

**DEPARTMENT OF HEALTH & MENTAL HYGIENE
FAMILY HEALTH ADMINISTRATION
CENTER FOR MATERNAL & CHILD HEALTH**

Child Abuse and Neglect Expert Panel

2011 ANNUAL REPORT

Martin O'Malley
Governor

Anthony G. Brown
Lieutenant Governor

Joshua M. Sharfstein, MD
Secretary
Department of Health & Mental Hygiene

Frances B. Phillips
Deputy Secretary
Department of Health & Mental Hygiene
Public Health Services

Background

Senate Bill 782, enacted during the 2005 legislative session, mandated that the Secretary of the Department of Health and Mental Hygiene (DHMH) appoint and convene the Child Abuse and Neglect Expert Panel (Expert Panel) and establish a Child Abuse and Neglect Centers of Excellence Initiative. The Expert Panel was charged with: (1) reviewing the appropriateness of Current Procedural Terminology (CPT) codes and billing protocols for services provided related to child abuse and neglect; and (2) determining how diagnosis and treatment data may be preserved to provide statistics on the extent of child abuse and neglect in the State, including through the creation of a special billing code. The Expert Panel consists of physicians, child advocates, and other medical professionals with expertise in child maltreatment. (See Appendix A for membership).

In 2008, the Child Abuse and Neglect Centers of Excellence Initiative was renamed Maryland Child Abuse Medical Providers (Maryland CHAMP), pursuant to amendments to Health-General Article, §§ 13–2201, et. seq, Annotated Code of Maryland. Maryland CHAMP serves to establish local or regional “centers without walls” of pediatric expertise to assist in the accurate and comprehensive diagnosis of child abuse and neglect throughout the State. The Department collaborates with the University of Maryland School of Medicine to administer Maryland CHAMP. Maryland CHAMP recruits local physicians to gain clinical expertise in the diagnosis and treatment of child maltreatment and CHAMP faculty work to develop practice standards and protocols for the assessment and treatment of children. The faculty provides expert consultation and training for local or regional child protection teams in currently underserved jurisdictions. Faculty also guides local or regional teams in the medical aspects of child maltreatment investigations to facilitate the prosecution of criminal child abuse and neglect.

Child abuse and neglect is a serious public health concern, yet it is seldom addressed from a public health perspective. In fiscal year 2011, there were 27,742 total completed investigations into child abuse and neglect in Maryland. Of these, 7,195 investigations were “Indicated.” Indicated cases comprise 26% of the completed investigations. In addition, 6,277 (23 percent) of the completed investigations were “Unsubstantiated” due to insufficient evidence. Of the Indicated cases, 1468 were Physical Indicated, 1198 were Sexual Indicated, 4512 were Neglect Indicated, and 17 were Mental Injury Indicated.

By comparison, for fiscal year 2010, data from Child Protective Services Intake showed the total number of investigations and indicated findings referenced were 26,977 and 6,747, respectively. For fiscal year 2009, the total number of investigations and indicated findings referenced were 27,959 and 6,312.

Child Abuse and Neglect Expert Panel Activities and Recommendations

Chair of the Expert Panel, Marsha R. Smith, MH, MPH, and members met with

the CHAMP program on April 13, 2011 to review and discuss a set of recommendations, “A Vision for Ensuring Optimal Health Care for Maltreated Children and Their Families,” for newly appointed DHMH Secretary Joshua M. Sharfstein, M.D., to consider. The vision as stated was “to build on CHAMP and develop a comprehensive and standardized health care approach to maltreated children and their families.” The recommendations emphasized that “the health care approach should include not only medical concerns, but also important mental health needs of these children,” and “include a range of interventions from primary prevention to treatment.” Major gaps in the current system were noted:

- Limited primary prevention related to child maltreatment (CM)
- Varying medical practice related to varying payment arrangements
- Limited psychosocial assessments
- Inadequate support for expert medical assessments in some areas
- Limited coordination to ensure health care needs are met
- Severe lack of child mental health resources in many areas of Maryland

The key recommendations were for CHAMP to partner with DHMH, the Department of Human Resources (DHR), the Governor’s Office of Crime Control and Prevention (GOCCP) and key stakeholders to develop a new system that would establish partnership with leaders in mental health and recruit, train and maintain child mental health professionals in underserved areas and help develop interdisciplinary teams in each county to improve and coordinate health-related services for maltreated children.

