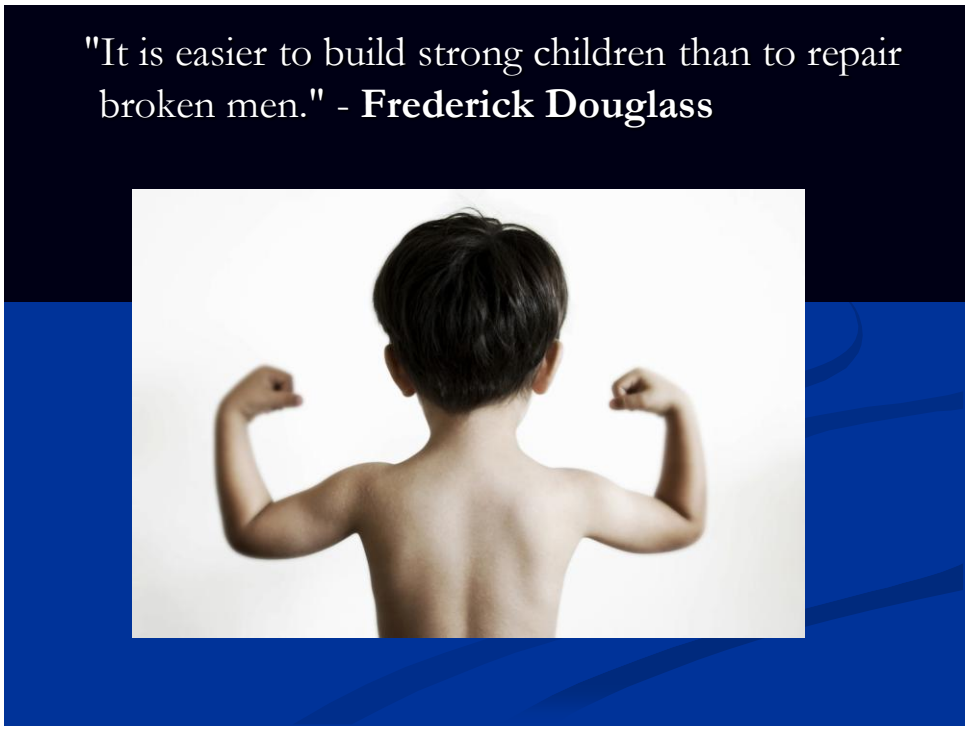
The Power of Community

Promoting Child Well-Being
Strengthening Families &Communities
Preventing Child Maltreatment

MARYLAND
STATE COUNCIL ON CHILD ABUSE & NEGLECT
ANNUAL REPORT
JANUARY 1, 2012 – DECEMBER 31, 2012



FREQUENTLY USED ACRONYM KEY

ACEs	Adverse Childhood Experiences
AAP	American Academy of Pediatrics
CAPTA	Child Abuse Prevention & Treatment Act
CBCAP	Community Based Child Abuse Prevention
CDC	U. S. Centers for Disease Control
CRP	Citizen Review Panel
CRBC	Citizen Review Board for Children
CFRT	Child Fatality Review Team
CJAC	Children's Justice Act Committee
DHR	Department of Human Resources
DHMH	Department of Health & Mental Hygiene
DJS	Department of Juvenile Services
EAC	Enough Abuse Campaign
GOC	Governor's Office for Children
GOCCP	Governor's Office of Crime Control and Prevention
MCASA	Maryland Coalition Against Sexual Assault
MCH	Maternal & Child Health
MPPCSA	Maryland Partnership to Prevent Child Sexual Abuse
MSDE	Maryland State Department of Education
PCA, MD	Prevent Child Abuse, Maryland
SAMHSA	Substance Abuse & Mental Health Services Administration
SALI	Sexual Assault Legal Institute
SCCAN	State Council on Child Abuse & Neglect
SSA	Social Services Administration

ACKNOWLEDGMENTS

SCCAN is grateful to our public and private partners who work toward the common goal of promoting child well-being and preventing child maltreatment *before it occurs*. Special thanks this year go to:

- Council Members for sharing their expertise and for the many volunteer hours they have contributed to SCCAN.

- Council Chair, Pat Cronin, and the Executive Committee: Joan Stine, Margaret Williams, Ralph Jones, Wendy Lane, Alison D'Alessandro and Adam Rosenberg; and the Environmental Scan Workgroup: Joan Stine, Wendy Lane, Scott Krugman, Pat Cronin, Steve Berry, Alison D'Alessandro, Melissa Rock and Danitza Simpson for the many additional project hours they contributed this year.

- Special thanks go to SCCAN's Prevention Co-Chair, Joan Stine. She served as the former Director of the Center for Health Promotion, Education and Tobacco Use Prevention at the Department of Health & Mental Hygiene, and DHMH's designee to the Council for over a decade, and continues her passionate commitment to Maryland's children and families into her "retirement". On an almost daily basis, Joan selflessly shares and translates her vast knowledge of public health to promote child well-being and prevent the chronic public health disaster of child maltreatment and other ACEs. Her tireless work has helped to foster an atmosphere of knowledge sharing and collaboration and has resulted in building partnerships across the many sectors and disciplines that impact the well-being of children, families and communities.

- Council Member agencies for dedicating staff time and expertise to the important work of the Council.

- Those who have generously shared their expertise with the Council by presenting at SCCAN and MPPCSA's Learning to Action Network: Judy Langford, M.Ed., Senior Fellow at the Center for the Study of Social Policy; Terry Shaw, Ph.D. and Mark Lardner, MSW, Environmental Scan Team at the Institute for Innovation and Implementation at the University of Maryland, SSW; Jude Cassidy, Ph.D, Director of the Maryland Child & Family Development Laboratory at the University of Maryland, College Park; Martha Clark, Ph.D., Policy Analyst, DHR, SSA; Kathy Lacer, Pupil Personnel Worker, St. Mary's County Public Schools; Jetta Bernier, MA, Founder Enough Abuse Campaign; Elizabeth LeTourneau, Ph.D., Johns Hopkins University Bloomberg School of Public Health, Moore Center for the Prevention of Child Sexual Abuse; Joyce Dantzler, Director, Center for Injury & Sexual Assault Prevention, Prevention & Health Promotion Administration, DHMH ; Elizabeth Bartholomew, Manager, Sex Offender Registry, Maryland Department of Public Safety and Correctional Services (DPSCS), Sex Offender Management in Maryland.

- The Maryland General Assembly for passage of reforms to SCCAN's enabling legislation.

- DHR Secretary Ted Dallas for his support of amendments to SCCAN's enabling legislation and providing a "home" and staff support for the Council. In addition, Secretary Dallas' willingness to reach out to advocates and stakeholders created solutions to credible concerns regarding and support for legislation establishing an Alternative Response system and a prompt response to substance-exposed newborns in Maryland. SCCAN Council Members and staff appreciate the opportunity of working together with DHR and other stakeholders on the Advisory Council for Implementation of Alternative Response.

- Carnitra White, Executive Director of the Social Services Administration for her continued support of SCCAN's work, the environmental scan and the MPPCSA and involvement in MPPCSA, EAC.

- Al Zachik, MD, Director, Office of Child & Adolescent Services, Mental Health Administration, DHMH for including SCCAN in the SAMHSA's 2012 State Policy Academy on Preventing Mental and Substance Use Disorders in Children and Youth.

- Pat Cronin, Executive Director, her staff and Board of Directors at The Family Tree for its' leadership of the Maryland Partnership to Prevent Child Sexual Abuse (MPPCSA) and the Enough Abuse Campaign (EAC).

- DHR David Ayer, Deputy Director for Operations, Social Services Administration, Bill Fearrington and their staffs at DHR for pulling, mapping and sharing census tract data on child sexual abuse throughout the state. The data has been shared with the MPPCSA and the local EAC communities chosen to pilot the EAC in their jurisdictions.

- Rosemary King-Johnston, Executive Director, Kim Malat, Interim Executive Director, and Patricia Arriaza, Chief of Interagency Initiatives of the Governor's Office for Children for their support of and involvement in SCCAN and the MPPCSA, EAC.

- Governor's Office of Crime Control & Prevention (GOCCP) for their support of and involvement in the MPPCSA, EAC.

- Lynette Holmes, Deputy Secretary of Support Services at DJS, Roxanne Parson, Director, Professional Development and Training Unit at DJS, as well as, Norman Wallace and Reginald Garnett, Executive Directors for Juvenile Facilities, DJS for instituting Maryland's Enough Abuse Campaign to create safer facilities for Maryland's youth under PREA (Prison Rape Elimination Act).

- Joyce Dantzler, Director, Center for Injury & Sexual Assault Prevention, Prevention & Health Promotion Administration, DHMH for her participation on the MPPCSA, EAC.

- Elizabeth Letourneau, Ph.D., Director, Moore Center for the Prevention of Child Sexual Abuse, Johns Hopkins Bloomberg School of Public Health, for her work on developing an evaluation for the MPPCSA,EAC training.

