

April 21, 2021

Mandated Reporter Commission  
C/O Office of the Child Advocate  
One Ashburton Place, 5th Floor  
Boston, MA 02108

SUBMITTED VIA ELECTRONIC MAIL TO MANDATED.REPORTER.COMMISSION@MASS.GOV

**Re: Testimony in connection with Mandated Reporter Commission's Report Seeking Public Comment: Proposals Presented to the Commission**

Dear Mandated Reporter Commission:

Thank you for the opportunity to share testimony in connection with the above-referenced *Mandated Reporter Commission's Report Seeking Public Comment: Proposals Presented to the Commission*.

Care planning, delivery and financing should systematically account for people's legal rights, risks, and remedies. At MLPB, we equip communities of care with legal education and problem-solving insight that foster prevention, health equity, and human-centered system change. Through training, consultation, and technical assistance, we help care teams understand their power to *unlock access* to health-promoting resources and legal protections.

MLPB has signed on to the comprehensive and thoughtful comments submitted to the Commission by the Massachusetts Child Welfare Coalition and the Children's Law Support Project.

We share this separate testimony to emphasize key themes and concerns, grounded in our capacity-building work with many pediatric- and early childhood-focused communities of care in the Commonwealth.

- While not proposing “universal” reporting on its face, the proposed expanded set of roles covered by mandated reporting obligations is extensive, **thereby approaching functional universality**. Since many families lack trusted support networks, **expanding mandated reporting obligations to additional roles including clergy** – who often function as a kind of ‘lifeline confidante’ – will **further erode trust and compromise potentially supportive relationships**. This reality is well-documented in pediatrics ([Raz, Mical. Pediatrics April 2017, 139 \(4\) e20163511; DOI: <https://doi.org/10.1542/peds.2016-3511>](#)). Moreover, **none of these proposed additional roles is attached to training and reflective supervision infrastructure** that can assure sound engagement with this new and profound responsibility.
- **Greater public access to DCF data and concomitant transparency** will enable comprehensive assessment of factors driving disparate engagement with Black and Latinx families, and drive innovation in data collection and reporting geared to **surfacing and reducing racial disparities and inequities**. Specifically:
  - First, collecting and analyzing data relating to reporter demographics is urgent.
  - Second, while DCF's 2020 Annual Report (released on October 1, 2020) includes some data on race, that data is limited to (a) open cases, (b) placement type, and (c) permanency plan. While over-representation of Hispanic/Latinx (2.9x) and Black (2.5x) children in open DCF investigations is amply



documented, the report does not analyze whether a disproportionate amount of Latinx and Black families are reported and whether they are then disproportionately screened into the system. That data is critical to a comprehensive assessment of potential factors driving disparities.

- Third, mandated reporting by health professionals based in the Commonwealth has decreased by 12% during the COVID-19 pandemic, according to DCF's 2020 Annual Report (released on October 1, 2020) however, there is a critical data gap as to if/how this decrease has impacted families of color vis-à-vis DCF reporting/screening-in/out/investigations.
- **We strongly urge expanded and improved training for existing mandated reporters on:**
  - The “life cycle” of a report to DCF, from screening in/out to investigation to a range of high-stakes consequences for children and families, as well as prevalence of ultimate DCF findings as between alleged neglect versus alleged abuse;
  - Implicit bias inherent in reporting culture and systems; and
  - Self-care strategies that reduce secondary or tertiary trauma to individual reporters. (We encourage the Mandated Reporting Commission to explore how the adoption of strengths-based and trauma-informed practices could increase trust in mandated reporting processes, yet reduce overall trauma related to reporting of suspected abuse and neglect.)
- **Increased accountability across regional DCF offices and workforces is pivotal**, since variation in how DCF policies are applied/practiced further erodes trust in the system. While it is well-established that zip code plays a more powerful role in life course health than one's genetic code, *we must assure that a family's zip code does not distort the trajectory of their DCF experience.*
- **Enhancing family-centeredness in DCF Family Action Plan** by assuring the following (all of which are drawn from MLPB learning through partnerships with communities of care):
  - Every parent timely receives a copy of the Family Action Plan in their preferred language;
  - Family Action Plans are updated in a timely way to account for the ‘addition’ of new and helpful supports, and ‘subtraction’ of redundant/duplicative supports; and
  - With respect to families impacted by Intimate Partner Violence, safety plans required by Family Action Plans should be created in concert with parents/caregivers in ways that orient them to the process and honor their preferences for whom they wish to partner with on safety planning.

Please let me know if you would like to discuss MLPB's testimony in further detail. We are happy to.

Sincerely,

Samantha J. Morton, CEO  
MLPB (f/k/a Medical-Legal Partnership | Boston)  
[smorton@mlpboston.org](mailto:smorton@mlpboston.org)  
617-336-7500 x455