

## **Mandated Reporter Commission**

**April 26, 2021**

### **Public Comment Period Data**

Public comment period was publicized on the MRC website and the OCA issued a press release to various news outlets throughout the state. Information about the public comment period was emailed to at least 159 organizations and advocates across the state and to approximately 33 legislators asking them to provide it to interested stakeholders.

The MRC received approximately 53 written comment submissions.

The MRC held two virtual public hearings. Approximately 37 people testified. Interpretation was simultaneously offered in Spanish, Portuguese, and Haitian Creole.

Public comment period closed on April 21, 2021. The OCA is still summarizing the submissions.

Commentary available at the time of the writing of this document has focused primarily on arguments concerning disproportionate impact for persons of certain races and/or ethnicities. Commentary has also focused on proposed definitions of neglect, sexual abuse, and reasonable cause to believe. Additionally commentary from the medical community has focused on children born with substance exposure and the possibility of two-track reporting.

- What are Commission members' general impressions of the public comment period?
- Going forward for the May meetings, does the Commission want to discuss the written public comments separately from the oral testimony or incorporate the two streams of feedback together?

## Mandated Reporter Commission Statute

- Findings and recommendations on the scope of mandated reporter laws and regulations including, but not limited to, persons included in the mandated reporter definition;
  - Draft Language of Proposals related to the Definition of Mandated Reporter with Analysis
- Mandated reporter training requirements for employees, including employees of licensees or contracted organizations;
  - Mandated Reporter Training
- Accountability and oversight of the mandated reporter system including, but not limited to, procedures for a mandated reporter to notify the person or designated agent in charge and responses to reports of intimidation and retaliation against mandated reporters;
  - Institutional Reporting
  - Employer Retaliation
- Agencies and employers responsible for training mandated reporters;
  - Mandated Reporter Training
- Frequency, scope and effectiveness of mandated reporter training and continuing education including, but not limited to, whether such training and continuing education covers retaliation protections...and fines and penalties for failure to report...;
  - Mandated Reporter Training
- Whether agencies and employers follow best practices for mandated reporter training, including profession-specific training for recognizing the signs of child sexual abuse and physical and emotional abuse and neglect;
  - Mandated Reporter Training
  - Reporting Responsibility and Definitions
- The process for notifying mandated reporters of changes to mandated reporter laws and regulations;
  - Mandated Reporter Training
- DCF's responses to written 51As including offenses that require a referral to a district attorney;
  - A Central Reporting System
  - Reporting Responsibility and Definitions
  - Penalties
  - Proposals Concerning Sharing Medical Information
- The feasibility of developing an automated, unified and confidential tracking system for all reports filed under 51A;
  - A Central Reporting System
- Protocols related to filing a report under 51A including notification of the person or designated agent in charge and the submission of required documentation;
  - Institutional Reporting
- The availability of information at schools regarding the proposals for filing a report under 51A;
  - Mandated Reporter Training

- Options for the development of public service announcements to ensure the safety and wellbeing of children;
  - **Mandated Reporter Training**
- Proposals to revise the definition of child abuse and neglect to ensure a standard definition among state agencies;
  - **Reporting Responsibility and Definitions**
- Proposals to expand mandated reporting requirements under sections 51A to 51F (inclusive);
  - *All sections of the document*
  - **Disproportional Impact**
- Options for designating an agency responsible for overseeing the mandated reporter system or aspects thereof, including developing and monitoring training requirements for employees on mandated reporter laws and regulations and responding to reports of intimidation and retaliation.
  - **Mandated Reporter Training**

The commission shall file a report of its findings and recommendations, together with drafts of legislation necessary to carry those recommendations into effect, with the clerks of the house of representatives and the senate, the house and senate committees on ways and means and the joint committee on children, families and persons with disabilities...

## Recent DCF Data Concerning Intakes and Responses

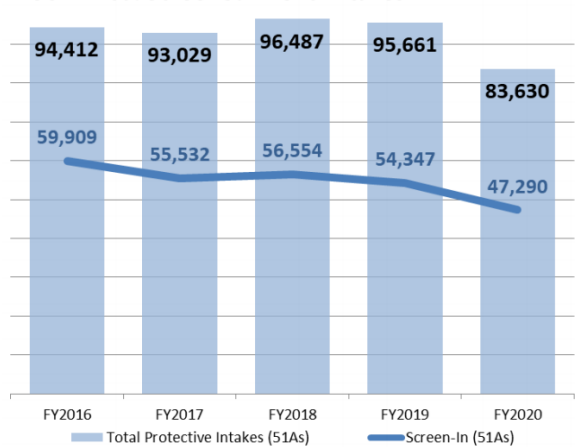
*PLEAES NOTE: This data is taken directly from the DCF 2020 Annual Report available here: [Massachusetts Department of Children and Families](#) Because this data has been excerpted from a larger document, there is a potential for mischaracterization or loss of context. Inclusion of this data here is solely for purposes of Commission discussion and should not be utilized for any other manner.*