- 2012 Prevention Key Informants, Ethan Eddy, Bert Powell, Glen Cooper, Kent Hoffman, John DeGout, Jennifer Redding, Jan Rivitz, Carol Allenza, Patricia Arriaza, Mary Bruce Webb, Joan Smith and Sharon Rubenstein for lending their time and expertise to the development of a comprehensive statewide Child Maltreatment Prevention Plan for Maryland.

- The Maryland Home Visiting Alliance for its promotion and support of evidence-based and promising home visiting programs; and, its significant advocacy on behalf of Maryland's children and their families.

- The Krieger Foundation for their dedicated support and promotion of evidence-based and promising policies and practices to promote child well-being, prevent child maltreatment and treat childhood trauma within Baltimore City and across the state. Their support of the work of the Maryland Home Visiting Alliance, the Pew Center on the States' Maryland Home Visiting Campaign and training, implementation and evaluation of Circle of Security-Parenting Model is exemplary.

- The Pew Center on the States for selecting Maryland as one of Pew's Home Visiting States, as well as, guidance on the development of the Maryland Home Visiting Accountability Act of 2012.

- The Governor's Office for Children and the Center for Maternal and Child Health for their support of Maryland home visiting programs.

- The Maryland Family Network, Margaret Williams, Clinton MacSherry, and Debbie Moore for their leadership in advocating for the passage of the Maryland Home Visiting Accountability Act of 2012 in support of evidence-based and promising home visiting programs.

- Members of the Coalition to Protect Maryland's Children for their support of child maltreatment prevention efforts in Maryland.

- Frank J. Kros, MSW, JD, President, The Upside Down Organization, Executive Vice President, Children's Guild and his staff for his tremendous work in developing and presenting the Maryland Court Tool: "Consulting the Child on the Record" Placemats and C.A.N.D.O. Participant Workbook at the Child Abuse & Neglect & Delinquency Orders Conference in April of 2012; and, for making this remarkable resource available to all judges in Maryland.

- The Honorable Larnzell Martin, Jr., Prince George's County Circuit Court, member of the Children's Justice Act Committee for his dedicated assistance in developing the Maryland Court Too: "Consulting the Child on the Record".

- Linda Koban, Esq and Celia Traini at the Administrative Office of the Courts for drafting and designing "How Do I Get My Kids Back?" a Parent Guide to CINA Cases.

- The SCCAN & CJAC Prosecution Committee, the Honorable Catherine Curran O'Malley, Associate Judge of the District Court of Baltimore City; the Honorable Susan H. Hazlett, Administrative Judge, Harford County District Court; the Honorable Kathleen Cox, Associate Judge, Baltimore County Circuit Court; James P. Casey, Esq., Master for Juvenile Causes, Baltimore City Circuit Court; the Honorable Patrick L. Woodward Court of Special Appeals, Chair, Foster Care Court Improvement Project (FCCIP) Implementation Committee; Frank J. Kros, MSW, JD, President, The Upside Down Organization, Executive Vice President, Children's Guild; Joan B. Gillece, Ph.D., Project Director, National Center for Trauma Informed Care, National Coordinating Center for the Seclusion and Restraint Reduction Initiative, SAMSHA; Vanita Taylor, Chief Attorney CINA Division at the State of Maryland Office of the Public Defender: Tracey Watkins-Tribbit, MSW, Director, FCCIP; and Hope G. Gary, Esq., Assistant Director, FCCIP for lending their time and expertise to the development of a Multi-Disciplinary Court Training Kit tools: "Parent Guide to CINA Cases" and presentation "Consulting the Child on the Record".

- The many other partners, stakeholders and citizens who contribute to moving child maltreatment prevention forward in the state of Maryland.

TABLE OF CONTENTS

State Council on Child Abuse and Neglect (SCCAN)
311 W. Saratoga Street, Room 530
Baltimore, Maryland 21201
Phone: (410) 767-7868 Mobile: (410) 336-3820
claudia.remington@maryland.gov

December 30, 2013

The Honorable Martin J. O'Malley
Governor of Maryland
State House
100 State Circle
Annapolis, Maryland 21401-1925

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
State House
100 State Circle, Room H-101
Annapolis, Maryland 21401-1991

The Honorable Michael E. Busch
Speaker of the House
State House
100 State Circle, Room H-107
Annapolis, Maryland 21401-1991

Re: Family – General Article, Annotated Code of Maryland, § 5-7A-09,
State Council on Child Abuse and Neglect (SCCAN) Final Report for 2012

Dear Governor O'Malley, President Miller and Speaker Busch:

Pursuant to the requirements of Family – General Article, Annotated Code of Maryland, § 5-7A-09 and the federal Child Abuse Prevention and Treatment Act (CAPTA), I respectfully submit on behalf of the State Council on Child Abuse and Neglect (SCCAN) its unanimously adopted Annual Report. The Council makes recommendations for systems changes and improvements through this report that address its' legislative mandates:

1) "*to evaluate the extent to which State and local agencies are effectively discharging their child protection responsibilities"*
2) to "*report and make recommendations annually to the Governor and the General Assembly on matters relating to the prevention, detection, prosecution, and treatment of child abuse and neglect, including policy and training needs"*
3) to *"provide for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community and in order to meet its obligations"*
4) to *"annually prepare and make available to the public a report containing a summary of its activities"*
5) to *"coordinate its activities … with the State Citizens Review Board for Children, local citizens review panels, and the child fatality review teams in order to avoid unnecessary duplication of effort"*

The Council makes fifteen recommendations on pages 49-51 for your consideration and adoption and/or endorsement. As you read through the Council's report and recommendations, I hope you will see our deep commitment to the healthy development of every child within our state. That dedication extends to the relationships and environments of the child---their parents, their families, their communities and their state.

I commend this report to you for your consideration. Let us work together to ensure that these recommendations receive the active response they deserve. Each provides an avenue for Maryland to address current policy, practice and service gaps in promoting child well-being and preventing child maltreatment. Each of us throughout this great state plays a role in providing safe, stable and nurturing relationships and environments for our children: parents, family members, neighbors, physical and mental health care providers, child care workers, teachers, government workers, social service providers, faith-based leaders, business leaders, lawyers, judges; and, most importantly, you, our policy makers. Together we can and must leave a legacy of social, emotional, cognitive and physical well-being to our children and future generations. This will take time, resources and a willingness to translate our combined cross-sector knowledge into evidence-based planning and decision-making that ensures wise investment and healthy outcomes for children across the lifespan. Thank you for your thoughtful attention to this report. We look forward to your leadership and commitment to policies that ensure the "Essentials for Childhood", including a strong family and supportive community for every Maryland child.

Sincerely,

Patricia K. Cronin, Chair

cc: DHR Secretary Ted Dallas
DHMH Secretary Josh Sharfstein
DJS Secretary Sam Abed
MSDE State Superintendent, Dr. Lillian M. Lowery
Children's Cabinet & Governor's Office for Children, Anne Sheridan, Chair and Executive Director
Governor's Office of Crime Control & Prevention, Tammy Brown, Executive Director

INTRODUCTION

For a number of years, the Council has focused its research, advocacy and collective energies on activities to build cross-sector collaboration and systems reform to promote child well-being and prevent child maltreatment *before it occurs*. Most national, state and local funding streams and responses to the problem of child maltreatment are directed at a case-by-case approach to detecting, investigating, prosecuting and providing CPS or court supervised services to the "perpetrators" of abuse and neglect; and, to protecting children who have already been abused or neglected from future abuse and neglect by providing services to families or placing children in foster care. In describing our current "casework approach" and "criminal justice approach" to solving the problem of child maltreatment and other adverse childhood experiences (parental: substance abuse, mental illness, domestic violence, separation/divorce, and incarceration), one of the principal investigators of the Adverse Childhood Experiences Study (ACEs), Robert Anda, MD aptly noted that:

> "Our society has treated the abuse, maltreatment, violence, and chaotic experiences of our children as an oddity that is adequately dealt with by emergency response systems—child protective services, criminal justice, foster care, and alternative schools—to name a few. These services are needed and are worthy of support—but they are a dressing on a greater wound. [We continue to buy] into a set of misconceptions. Here are a few: *[Child maltreatment and other] ACEs are rare and they happen somewhere else. They are perpetrated by monsters. Some, or maybe most, children can escape unscathed, or if not, they can be rescued and healed by emergency response systems. Then these children vanish from view… and randomly reappear—as if they are new entities*—in all of [our] service systems later in childhood, adolescence, and adulthood as clients with behavioral, learning, social, criminal, and chronic health problems."

A broader public health approach to the prevention of child maltreatment focuses on understanding the complex causes of child maltreatment in order to intervene at all levels of the socio-ecological model to prevent it *before it occurs*. Currently, front-end prevention programs, organizational practices and policies, in Maryland, as in many other states, are fragmented throughout public and private agencies; and, vary both qualitatively and quantitatively from jurisdiction to jurisdiction. While approximately 21 states have a strategic plan for the primary prevention of child maltreatment, Maryland has no cross-sector statewide strategy for promoting child well-being and preventing child maltreatment *before it occurs*. That is why in 2007 after reviewing and analyzing other state plans and speaking to their plan developers regarding lessons learned, SCCAN identified developing a statewide plan to prevent child maltreatment (CM) together with other state partners as a primary objective for its policy recommendations and strategic work. In order that Maryland's plan be built on available research and data, the Council advocated for, and DHR, SSA provided, CAPTA funding to complete an

"Environmental Scan of Maryland's Child Maltreatment Efforts". That scan is scheduled to be completed by June of 2014.

