processes.



- Whether mandatory reporters have a duty that extends beyond their professional capacity.

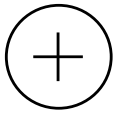
Directive Overview

Total = 19 Ongoing = 3 Complete = 0

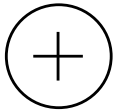
- Reporting requirements for employees/agents of attorneys providing legal representation.
- Reports involving children/youth who are the victim of dating violence or sexual assault.
- Reporting process for two or more mandatory reporters who have joint knowledge.
- Whether the duty to report may be delegated to another.
- Whether institutions may develop internal policies regarding mandatory reports.
- Training requirements for people applying/renewing professional licenses.
- Child personal information collected for a report.
- Standard training for county departments in determining which reports meet the threshold for assessment.

Directive Overview

Total = 19 Ongoing = 3 Complete = 0



- Benefits of an electronic reporting platform.



- Process for inter- and intra-agency communications, confirming receipt of reports and, in some circumstances, sharing the outcome of reports with certain mandatory reporters.

Roadmap 2023

- June 7, 2023 – Who Makes the Calls: Members who serve as mandated reporters in Colorado.
  - Medical/Mental Health Panel
- July 19, 2023 – Who Makes the Calls: Members who serve as mandated reporters in Colorado.
  - Provider/Non-Profit Panel
  - Education Panel
- August 2, 2023 – Who Makes the Calls: Members who serve as mandated reporters in Colorado.
  - Advocacy Panel
  - Legal/Law Enforcement Panel
- September 20, 2023 – Who Receives the Calls: Members who are charged with receiving and assessing calls from mandatory reporters.

Roadmap 2023

- October 4, 2023 – Who Monitors the System: Members who are charged with monitoring or enforcing the current mandatory reporting laws.
- November 8, 2023 – Interim Report Review
- December 6, 2023 – National Reform Efforts

Directive for Discussion

Is mandatory reporting effective in serving children and families in Colorado?

(See C.R.S. 19-3.3-304.2(7)(a)(I))

Why are mandatory reporters making calls?

1. Concerns about the safety of a child.
2. Desire to connect families and children with resources and services.
3. Concerns about legal liability for failing to report.

Meeting 4 – June 7, 2023

Presentation

AFCARS & NCANDS Data

Casey Family Programs

Colorado Mandatory Reporting Task Force

Interim Committee Update (July 18, 2023)

Ombudsman (June Presentation Final)

File created on: 6/6/2023 6:34:31 AM

Mandatory Reporter Taskforce | Colorado

The Office of Colorado's Child Protection Ombudsman (CPO) is committed to ensuring the state's child protection system consistently provides high quality services to every child, family and community in Colorado

Data prepared by Casey Family Programs, Data Advocacy

Data throughout presentation derived from state submitted Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Child Abuse and Neglect Data System (NCANDS) child files.

AFCARS: Adoption and Foster Care Analysis and Reporting System

AFCARS was established to provide data that would assist in policy development and program management. Data can be used by policymakers at the federal, Tribal, and state levels to assess how many children are in foster care, reasons why they enter, how they exit, and to develop strategies to prevent their unnecessary placement into foster care.

NCANDS: National Child Abuse and Neglect Data System

Voluntary data collection system that gathers information from all 50 states, DC, and PR about reports of child abuse and neglect. NCANDS established in response to the Child Abuse Prevention and Treatment Act of 1988. The data are used to examine trends in child abuse and neglect across the country and findings are published in the Child Maltreatment Reports.

Screening Decisions

NCANDS only includes children that have been accepted for an investigation/assessment. According to the most recent Child Maltreatment Report, Colorado screens out 2 out of every 3 reports. Casey is not able to report on who reports nor outcome of these calls.

Race/Multi-Racial Children

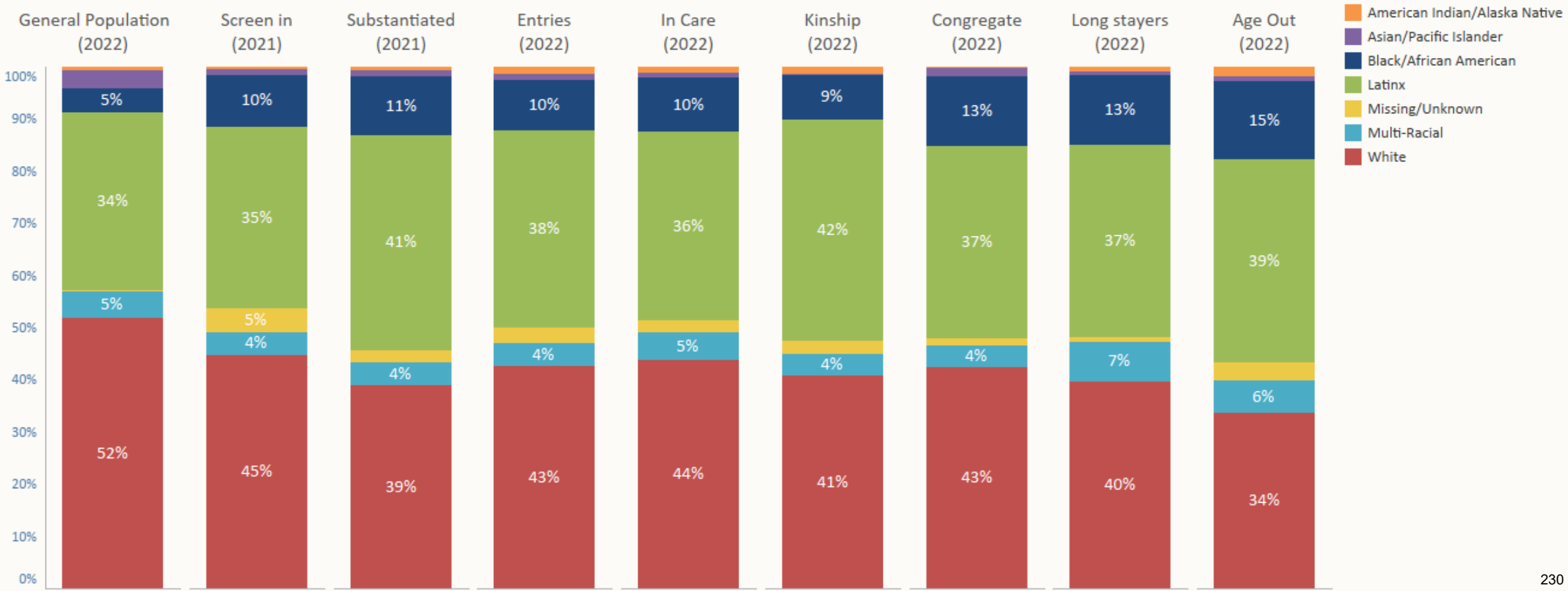
When reviewing race/ethnic disaggregated data slides, consideration of the racial make-up of multi-racial children can be helpful. In Colorado, of the approximately 200 multi-racial children in care 80% are described as Black/African American and White.

Best practice for reporting race would include self-disclosure of child. How data gets input into the case managmenet system may vary.

Urban v. Rural Counties

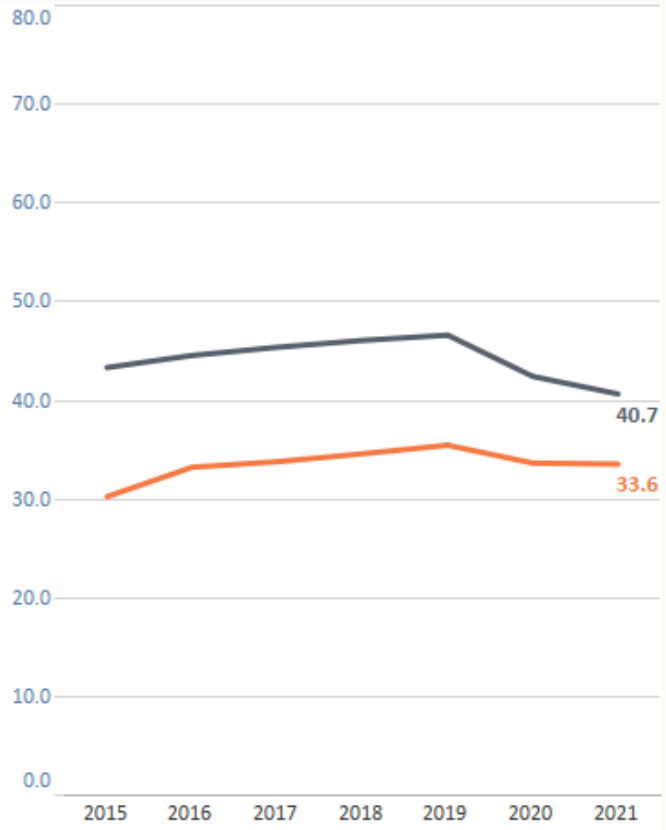
Urban counties include El Paso, Denver, Arapahoe, Jefferson, Adams, Douglas, Larimer, Weld, Boulder, Pueblo, and Mesa Counties

a **decision point analysis** can provide a helpful picture for understanding disparity by visually tuning-in to over- and under- represented groups relative to their proportion in the base population.