- Protective Intakes (51As) – Screening and District Attorney (DA) Referral Rates**

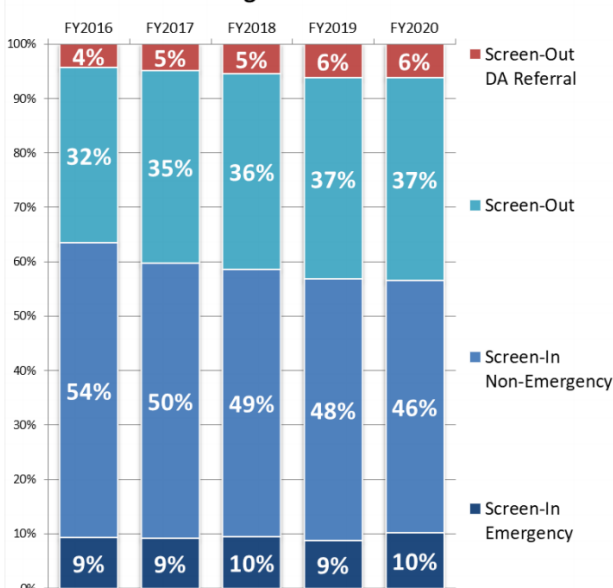
Corresponding to a decrease in reporting by **mandated** reporters (e.g., school personnel) during the COVID-19 pandemic, Table 26 and Figures 26a-b reflect a 12.6% (12,031) decrease in protective intakes in FY2020 relative to FY2019.

<b>TABLE 26. Protective Intakes (51As)</b>	<b>FY2016</b>	<b>FY2017</b>	<b>FY2018</b>	<b>FY2019</b>	<b>FY2020</b>
Screen-In Emergency	8,759	8,560	9,168	8,399	8,502
Screen-in Non-Emergency	51,150	46,972	47,386	45,948	38,788
Screen-Out	30,378	32,964	34,688	35,315	31,194
Screen-Out DA Referral	4,125	4,533	5,245	5,999	5,146
<b>Protective Intakes (51As) Fiscal Year End</b>	<b>94,412</b>	<b>93,029</b>	<b>96,487</b>	<b>95,661</b>	<b>83,630</b>

**FIGURE 26a. Screened-In 51a Intakes**



**FIGURE 26b. Screening and DA Referral Rates**



- **Protective Intakes (51As), Responses (51Bs), and Child Victims – Allegations**

<b>TABLE 29a. Count of Approved Intakes (51As) and Allegations</b>	<b>FY2020</b>	<b>%</b>
Neglect	63,101	75.5%
Physical Abuse	16,978	20.3%
Sexual Abuse	8,280	9.9%
Human Trafficking-Labor	11	*
Human Trafficking-Sexually Exploited Child	1,164	1.4%
Neglect-Death	72	0.1%
Neglect-Substance Exposed Newborn (SEN)	2,162	2.6%
Neglect-Substance Exposed Newborn (SEN) -Neonatal Abstinence Syndrome (NAS)	78	0.1%
Physical Abuse-Death	8	*
Invalid Allegation	834	1.0%
<b>Total 51A Reports <sup>(1)</sup></b>	<b>83,630</b>	<b>100%</b>

<sup>(1)</sup> An Intake (51A) may include one-or-more allegations.

\*Less than 0.1% after rounding.

As evidenced in Table 29a, 75.5% of the 83,630 reports of child maltreatment included an allegation of neglect. Physical abuse was evident in 20.3% of reports, sexual abuse in 9.9%, and SEN/SEN-NAS in 2.7%.

<b>TABLE 29b. Count of Supported Responses (51Bs) and Allegations</b>	<b>FY2020</b>	<b>%</b>
Neglect	14,345	86.5%
Physical Abuse	1,638	9.9%
Sexual Abuse	688	4.1%
Human Trafficking-Labor	-	-
Human Trafficking-Sexually Exploited Child	309	1.9%
Neglect-Death	16	0.1%
Neglect-Substance Exposed Newborn (SEN)	1,057	6.4%
Neglect-Substance Exposed Newborn (SEN) -Neonatal Abstinence Syndrome (NAS)	64	0.4%
Physical Abuse-Death	2	*
Invalid Allegation	-	-
<b>Total Supported 51B Responses <sup>(2)</sup></b>	<b>16,583</b>	<b>100%</b>

<sup>(2)</sup> A response (51B) may include one-or-more supported allegations.

\*Less than 0.1% after rounding.

Table 29b reveals that 86.5% of the 16,583 supported responses included a finding of neglect. Physical abuse was evident in 9.9% of the supported responses, SEN/SEN-NAS in 6.8%, and sexual abuse in 4.1%.