Interagency Child Maltreatment Workgroup

In August 2011, DHMH Secretary Sharfstein convened an interagency Child Maltreatment Workgroup charged with designing a better system for caring for abused and neglected children and a more coordinated approach that will produce better outcomes for kids and families. The workgroup will seek to improve the prevention, identification and treatment of child maltreatment, as well as streamline provider training, treatment guidelines, payment systems and information sharing. The workgroup will focus on the following questions:

1. How do we promote consistent identification of kids at risk for child abuse and neglect?
2. How do we determine which reports of child abuse require a medical evaluation by a qualified medical provider?
3. What is the system in each jurisdiction doing to provide appropriate medical evaluations?
4. Are there adequate resources available in jurisdictions to meet local need?
5. What payment approach supports this system? How could the State streamline the provider payment system to ensure that providers with expertise in identifying and treating child abuse and neglect are compensated appropriately for rendering this important service?

6. How do we ensure that – once identified – abused and neglected children are linked with on-going behavioral health services provided by a specialist in trauma-informed care as quickly as possible.

With respect to question #6 above, the Child Maltreatment Workgroup has determined that each county has a unique approach for mental health assessments and then providing follow-up mental health counseling for victims of child maltreatment. During September 2011, the Mental Hygiene Administration (MHA) requested that MHA's core service agencies (CSAs) meet with their local child advocacy center, local child protective services agency (CPS) and CHAMP colleagues to discuss current operational procedures and identify strengths and areas for improvement. Overall, the feedback indicated that each jurisdiction has procedures in place for linking maltreated children and their families with mental health services. Some counties have more resources than others, but generally the current structure allows these partners to collaborate to appropriately address local needs. MHA will work with jurisdictions to address the following common challenges that emerged during local discussions: 1) Need for trauma informed care; 2) Lack of parental follow-through; 3) Lack of transportation; 4) Cost prohibitive co-payments for mental health services; 5) Need for treatment for young offenders; 6) Periodic waitlists; and 7) Need for culturally and linguistically competent counseling services.

The Child Maltreatment Workgroup is currently meeting with State and local leaders with expertise in the child abuse and neglect to consider ways to improve the system. The Workgroup will also study the Statewide needs assessment that Maryland CHAMP recently conducted to assist in formulating recommendations to better serve children who experience abuse and neglect. The Child Maltreatment Workgroup is expected to issue its recommendations in Spring 2012.

The Expert Panel reviewed the activities of the Maryland CHAMP Initiative at the April 2011 meeting. These activities are summarized in the following section.

Maryland Child Abuse Medical Providers (CHAMP) Activities

The Maryland CHAMP Initiative is conducted by the University of Maryland School of Medicine, Department of Pediatrics and Division of Child Protection, with funding administered by the Center for Maternal and Child Health. Maryland CHAMP serves to provide training and support to local physicians in order to recruit them to become experts in the field of child maltreatment diagnosis and treatment. Maryland CHAMP seeks to foster collaboration with other disciplines and entities (nursing, family practice, law enforcement, and child advocacy centers). Howard Dubowitz, M.D., M.S., Chief of the Division of Child Protection at the University of Maryland School of Medicine, is the Program Director for Maryland CHAMP. Five other pediatricians serve as the Initiative's core faculty and all are experts in child abuse and neglect. Faculty members and the counties they represent are as follows: Mesa Baker, M.D. (Baltimore City); Mitchell Goldstein, M.D., M.B.A. (Baltimore City); Scott Krugman, M.D.

(Baltimore County); Wendy Lane, M.D., M.P.H. (Baltimore City and Howard County); and Charles Shubin, M.D. (Baltimore City).

The Maryland CHAMP faculty meets monthly to address the administration of the Initiative. The faculty provides case consultations, peer review, and trainings in the diagnosis and treatment of child maltreatment for local health care providers. A member of the faculty is available to provide consultations to local physicians 24 hours per day, seven days per week. The faculty uses a Web-based application called TeleCAM for child abuse consultations. TeleCAM is a secure, HIPAA compliant Web-based application. It allows medical providers from geographically distant communities to share medical images with one another for the purposes of continuity of care and training. Therefore, it is especially valuable for those who provide services and consultations in child abuse cases. Local examiners are able to post cases, including images, on a secure Web site accessible to the Maryland CHAMP faculty. Maryland CHAMP faculty reviews the cases and quickly provides feedback on the evaluation to the local Maryland CHAMP provider.