SCCAN continues its' advocacy and partnership building to develop a statewide strategic direction for the multiple public and private statewide systems that impact the promotion of safe, stable, and nurturing relationships and environments (SSNR & Es) for children and prevent child maltreatment and other associated Adverse Childhood Experiences (ACEs) *before they occur*. SCCAN's principal recommendation is that the Governor and Legislature convene a public and private stakeholder Summit to develop sustainable, statewide, multi-sectorial collective impact capacity and efforts to promote safe, stable, nurturing relationships and environments for Maryland's children. The Council has adapted the goals of *CDC's 2009 Essentials for Childhood: Steps to Create Safe, Stable & Nurturing Relationships (SSNRs)* to guide its' work developing cross-sector collaboration and recommendations for systems reforms that promote SSNR & Es and prevent child maltreatment *from happening in the first place*:

Goal 1: Raise Awareness and Commitment to Promote Safe Stable and Nurturing Relationships & Environments and Prevent Child Maltreatment & Other ACEs

- Partner across public and private sectors, disciplines, agencies and with fellow citizens to unite behind a common vision
- Develop and Adopt a common vision of "assuring SSNRs for every child, strengthening families & preventing child maltreatment & other ACEs"
- Raise awareness and recruit partners in support of the vision

Goal 2: Use data to inform our actions and recommendations for systems improvement

- Build a partnership to gather & synthesize relevant data
- Identify and fill critical data gaps
- Use the data to support other action steps

Goal 3: Create the context for Healthy Children, Strong Families. & Caring Communities through Norms Change and Evidence-Based & Promising Programs and Practices

- Promote the community norm that we all share responsibility for the well-being of children
- Promote community norms about parenting programs and acceptable parenting behaviors
- Implement evidence-based and promising programs for parents and caregivers

Goal 4: Create the context for Healthy Children, Strong Families & Caring Communities through Policies

- Identify and assess which policies may positively impact the lives of children and families in Maryland communities
- Provide decision-makers and community leaders with information on the benefits of evidence-based and promising strategies and rigorous evaluation

Maryland's future prosperity will be determined by what we do *now* to promote the health and well-being of our children. Exciting advances in neuroscience, molecular biology, epigenetics, behavioral and developmental sciences make it clear that children need safe, stable and nurturing relationships and environments in order to develop socially, emotionally, physically, and cognitively. Adverse Childhood Experiences (ACEs) -- physical abuse, physical neglect, emotional abuse, emotional neglect, sexual abuse, intimate partner violence, parental mental illness, parental separation and divorce -- are known to negatively impact a child for a lifetime, but they do *not* have to. As leaders of state systems and programs---Maryland's Governor, General Assembly and Judiciary, Children's Cabinet, Governor's Office for Children, Maternal & Child Health, Injury & Violence Prevention, Sexual Assault and Exploitation, Domestic Violence, Community Violence Prevention, Health Promotion & Disease Prevention, Hospitals, Primary Health Care, Oral Health Care, Home Visiting, Child Care, Early Childhood Education, Children's Mental Health, Substance Abuse Prevention, Prevent Child Abuse Maryland, Community-Based Child Abuse Prevention lead agency, Schools, Infants & Toddlers Program, Special Education, Developmental Disabilities, Child Welfare, GOCCP and Law Enforcement Agencies; and, as community members – parents, families, neighbors, employers, ministers and priests, obstetricians, pediatricians, nurses, hospitals, home visitors, child care providers, dental professionals, teachers, school administrators, mental health professionals, out-of-school-time providers, social workers, law enforcement officers, lawyers, judges, child and family serving agencies and professionals, youth serving organizations, faith-based organizations, mass media, businesses, philanthropists, ; *we all play a role* and have a responsibility for the social, emotional, cognitive, and physical development and long-term health of the next generation.

As Council members and staff interview key informants in multiple sectors throughout the state, review the scientific research, and work with the University of Maryland to complete the Environmental Scan, it has become evident that there is a gap between what the experts now know about promoting the healthy development of a child and what actions we as policy makers and community members take to address the problem of child maltreatment. Several persistent barriers to bridging the gap between research and action were identified:

- multi-disciplinary stakeholders may define prevention differently depending upon the sector they represent;
- a lack of knowledge and coordination of prevention activities across sectors;
- the lack of coordinated data systems to ensure shared and improved measures of the magnitude of various forms of child maltreatment and evaluation of child maltreatment prevention efforts;
- a lack of understanding of the complex causes and interaction between the risk and protective factors for child maltreatment;
- A lack of funding and resources to develop, implement and evaluate multiple strategies that effectively enhance protective factors and reduce the risk factors; and,

- Lack of a communication system to disseminate the research and ensure widespread adoption of evidence-based and promising strategies that promote child well-being and prevent child maltreatment *from occurring in the first place*.

SCCAN advocates for increased public and private investments to promote child well-being, strengthen families and prevent child maltreatment and other ACEs. Those investments are critical foundations not only for the lifelong social, emotional, cognitive and physical health of Maryland's citizens, but for improvements in the State's numbers for school readiness and academic success, safety in its' communities, and workforce and economic development. SCCAN hopes that its continued work and advocacy will assist in identifying and bridging the gaps in our state's efforts to promote child well-being, strengthen families and prevent child maltreatment and other ACEs.

State Council on Child Abuse and Neglect (SCCAN)
2012 REPORT OF ACTIVITIES & ACCOMPLISHMENTS TOWARD GOALS:

In 2012, SCCAN and its' partners took a mutually supportive set of actions as part of developing and promoting comprehensive primary prevention strategies for Maryland that improve the context of societal norms, systems, environments and relationships within which Maryland's children develop. While ensuring the healthy development of an individual child is primarily the responsibility of parents and families, our ever increasing knowledge of what children need tells us that they thrive best, suffer less trauma and the devastating effects of it, and are more resilient to adversity when those parents and families are supported by caring communities and aligned state systems that value and support parenting and the healthy development of children. Maryland's existing systems offer multiple channels to reach entire populations with messages that promote child well-being, strengthen families and communities and prevent child maltreatment and other ACEs. Coordinated statewide efforts are essential to expanding the capacity of those systems to collectively impact the social, emotional, cognitive, physical and economic health of the citizens of our state. SCCAN and its' partners took the following actions to meet our four goals over the past year:

Goal 1: CREATE A STATE-LEVEL AWARENESS & SHARED VISION TO PROMOTE SSNR & Es, STRENGTHEN FAMILIES & PREVENT CHILD MALTREATMENT & OTHER ACES *before they occur.*
Outcome Goal 1: SCCAN increased the number of strategic collaborations between public and private state-level traditional partners and non-traditional partners that promote safe, stable and nurturing environments for children, strengthen families and prevent child maltreatment and other ACEs.

- **Engaged partners across sectors, disciplines and institutions with an interest in promotion and prevention:**
  - The Council includes citizen leaders from the following sectors, disciplines and institutions:

PRIVATE SCCAN MEMBERS	STATE AGENCY SCCAN MEMBERS
1. The Family Tree, Prevent Child Abuse (PCA), Parents Anonymous, MD Chapter 2. Children's Justice Act Committee (CJAC) 3. Maryland Family Network (CBCAP lead agency)(LOCATE: Child Care) (Family Support Centers) (Strengthening Families Affiliate)(MFN) 4. MD, American Academy of Pediatrics, MD Chapter 5. Victims/Survivors	1. MD General Assembly, House of Delegates 2. MD Department of Human Resources (DHR), Social Services Administration (SSA), (State's Child Welfare Agency, CAPTA agency) 3. MD Department of Education (MSDE) 4. MD Department of Health and Mental Hygiene (DHMH) 5. MD Department of Juvenile Services (DJS)

6. Archdiocese of Baltimore, Office of Child & Youth Protection 7. Baltimore City Child Abuse Center (Child Advocacy Centers (CAC)) 8. Court Appointed Special Advocates (CASA) 9. SAFE Program, Forensic Nurse 10. Maternal & Child Health Division, Prince George's County Department of Public Health 11. Educational Specialist, Baltimore City Public Schools 12. Family Support Center, Prince George's County	6. MD Judiciary, Administrative Office of the Courts (AOC) 7. MD Governor's Office Crime Control and Prevention (GOCCP) 8. MD Children's Justice Act Committee (CJAC)
SCCAN PRIVATE PARTNERS	SCCAN STATE AGENCY PARTNERS
• Advocates for Children and Youth (ACY) • Franklin Square Hospital, Department of Pediatrics • Legal Aid Bureau, Inc. • Maryland Association of Resources for Families & Youth (MARFY) • Maryland CHAMP (Child Abuse Medical Professionals) • Maryland Coalition Against Sexual Assault (MCASA) • Maryland Home Visiting Alliance • National Association of Social Workers, MD Chapter • P.A.N.D.A. (Prevent Abuse & Neglect through Dental Awareness) • Zanvyl & Isabelle Krieger Foundation	• Governor's Office for Children • Governor's Office Crime Control and Prevention (GOCCP), Children's Justice Act Committee (CJAC) • DHMH, Center for Injury & Sexual Assault Prevention • DHMH, Maternal & Child Health Bureau • DHMH, State Child Fatality Review Team • Citizen's Review Board for Children • University of MD School of Social Work