<b>TABLE 29c. Unduplicated Child Victims by Allegation <sup>(3)</sup></b>	<b>FY2020</b>	<b>%</b>
Neglect	21,250	86.9%
Physical Abuse	1,852	7.6%
Sexual Abuse	744	3.0%
Human Trafficking-Labor	-	-
Human Trafficking-Sexually Exploited Child	292	1.2%
Neglect-Death	17	0.1%
Neglect-Substance Exposed Newborn (SEN)	1075	4.4%
Neglect-Substance Exposed Newborn (SEN) -Neonatal Abstinence Syndrome (NAS)	64	0.3%
Physical Abuse-Death	3	*
Invalid Allegation	-	-
<b>Unduplicated Child Victims <sup>(4)</sup></b>	<b>24,455</b>	<b>100%</b>

(3) A child victim may have one or more supported allegations.

\*Less than 0.1% after rounding.

(4) A child victim may have one or more supported allegations within a specific allegation type.

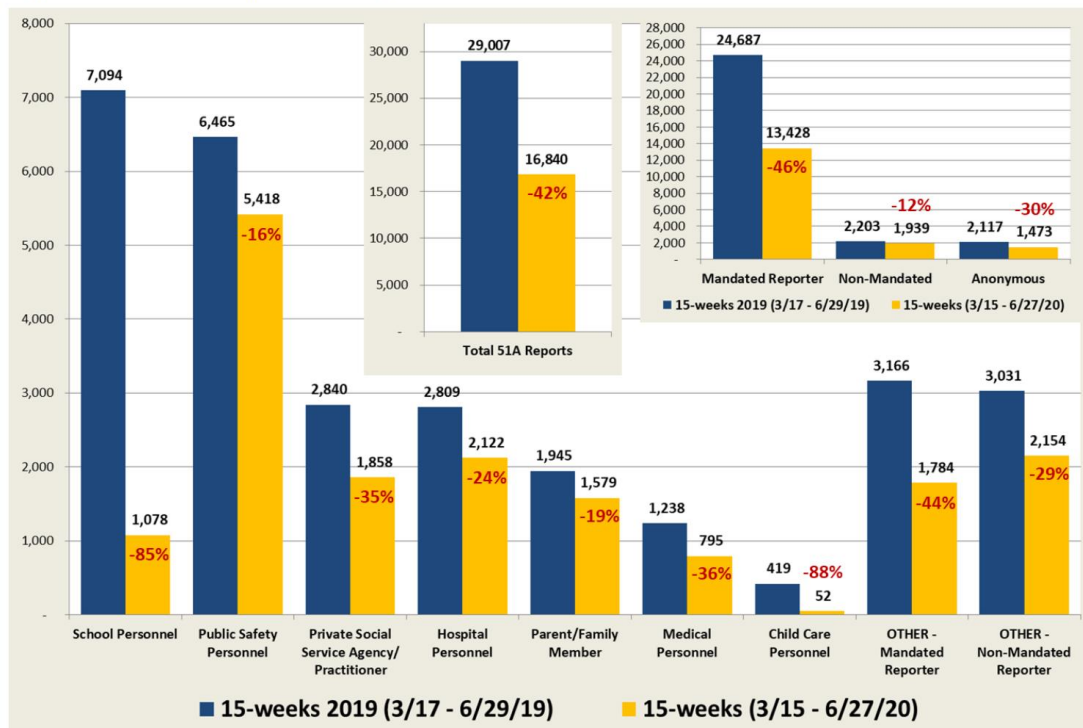
These counts are unduplicated (i.e., a child with 2 or more supported NEGLECT allegations is only counted once in this table.

Table 29c evidences that 86.9% of 24,455 unique children found to have experienced maltreatment, were victims of neglect. Physical abuse was evidenced for 7.6% of the child victims, SEN/SEN-NAS for 4.7%, and sexual abuse for 3.0%.

- **Mandated Reporters During the COVID-19 Pandemic**

Figure 47 reveals that following the COVID State of Emergency declaration, 51A report filings decreased by 42% relative to an equivalent 15 week interval in 2019. Reporting by mandated reporters was down by 46% relative to 2019 and accounts for the majority of the observed reduction. Of note, 51A reports filed by school personnel were down 85%.

**Figure 47. Mandated Reporters During COVID-19**



## Recent DCF Data Concerning Intakes and Responses: Race and Ethnicity

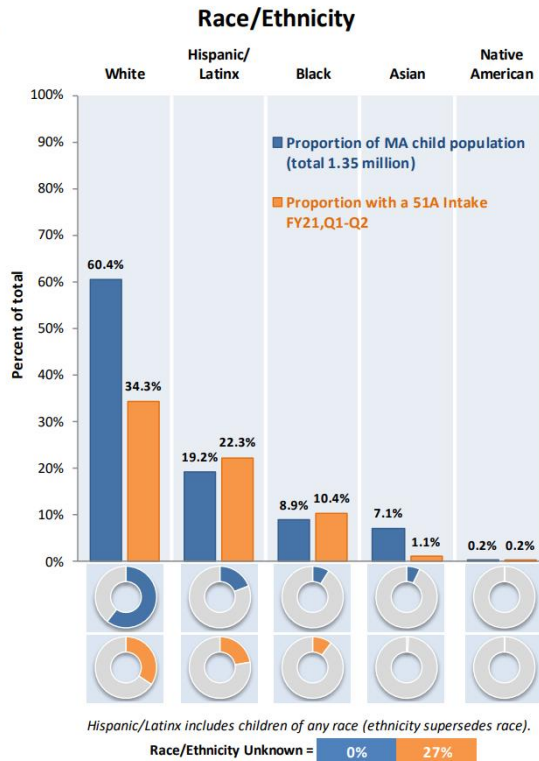
*PLEASE NOTE: Data was presented solely for use by the Data Work Group and is only excerpted here. The full Powerpoint of data presented at the Data Work Group is available here: [Data Work Group Meetings | Mass.gov](#) Because this data has been excerpted from a larger document, there is a potential for mischaracterization or loss of context. Inclusion of this data here is solely for purposes of Commission discussion and should not be utilized for any other manner.*