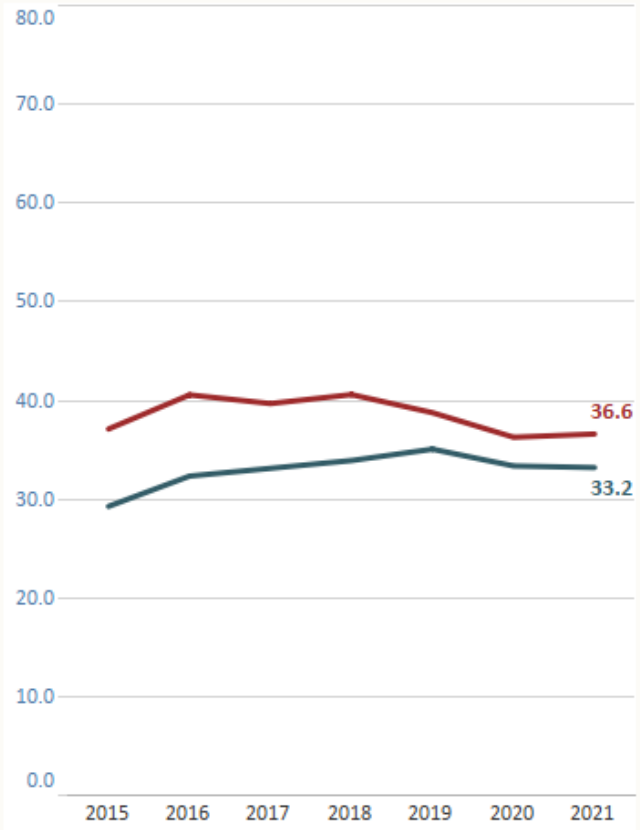


Rate of children (ages < 18) screened in for an investigation or assessment during the federal fiscal year.
(unique count of children < age 18; per 1,000 children in population)

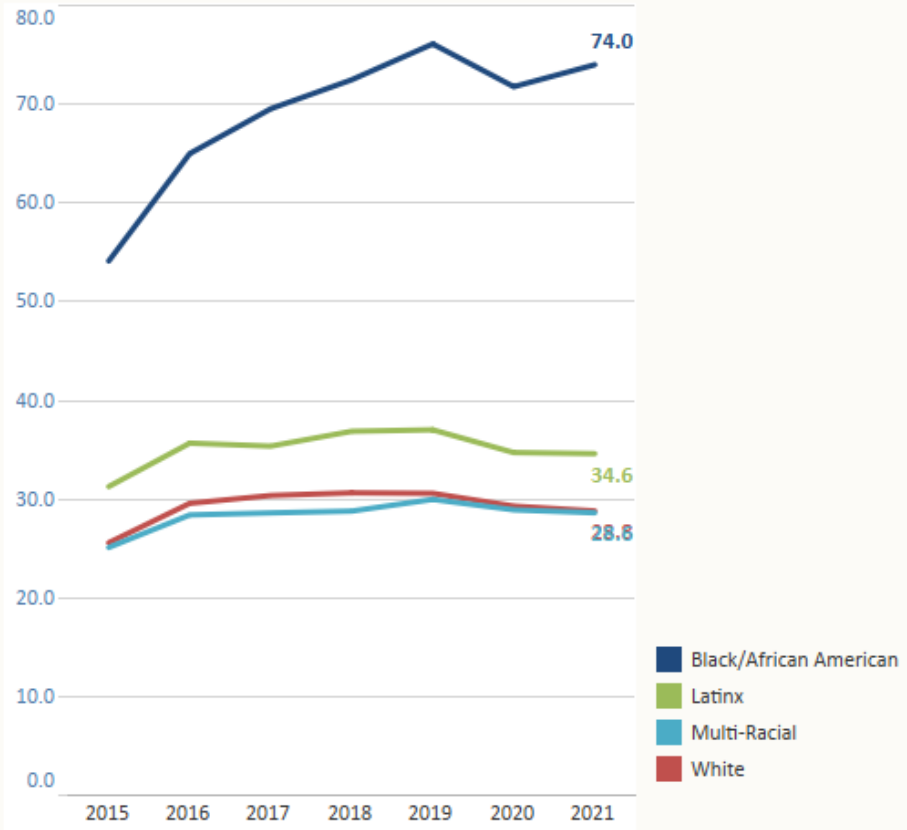
Colorado/National



Urban/Rural



Colorado by race/ethnic group



Disparity through the child protection system continuum

An accepted report of abuse begins a families path through the child protection system.

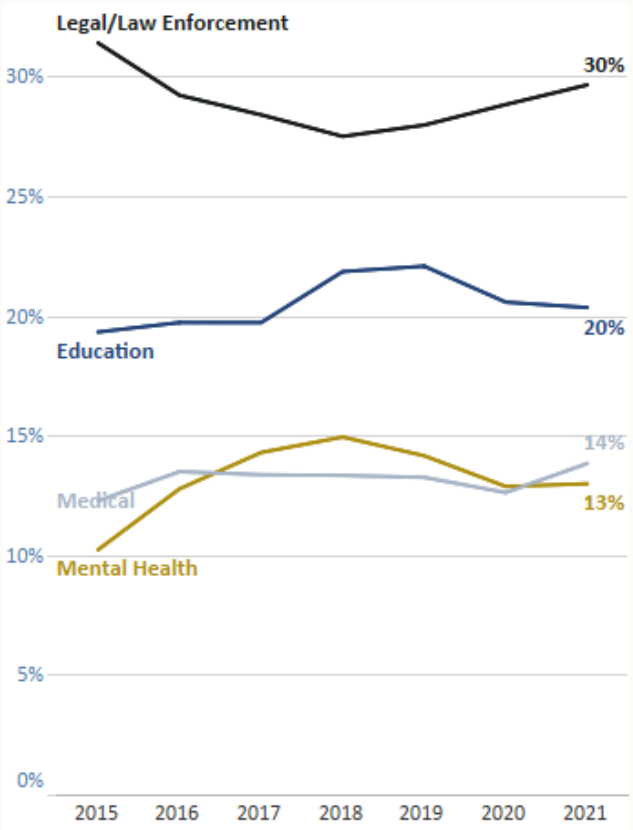
Children are surveilled by a variety of mandated and non mandated reporters.

Although 33 children out of 1,000 in the general population are investigated for abuse/neglect, over 80% are not substantiated. How does racial equity fare among report disposition?

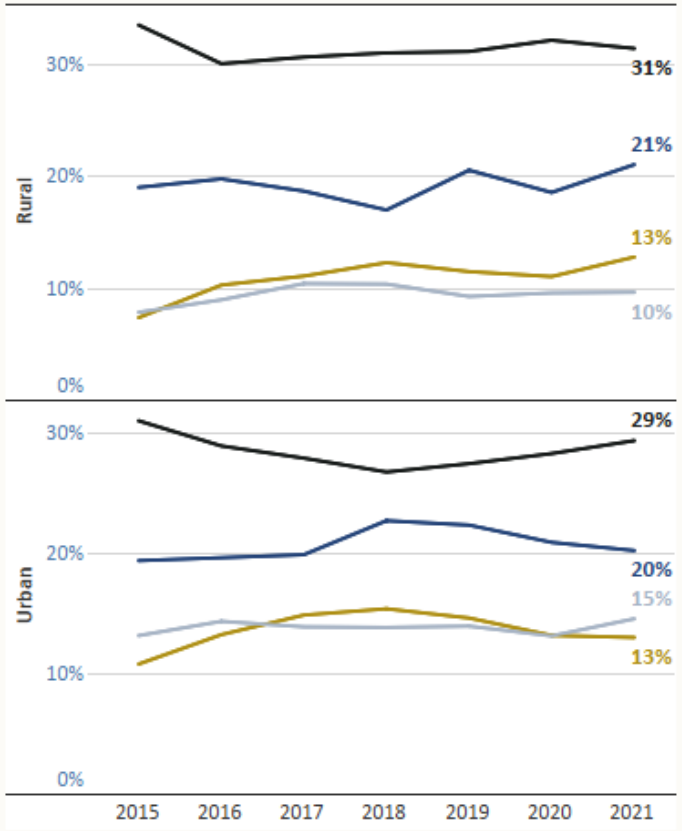
During federal fiscal year 2021, was there differences among reporters in whether an investigation was substantiated?