- SCCAN members and staff strengthened its partnerships with other sectors by conducting key informant interviews and engaging experts from a variety of disciplines to support and inform its work. (See Appendix E)

- SCCAN members and staff strengthened its partnerships with other sectors by serving on the following cross-sector advisory boards, alliances, networks and partnerships:
  - Advisory Council for Implementation of Alternative Response
  - Baltimore City Domestic Violence Fatality Review Team

- Coalition to Protect Maryland's Children (CPMC)
- Child & Family Services Review Advisory Board
- Healthy Tomorrow's Advisory Board
- Maryland Health Care Coalition Against Domestic Violence
- Maryland Family Violence Council
- Maryland Home Visiting Alliance
- Maryland Legislative Agenda for Women (MLAW)
- Maryland Network Against Domestic Violence (MNADV)
- Maryland Partnership to Prevent Child Sexual Abuse (MPPCSA)
- SAMHSA Policy Academy on Preventing Mental and Substance Use Disorders in Children & Youth
- Strengthening Families Leadership Council

- **Engaged partners across sectors, disciplines and institutions with a specific interest and/or expertise in *preventing child sexual abuse* to develop a comprehensive state-level response to CSA that includes prevention as a priority:**
  - ENOUGH ABUSE CAMPAIGN: In 2011 Maryland's PCA Chapter applied for a grant from PCA and the Ms. Foundation to prevent child sexual abuse by adopting the Enough Abuse Campaign---a public health approach to preventing child sexual abuse developed in Massachusetts with a grant from the CDC. SCCAN supported the application and seven SCCAN member organizations serve on the MPPCSA.
    - SCCAN contributed staff and member time to: recruit partnership members, map partner agency resources and needs, solicit data for use by the partnership and local Enough Abuse Campaign Communities, developing key partner commitment of resources. (See Appendix D)
      The MPPCSA State Partnership includes:

PRIVATE STATE PARTNERS	PUBLIC STATE PARTNERS
1. The Family Tree, Prevent Child Abuse, MD Chapter (Lead Agency)	1. MD State Council on Child Abuse and Neglect (SCCAN)
2. Academy of Pediatrics	2. MD State Department of Education (MSDE), Early Childhood Development, Office of Child Care
3. Maryland Coalition Against Sexual Assault	3. MD State Department of Education (MSDE), Division of Student, Family & School Support, Student & Family Services & Strategic Planning Branch
4. Advocates for Children and Youth	4. MD Department of Health and Mental Hygiene
5. Archdiocese of Baltimore	5. MD Governor's Office for Children
6. Maryland Family Network	6. MD Department of Human Resources, SSA
7. Kennedy Krieger Institute Family Center	7. MD Department of Juvenile Services
8. National Association of Social Workers, MD Chapter	8. MD Sex Offender Registry
9. The Moore Center for the Prevention of Child Sexual Abuse, Johns Hopkins School of Public Health	
10. Coach For America	

11. Maryland Children's Alliance (CACs) 12. Boy Scouts of America 13. Safe and Sound Campaign 14. MD Chiefs Association 15. The Children's Guild 16. Maryland Out of School Time Network (MOST)	9. MD Governor's Office Crime Control and Prevention (GOCCP) 10. MD Children's Justice Act Committee (CJAC) 11. University of MD School of Social Work

- **<u>Developed and Adopted a common vision of "assuring SSNRs for every child, strengthening families & preventing child maltreatment & other ACEs"</u>**

    - MPPCSA/ENOUGH ABUSE CAMPAIGN FIVE PRIORITIES:
        - Educate adults (parents, child care providers, professionals and by-standers, etc) about the nature and scope of the epidemic and equip them with valuable skills to prevent child sexual abuse.
        - Craft & communicate key prevention messages that parents can share with one another and their children to reduce the risk that children are ever abused.
        - Implement prevention trainings and policies across a wide range of youth-serving organizations to strengthen their ability to protect children under their care.
        - Establish processes that CSA victims /families have access to quality treatment & support services; perpetrators/potential perpetrators and their family members have access to effective interventions/rehabilitative/supervision.
        - Promote policies and legislation to prevent child sexual abuse, support victims and hold abusers accountable.
    - STRENGTHENING FAMILIES PROTECTIVE FACTORS FRAMEWORK:
        - Strengthening Families/Protective Factors: SCCAN Chair, Prevention Co-Chair and Executive Director serve on the CBCAP lead agency (Maryland Family Network) sponsored the Strengthening Families Leadership Council (SFLC). Other members of the SFLC include: Child Care Services, Developmental Disabilities Council, Family Support Centers, and Head Start representatives. The lead agency also met with Maryland's child welfare agency to explore embedding protective factors framework across agencies that work with families with children.

- **<u>Raised awareness and recruited partners in support of the vision:</u>**

    - Created a ***PREVENTION LEARNING TO ACTION NETWORK:***
      SCCAN continues to build child maltreatment prevention leadership within Maryland. SCCAN, MPPCSA and SFLC continue to expand the number and deepen the expertise of individuals who have committed to making primary prevention a

priority by sponsoring the following leadership development activities for public/private multi-sector and multi-disciplinary stakeholders:

- **"Strengthening Families, Common Ground: One Approach, Many Adaptations"**
  Speaker: Judy Langford, Center for the Study of Social Policy
  Materials: Power Point Presentation available upon request

- **Improving Public Policy Advocacy/General Assembly Legislative Hearings:**
  - Alternative Response Bill
  - Maryland Home Visiting Accountability Act of 2012

- **"Phase I & II of the Environmental Scan of Maryland's Child Maltreatment Prevention Efforts"**
  Speakers: Terry Shaw, Ph.D. & Mark Lardner, MSW
  University of Maryland, School of Social Work
  Materials: Power Point available upon request

- **Human Sex Trafficking Symposium Information Share:**
  - Three Council members attended the Governor's Conference on Combating Human Sex Trafficking in Maryland sponsored by the Governor's Office on Crime Control & Prevention (GOCCP). Information regarding Signs of Child Sex Trafficking (in order to recognize, report, refer cases to CPS and law enforcement) Child Sex Trafficking Prevention Efforts, Legislative Policies to Address Child Sex Trafficking and the Conference website sponsored by GOCCP were shared with SCCAN and its' Partners & Stakeholders, along with MPPCSA partners.

- **Developing a Pre- & Post- Evaluation of Enough Abuse Campaign**
  Speaker: Elizabeth LeTourneau, Ph.D., Johns Hopkins School of Public Health, Moore Center for the Prevention of Child Sexual Abuse
  Materials: Pre- Post- Assessment for EAC trainings

- **"The Circle of Security: Intervention, Implementation & Research"**
  Speaker: Jude Cassidy, Ph.D., Professor of Psychology at the University of Maryland, Director of the Maryland Child & Family Development Laboratory
  Materials: Power Point available upon request
  Intervention website: http://circleofsecurity.net/

- **"Sex Offender Management in Maryland"**
  Speaker: Elizabeth Bartholomew, staff, DCPPS, Maryland Sex Offender Registry
  Materials: Power Point, available upon request

- **"Perinatal Alcohol and Drug Use: Its Impact on Infants & Children"**

Speaker: Martha D. Clark, Ph.D., LCSW-C, Policy Analyst, SSA, DHR
Materials: Power Point available upon request

- **Maryland Association of Boards of Education (MABE) School Staff Online Training for Mandatory Reporters**
  Speaker: Kathy Lacer, Pupil Personnel Worker, St. Mary's County Public Schools
  Materials: Power Point

GOAL 2: USE DATA TO INFORM RECOMMENDATIONS & ACTIONS FOR SYSTEMS IMPROVEMENT

- **Build a partnership to gather & synthesize relevant data**
  The Council continues to build a partnership of individuals (DHR, The Institute for Innovation and Implementation at the University of Maryland, The Moore Center for the Prevention of Sexual Abuse at Johns Hopkins and other Council and MPPCSA member organizations) to gather and synthesize relevant national and state data.
- **Identify and fill critical data gaps**
  The Council is currently employing three methods to gather promotion and prevention data from around the state and the nation:
  - **METHOD 1 for gathering and synthesizing relevant data:**
    Key Informant Interviews by SCCAN Members and MPPCSA Members:
    Maryland has significant resources in its experts. The Council has tapped into Maryland's expertise across multiple sectors by holding an additional nineteen key informant interviews this year (a total of sixty-five over the last three years) to build support for developing, implementing, evaluating, and disseminating effective statewide individual, family, community and system-level strategies to promote SSNRs, strengthen families and prevent child maltreatment and other ACEs. (See Appendix E) The Council keeps key informants connected to the ongoing work within the state through its' meeting notices, meetings, and shared materials and notes. Key informants, likewise, share their continuing work, as well as the work of additional experts, with the Council.