## Children (0-17) with a 51A Intake within FY21, Q1-Q2

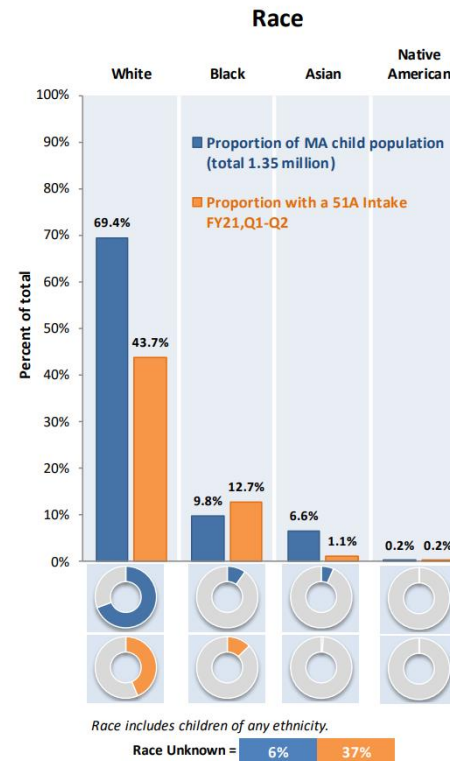
### TRADITIONAL METHODOLOGY

- Ethnicity is treated as a Race
- ethnicity supersedes race



	RoD	RRI
White	0.6	n/a
Hispanic/Latinx	1.2	2.0
Black	1.2	2.1
Asian	0.1	0.3
Native American	0.9	1.5

**NOTE:**  
Greater than (27%) of 51A Intakes have an UNKNOWN race/ethnicity (i.e., undetermined, declined or missing).

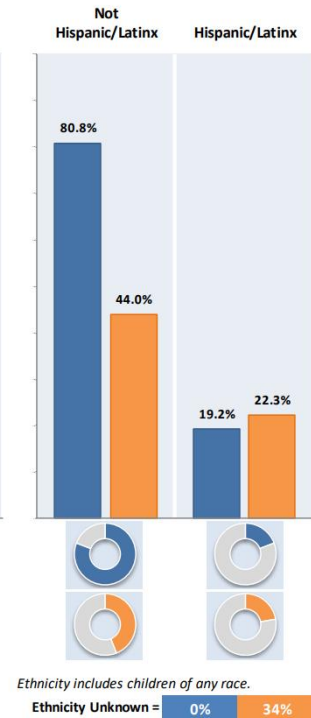


	RoD	RRI
White	0.6	n/a
Black	1.3	2.1
Asian	0.2	0.3
Native American	0.8	1.2

### Hispanic/Latinx Ethnicity

### ALTERNATIVE METHODOLOGY

- Race & Ethnicity are treated as discrete demographics:
- race of any ethnicity
- ethnicity of any race



	RoD	RRI
Not Hispanic/Latinx	0.5	n/a
Hispanic/Latinx	1.2	2.1

Black children were the subject of a 51A report at 2.1x the relative rate (RRI) of White children.