Percent of children (ages < 18) screened in for an investigation or assessment during the federal fiscal year.
(unique count of children < age 18; limited reporter sources shown; axis ranges may vary across graphs)

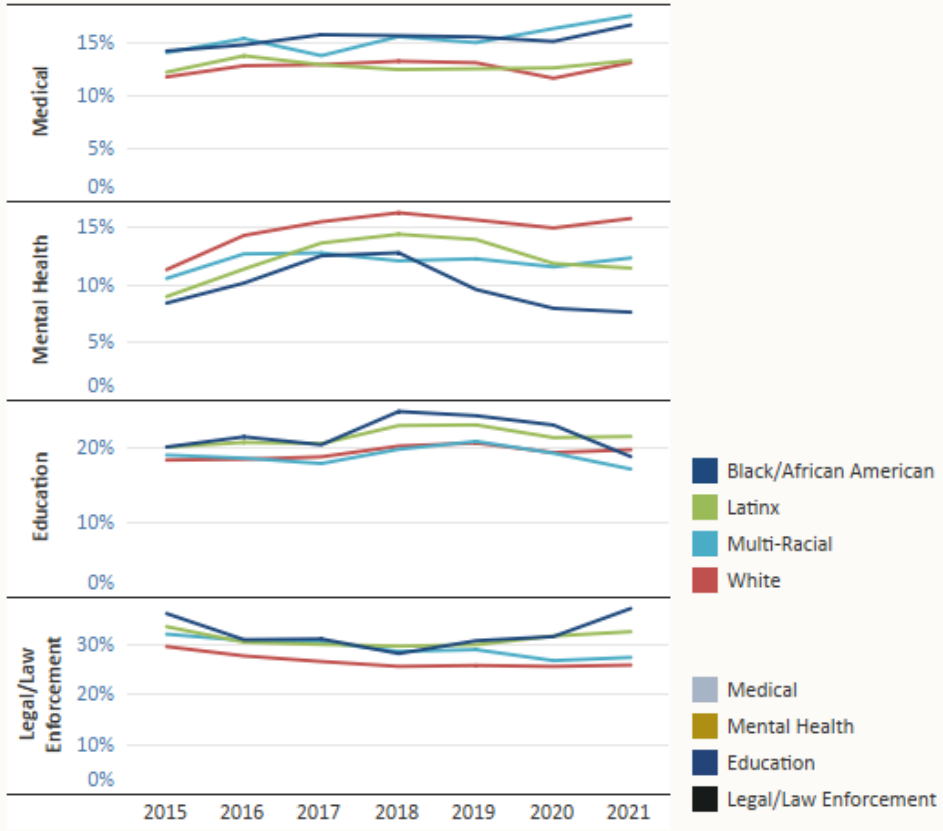
by reporter



by locality



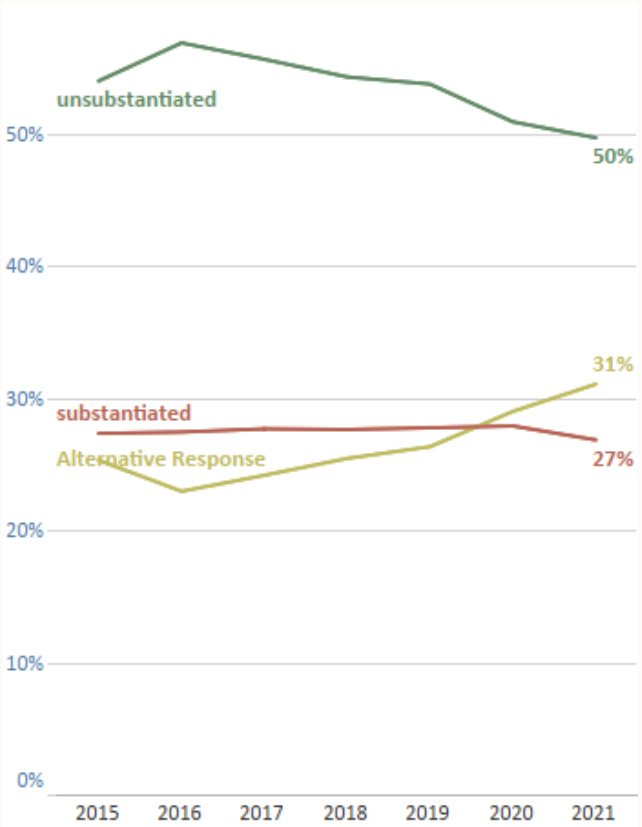
by race/ethnic group



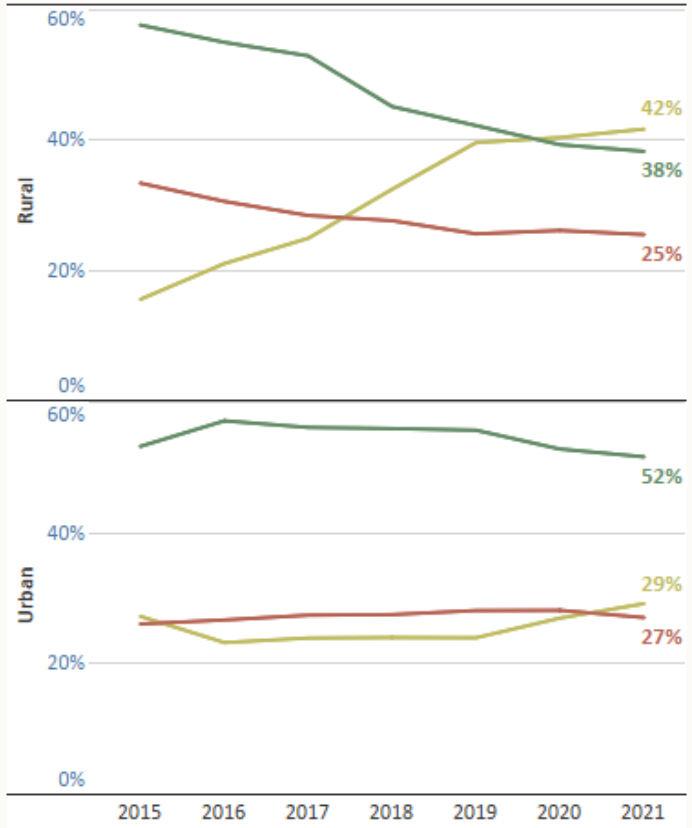
An accepted report of abuse begins a families path through the child protection system.	Children are surveilled by a variety of mandated and non mandated reporters.	**Although 33 children out of 1,000 in the general population are investigated for abuse/neglect, over 80% are not substantiated. How does racial equity fare among report disposition?**	During federal fiscal year 2021, was there differences among reporters in whether an investigation was substantiated?	Are there factors that have lead to the increases in the percent of children reported by medical/mental health professionals?

Percent of children (ages < 18) screened in for an investigation during the federal fiscal year **by disposition**.
(unique count of children < age 18; unknown/missing disposition not displayed)

