



**Mandated Reporting to  
Community Supporting  
Task Force**

*Communities Keeping Children Safe  
and Families Together*

**Mandated Reporting to Community Supporting  
Task Force and Subcommittee Meetings  
February 13, 2024**

**1:00 to 4:00 pm**

**MEETING MINUTES**

[Recording](#)

[Meeting Slide Deck](#)

In Attendance	TASK FORCE MEMBERS	ADVISORY/PROJECT MANAGEMENT	GUESTS/PRESENTERS
	Dana E. Blackwell, Co-Chair Roger De Leon Jr., Co-Chair André Chapman Arati Vasani Charity Chandler-Cole Danielle Lowe Daniel Webster Diane Elias Hillary Konrad Jason Sharpe Jenny Pearlman Joan Miller Kathryn Miller Kelly Graesch Dr. Khush Cooper Luciana Svidler Melinda Sokolowski Dr. Mercie DiGangi Raina Peres-Diaz Sarah Cook Shelley Lopez Tamara Hunter Tina Rios Wendy Alvarez Zoila Perez Sanchez	Alli Schisler Beth Kuentler Cheryl Treadwell David Swanson-Hollinger Doris Tolliver Faiqa Ejaz Juliet Cox Kathy Icenhower Katie Albright Lori Clarke Palak Shah Selena Childs Vanessa Spignoli Wendy DeTata	Aakanksha Sinha Anne Heiligenstein Carol Self Kristen Rudlang- Perman Kathy Bonk
<b>WELCOME</b>	Approved minutes from MRCS January 16, 2023 meeting		

Roger De Leon Jr. and Dana Blackwell	
<b>OPENING PUBLIC COMMENT</b>	None
<b>LAND AND LABOR ACKNOWLEDGMENT</b>	
<p><b>GROUNDING THE WORK: Personal Perspective</b>  <b>The “Why” of the work</b></p> <p>Tina Rios</p>	<p>Tina Rios dedicated her “why” to Anna Estevez whose story inspired her to have courage and seek safety for her son. Tina’s commitment to this work began with the promise she made to her son. When he was six years old he told her, if daddy ever takes me again from you, fight like a wild animal. He is 12 now. And Tina continues to fight, not only for him, but for all children, including those of her ancestors and those children yet born. Every day she prays to her ancestors to guide her and to God, to use her to lead others on a path of healing toward safety.</p> <p>Tina said her “why” is because her aunts and sisters did not have a voice. So she will always speak the truth until we break the lie. This is why the paradigm shift takes place when we accept that we must stop harming children.</p> <p>Tina said her “why” is because she’s an indigenous woman, who are the most impacted by intimate partner violence, even though it's not part of their traditions but rather because of colonialism. Tina is a survivor of domestic violence and by proxy of the child welfare system. Her son was removed at six years old under the catch-all general neglect that she is working to narrow here in the Task Force. Tina believes that the child welfare system is a refuge for users and perpetrators who use threats of calling child protective services to control protective parents.</p> <p>Tina stated that her story is not unique. It was published by the LA County Office of Violence Prevention Storytellers project and can be found on their website. Tina co-founded the Reimagining Child Safety Group which has won awards for their work. Go to <a href="https://www.reimaginechilddafety.org/">https://www.reimaginechilddafety.org/</a> to read about their work.</p>
<p><b>GROUNDING THE WORK - NATIONAL &amp; STATE LEARNINGS</b></p> <p>Dana Blackwell  Kristen Rudlang  Perman  Aakanksha Sinha  Carol Self  Anne Heiligenstein</p>	<p>Casey Family Programs in partnership and consultation with various child welfare organizations as well as individuals with lived experience is developing a report that examines mandatory reporting, and whether or not it's effective at achieving its intended purpose of keeping children safe. Examined academic literature, quantitative and qualitative data and testimonials from families. Our intention has been to develop a report that is action oriented and offers very concrete strategies for transformation within a systems framework, because it is clear that in order to advance change, you have to push on multiple levels.”</p> <p>The report is not available yet. Some high-level themes include:</p> <ul style="list-style-type: none"> <li>○ Deep-rooted issues impacting mindset such as values, attitudes, and cultural beliefs are present System structures in terms of policies, agency procedures are there that are causing a cyclical pattern of overuse and misuse of mandated reporting.</li> <li>○ Lack of evidence that supports the efficacy of mandated reporting. However, there is evidence that shows the harms of mandated reporting on children and families.</li> </ul>