  - **METHOD 2 for gathering and synthesizing relevant data :**
    Keeping abreast of national and state trends and reports on efforts to promote SSNRs & Es and prevent child maltreatment before it occurs:
    In the last decade, there have been stunning advances in neuroscience, molecular biology, epigenetics, as well as, the behavioral and social sciences. These advances serve as the scientific foundation of momentus efforts to build and strengthen adult capabilities to improve child outcomes. Momentum is building nationally, as well as, here in Maryland and other states, to disseminate this scientific knowledge and apply it across programs, organizations, systems and sectors.
    The State of Washington is a national leader among the states in aligning multiple child and family serving systems to improve important outcomes for

children. They have done so by adopting legislation and policies that encourage building state and community capacity to make use of the scientific research nationally in four core areas to improve childhood and adult outcomes:

I. BRAIN RESEARCH: Neurobiology of Healthy Development and the Impact of Toxic Stress on Development;
II. EPIDEMIOLOGICAL RESEARCH: the Adverse Childhood Experiences Study (ACEs);
III. RESILIENCY RESEARCH; and,
IV. SYSTEMS THINKING RESEARCH

Shaping policy to address adverse childhood experiences (reducing, buffering and mitigating ACEs effects) has served as a unifying common agenda across systems to build adult capabilities to ensure safe, stable and nurturing relationships and environments for children. Reducing rates of ACEs and increasing rates of resilience, not simply for several hundreds or thousands of high risk individuals, but throughout a population has become the goal of statewide and community efforts. Twenty one states are now collecting ACEs data through their Behavioral Risk Factor Surveillance System (BRFSS) with this goal in mind. House Bill 1965 was passed in June 2011, making Washington the first state in the nation to pass legislation focused on preventing Adverse Childhood Experiences, reducing their prevalence and buffering their effects. The Council has learned and wants each of Maryland's policy makers to know the following key points within these scientific areas:

I. Neurobiology of Healthy Development and the Impact of Toxic Stress on Development

The Harvard Center for the Developing Child, founded in 2006, translates the research in neuroscience, molecular biology, epigenetics, as well as, the behavioral and social sciences for the benefit of parents, professionals, advocates and policy makers into the following

7 CORE CONCEPTS IN THE SCIENCE OF EARLY CHILDHOOD DEVELOPMENT:

1. Healthy Development Builds a Strong Foundation – For Kids and For Society

2. Experience Shapes Brain Architecture by Over-Production of Connections Followed by Pruning (700 neurons/second are being created in children 0-3.)

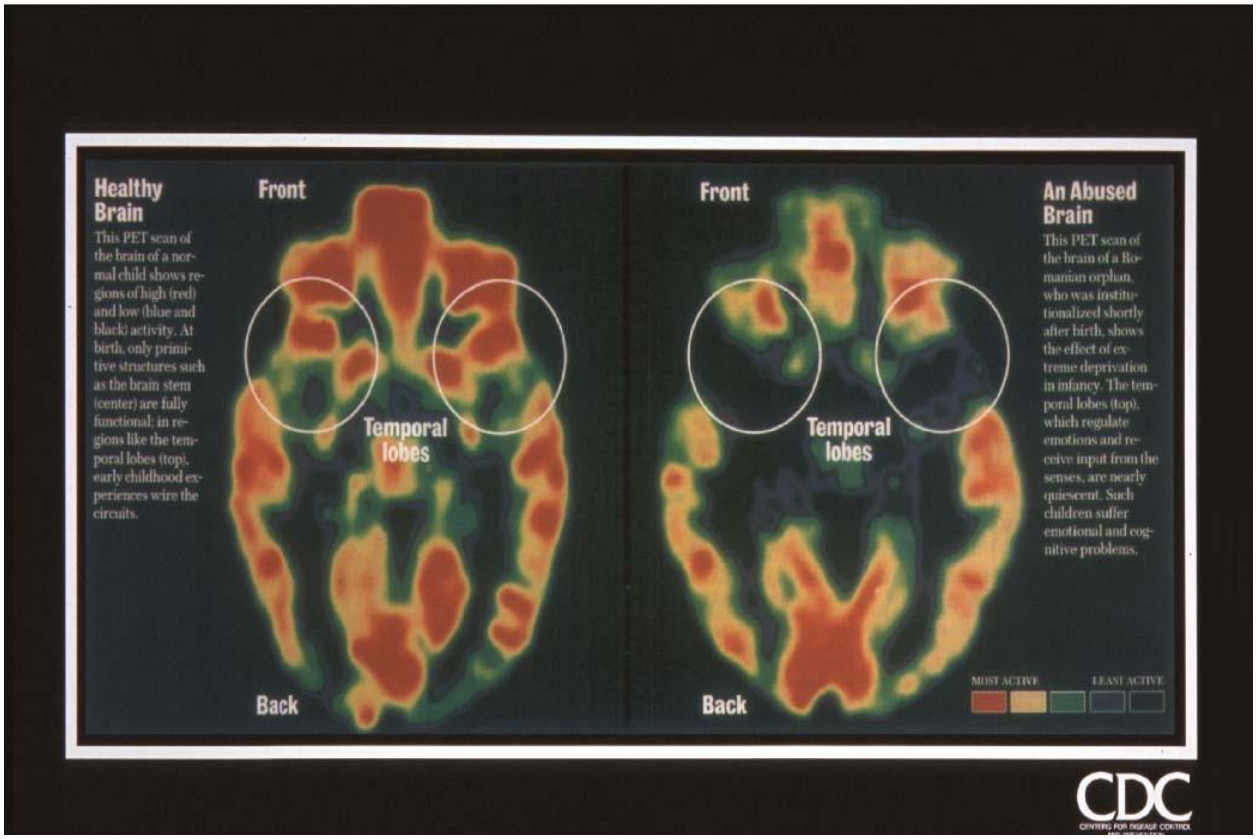
3. Brains Are Built from the Bottom Up: Skills Beget Skills

4. Serve and Return Interaction Builds Healthy Brain Architecture (interactions between the parent and child, as well as, family and non-family members and child literally shapes the architecture of the brain, future relationships, behavior and health outcomes.)

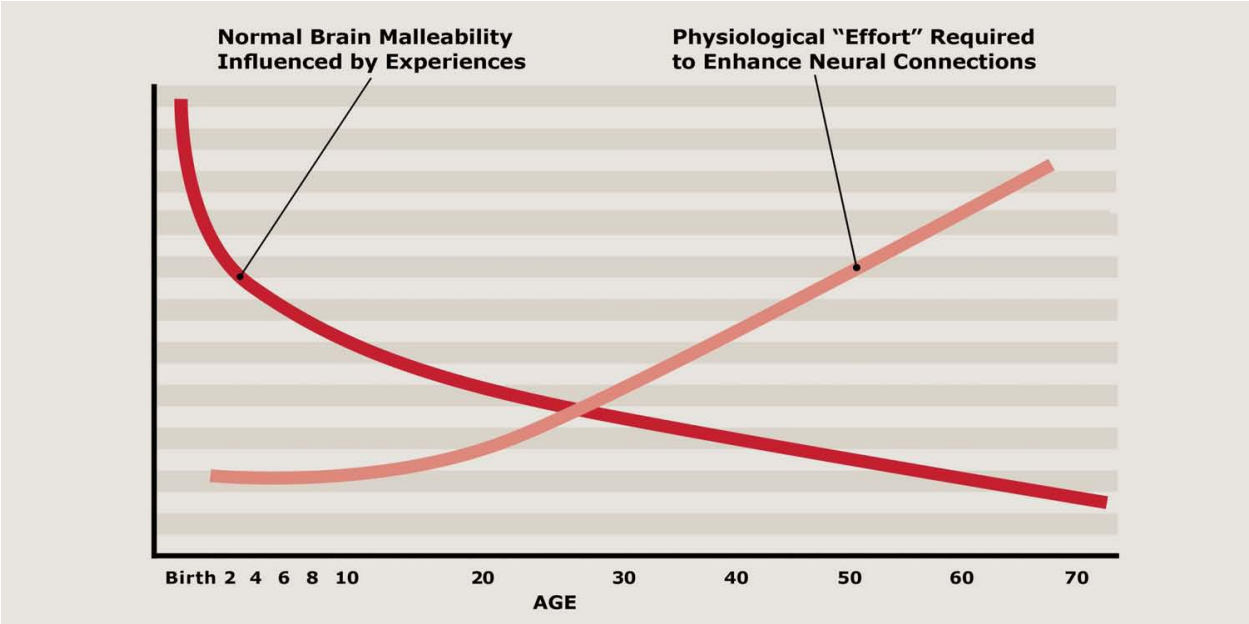
5. Cognitive, Emotional, and Social Development Are Connected: You Can't Do One Without the Other

6. Toxic Stress Damages Developing Brain Architecture

There are three types of stress: positive, tolerable and toxic. Unrelieved exposure to toxic stress (see adverse childhood experiences below) leads to release of stress-related hormones in the brain and other organs of the body. The damage to brain architecture can be seen on MRIs and CT-SCANS. Access to caring adults in the family and community buffers the child from the damaging effects of toxic stress.