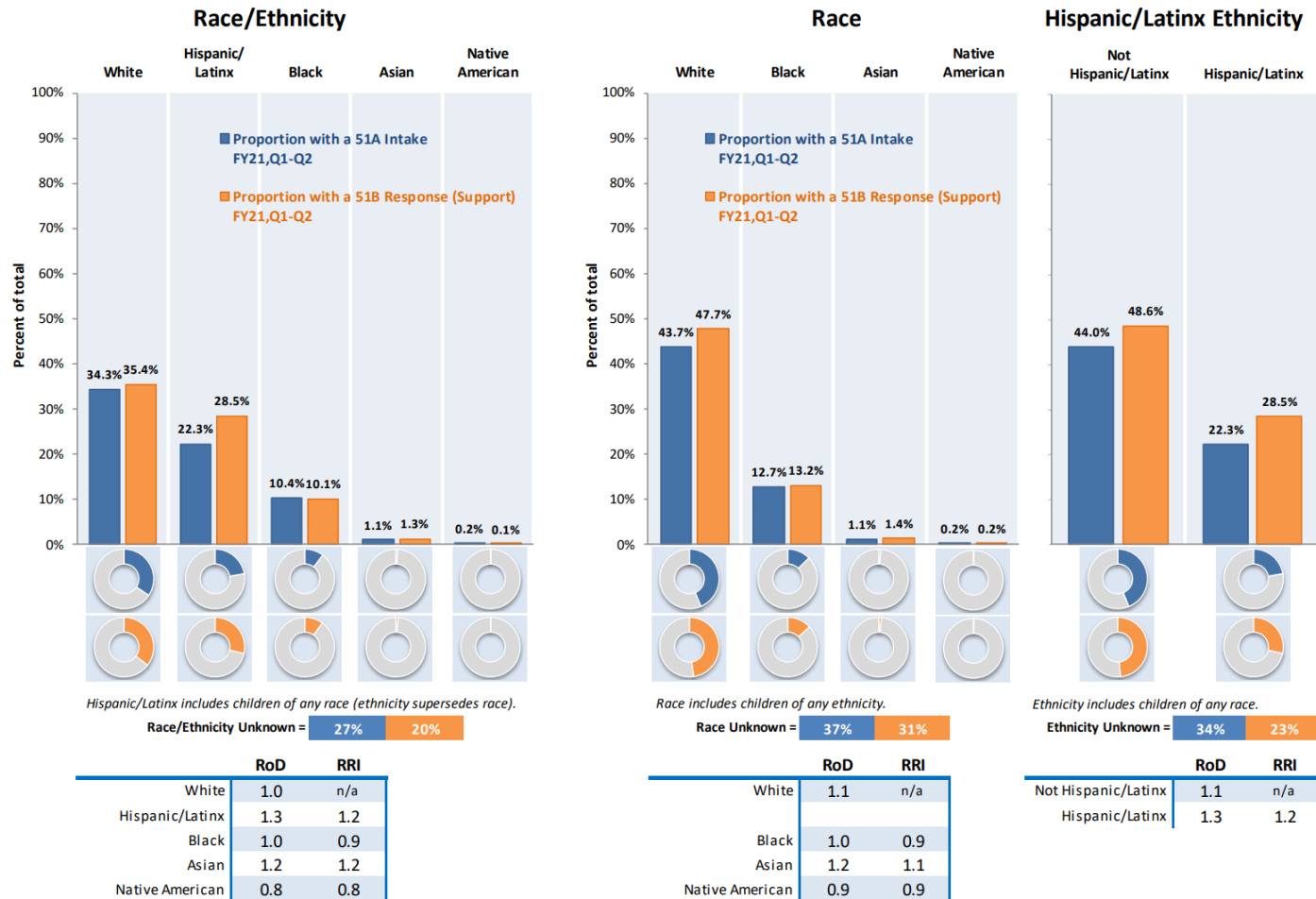
Hispanic/Latinx children were the subject of a 51A report at 2.1x the relative rate (RRI) of Not-Hispanic/Latinx children.

Asian children were subject of a 51A report at 0.3x the relative rate (RRI) of White children.

**NOTE:**  
Asian and Native American counts are a small share of the overall counts. As such their respective RoDs/RRI should be considered conservatively.

- The Rate-of-Disproportionality (RoD) is an indicator of inequality. RoDs for the above metric are calculated by dividing the observed DCF rate for a given race/ethnicity by the MA population rate of that specific race/ethnicity. - RoDs > 1.0 indicate overrepresentation - RoDs < 1.0 indicate underrepresentation
- Relative Rate Index (RRI) compares the RoD for White children with the RoD for children of color, or the RoD of Not Hispanic/Latinx children to the RoD for Hispanic/Latinx children.

## Children (0-17) with a 51B Response (Support) within FY21, Q1-Q2



- The Rate-of-Disproportionality (RoD) is an indicator of inequality. RoDs for the above metric are calculated by dividing the observed DCF rate for a given race/ethnicity by the 51A Intake rate of that specific race/ethnicity. - RoDs > 1.0 indicate overrepresentation - RoDs < 1.0 indicate underrepresentation

- Relative Rate Index (RRI) compares the RoD for White children with the RoD for children of color, or the RoD of Not Hispanic/Latinx children to the RoD for Hispanic/Latinx children.



## Information about Family Resource Centers

*PLEASE NOTE: This information was taken from the “Family Resource Center Program Evaluation Report March 2020” available here: <https://www.mass.gov/doc/2019-family-resource-center-annual-report/download>, the “8<sup>th</sup> Annual Report of the Families and Children Requiring Assistance Advisory Board on the Recommendations relative to the Implementation of Section 16U of Chapter 6A” available here: <https://www.mass.gov/doc/families-and-children-requiring-assistance-2020-annual-report/download>, and the “Family Resource Center Network: Responding to the Covid-19 Pandemic.” Because this information and data has been excerpted from larger documents, there is a potential for mischaracterization or loss of context. Inclusion of this information and data here is solely for purposes of Commission discussion and should not be utilized for any other manner.*

“Launched in 2015, Family Resource Centers (FRCs) are community-based, culturally competent programs that provide a variety of services to children and families, including evidence-based parent education, parent and youth mutual self-help support groups, information and referral, grandparent support groups, mentoring, educational support, cultural and arts events, and other services. FRCs also provide services specific to Children Requiring Assistance (CRA) as required by Chapter 240 of the Acts of 2012.