- Agency policies and practices as well as federal stipulations that lead to overuse and misuse of mandated reporting, such as: weak definitions and directions; legal implications of not reporting; lack of resources for training; and lack of knowledge for alternate responses.
- Mindset: beliefs and values that have been held in place over generations that are causing harm and trauma and disengagement around what kind of trauma can be caused by reporting

The Report’s recommendations will fall into five main buckets: foundational, education, policy, supportive and restorative.

- Foundational

- Engage people with lived experience and cross systems partners and establish shared mechanisms for decision-making.
- Examine funding and other policy structures that emphasize surveillance and over-reporting and identify what is motivating behavior to call the hotline.
- New Hampshire conducted a survey of mandatory reporters. A primary focus of their work has been making sure that parents have opportunities to talk about the adverse impacts of a call to the hotline and recognizing that calling the hotline is not a neutral strategy. Developing a community response guide as well as community navigators who are individuals with direct lived experience to provide consultation and connect families to community resources.
- CO recently released an interim report. They recognize the disparate impact on families of color and under resourced communities. They also recognize the large volume of calls that were for reasons that did not require intervention of child protection.

- Educational

- Targeting mindset: How do we create education around the trauma that is caused by reporting practices? Looking at the conflation of poverty and neglect as well as what are alternate pathways that are present for families and children, so that the first call is not to child protection.
- New York State's office of children and family services launched an effort in 2021 to revise the state-wide mandated reporting training. The focus was “shifting the mindset away from when in doubt, make a call” to “you don’t have to report a family to support a family”. In 2022 they did a soft launch of the revised mandated reporting training with a focus on reducing implicit racial bias, the impact of trauma and adverse childhood experiences, and the difference between poverty and neglect. They also provided information about available community supports.

- Policy: It has become very clear that there are a number of ways policy can influence who reports, what they report, how they report. Conduct a careful examination of policies that may be contributing to over-reporting.

- Supportive:

- Ohio conducted a survey of 3,900 mandated reporters, and found that one of the top reasons for reporting is wanting to provide support to a child and family. Therefore, Ohio is focusing on financial resources and investments.

They are creating a community engagement department which will be informed by people with lived experience to determine the types of community supports that are needed. Ohio is holding a community prevention navigation convening in March to discuss concrete supports, public assistance, community-based connections and clinical resources for non-safety concerns.

- Restorative
  - How are we working towards healing and recognizing the harms that were done and continue to be done by child welfare practices.
  - The Kempe Center is launching a Truth and Reconciliation Center, which brings together parents, youth, families, advocates, scholars, and colleagues to reduce the footprint of oppression by holding themselves accountable for new ways of doing things. This is an opportunity to move forward rather than continuously work in ways that are much more oppressive to the community.

Casey Family Programs provided a national scan of mandated reporter efforts across the country. This is an evolving document. [Catalog of National Mandated Reporting Efforts](#)

Texas has made several significant changes over the past couple of years that have resulted in a reduction in the foster care population. In 2021, 16,000 children were removed from their families compared to 9000 children removed in 2023. Since the new laws went into place, there has been a 53% reduction in reports and removals. Some examples of key legislation since 2021:

- Changed neglect definition to require that a parent's behavior had to show blatant disregard for the consequences to the child, and to require that a parent's acts or failures to act resulted in harm and placed the child in immediate danger rather than substantial risk.
  - Prohibited removing a child based on evidence that the parent tested positive for marijuana, unless the parents marijuana use actually harms the child. So this really got into looking at a cause and effect and not just the parents behavior, but how the parents' behavior impacted the child.
  - Restricted removing a child in non-emergency situations and only able to remove a child if there's immediate danger.
  - Reduced the amount of weight that the Department could place on medical professionals. The medical doctor must conduct an actual physical examination of the child for the opinion to be used in a removal.
  - Removed anonymous reporting. When a reporter calls the State Agency, they have to give their name and if not they will be referred to 911.
  - Required Department to create pilots for court-ordered services, so the court would have oversight over the case but the child would not be removed.
  - Requires the Department to notify parents at first contact: Parent doesn't have to let them in; Parent doesn't have to allow them access to the child; Parent has a right to an attorney; Anything the parent says or does in the investigation can be used against them.
- Despite all the changes, Texas has not seen a change in disproportionality which indicates that whatever practices are in place are pretty well established. And while it's fantastic that the numbers are going down, there's still work that needs to be done around disparate outcomes for families of color.

[Texas Mandated Reporting Recent Legislation](#)

[Texas Reporting Child Abuse Issue Brief](#)

Questions (questions and answers are summarized):

- Shelley Lopez: What advice would you give to us moving forward?
  - In Texas we worked on both sides of the aisle to get legislation like this passed which was very effective.
- Arati Vasan: How did you get the buy-in for data collection on the types and numbers of reporting? Is there something in Texas that data is shared? Is there any breakdown that you have in terms of the reports that might be based on domestic violence versus some other types of reports? And is that different from what we have here in California? Do we need to push for requiring more data production and sharing.
  - Carol Self: Texas has a robust data collection system. You can pull up right now information of calls to the hotline broken down by demographics and allegations. that are being alleged?
  - Daniel Webster: In CA, there are data available on those dimensions through some places like structured decision making for those who are investigated.
- Diana Boyer: How does Texas address when there might be some chronic maltreatment that is occurring over time? For example, things that might occur over time that may lead eventually to harm, but not be immediate.
  - Carol Self: We can do in-home services, and we also have what is called safety placements. If an investigator has concerns, can open a case for voluntary services. So if the family chooses not to participate, they don't have to. It was a big concern when they did away with our ability to do non-emergency removals. The Department hypothesized that there would be an uptick in child fatalities. There was no real change in the number of child fatalities or serious incidents. However, we do have a deficit of community resources especially in rural areas.
- Diana Boyer: Has there been any strategic investments in preventative or community based supports?
  - Carol Self: Texas is making progress. There is a prevention and early intervention division and family resource centers are being developed
- Diana Boyer: Can you explain how medical expertise is brought in to consult on cases?
  - Anne Heiligensten: This came out of a situation in which a child had a very, very rare genetic anomaly that only Johns Hopkins in Baltimore was able to identify. And one of the Department's forensic experts on abuse and neglect concluded it was neglect. And the family rightfully fought it, and when they got to testing, Johns Hopkins proved the forensic assessment to be wrong. So this legislation may have been an overreaction. However, families absolutely should be able to have second opinions of medical professionals.
- Andre Chapman: For the families coming in for general neglect, what were the most predominant risk factors?
  - Anne Heiligenstein: The law changed listing potential neglect indicators, it says there has to be blatant disregard by the parent or the caregiver causing immediate or imminent harm to a child. Mindset of the caregiver is a significant factor in how the law changed.
- Andre Chapman: Despite overall decreases in child welfare, the disproportionality of African Americans remains. In 2010 there was an effort which looked at 157 cases

