

Department of Legislative Services
Maryland General Assembly
2008 Session

FISCAL AND POLICY NOTE

House Bill 790

(Delegate Montgomery, *et al.*)

Health and Government Operations

Finance

Department of Health and Mental Hygiene - Child Abuse Medical Providers
Initiative

This bill alters the name of the Child Abuse and Neglect Centers of Excellence Initiative to the Child Abuse Medical Providers Initiative (Maryland CHAMP) and specifies the purposes of the initiative to improve the diagnosis and treatment of children subjected to child abuse and neglect.

Fiscal Summary

State Effect: None. The bill's changes could be implemented with existing resources of the Department of Human Resources and the Department of Health and Mental Hygiene.

Local Effect: None. The bill's changes could be implemented with existing resources.

Small Business Effect: None.

Analysis

Bill Summary: "Maryland CHAMP" is defined to mean a network of health care professionals with the expertise to address the prevention, diagnosis, and treatment of child abuse and neglect while working closely with other disciplines and organizations, including child advocacy centers, that also address these issues.

The bill expands the definition of "child advocacy center" to mean a child-focused entity that investigates, diagnoses, and treats children who may have been abused or neglected that

- includes local law enforcement officers, criminal prosecutors, and the local

department of social services; and • may include child mental health service providers and other children and family service providers.

Maryland CHAMP is part of the Department of Health and Mental Hygiene. An expanded purpose of the initiative is to develop and guide the practice of local or regional multidisciplinary teams to improve the *medical* assessment and treatment of children who are the subjects of an abuse or neglect investigation or are children in need of assistance.

In addition to other specified duties, Maryland CHAMP faculty has to collaborate with local or regional child advocacy centers and forensic nurse examiner programs and help assure that medical professionals have access to information on how to cooperate with local departments of social services, child advocacy centers, and local law enforcement to

- protect children from trauma during abuse or neglect investigations;
- minimize the number of times the child is interviewed and examined; and
- minimize the potential for influencing a child's statement.

Maryland CHAMP may receive the information from the department that would have been provided to the Child Abuse Centers of Excellence. The appropriations mandated for the Child Abuse and Neglect Centers of Excellence would be distributed to Maryland CHAMP. Also, Maryland CHAMP is subject to legislative audit in the same manner as the Child Abuse and Neglect Centers of Excellence.

Current Law: The purposes of the Child Abuse and Neglect Centers of Excellence Initiative are to

- improve the protection of children in Maryland;
- recruit local physicians to gain clinical expertise in the diagnosis and treatment of child abuse and neglect;
- develop and guide the practice of local or regional multidisciplinary teams to improve the assessment and treatment of children who are the subject of a child abuse or neglect investigation or a child in need of assistance finding;
- facilitate the appropriate prosecution of criminal child abuse and neglect; and
- provide expert consultation and training to local or regional multidisciplinary teams in the diagnosis and treatment of physical child abuse and neglect and sexual abuse through teleconferencing and on-site services.

Centers of excellence faculty must

- assist local and regional jurisdictions to develop standards and protocols for the composition and operation of local or regional centers of excellence;
- provide training and consultation to local or regional centers of excellence in the diagnosis and treatment of child abuse and neglect;
- inventory existing academic and emergency resources available for teleconferencing and facilitate the use of these resources for child abuse and neglect investigations and treatment plans; and
- provide financial support to part-time local and regional expert clinical staff for the diagnosis and

treatment of child abuse or neglect. DHMH must designate the participants in the centers of excellence facility.

A center of excellence may receive information from DHMH and may consult with DHMH on any case • referred from the CINA program; • concerning a child committed to DHMH or a local department of social services; or • concerning a child who is the subject of a child abuse or neglect investigation. The Secretary of Health and Mental Hygiene must appoint and convene an expert panel on child abuse and neglect relating to research and data collection at least once each year. By December 1 annually, the panel must submit a report to the General Assembly on the data collected on child abuse and neglect diagnosis and treatment and the activities of the initiative.

Under the Family Law statute relating to a physician's examination and treatment of abused or neglected children, emergency medical treatment includes medical or surgical care to a child rendered by a provider in a laboratory, health care facility, or child advocacy center. The care can be to relieve any injury or severe emotional distress or to determine the existence of any possible abuse or neglect. The treatment may include, if appropriate, the use of telemedicine to achieve a timely expert diagnosis of child abuse or neglect. Expert child abuse or neglect care is defined as diagnosis or treatment of child abuse or neglect provided by a physician, a multidisciplinary team or a team member, a health care facility, or a health care facility staff member who is an expert in the field of child abuse and neglect.

Background: According to the Maryland Children's Alliance and the Maryland Coalition Against Sexual Abuse, child advocacy centers are one-stop shops where children who have disclosed sexual or serious physical abuse are interviewed and receive counseling and other services, including medical examinations. Child advocacy centers include child protective services professionals and law enforcement personnel that work in multidisciplinary teams to help ensure that children are not interviewed on multiple occasions and to keep the process focused on the well-being of the child.

According to revised fiscal 2005 information available from the Department of Human Resources (the latest information available) 31,501 child protective services investigations occurred statewide. Investigations of physical abuse totaled 10,751, neglect investigations totaled 14,413, and sexual abuse investigations totaled 3,819. The remaining 2,518 investigations occurred due to other types of allegations. Of the completed investigations, 6,196 were closed with indicated findings of abuse or neglect and 7,553 were closed with unsubstantiated findings of abuse or neglect.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Department of Health and Mental Hygiene, Maryland Children's Alliance, Maryland Coalition Against Sexual Abuse, Department of Legislative Services

Fiscal Note History: First Reader - February 27, 2008
mll/ljm

Analysis by: Karen D. Morgan

Direct Inquiries to:
(410) 946-5510
(301) 970-5510