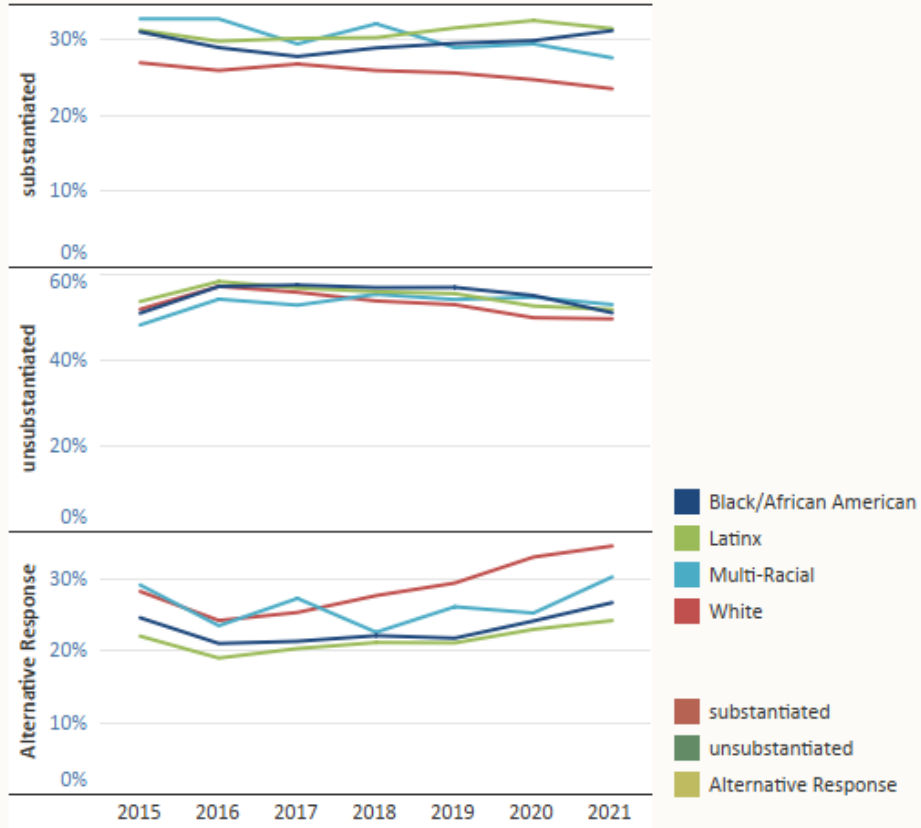
by disposition



by locality



by race/ethnic group



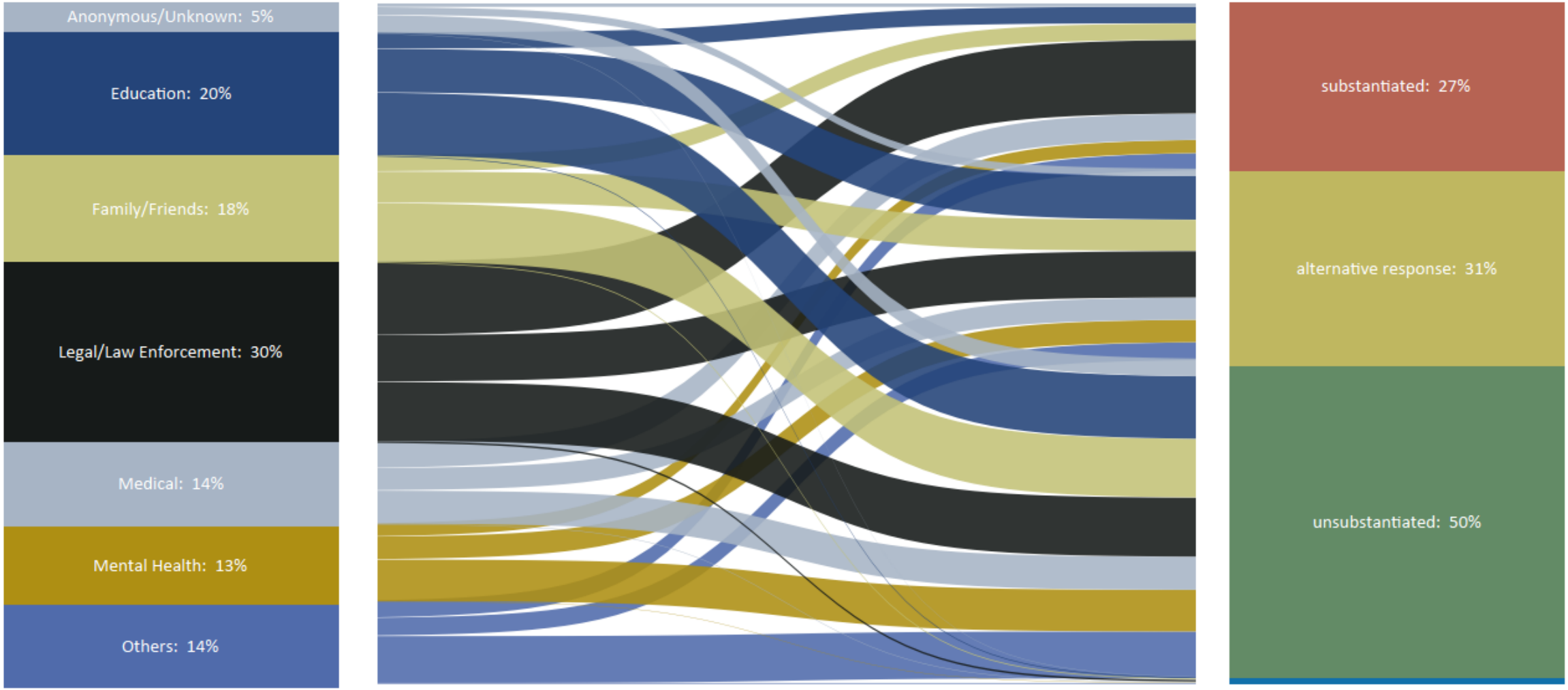
Children are surveilled by a variety of mandated and non mandated reporters.

Although 33 children out of 1,000 in the general population are investigated for abuse/neglect, over 80% are not substantiated. How does racial equity fare among report disposition?

During federal fiscal year 2021, was there differences among reporters in whether an investigation was substantiated?

Are there factors that have lead to the increases in the percent of children reported by medical/mental health professionals?

About 1 in 4 children reported by a medical/mental health provider result in a substantiation. Is there equity in dispositional outcomes?



Although 33 children out of 1,000 in the general population are investigated for abuse/neglect, over 80% are not substantiated..

During federal fiscal year 2021, was there differences among reporters in whether an investigation was substantiated?

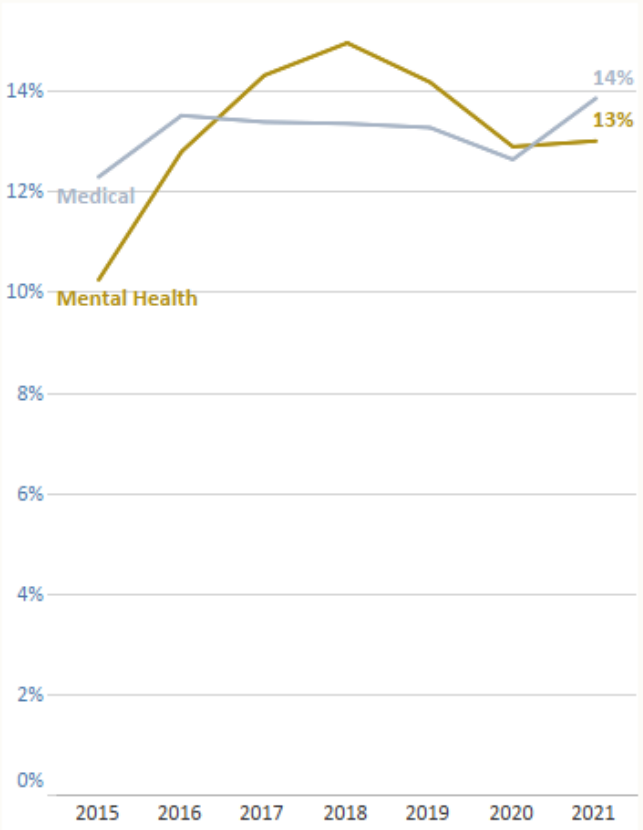
Are there factors that have lead to the increases in the percent of children reported by medical/mental health professionals?

About 1 in 4 children reported by a medical/mental health provider result in a substantiation. Is there equity in dispositional outcomes?

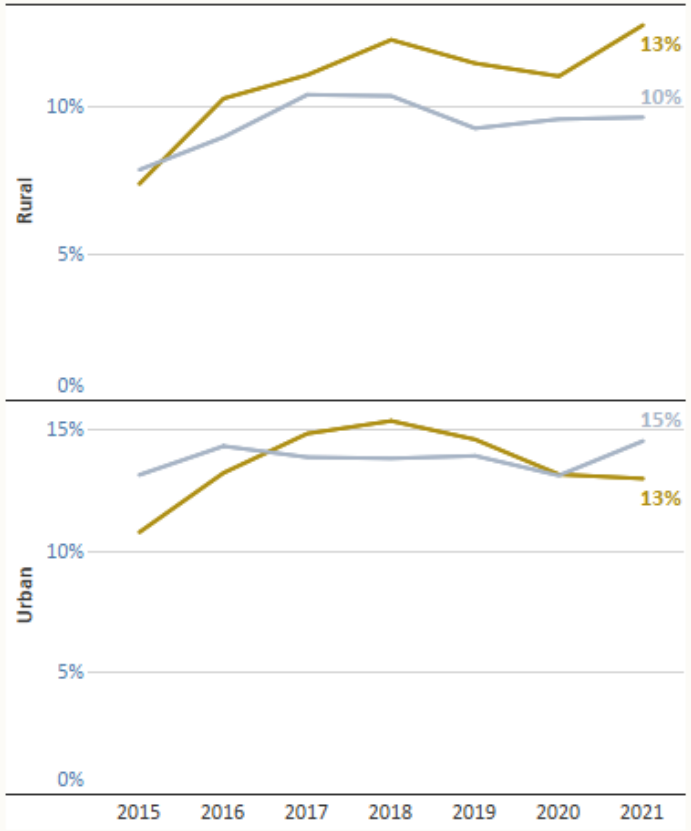
Are different types of child maltreatment allegations called in equitably among reporters?

Percent of all children (ages < 18) screened in for an investigation during the federal fiscal year reported **by medical/mental health professionals**.
(unique count of children < age 18; axis ranges vary across graphs)

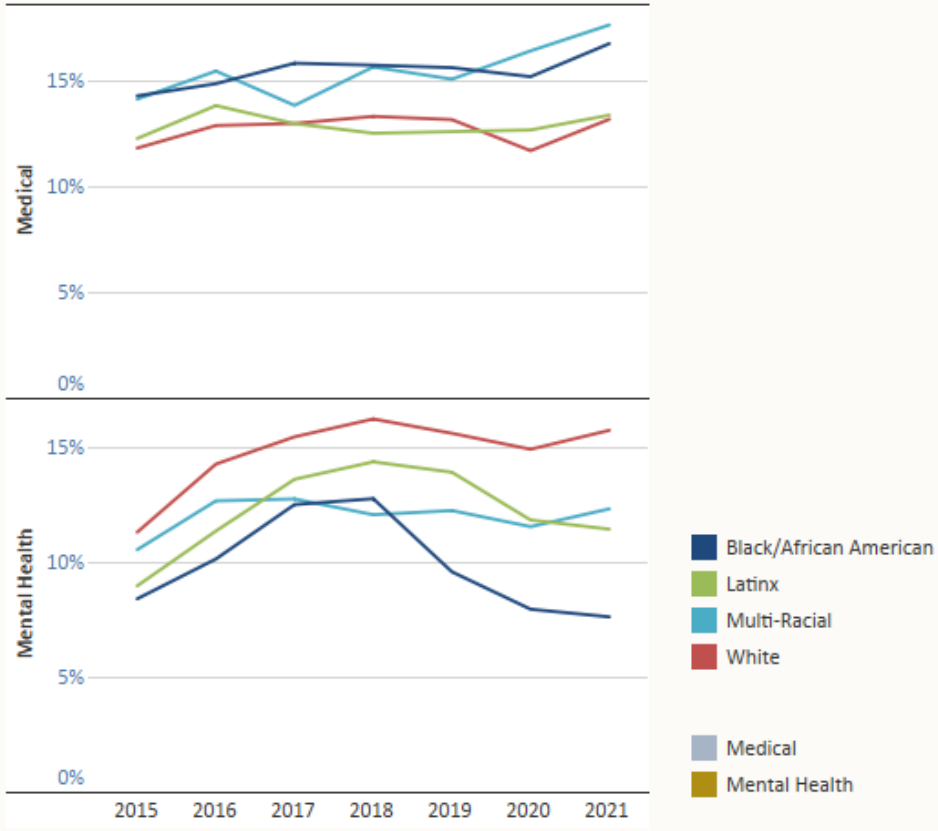
by reporter source



by reporter source



by race/ethnic group



During federal fiscal year 2021, was there differences among reporters in whether an investigation was substantiated?