	<p>for children of color. One thing that stood out particularly for this population, is that 60% of the referrals came from police. We also found a percentage of referrals that were from folks that had prior referrals which also creates a bias. There has been huge success with cultural brokers and differential response in being able to mitigate the lack of cultural competence and proficiency. How do we move pilots or programs state-wide and sustain them over time?</p> <ul style="list-style-type: none"> <li>○ Carol Self: Texas is just now looking at parent partners to work with investigators and implementing an alternative response. It is important to see how all the pieces all fit together and impact mandated reporting. Something may seem small, like anonymous reporting change, but it chips away at the status quo. And each legislative session is a little bit more. Some of this same legislation was filed five or eight years ago but there wasn't an appetite for it. But the culture changes. Something happens or something clicks, and then they are receptive and willing to listen.</li> <li>● Tina Rios: The Task Force has talked about having a town hall. I feel like that would be a great opportunity to do a truth and reconciliation where we can hear the historical harms and the truth that has happened. I'm curious about the right to record and how that impacts reduction. How many cases were opened when there was a recording versus not recording? <ul style="list-style-type: none"> <li>○ Carol Self: I don't know that we've ever looked at the correlation between the number of cases since those laws passed. For that particular law, the focus is on notifying the parent that they have a right to record. However, the Agency has not been recording. The Agency must record interviews with victims already, so they already had a process in place to record. This law was more about making sure the parent knows that they can record as well. It went into effect September 2023 so there's not much data yet.</li> </ul> </li> <li>● Jenny Pearlman: Has there been any conversation about eliminating liability for failure to report? <ul style="list-style-type: none"> <li>○ Carol Self: There are advocates that are writing legislation that would allow professionals to report to a community-based resource rather than the hotline and they would not be held liable for failure to report. In large medical facilities the risk managers and attorneys always tell medical professionals to report because of current statutes. We heard from nurses that they think child protective services is where to send families for help. You have to take away the liability piece, because if not, they're always going to resort back to calling the hotline.</li> </ul> </li> </ul>
<p><b>TASK FORCE DISCUSSION: STRATEGIC PRIORITIES</b></p> <p>Doris Tolliver Task Force Members</p>	<p><u>Strategic Priorities</u>: Doris walked through the Strategic Priorities and asked the Task Force members: Are these bold enough? Are these transformative? Are there any gaps? <a href="#">Strategic Priorities (Summary)</a></p> <ul style="list-style-type: none"> <li>● Think about these strategic priorities in service of <b>the North Star: Keep children and families together safe, well and strengthened by the resources they need to thrive.</b> The priorities are not in any order: <ul style="list-style-type: none"> <li>○ Eliminate the disproportionate surveillance and reporting of black African, American, tribal, and Latino families.</li> <li>○ Eliminate general neglect as a reporting category and redefine severe neglect in order to incorporate high risk cases.</li> <li>○ Ensure that families who can safely remain together are not reported to the</li> </ul> </li> </ul>

Child Protective Services hotline.

- Ensure eligible families are connected to the community pathway (or other available services and supports if a community pathway is not available) in lieu of being reported to the hotline.
- Ensure a long-term statewide commitment to mandated reporter reform in order to guarantee transformative change and honor the commitments we have made to communities, families, parents, and children.
- Narrative change.

Questions and Comments (summarized)

- Diana Boyer: In regards to “referring eligible families to support” – what is meant by “eligible”? Would there need to be some eligibility determination?
  - Doris Tolliver: We were not thinking about eligibility determinations. We were trying to distinguish the folks that might be “appropriate.”
  - Dana Blackwell: We struggled with eligible versus the right families. There is a population of families that just need the connection to the pathway. So that's what we were struggling with.
- Andre Chapman: Regarding # 4 – The Task Force should be very intentional in calling out the lack of resources in our community particularly in under invested communities of color. I think this statement leads nowhere and I would rather be very intentional as a Task Force to say we need to have communities that have the resources to support families. Our communities do not have enough resources to provide well-being, stability and safety. All children should have the ability to be in a place where they feel psychologically safe, have resources, and can go to school with resources at school. We can't say a family should have access to community pathways when there's no community pathways. We need to build community pathways at every point of interaction such as schools, hospitals and police. They should all have access to those resources in their communities.
- Chat:
  - Wendy Alvarez: To add a network in which agencies can connect and be informed of all resources available.
  - Dr. Elias: Getting access to supports and resources and don't need child welfare involvement to qualify
  - Charity Chandler-Cole: That is exactly what we are getting at with this priority in our P&P Subcommittee
  - Jason Sharpe: We also need to close the gaps of eligibility for medical and enhanced care management. These gaps keep disadvantaged medical cases on a loop of investigations with a case (voluntary or filed) being the only route to eligibility to critical services that they need.
  - Diana Boyer: Agree to Andre's point that #4 is narrowly construed – would also like to see investment in both primary and secondary “prevention” services but also investment to in-home services if CWS is working with kids and parents as an alternative to foster care entry (which is what TX is doing)
  - Shelley Lopez: We have given excuses for families not getting resources we cannot continue to give excuses of why the numbers are what they are! We need to create the solution if the services do not exist.
  - Tamara Hunter: It's important that we focus on bringing the community pathway (formal or informal) to the door of the Mandated Reporter so that linking a family to services is as easy as it is to make a report to CPS