Maryland CHAMP continued training three pediatricians in 2011: Allen Haworth, D.O. (Allegany County); Richard Porter, M.D. (Garrett County); and Jennifer Wehberg, M.D. (Wicomico County). The Maryland CHAMP network also includes seven physicians who have been working part-time in child abuse. These physicians do not receive salary support from the Maryland CHAMP program but participate in the Maryland CHAMP training sessions. These physicians and their respective jurisdictions are as follows: Karla Paylor, M.D. (Baltimore County and Frederick County); Cynthia Rolden, M.D. (Carroll County); Dianna Abney, M.D. (Charles and St. Mary's County); Paul Lomonico, M.D. (Harford County); Fayette Engstrom, M.D. and Kevin Karpowicz (Kent and Talbot County); Evelyn Shukat, M.D. (Montgomery County).

In fiscal year 2012, Maryland CHAMP held three half-day provider trainings to review child maltreatment diagnosis and consultation procedures. These were held on October 14, 2010, February 10, 2011 and June 9, 2011 and included orientation sessions on use of the Telecam. The sessions were held at the University of Maryland School of Medicine. Trainings are attended by the local Maryland CHAMP physicians, network physicians, and pediatric forensic nurse examiners.

Increased efforts to reach out to forensic nurse examiners throughout the State have also been successful, and they continue to participate in Maryland CHAMP trainings in increasing numbers. Outreach has also included work with the Maryland Child Welfare Academy at the University of Maryland School of Social Work. CHAMP faculty now provide quarterly training to social services workers on abuse and neglect, failure to thrive, drug exposed newborns and more.

As indicated previously, CHAMP Program Manager Leslie Fitzpatrick conducted a Statewide needs assessment which enabled CHAMP to learn about resources and barriers throughout the State. This needs assessment also served to alert counties about

the availability of CHAMP services and enabled the CHAMP program to have a deeper understanding of the needs of specific locales.

CHAMP was awarded a Healthy Tomorrows grant which will allow for the development of a Baltimore Citywide Child Protection Team (BCCPT). This will help improve communication between agencies and increased access to expert medical evaluations and health-related services. In addition, CHAMP received funding from DHMH to develop a Web site to help promote its services and explain how the program works.

Future Plans:

Maryland CHAMP will continue to offer Continuing Medical Education (CME) credits for physicians attending the training sessions. The TeleCAM System will be used to develop a library of teaching cases and will enhance training. During the upcoming year, the CHAMP network will continue to develop. Plans include utilizing current Maryland CHAMP providers to visit primary care practices in their area, to help raise awareness of child maltreatment and explain the reporting process for child protective services. There are also plans to update and distribute consultation guidelines to law enforcement and CPS workers Statewide.

Conclusion

The Child Abuse and Neglect Expert Panel held its annual meeting and reviewed activities of the Maryland CHAMP Initiative. The Expert Panel found that Maryland CHAMP continues to support the establishment of a Statewide network of providers with expertise in child maltreatment diagnosis and treatment. Maryland CHAMP has expanded trainings to include forensic nurse practitioners, enabling more areas in the State to have local experts nearby. CME credits will be offered to physicians who attend the training program. A case library will be established to enhance training, and it is likely that Maryland CHAMP will add training on the identification of risk factors for maltreatment, to broaden provider abilities to not just identify but to prevent child maltreatment. Members of the Expert Panel and CHAMP faculty look forward to implementing the systems improvements that will be recommended by the Child Maltreatment Workgroup convened by Secretary Sharfstein.

Appendix A

2011 Child Abuse and Neglect Expert Panel Members

Chair, Marsha Smith, M.D., M.P.H.
Director, Perinatal and Reproductive Health
Center for Maternal and Child Health, Department of Health and Mental Hygiene

Steve Berry, M.S.W.
Department of Human Resources

Lieutenant Roland Denton
Maryland Children's Alliance

To be announced
Maryland Children's Alliance

Mitchell Goldstein, M.D., M.B.A.
Maryland Hospital Association Representative

Wendy Lane, M.D., M.P.H.
Maryland Chapter, American Academy of Pediatrics, Child Maltreatment Committee

Diane McDonald, M.D.
Maryland Chapter, American Academy of Pediatrics, Emergency Department Committee

Mary Mussman, M.D.
Physician Advisor to Medicaid
Department of Health and Mental Hygiene

Charles Shubin, M.D.
Maryland Chapter, American Academy of Pediatrics, Child Maltreatment Committee

To be announced
Center for Health Promotion, Education, and Tobacco Use Prevention
Department of Health and Mental Hygiene

Al Zachik, M.D., Deputy Director
Mental Hygiene Administration, Department of Health and Mental Hygiene

Expert Panel Staff:

Bonnie S. Birkel, C.R.N.P., M.P.H.
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