Are there factors that have lead to the increases in the percent of children reported by medical/mental health professionals?

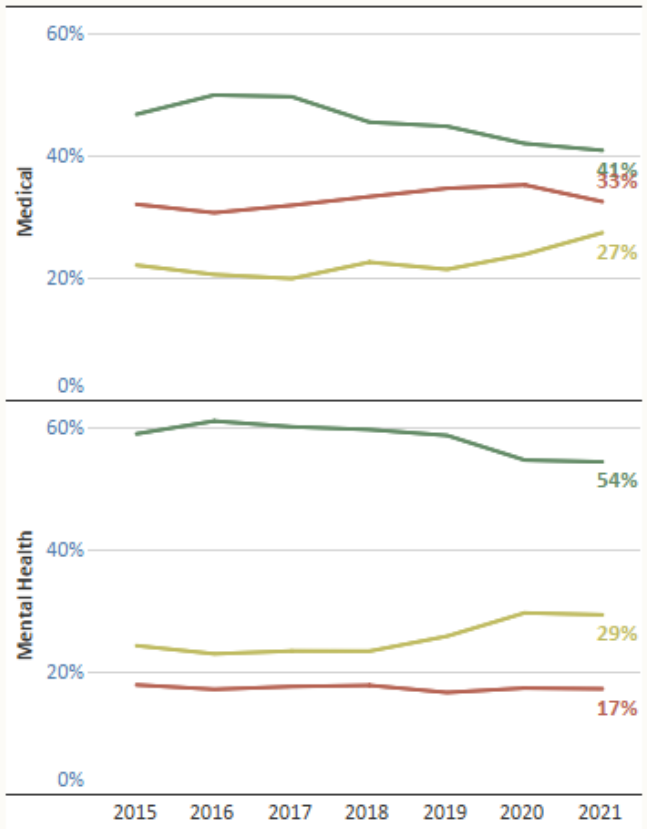
About 1 in 4 children reported by a medical/mental health provider result in a substantiation. Is there equity in dispositional outcomes?

Are different types of child maltreatment allegations called in equitably among reporters?

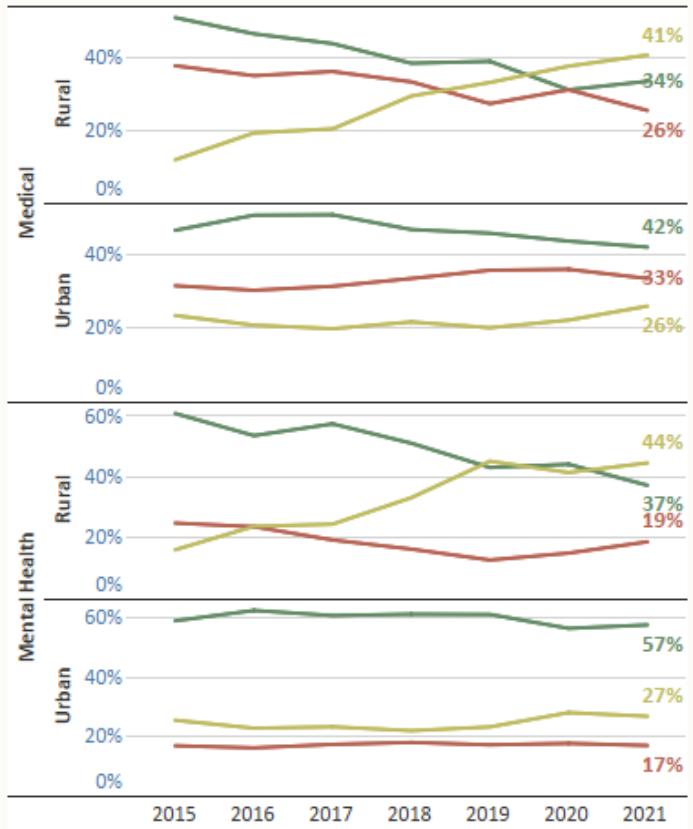
Reports with Medical Neglect allegations

Percent of children (ages < 18) reported by medical/mental health professionals screened in for an investigation during the federal fiscal year by disposition.
(unique count of children < age 18; unknown/missing disposition not displayed)

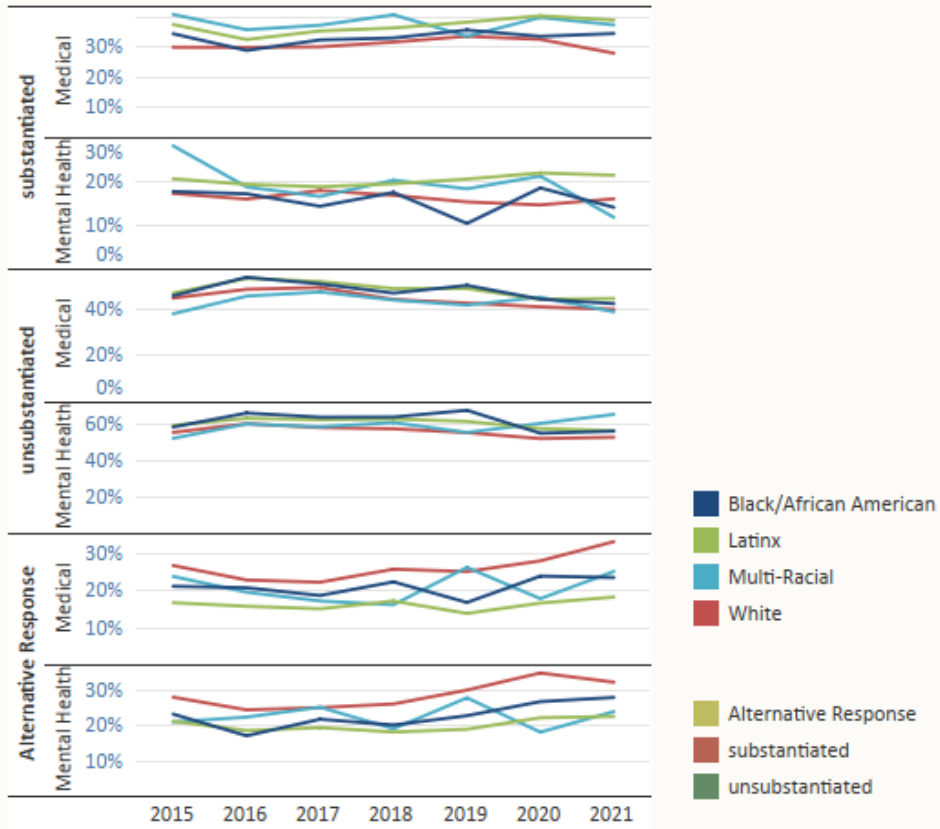
by disposition



by locality

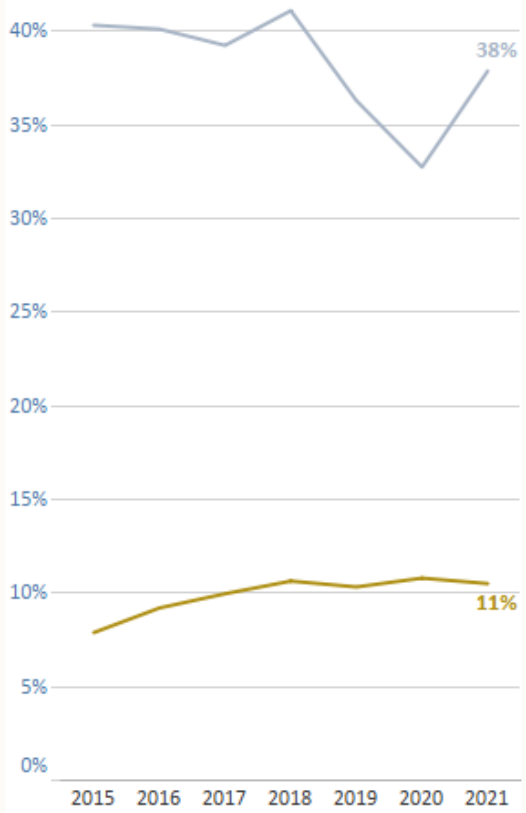


by race/ethnic group

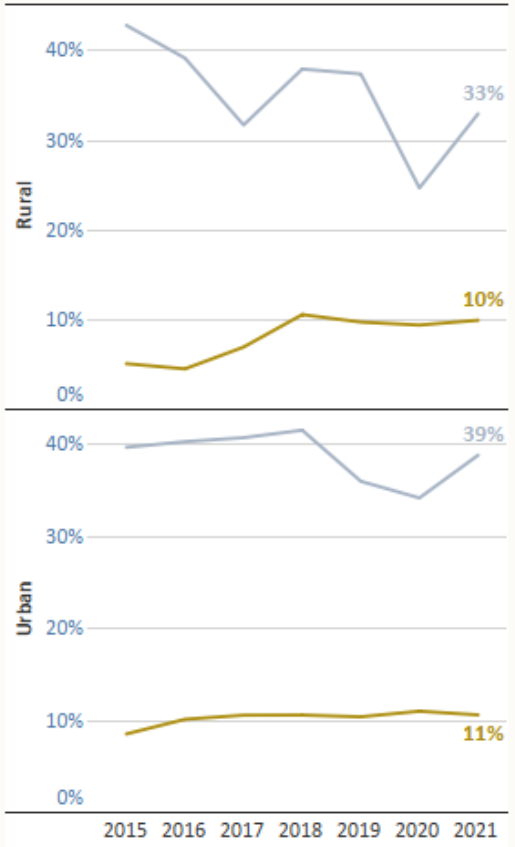


Percent of all children (ages < 18) screened in for an investigation during the federal fiscal year reported **by medical/mental health professionals** by allegation type.
(unique count of children < age 18; axis ranges vary across graphs)