	<ul style="list-style-type: none"> <li>○ Luciana Svidler: Agree with all the comments about the need for community-based services and supports and Tamara’s point of bringing this to the door of MR.</li> <li>○ Joan Miller: In San Francisco we are developing with Safe &amp; Sound and our CAPC a pathway for folks who really don't need to be served by the child welfare system can be served by a community resource. In terms of being eligible, all families that are evaluated out will be eligible and they can also self-report. I still have concerns about #2. The folks that I work with really believe the family should be served in the community and we also have some real concerns about eliminating general neglect altogether. I feel like we're making a leap by eliminating general neglect without developing what severe neglect would look like and without a development of another category. Oregon has a special category, and I will find and send that information. I'm concerned that we're being reactionary on #2 and not strategic and planful.</li> <li>● Shelley Lopez: We have to create those pathways. And so it's going to be rebuilding a lot of things. I don't want to have this conversation again next year that there are no programs and no support. If the government wants something fixed, they go above and beyond to provide money for whatever it is that they're trying to accomplish, and then it gets fixed. We need to shift the focus. This needs to stop with us, and we must come up with the solutions.</li> <li>● Chat: <ul style="list-style-type: none"> <li>○ Dr. Mercie DiGangi: I would like to chime in as the physician representative – I have already had a lot of concerns voiced to me about relying on the mandated reporter to provide the community linkage. This should not end up on the physician or teacher or police doorstep. I strongly think we need to have involvement of DCFS/social workers as the link to the resources still – and perhaps a fork in the pathway so either you report or you request service links but still via DCFS. This would also address the liability issue.</li> <li>○ Luciana Svidler: I think there are other options outside of child welfare to do the linkage to services. We should be looking at other options including other hotlines through the Department of Public Health and others.</li> <li>○ Tamara Hunter: This is what we should be grappling with as a Task Force.</li> <li>○ Arati Vasan: If we continue to believe that intervention by the child welfare system through responding to reporting is a necessity, there will also be a reason to preserve some aspect of the status quo which is that there is an inherent value in reporting. Intent does not change impact and the need to change that. I feel we are parsing words to try and shield mandatory reporting from being eliminated. We are being asked to support something unsupported by evidence against something that is</li> <li>○ Dr. Mercie DiGangi: Agree – but there needs to be some sort of “closed loop” system – I can’t just call for resources and hope that the family follows up—this still leaves the liability in my lap. A non-punitive system needs to be in place that helps these families follow-up with and USE the resources they are given.</li> <li>○ Tina Rios: Texas was worried too that they would see dead children but this didn’t happen, instead less children were removed. Why is Texas ahead of California? Perhaps due to fear of a paradigm shift because there is a desire to POLICE black and indigenous families? Instead of trust them in their communities and cultural practices, tribal cultures and like free range parenting. But one is done by a privileged group rather than an underserved</li> </ul> </li> </ul>
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	<p>group.</p> <ul style="list-style-type: none"> <li>○ Joan Miller: I don't know for sure that TX is ahead of CA. CA has liberal approaches to substance use as an example. The issue is 58 counties approach it in 58 different ways. Texas is state administered.</li> <li>○ Dr. Mercie DiGangi: Our clinical experience now is that when we offer services like counseling, parenting classes, etc the uptake is minimal to none</li> <li>○ Diana Boyer: "Closed loop" referrals will be a requirement under CalAIM and CWS. We should fold in a discussion on that – and how we can leverage Medi-Cal federal 50% matching funding – to provide tangible supports to families (for example, 6 month of transitional rent services that will soon be a benefit 1/1/25 under CalAIM.