7. The Ability to Change Brains and Behavior Decreases Over Time (Brain Plasticity)*



*http://developingchild.harvard.edu/

The Council believes that knowledge and understanding of these seven core concepts of childhood should serve as a foundation of public policies that affect the lives of children, their families and their communities. Building strong healthy families and communities requires that we make investing in early childhood a high priority to ensure social, emotional, behavioral, cognitive and physical health throughout the lifespan. Waiting to address symptomatic behaviors and illness until a child enters school, teen years or adulthood, requires expending more resources and producing less satisfactory results for both the individual and the community in which they live.

II. The Adverse Childhood Experiences Study or "the largest most important public health study you *never* heard of":

The ACE Study examines the social, behavioral and health consequences of adverse childhood experiences throughout the lifespan. ACE Study participants (17,337) were members of Kaiser Permanente Medical Care Program in San Diego, California and reflected a cross-section of middle-class American adults. The study is an ongoing collaboration between Kaiser Permanente and the CDC that began with two-waves of participants beginning in 1995 and 1997. Participants were asked questions regarding ten adverse childhood experiences which included all forms of child maltreatment and five indicators of family dysfunction: substance abuse, parental separation/divorce, mental illness, domestic violence, and/or criminal behavior within the household. (See Appendix F)

KEY FINDINGS of the ACEs Study published in peer-reviewed scientific journals*:

- **ACEs are COMMON:**
  Two thirds of study participants reported having at least one ACE. More than one fifth reported having three or more ACEs.

CHILD ABUSE & NEGLECT		**FAMILY DYSFUNCTION**	
TYPE	***% within population***	***TYPE***	***% within population***
Physical Abuse	28 %	Substance Abuse	27 %
Sexual Abuse	21 %	Parental Separation/Divorce	23 %
Emotional Neglect	15 %	Mental Illness	17 %
Psychological Abuse	11 %	Battered Mother	13 %
Physical Neglect	10 %	Criminal Behavior	6 %

- **ACEs are RARELY FOUND IN ISOLATION/ ACEs TEND TO OCCUR IN CLUSTERS**:
  The cumulative impact of ACEs is captured in the "ACE Score" If an individual has experienced one ACE, they are likely to have multiple. An individual's ACE score likely captures the neuro-developmental consequences of traumatic stress.

ACE SCORE	**PREVALENCE**
0	33 %
1	26 %
2	16 %
3	10 %
4 or More	16 %

- **ACEs are *STRONG* DETERMINANTS OF ADOLESCENT & ADULT SOCIAL WELL-BEING & HEALTH:**
  ACE-related problems have a strong, graded relationship to numerous health, learning, social and behavioral problems *throughout a person's lifespan*. As the number of ACEs increase in the life of an individual, there is an increased likelihood of the following risky behaviors and chronic physical and mental health conditions.

BEHAVIORS	**PHYSICAL & MENTAL HEALTH**
SMOKING	**SEVERE OBESITY**
ALCOHOL ABUSE	**DIABETES**
DRUG USE (ILLICIT & PRESCRIPTION)	**DEPRESSION**
MISSED WORK & PERFORMANCE IN THE WORKFORCE	**SUICIDE**
LACK OF PHYSICAL ACTIVITY	**HIV & STDs**
RISKY SEXUAL BEHAVIOR	**HEART DISEASE**

TEEN PREGNANCY	**CANCER**
INSTABILITY OF RELATIONSHIPS	**LIVER DISEASE**
RISK OF REVICTIMIZATION	**STROKE**
	CHRONIC LUNG DISEASE
	BROKEN BONES & OTHER INJURIES
	AUTOIMMUNE DISEASES
	EARLY DEATH (People with 6 or more ACEs died on average 20 years earlier than those without ACEs.)

For example, when compared to a person with an ACE score of 1, a person with an ACE score of 4 is:
260% more likely to develop COPD
240% more likely to develop Hepatitis
250% more likely to have a sexually transmitted disease
460% more likely to suffer from severe depression
1220% more likely to attempt suicide
4600% more likely to be an iv drug user
"In Epidemiology, these results are almost unique in their magnitude."
The Relationship of Adverse Childhood Experiences to Adult Health: Turning gold into lead* Vincent J. Felitti, MD, *English translation of: Felitti VJ. Belastungen in der Kindheit und Gesundheit im Erwachsenenalter: die Verwandlung von Gold in Blei. Z psychsom Med Psychother 2002; 48(4): 359-369.

THE ACE STUDY CONTINUES AND IS GROWING*:*

Nineteen states and the District of Columbia have collected information about ACEs in their population through the use of their Behavioral Risk Factor Surveillance System (BRFSS):

2009: Arkansas, California, Louisiana, New Mexico, Washington
2010: Maine, Hawaii, Nebraska, Nevada, North Carolina, Utah, Vermont, Florida, Wisconsin, Washington, Ohio, Pennsylvania, and Washington, DC
2011: California, Maine, Nebraska, Nevada, Oregon, Washington, Wisconsin, Vermont, Montana, Minnesota

Another four states (Arizona, Illinois, Iowa, and New York), while they have not done ACE surveys to date, have organized statewide efforts to educate policy makers and the public about the prevalence and consequences of ACEs, as well as projects that can be implemented to reduce ACEs and their consequences.

WHAT CAN BE DONE ABOUT ACEs?

- ***Evidence-based prevention programs:*** that build safe, stable and nurturing environments can prevent and/or buffer children against the effects of ACEs: Parent support for teens & teen pregnancy prevention programs, home visiting for pregnant women and parents with newborns, mental illness and substance abuse prevention and treatment programs, parenting skills training, parenting education on bonding and attachment and child development, social supports and networks for parents, and adequate employment, living wages, housing, income support and quality child care for families.
- ***Trumping ACEs: Building Resilience in Children and Families***
  "Even when people score high on ACEs, it doesn't mean that this is determinative of their life course. What doesn't get accounted for in the ACE score is the concept of resilience; building resilience is a solution to the adverse childhood experiences." Jane Isaacs Lowe, Robert Wood Johnson Foundation, Senior Program Advisor for Program Development
  1. ***In Children:*** "When kids learn how to recover from the past, they can raise the next generation who won't experience traumas in the first place." Ken Ginsberg, Medical Director of Covenant House, Professor of Pediatrics at the Children's Hospital of Philadelphia
  2. ***Parental/Family Resilience:*** Parental resilience is an ability to manage and bounce back from adversity. It is a parent's ability to solve problems, build and sustain trusting relationships including the parent-child relationship and knowing how to seek help when necessary.

  Human resilience is both innate and learned.
  **See more below under Resiliency Research*

- ***Trauma-Informed Care:*** Ensuring that the organization, management and service delivery systems of child and family serving agencies are assessed and modified to include a basic understanding of how childhood trauma affects the life of the individual receiving services. Trauma-informed systems, organizations, programs and services are founded on an understanding of the vulnerabilities or triggers of trauma survivors that many current delivery systems exacerbate. The aim of trauma-informed care is to ensure that services are more supportive, effective and avoid re-traumatization. SAMHSA, http://www.samhsa.gov/nctic/trauma.asp . This is especially important considering the number of people affected by AC Es.

* ‘‘The Health and Social Impact of Growing Up With Adverse Childhood Experiences The Human and Economic Costs of the Status Quo", Robert

Anda, MD, MS Co-Principal Investigator, Adverse Childhood Experiences (ACE) Study
** For more information peer-reviewed research are posted on the following CDC website at http://www.cdc.gov/ace/year.htm
Also see, the CDC's interactive ACE Infographic at http://vetoviolence.cdc.gov/childmaltreatment/phl/resource_center_infographic.html

III. Resiliency Research:

Ann S. Masten defines resilience as "the process of, capacity for, or outcomes of successful adaptation despite challenging or threatening circumstances" (Masten et al., 1990, p. 426). In a longitudinal study spanning more than 20 years, Dr. Masten and colleagues "learned that youth who overcome childhood adversity and continue on to adult success have more protections and resources in their lives than peers who do not fare as well. [They] also observed "late bloomers" whose lives took a dramatic turn for the better in the transition to adulthood, suggesting that new resources, opportunities, and supports converge in this window to promote positive change." Researching and supporting evidence-based programs that build capacity for human resilience in young children, school-age children, youth and adult caregivers will be a critical piece of statewide promotion and prevention efforts.