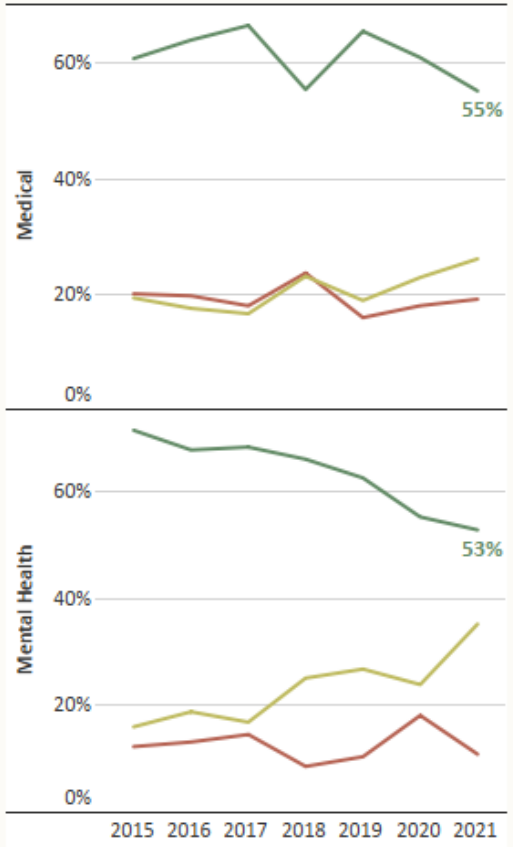
Allegation type **medical neglect**



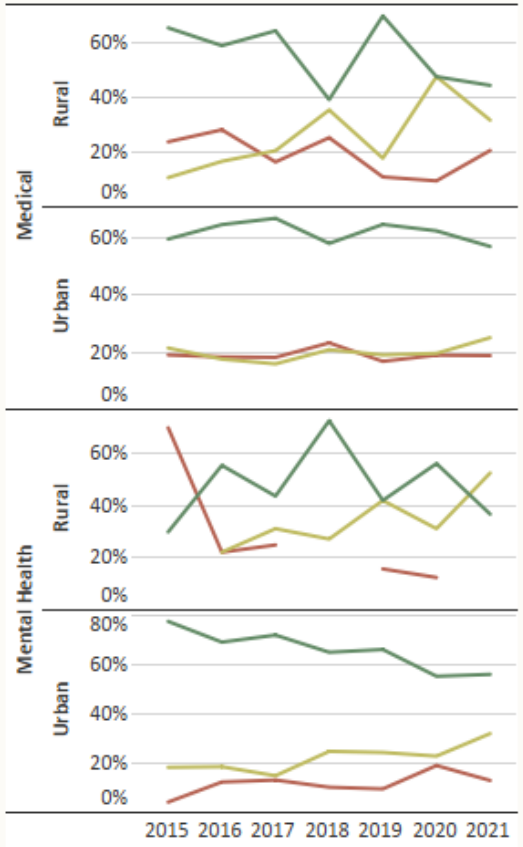
By Locality

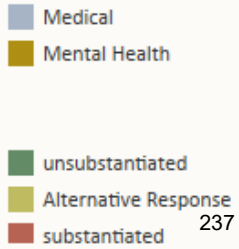


by disposition



By Locality

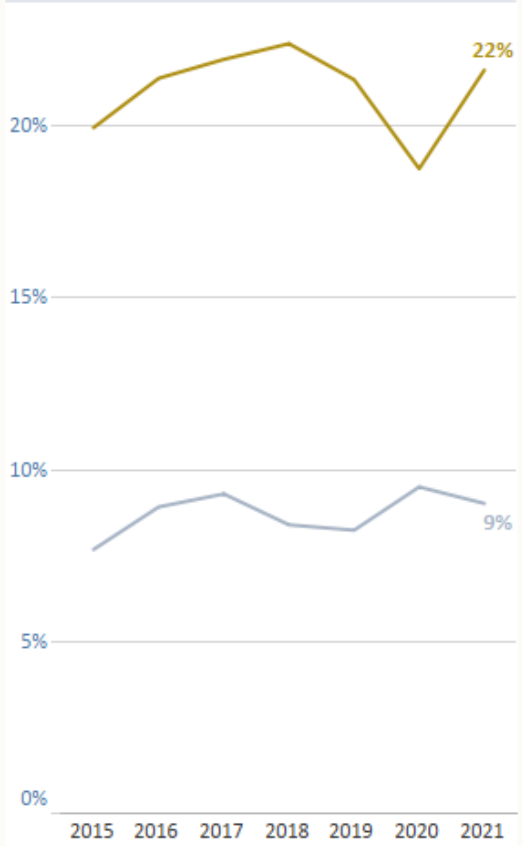




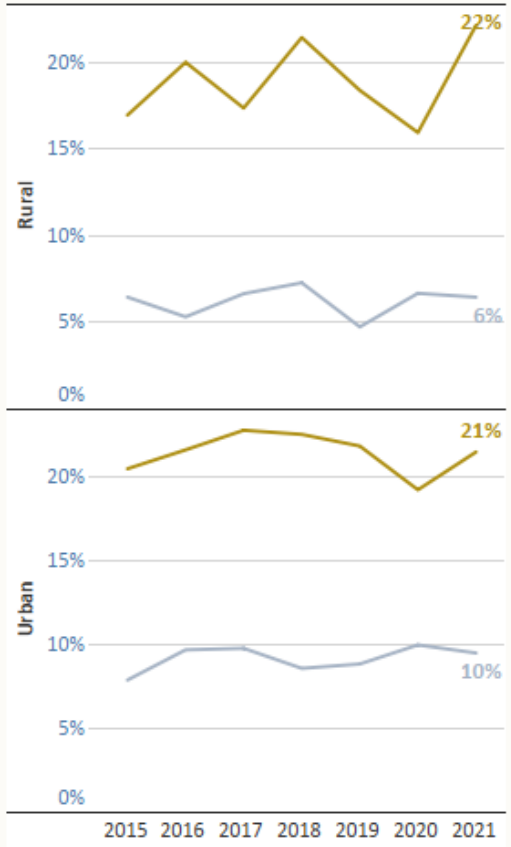
Are different types of child maltreatment allegations called in equitably among reporters?	Reports with Medical Neglect allegations	**Reports with Sexual Abuse allegations**	Reports with Physical Abuse allegations	Reports with General Neglect allegations

Percent of all children (ages < 18) screened in for an investigation during the federal fiscal year reported **by medical/mental health professionals** by allegation type.
(unique count of children < age 18; axis ranges vary across graphs)