</li> <li>○ Dr. Mercie DiGangi: I am wanting to make sure there is more wrap-around care and access so that families can actually utilize and benefit from the services.</li> <li>○ Diana Boyer: ECM (CalAIM) is intended to be like Wrap – but ECM and CalAIM services were planned around adults, without much focused discussion on how it can benefit kids and families, especially those who are CWS involved and/or at risk. This is a potential area where this group can influence DHCS on how CalAIM can help meet our goals and objectives. Important convo as low-income families will be mandatorily enrolled into Medi-Cal managed care plans. (Dr. Mercie DiGangi +1)</li> <li>○ Joan Miller: And our PHN for FCS have jumped right in and we are running two pilots; FM families with kids 0-5 and youth who are 20 turning 21 and aging out</li> <li>● Diana Boyer: Regarding # 2, that is a place of worry for some of our county social workers. Also, I don't see education here or addressing the liability that mandated reporters feel. And I want to understand more what was what is meant by #6. <ul style="list-style-type: none"> <li>○ Doris Tolliver: Some of what you name is in the next part of the conversation about what the subcommittees are working on that sits underneath these six strategic priorities. The intent behind #5 is to reflect the long-term need for continued investment and place a marker around this need for ongoing work in this space beyond the term of the Task Force. For # 6 we want intentional work to shift the conversation and to dispel myths about reporting.</li> </ul> </li> <li>● Katie Albright: We set out this North star, this long-term vision of what it should look like, and the priorities to get there, and I think what is uncomfortable for me as I'm hearing everybody is this middle ground. What happens during this time that we're developing the pathway? Part of it is underscoring that middle ground around this change narrative.</li> <li>● Arati Vasan: We are not talking only about families that need services. There are people who don't need services, or don't want the services offered. The idea keeps coming up that we can have a bright line between issues of neglect and issues of abuse and should only focus reform on neglect and maintain the current system for any other type of abuse. We are talking about our North Star, and it's not just about neglect. It's not even about maintaining some form of mandatory reporting.</li> <li>● Chat: <ul style="list-style-type: none"> <li>○ Andre Chapman: Can someone tell me WHY have we not seen a scaling of Cultural Brokers and Differential Response programs across all Counties when the data shows its working?</li> <li>○ Diana Boyer: We LOVE Cultural Brokers. Funding and workforce challenges are the issue. (Hilary Konrad +1)</li> </ul> </li> </ul>
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- Joan Miller: Many in law enforcement and education are not on board with # 3, probably due to a lack of understanding or training. Because if a police officer responds to an incident in the community, and there were children involved and there was a family member that could take them, they would never have to report to us. They can make that determination right then and there.
- Dana Blackwell: These may be some of the gaps in our recommendations. There are no specific recommendations directed towards domestic violence and no recommendations that target different groups of mandated reporters. This may be where the subcommittees need to go back and think about including these elements, like cultural brokers, into the emerging recommendations for us.
- Chat:
  - Tina Rios: There are agreements between CPS and law enforcement to send them to CPS. MOUs exist. It is not about trust or belief, it is about old obsolete racist agreements.
  - Joan Miller: In SF, we do not have that and our panel attorneys and city attorney are part of those discussions.
- Andre Chapman: We need to incorporate recommendations from this committee that go directly to the ground and have some pathway of making sure those things happen. Otherwise we sit back and we look two years later, and the recommendations were stopped at the Child Welfare Director because the community wasn't engaged in the process and then implementation falls flat.
- Chat:
  - Tina Rios: Town Halls? Involving communities?