The FRCs are overseen by the Massachusetts Department of Children and Families (DCF); currently there are 24 FRCs across the Commonwealth, with plans for three new FRCs to launch in 2020. Under an Interdepartmental Service Agreement with DCF, the University of Massachusetts Medical School (UMMS) provides data management and reporting, communication support, and program evaluation services to the FRC network.” (<https://www.mass.gov/doc/2019-family-resource-center-annual-report/download>)

**Data from 2019- pre-Covid pandemic** (source <https://www.mass.gov/doc/2019-family-resource-center-annual-report/download>)

Data derived from the FRC Database shows:

- A total of 10,869 unduplicated families received services from the FRCs in 2019, compared to 12,286 in 2018; 8,031 were new families, while 9,464 new families were served in 2018.
  - In 2017/18, FRCs served an increased number of families due to Hurricane Maria. FRCs served 2,700 families from Puerto Rico displaced by the Hurricane. In 2019, FRCs saw a return to a normal service pattern which explains an appearance of a decrease in families served.
- Almost 70% of new families were in single-parent households; 40% of households had two or more children, while 32% reported no children living in the household.
- FRCs served 18,395 unique individuals – both adults and children – in 2019, approximately an 8% decrease from 2018.
  - 82% of adults, ages 18 and over, served by FRC in 2018 were parents; 75% were female.
  - 47% of adults identified as Latinx and 24% identified Spanish as their primary language. The percent of Latinx and Spanish-speaking family members served by FRCs decreased in 2019 compared to 2017 and 2018.

## Data from 2019 continued:

- Among children and youth served in 2019, 52% were male and 54% were between the ages 6 and 14. Five percent of youth were identified as parents. As with adults, the percentage of children/youth who identify as Latinx and whose primary language is Spanish decreased in 2019 compared to 2017 and 2018.
- Many families served by FRCs in 2019 experienced income-related challenges.
  - 28% of adults were unemployed or out of the labor force; 29% reported income from disability or low-income benefits (SSDI/SSI, TAFDC/EAEDC), and 13% reported no source of income.
  - 59% of adults and 52% of children/youth were enrolled in MassHealth.
  - 30-40% of adults and children/youth were in families needing basic assistance with food and clothing.
- Starting this past year, information on homelessness was collected at intake. An estimated 18% of new families served by the FRCs reported being homeless at intake.
- Disability is common among adults and children served by FRCs. In 2019, 33% of adults and 39% of children experienced some type of disability. More than one-third of adults and children had a condition requiring medical care.
- 87% of children and youth served in 2019 were enrolled in school; 28% had missed more than eight days of school in the 10 weeks prior to coming to the FRC.
  - 36% of children received school-based supports through an Individualized Education Plan or 504 Plan.
  - 20% of children/youth served in 2019 were CRA or at-risk of CRA. Those identified as CRA were more likely to be older, male, have a disability, and be in poorer health than non-CRA children/youth.

The most common sources of referral to the FRCs continue to be friends/family, state agencies, courts, schools. While families seek FRC services for a variety of reasons, housing-related needs and hardship or financial concerns continue to be among the most common reasons families seek FRC assistance.

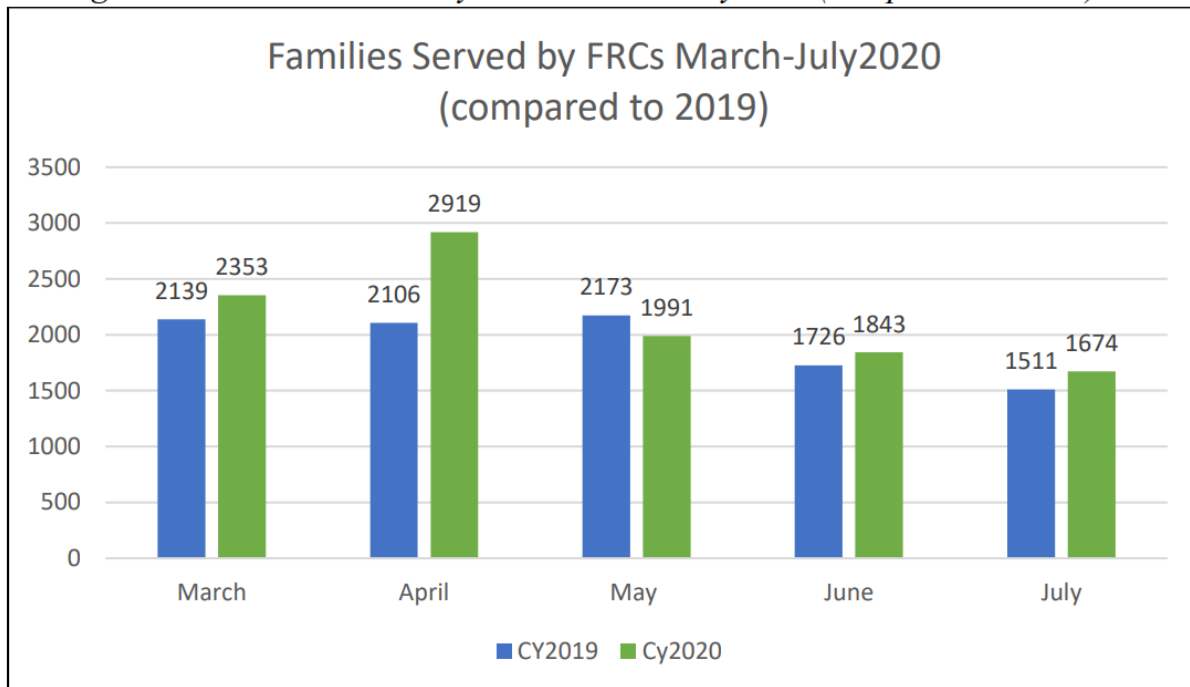
## Information and Data from 2020 including the effect of the Covid-19 pandemic (source <https://www.mass.gov/doc/families-and-children-requiring-assistance-2020-annual-report/download>)