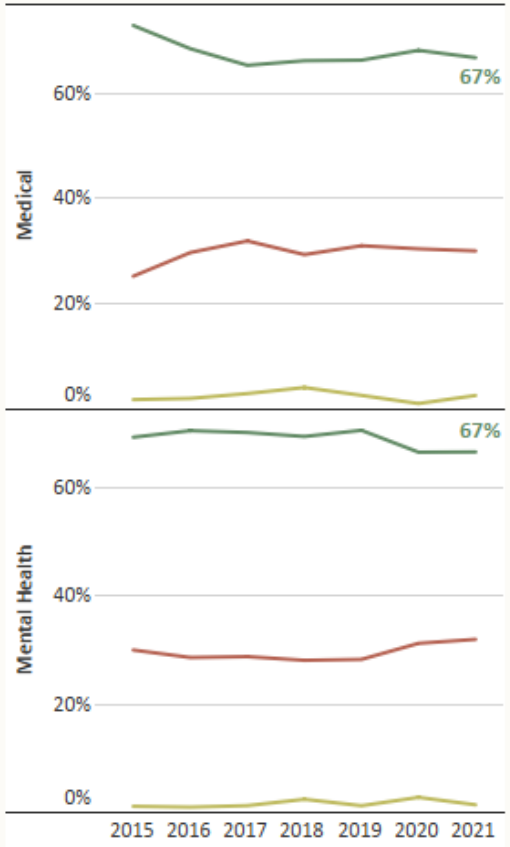
Allegation type **sexual abuse**



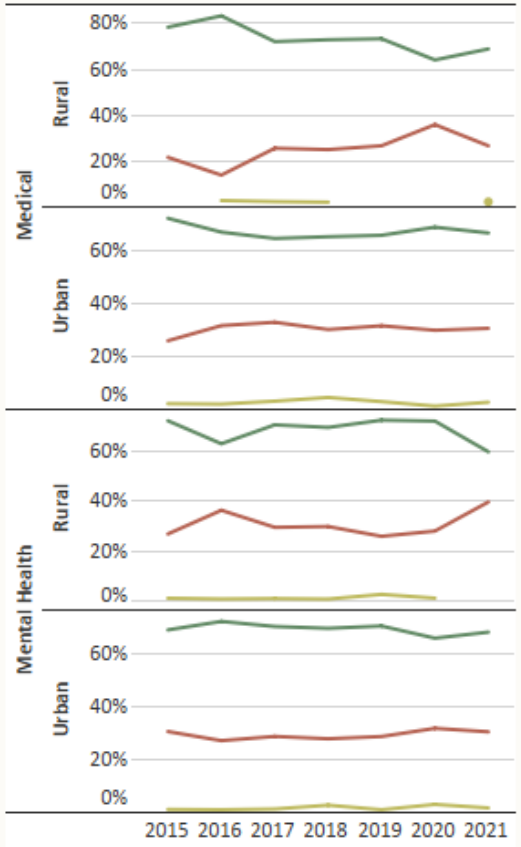
By Locality

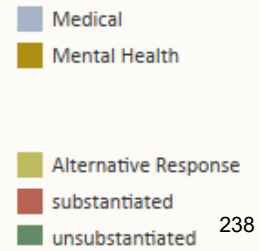


by disposition



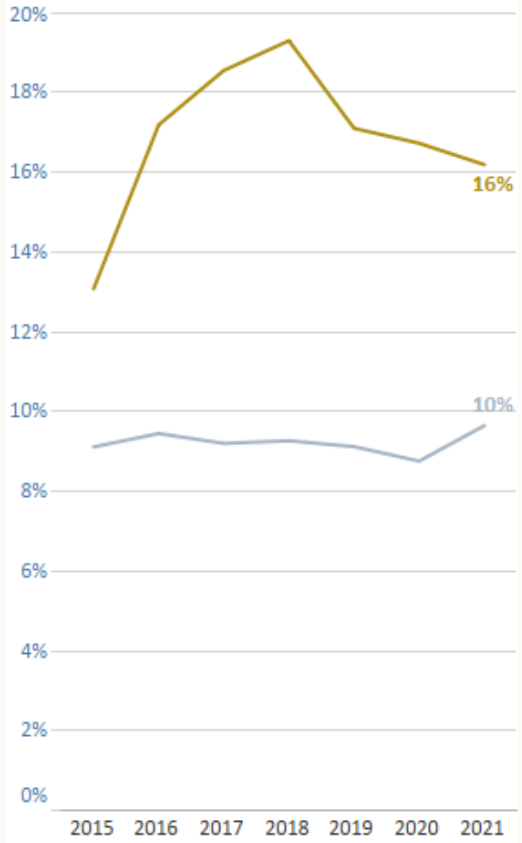
By Locality



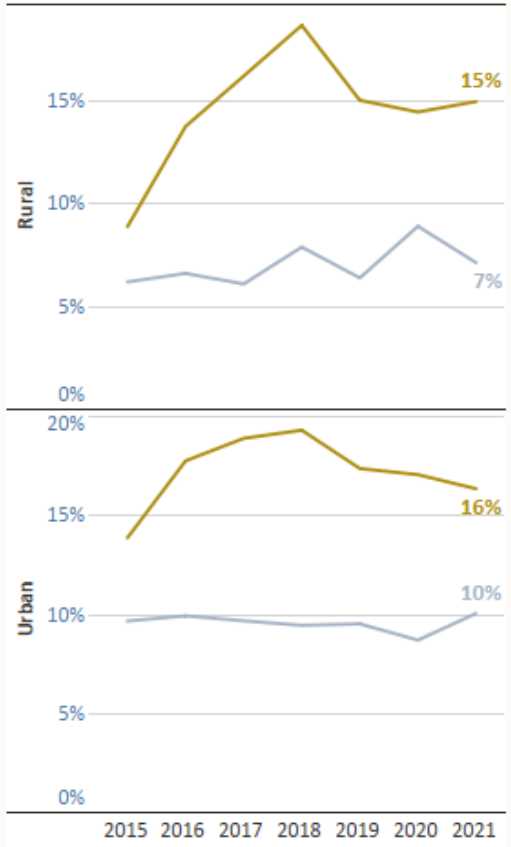


Percent of all children (ages < 18) screened in for an investigation during the federal fiscal year reported **by medical/mental health professionals** by allegation type.
(unique count of children < age 18; axis ranges vary across graphs)