In connecting with others around the State of Maryland who are focusing on the promotion of healthy child development and the prevention of child maltreatment and other ACEs, the Council was introduced to the work of the Early Childhood Mental Health Steering Committee and its' Resiliency Workgroup. The Workgroup has done extensive research into the concept of resilience and defines resilience as "an innate capacity to rebound from adversity and change through a process of positive adaptation. In youth, resilience is a fluid, dynamic process that is influenced over time by life events, temperament, insight, skill sets, and the primary ability of care givers and the social environment to nurture and provide them a sense of safety, competency and secure attachments." The Maryland Mental Hygiene Administration, DHMH; Maryland Coalition of Families; Youth M.O.V.E. of Maryland Wicomico County and the Lower Shore Early Intervention Program sponsored a Workgroup publication intended to be used as a tool to assist caring adults help kids to build the six core concepts of resilience. The six core concepts are:

- Sense of Competency,
- Caring & Respect for Self & Others
- Problem Solving & Coping Skills
- Optimism for the Future

- Ability to Reframe Stress; and,
- A Sense of Meaning and Purpose

The poster includes examples of how each concept might manifest in a child's behaviors during various developmental stages. The good news is that these six core concepts can be nurtured and modeled by caring adults in a child's life. (See Appendix G) Building resilience in individuals, families, communities and the systems that serve them is an essential piece of promoting healthy child development and good mental health. Connecting Maryland's current research and work around the concept of resilience with state planning to promote SSNRs & Es and to reduce and buffer against child maltreatment and other ACEs is vital to successful promotion and prevention efforts in Maryland.

IV. Systems Thinking Approach to Prevent ACEs and Promote SSNR & Es:

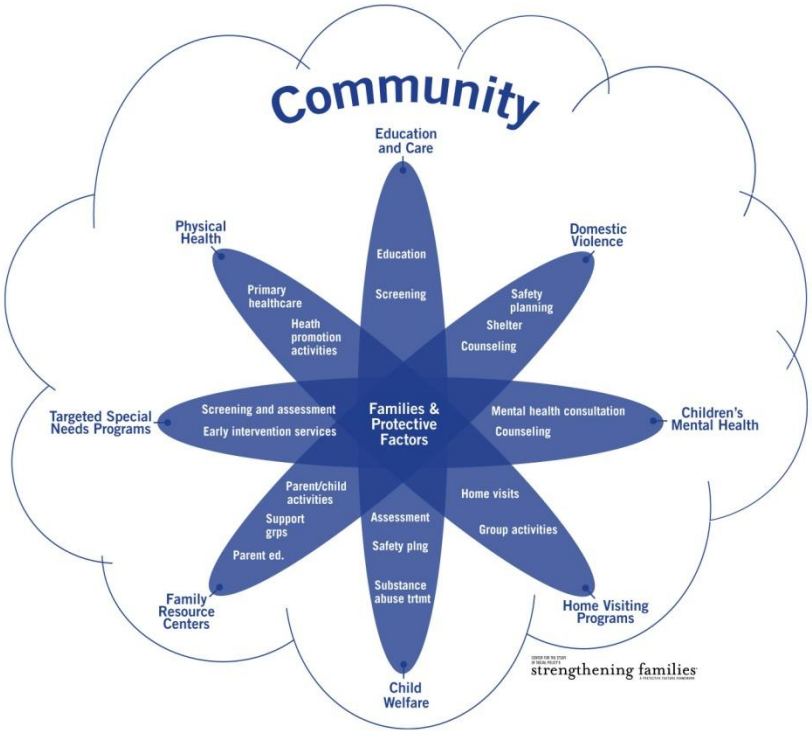
According to Dr. Peter M. Senge, there are three characteristics of a systems thinking approach to solving complex problems:

1. "A very deep and persistent commitment to 'real learning.'
2. I have to be prepared to be wrong. If it was pretty obvious what we ought to be doing, then we'd be already doing it. So I'm part of the problem, my own way of seeing things, my own sense of where there's leverage, is probably part of the problem. This is the domain we've always called 'mental models.' If I'm not prepared to challenge my own mental models, then the likelihood of finding non-obvious areas of leverage are very low.
3. The need to triangulate. You need to get different people, from different points of view, who are seeing different parts of the system to come together and collectively start to see something that individually none of them see."

Evidence-based programs and services to individual children and families are essential to promoting SSNRs & Es and to preventing ACEs. However, in order to significantly change rates of child maltreatment and other ACEs at a population level in our state, it is important to additionally target efforts to change organizational, community and societal policies, practices and norms. The two diagrams below have been helpful to the Council in considering the multiple systems that affect the lives of children and families. The first "Aligning Results for Families" was created by the Center for the Study of Social Policy in connection with Strengthening Families and Protective Factors frameworks and focuses on systems key to prevention and promotion efforts: Education and Child Care; Domestic Violence; Children's Mental Health; Home Visiting Programs; Child Welfare; Family Resource Centers; Targeted Special

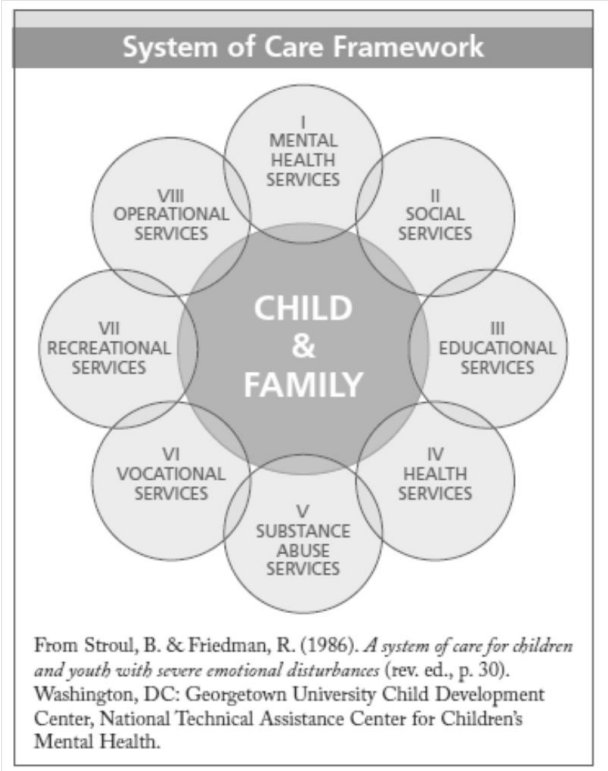
Needs Programs; and Physical Health Programs. The list is not exhaustive and some others that should be considered are: Housing & Homelessness, TANF, WIC, Employment, Community Development, Corrections and the Courts, as these systems play a key role in the lives some of our most vulnerable children and families. The two systems that universally touch the lives of children and families are education and health care system.

"Aligning Results for Families" Collaboration Framework:



The next model (below) is a collaborative process framework championed by SAMHSA and used by Maryland's Governor's Office for Children to connect " all service delivery systems (mental health, substance abuse, etc.) in order to create a seamless service delivery system for Maryland's youth" with special needs and their families access and use services in Maryland. Systems of Care is a process developed to bring together stakeholders and to use data in the decision-making process, in order to better serve youth across systems. The systems identified in both frameworks should be considered when bringing stakeholders together to develop infrastructure to support collective impact in preventing ACEs and promoting the healthy development of Maryland's children.

Systems of Care Collaborative Framework:



From Stroul, B. & Friedman, R. (1986). *A system of care for children and youth with severe emotional disturbances* (rev. ed., p. 30). Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.

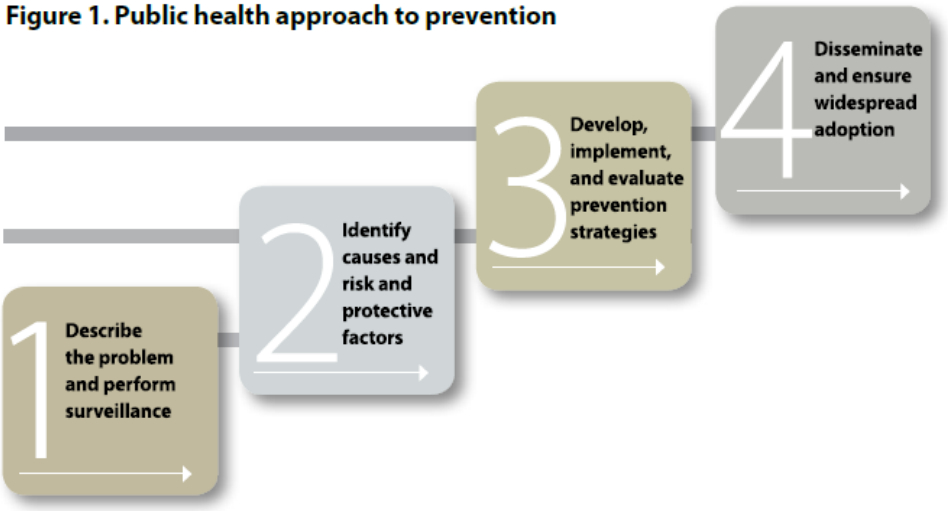
- **METHOD 3 for gathering and synthesizing relevant data:**
  Maryland's Environmental Scan of Child Maltreatment Prevention Efforts:

  At the Council's request, DHR contracted with the Institute of Innovation and Implementation at the University of Maryland, School of Social Work to do an "Environmental Scan of Child Maltreatment Prevention Efforts in Maryland" In October of 2012, the Council received drafts of Phases I and II of the scan. The Institute is using literature reviews, key informant interviews, focus groups, surveys, and fiscal mapping to identify Maryland's current landscape as it relates to the promotion of safe, stable and nurturing environments and the prevention of child maltreatment before it occurs. The Council has adopted the public health approach and the socio-ecological model to inform, guide, and connect our collective work to promote child well-being and prevent child abuse at a *population level* and *before it occurs*. (See Figure 1 & 2 below and the World Health Organization logic model in Appendix A) The public health approach and the socio-ecological model are being used nationally (by the CDC, ACF, SAMHSA, DOJ, Doris Duke Charitable Foundation, Harvard Center for the Developing Child, Zero to Three, Pew Center for the States, to name a few) internationally (WHO), and in other states (New Jersey, North Carolina, Vermont, Virginia, Washington,

Wisconsin, and others) to organize and connect cross-agency and cross-sector efforts to promote child well-being and to prevent child maltreatment and other ACEs. The Scan uses a public health approach and the socio-ecological model to examine the strengths and gaps in Maryland's current promotion and prevention efforts.