Doris stated that the Strategic Priorities are intended to be very high level and asked: Are these the right levers for moving transformation? Using a one to five scaling – one is strongly disagree and five is strongly agree: Are these the right six priorities that will lead to measurable transformation in California's mandated reporting system?

- 1: 0
- 2: 0
- 3: 4
- 4: 16
- 5: 2

- Jenny Pearlman: When I think of what are the underlying challenges of this system, I'm not sure these priorities have a clear enough focus on the fear based system as well as guarantee early intervention and supports to families most impacted.
- Tamara Hunter: Concern about eliminating general neglect. Also addressing policy and practice feels very disconnected from ensuring that families who can safely remain together are not reported to CPS. I don't think it's the job of the mandated reporter to determine who can remain safely together and who cannot.

Subcommittee Strategic Priorities/Emerging Recommendations [Strategic Priorities \(Detailed\)](#)

Questions and Comments (summarized)

- General Neglect:
  - Diana Boyer: Do we have enough data to support eliminating general neglect?
  - Daniel Webster offered to work with anybody interested in digging into the

general neglect question and see if, from the available data, there are answers or context that would help drive the priority around general neglect forward.

- Joan Miller: Where would intimate partner violence fit because now it typically falls under general neglect? Oregon uses a completely different category to capture domestic violence or intimate partner violence.
- Andre Chapman: I've seen under general neglect, families pulled in for incarceration or substance abuse. What are the criteria for kids that we should be serving in child welfare and instead of general neglect, we call it the name of that criteria.
- Sarah Cook: The Narrowing Legal Definition of Neglect Subcommittee has not looked at expanding severe neglect. They are focused on narrowing general neglect. Don't want to find ways to rearrange the statutes as opposed to substantively change them.
- Chat:
  - Arati Vasan: In our language can we be clear that we are not eliminating general neglect but talking about it as a mandated reporter category for which someone could be liable
  - Luciana Svidler: We are not talking about general neglect for jurisdictional purposes, only to require reporting (+2)
  - Dr. Mercie DiGangi: And there is good data showing that SOME neglect does lead to physical and sexual abuse later – I don't want to miss that. Agree that change is needed but trying to be cautious and keep child welfare and safety at the front of this as well. Particularly neglect related to substance abuse. What sort of safeguards are we looking at for substance using parents and keeping children protected from that specific type of neglect?
- Arati Vasan: There is an underlying assumption that somehow the status quo is better than nothing. In abolitionist theory, you don't have to create a new system in order to take away the harmful system. This idea that we need to have data to make a change when we do have data that says it's wrong and we don't have data that says it's right. And if we really are going to be bold, replacing one type of mandatory reporting for a different type of mandatory reporting doesn't change that mindset.
- Arati Vasan: What does this mean: address the question of whether their person could relate to domestic violence and provide a detailed review.
  - Katie Albright: It related directly to how the statute was phrased, and I think "their person" means "physically." We'll look into the statute, but this is pulled directly from the statute and is a legal way of saying "your body, your presence."
- Dr. Mercie DiGangi: Most medical mandated reporters already have a lot of difficulty reporting or being suspicious of abuse and the concern is that removing the mandate will lead to reporting even less and missing even more. I don't like a mandate for neglect, but I do like a mandate for physical abuse and sexual abuse because I know from my experience that the medical professionals generally don't report these things when they should.
  - We need better linkage to the community resources and the mandated reporter should not be responsible for making that link. There needs to be a support system, maybe a separate number to get those services and ensure that the family gets that help and follows up with those services. What I've seen when I've offered services to families, such as behavioral health or parenting classes, is that we have an almost 0% uptake and so I don't want to