Agency heads from each of the FRC vendors determined what services could be provided safely onsite and what services could be provided remotely. Over one third of the FRC sites are significantly engaged in face to face work with families. Two thirds of the FRCs continue to provide virtual services.

As they did with their response to Hurricane Maria, FRCs have played a critical role in their community's response to COVID-19. Most of the FRC services including counseling, assessment, parenting classes, support groups and information and referral continued virtually on-line. Many of the FRCs became a hub within their communities for providing food, diapers, personal protective equipment (PPE), clothing and other emergency assistance items for the neediest families. When families could not come to the FRC these items were delivered to families' doorsteps.

- FRCs served a total of 7,377 families between March and July 2020, and for the most part, served more families on a monthly basis than were served during the same time period in 2019, (see Figure 4).
- There was a notable increase in the number of families served in April, reflecting the dedicated efforts made by FRCs to outreach to families in the period immediately following the state of emergency, (see Figure 4).

*Figure 4: Families Served by FRCs March-July2020 (compared to 2019)*



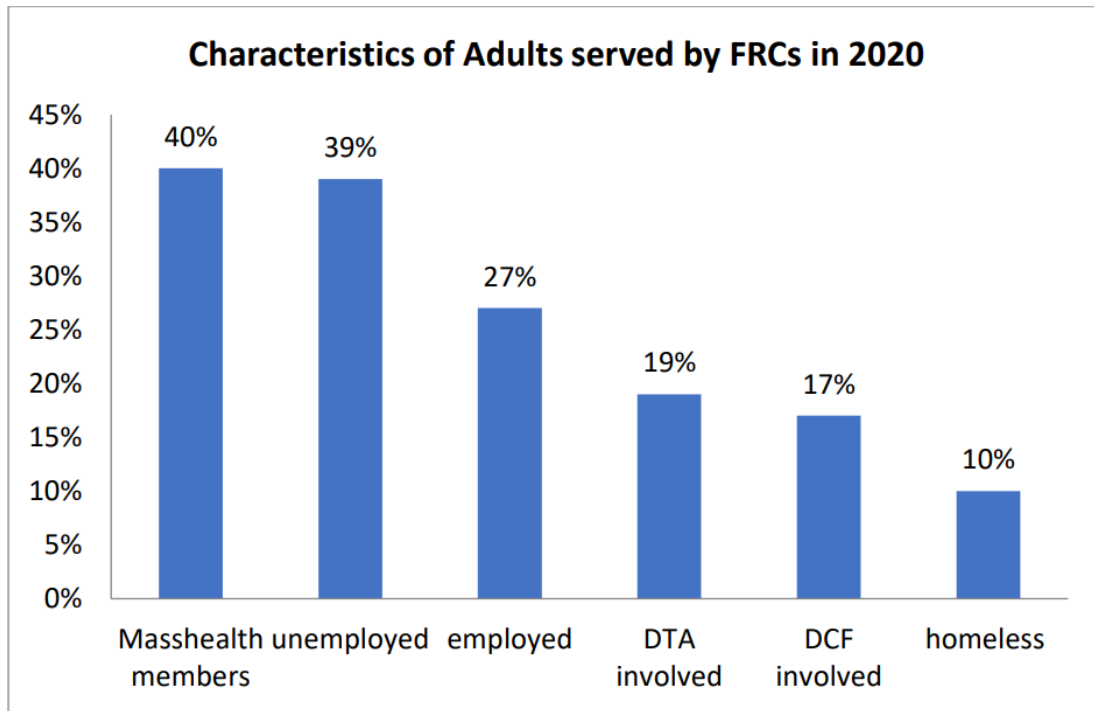
- FRCs provided an especially high level of individualized services and supports to family members between March and July 2020, recording over 30,000 separate instances of service. For comparison, FRCs provided 38,467 instances of service in all of 2019.
- Notably, FRCs provide 4,448 instances of food/nutrition assistance to families between March and July, compared to just over 2,400 instances of food/nutrition assistance during all of 2019.
- Additionally, the FRCs continued to serve families through multiple events, including food drives, food distribution, drives for and distribution of diapers and other infant/baby items, classes and other group activities. Over 12,500 individuals attended events related to food alone, (*see Figure 6*). Most FRCs continued to offer parenting classes, parenting support groups, and a variety of family recreational and social activities using virtual methods.