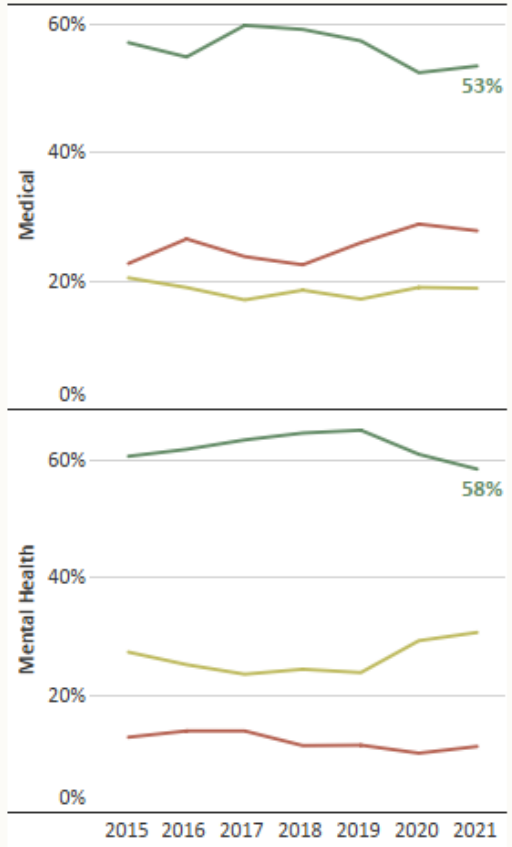
Allegation type **physical abuse**



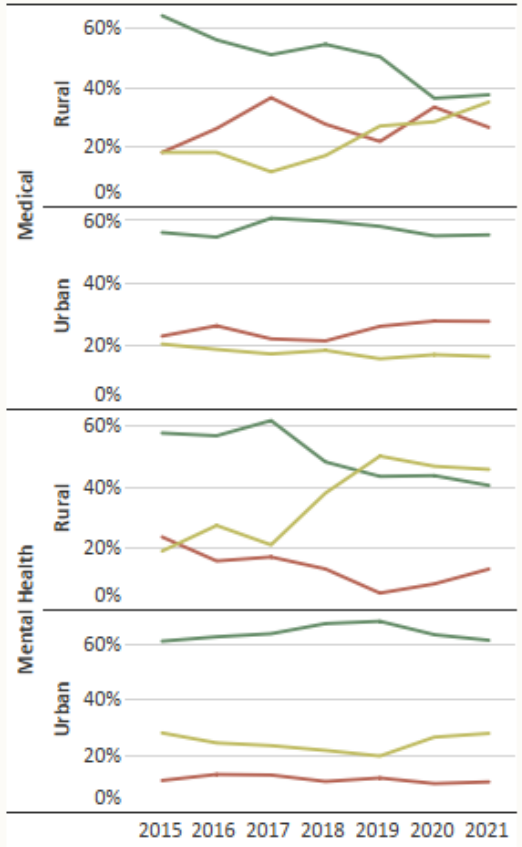
By Locality

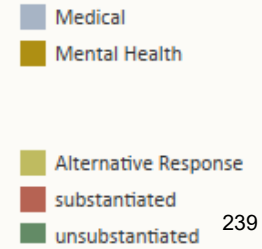


by disposition



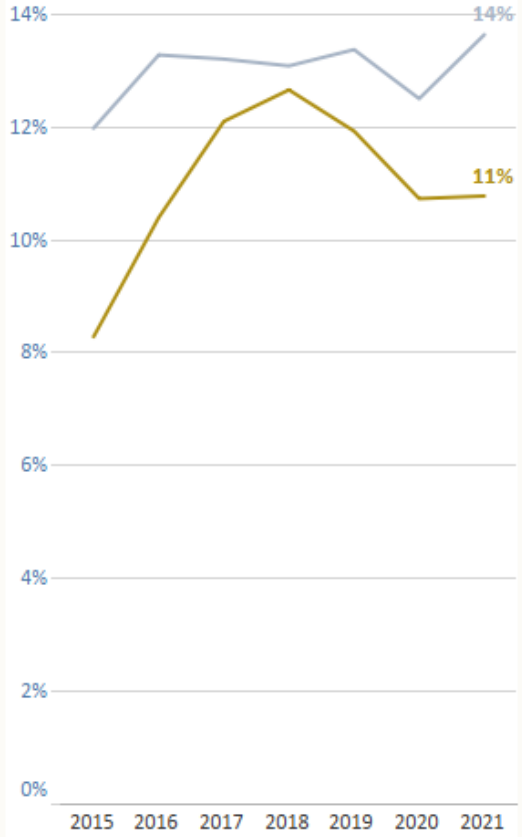
By Locality



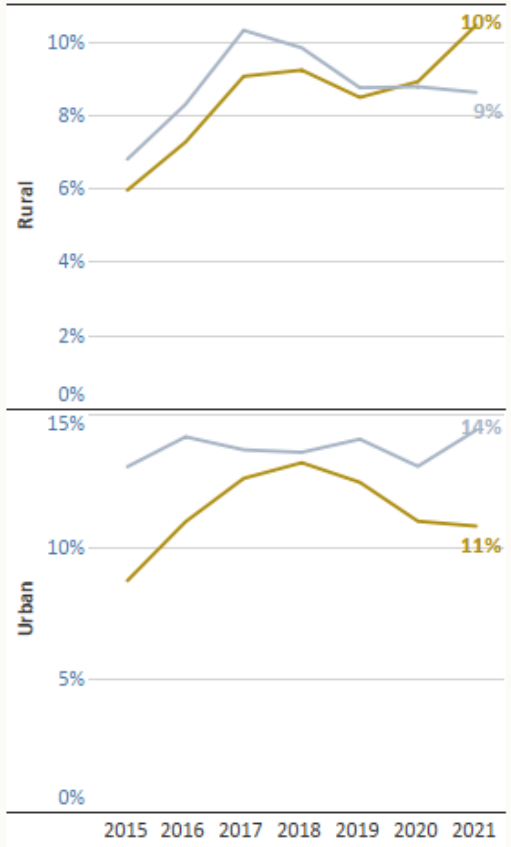


Percent of all children (ages < 18) screened in for an investigation during the federal fiscal year reported **by medical/mental health professionals** by allegation type.
(unique count of children < age 18; axis ranges vary across graphs)

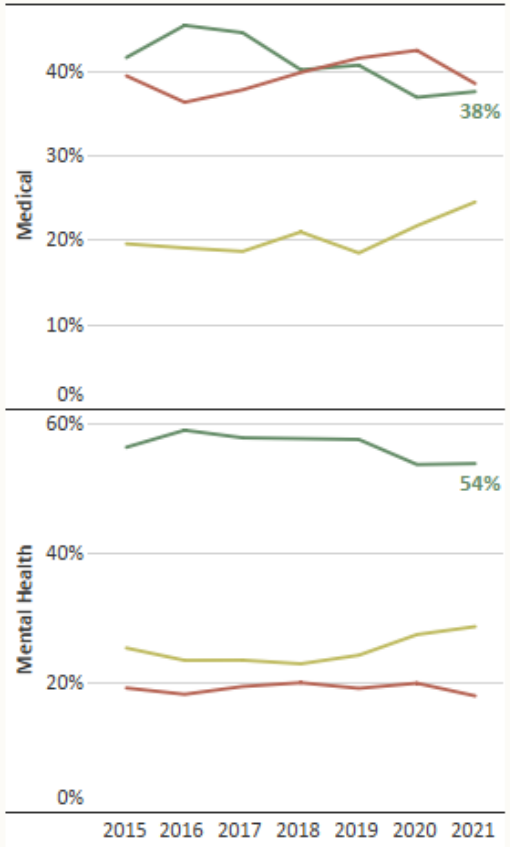
Allegation type **general neglect**



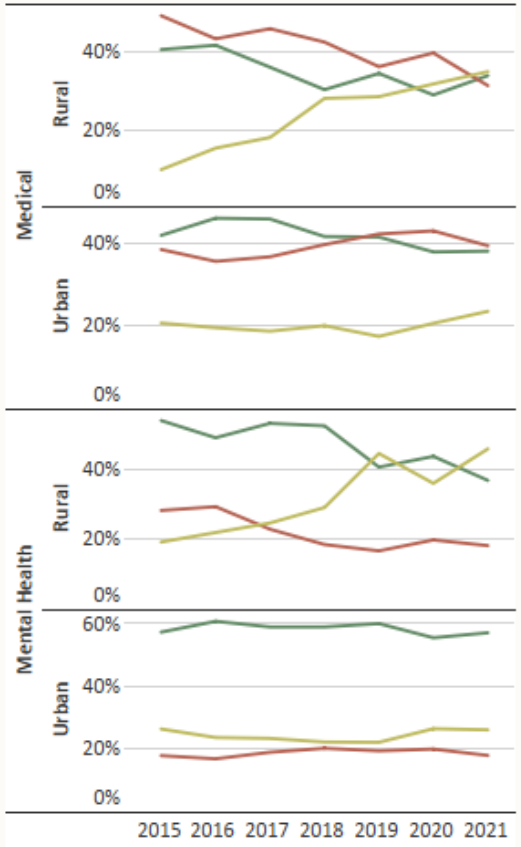
By Locality

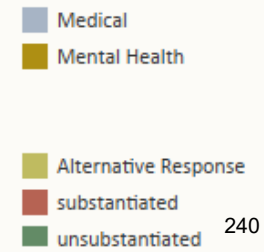


by disposition



By Locality



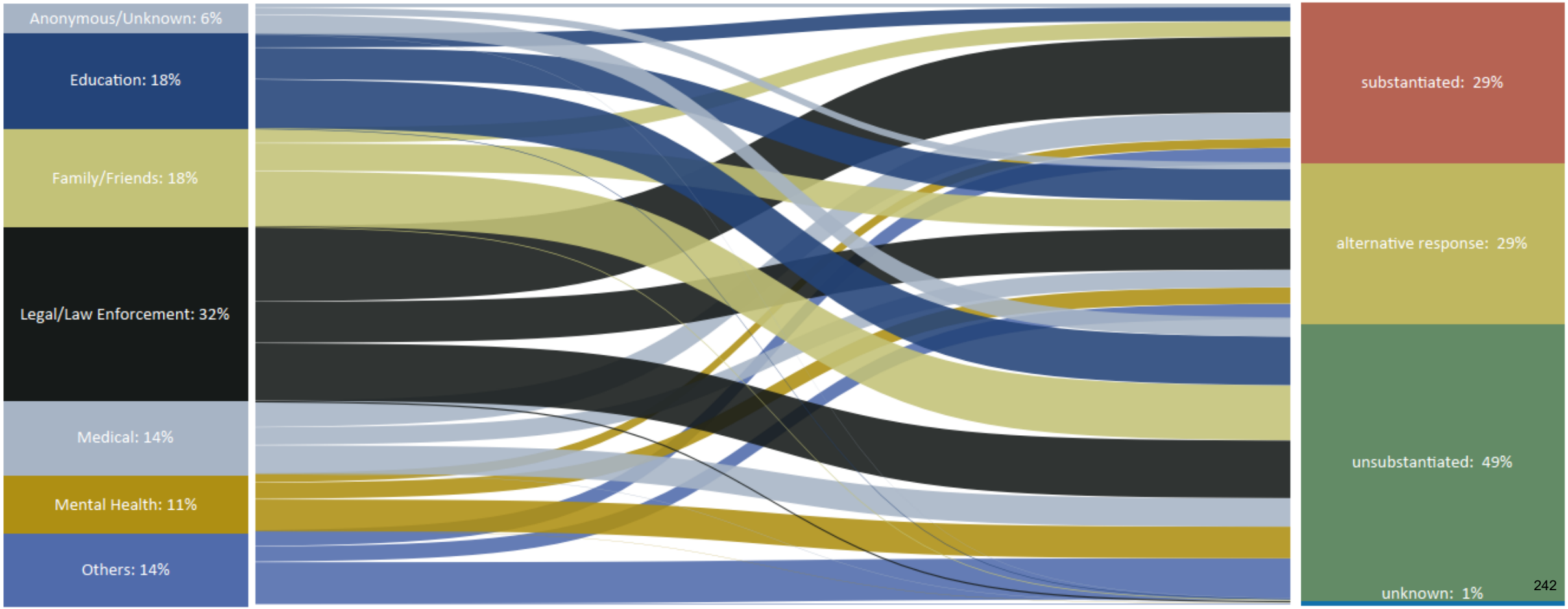


Reports with Medical Neglect allegations	Reports with Sexual Abuse allegations	Reports with Physical Abuse allegations	Reports with General Neglect allegations	**Thank you!**

Where do we go now?

Are there factors that have lead to the increases in the percent of children reported by medical/mental health pr..	About 1 in 4 children reported by a medical/mental health provider result in a substantiation. Is there equity in dispositional outcomes?	**Are different types of child maltreatment allegations called in equitably among reporters?**	Reports with Medical Neglect allegations	Reports with Sexual Abuse allegations

Maltreatment Type
Neglect



For more information on the Colorado Mandatory Reporting Task Force, including meeting recordings and a complete schedule of upcoming meetings, please visit coloradocpo.org

CONTACT

Michael W. Teague

Director of Public Affairs & Legislative Liaison

mteague@coloradocpo.org

POLICY COLLABORATIVE FOR CHILDREN & FAMILIES