	<p>be doing this on a state-based level where we send families out into the ether. Some kind of wraparound service needs to be in place, some kind of closed-loop system.</p> <ul style="list-style-type: none"> <li>○ Also, there is good data showing particularly for substance using parents, that neglect actually leads to physical and sexual abuse. I agree with offering help to people who are substance using and not penalizing them and seeing it as a disease that needs help but not forgetting there is a child that is ostensibly being harmed.</li> <li>● Chat: <ul style="list-style-type: none"> <li>○ Dana Blackwell: Data from report of physical and sexual abuse by medical providers shows it is unsubstantiated about 70% of the time. We can share that information again. Post-meeting: The data is in <a href="#">these slides from the September 2023 Task Force meeting.</a></li> <li>○ Sarah Cook: I am concerned about the language of redefining severe neglect and how that might undermine any efforts at actually narrowing general neglect</li> <li>○ Lori Clarke: For example, tying in a Prevention Hub, 211 or Community Information Exchange</li> <li>○ Melinda Sokolowski: There are Community Action Partnership Programs statewide that are poverty fighting organizations with family support programs birth to seniors, whole family approach.</li> <li>○ Dr. Mercie DiGangi: Just food for thought as well: the unsubstantiated reports are sometimes not substantiated because there isn't enough concrete proof to prove a case, not necessarily because it isn't happening (wanting to believe the child victims here . . .) (Joan Miller +1)</li> <li>○ Andre Chapman: Need an on-site resource that owns the community pathways – understanding what happens on the ground – The majority of medical reporting comes from County Hospitals – think about the culture of County hospitals the majority of patients are MediCal recipients, training hospitals, mandatory drug testing for pregnant moms, etc (Dr. Mercie DiGangi +1)</li> <li>○ Kathryn Miller: If we are going to redefine the definition of neglect it is important to make it clear that it should be a “current” concern of neglect and not something that was a problem in the past.</li> </ul> </li> </ul>
<p><b>ANNOUNCEMENTS AND NEXT STEPS</b></p> <p>Doris Tolliver Dana Blackwell Roger De Leon, Jr</p>	<ul style="list-style-type: none"> <li>● Task Force members Tina Rios and Jason Sharpe are co-chairing a lived experts group under the Research &amp; Data subcommittee. This group will provide feedback to the Task Force work and recommendations through the lens of those who have gone through our system and have been touched through our system.</li> <li>● 02.15.24 – Advisory Team will compile comments/questions from today</li> <li>● 02.16.24 -- Task Force members will provide additional comments, and questions on the subcommittee priorities by 5:00 pm</li> <li>● 02.20.24 -- All Chair meeting to discuss Task Force and Advisory feedback on emerging priorities.</li> <li>● 03.12.24 – Task Force Meeting, which was originally intended to be in person, now be a virtual Zoom Meeting</li> <li>● All Task Force materials are on the Child Welfare Council website on the</li> </ul>

	<p>MRCs Task Force page: <a href="#">California Child Welfare Council - California Health and Human Services</a></p>
<p><b>SUBCOMMITTEE WORKING SESSIONS</b></p>	<ul style="list-style-type: none"> <li>● Task Force members moved into Subcommittee meetings which were also open to the public.</li> </ul>
<p><b>PUBLIC COMMENTS (summarized)</b></p>	<p>Ruby Guillen: I'm a former foster kid, and an experienced social worker with over 20 years under my belt. I'm also involved with the California Child Death Review process. We created a toolkit which is available now for you to review. Your conversations are parallel to the discussions that we are having. So instead of working from a silo effect, I think we should partner with each other.</p> <p>Roman James: I am a commissioner with the Commission for Children and Families for Los Angeles County and I have been hyper focused on what's happening between child welfare and the family courts. One of the things that's significant to me and other survivors is the ways that child welfare and the legal system can be weaponized by abusers making false child abuse against protective parents. While you are working on reform, the court system is acting to keep people in the system. Is there any consideration to getting buy-in from the courts and law enforcement?</p> <p>Yvette Baptiste: I am the Executive Director at a Family Resource Center in East Los Angeles. I also chair a network of FRCs that serve families in the developmental disability system. But most importantly, I'm a member of the Policy and Practice Subcommittee, and I just wanted to really the issues of parents of children with special healthcare needs or behavioral needs especially. For example, black families with children who have sickle cell are reported for missing school when their child is hospitalized. So I was glad to see # 2 strategic priority on general neglect. I'm hoping to see some connection to the existing community pathways in CA.</p> <p>Antonia Rios: I am a parent with lived expertise, I was failed from the system as a child raped and beaten in the system by a foster father. I ended up being failed by the system as an adult with my children. Parents Anonymous has the only 24 hour parenting helpline for anyone in a parenting role to text or live chat. It is absolutely free and you get the emotional support that is needed. We have every language including American sign. The helpline saved my life and the lives of my children when my daughter was kidnapped and my son was suicidal.</p>