*Figure 6: FRC Event Attendance, March to July 2020*

Food Related Events	12,596
Parenting Groups/Classes	3,288
Family Activities	2,244
Infant/Baby Items	1,095

Utilizing the virtual model for groups allowed for unique, cross-city collaboration among FRCs. These collaborations have made groups and classes more accessible to families from multiple communities. Additionally, several FRCs have worked with their local schools and parents to set up remote “learning hubs” for students attending school remotely.

*Figure 11: Characteristics of Adults served by FRCs in CY2019*



- The sources of referrals of new families to FRCs in CY2020 were as follows:
  - 15% friends or family members
  - 12% Department of Children and Families
  - 8% self-referred
  - 8% schools, pre-schools, early intervention programs
  - 6% health care providers, including mental health providers and pediatricians
  - 5% courts
  - <1% social service agencies
  - 1% Department of Transitional Assistance
  - 1% Mass211
  - 15% other sources

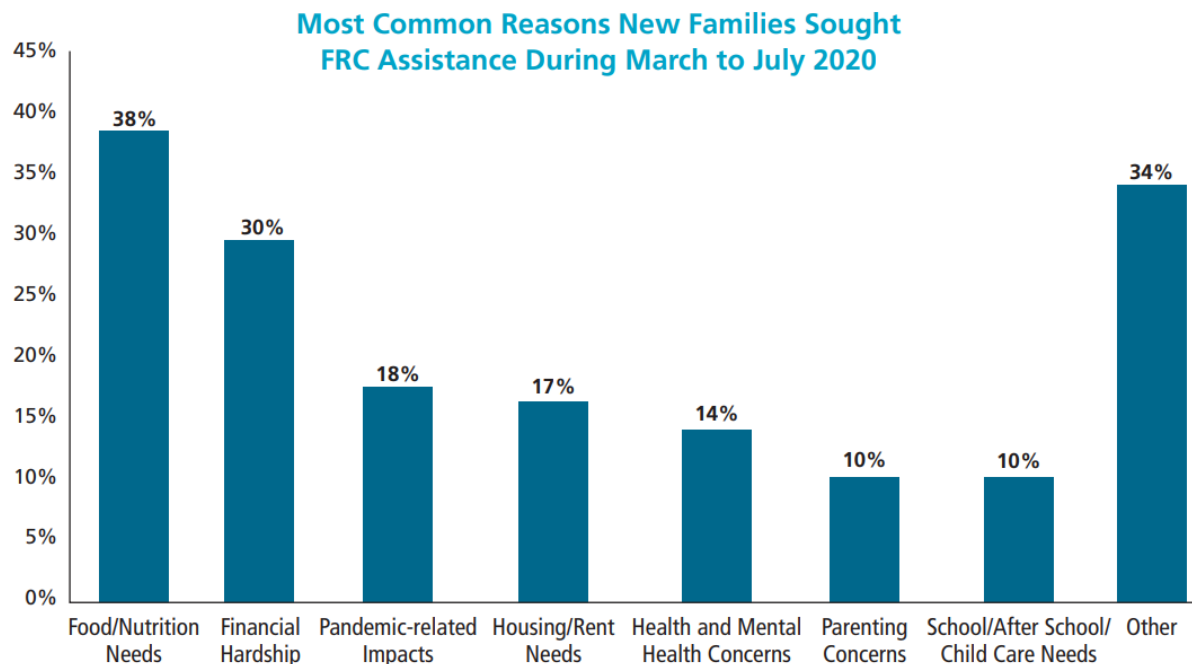


Source “Family Resource Center Network: Responding to the Covid-19 Pandemic”

## FRCs Reaching Out to Their Communities

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In addition to the efforts FRCs made to continue to serve already engaged families, FRCs responded to the needs of new families seeking FRC assistance during the pandemic.



### Questions for Commission Discussion

- What information does the Commission want, besides the content of the public comments to be discussed in the May meetings, to assist in finalizing positions on the proposals before the Commission?
  - Are there any specific data requests that could be of assistance?
- Based solely on the information that Commission members do have about the public comment period (experience at the public hearings), what, if any, additional concrete proposals does the Commission want to consider in the May meetings?
  - Do these proposals meet our statutory mandate or are they in addition to our statutory mandate?
- What topics does the Commission want to consider including in the written final report that may not require legislative or statutory changes? For example: recommendations for pilot programs and recommendations for further data gathering.