A. THE PUBLIC HEALTH APPROACH

Figure 1. Public health approach to prevention



Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Research Agenda

The "Public health approach to prevention" guides us to take proactive steps to understand the magnitude child maltreatment. It helps us by building the knowledge necessary to: 1) define and accurately measure the magnitude and costs of child maltreatment; 2) understand the complex causes and interaction between the risk and protective factors for child maltreatment; 3) develop, implement and evaluate multiple strategies that effectively enhance protective factors and reduce the risk factors; and, finally, 4) disseminate and ensure widespread adoption of evidence-based and promising strategies that promote child well-being and prevent child maltreatment *from occurring in the first place*. Phases I & II of the "Environmental Scan of Maryland's Child Maltreatment Prevention Efforts" identify strengths and gaps in Maryland's current efforts in step one and two of the Public Health Approach to Prevention. Phase III will identify strengths and gaps in our efforts with steps three and four.

B. SOCIO-ECOLOGICAL MODEL RATHER THAN "ONE CASE, ONE FAMILY AT A TIME":

Children develop within multiple contexts: individual parent and child characteristics, the parent-child relationship, a family, a community and a society. It is important to develop, implement and disseminate interventions at each level of the socio-economic model in order to impact outcomes at a population level.

Figure 2:

Highlights of what the Council and Partners have learned from Phases I & II of the environmental scan include:

STEP 1 of the Public Health Approach:

DESCRIBE THE PROBLEM IN MARYLAND AND PERFORM SURVEILLANCE

How might we define CHILD MALTREATMENT FOR PURPOSES OF PROMOTING CHILD WELL-BEING & PREVENTING CHILD MALTREATMENT?

- Current legal definitions of child abuse and neglect have been developed for purposes of identifying, investigating, prosecuting perpetrators, mandating services, removal of children from family and protecting children from further abuse. Efforts to promote the healthy development of Maryland's youngest citizens and prevent maltreatment *before it occurs* require a broader definition that focuses on understanding and addressing root causes of the various types of maltreatment. SCCAN applies the World Health Organization's definition of child maltreatment as its' operational definition for promotion and prevention planning purposes:

> "**All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development, or dignity in the context of a relationship of responsibility, trust, or power." (WHO, 1999, p.15).**

Further, the Council has adopted the North Carolina Institute of Medicine Task Force on Child Abuse Prevention definition of Child Maltreatment Prevention as its' operational definition for prevention planning purposes:

> **"Child Maltreatment Prevention efforts** include [strategies, activities and/]or programs and services that reduce the risk factors and increase the protective factors associated with child maltreatment. These efforts are designed to increase the capacity of parents, caregivers, and communities to protect, nurture and promote the healthy development of children. Prevention efforts operate at the individual, family, community, [and/]or societal levels in order to decrease the likelihood of child maltreatment." (New Directions for North Carolina, A Report of the NC Institute of Medicine Task Force on Child Abuse Prevention, September 2005).

What is the MAGNITUDE OF THE PROBLEM in Maryland?

National Child Abuse and Neglect Data System Child Maltreatment Surveillance (NCANDS)

NCANDS collects data from state child welfare systems on actual numbers of reports, investigations and indicated findings of abuse and neglect. In 2010 Maryland had 1,351,935 children; 45,129 reports of abuse and neglect; 26,294 reports were investigated with a finding of 9,744 indicated findings, including 13,059 children.

		Reports		Investigations		Victims		
	Child Population	n	Rate per 1,000	n	Percent of Report	Indicated/Unsub Reports	Unique Victims	Rate per 1,000
United States	74,639,251	2,607,798	43.8	1,793,724	68.8%	461,297	688,251	9.2
Maryland	1,351,935	45,129	33.4	26,294	58.3%	9,744	13,059	9.7

National Incidence Study (NIS-4)

Recognizing the fact that NCANDs data is an undercount of the true incidence of child maltreatment the United States Congress mandated the National Incidence Study (NIS) a periodic research study to determine the true incidence of child maltreatment in the United States (Sedlak, Mettenburg, Basena, Petta, McPherson, Greene, A., & Li, 2010). The fourth round of the NIS produced *estimates of child victimization that are almost double* what is reported in the *NCANDS data*. According to the fourth round of the NIS there were 1,256,600

victims of child maltreatment nationally (Sedlak, Mettenburg, Basena, Petta, McPherson, Greene, A., & Li, 2010) and an estimated 23,498 victims in Maryland.

		NCANDS		NIS4	
	Child Population	**Unique Victims**	**Rate per 1,000**	**Unique Victims**	**Rate per 1,000**
United States	74,639,251	688,251	9.2	1,256,600	16.8
Maryland	1,351,935	13,059	9.7	23,498	14.4

What are the DATA INVENTORY SOURCES available in Maryland that are, or might be, used for surveillance of child maltreatment and other ACEs and measuring results of prevention and promotion efforts?

At present, Maryland has the following data inventory sources that might be used for surveillance of child maltreatment and other ACEs and for the evaluation of promotion and prevention efforts:

DHR, SSA: CHESSIE	MDP: child poverty rates
DHMH: Child Fatality Review Teams	MSDE: Child Care Services Data
DHMH: Vital Statistics Administration	MSDE: Early Intervention Part C data
DHMH: Youth Risk Behavior Study	MSDE: Head Start, Early Childhood Education data
DHMH: Behavioral Risk Factor Surveillance Study (BFFSS)	MSDE: Special Education, Part B data
DHMH, Maternal & Child Health: Pregnancy and Risk Assessment Monitoring System (PRAMS)	MSDE: Infants & Toddlers data

DHMH, FHA: WIC participation	DPSCS: Criminal Justice data
DHMH, ADAA: substance abuse treatment rates	DLLR: employment rates
DHMH: Medicaid enrollment and claims data	AOC: domestic violence rates

What are some of the GAPS IN DATA to measure and track results?
Maryland is limited by data currently available to track specific forms of child maltreatment:

CHILD ABUSE & NEGLECT FATALITIES:
Maryland, along with other states, struggles to maintain accurate and available data on child abuse and neglect fatalities. The issue of under-identifying and underreporting of child fatalities due to maltreatment has reached national attention through a report by the Every Child Matters Fund. In reporting commentary for NCANDS publication Child Maltreatment 2011, Maryland attributed State significant data fluctuation between FFY 2010 and 2011 to "data coding errors in CHESSIE during 2010" and stated that errors "are being examined and corrections in data coding will be made to reflect actual events." Most data on child fatalities due to maltreatment come from DHR, SSA. Some other states draw from multiple data sources which may include, health departments, vital statistics departments, medical examiners' offices, and fatality review teams. Coordination of data collection across agencies would contribute to more accurate numbers of child fatalities due to maltreatment.

Concerns regarding the accuracy, consistency and availability of child abuse and neglect fatalities data include:
• The length of time (up to a year in some cases) it may take to establish abuse or neglect as the cause of death
• Inaccurate determination of the manner and cause of death, resulting in the miscoding of death certificates; this includes deaths labeled as accidents, sudden infant death syndrome (SIDS), or "manner undetermined" that would have been attributed to abuse or neglect if more comprehensive investigations had been conducted (Hargrove & Bowman**,** 2007)
• Limited coding options for child deaths, especially those due to neglect or negligence, when using the International Classification of Diseases to code death certificates
• The ease with which the circumstances surrounding many child maltreatment deaths can be concealed or rendered unclear
• Lack of coordination or cooperation among different agencies and jurisdictions

Recent national reports and studies in several states suggest that:

1. information sharing and increased cooperation among Federal, State, and local agencies would provide a more accurate count of maltreatment deaths (U.S. Government Accountability Office, 2011);
2. States that combine at least two data sources identified more than 90 percent of fatalities due to maltreatment;
3. Accurate and regularly reported data should include: the number of child abuse and neglect fatalities, which groups of children are most vulnerable to child fatalities, how fatalities occur, what type of maltreatment occurred, and who are the perpetrators; and,
4. "Collecting complete and consistent information is important for understanding the magnitude of the problem and for targeting efforts to help prevent future child deaths and near deaths from maltreatment." (U.S. Government Accountability Office, 2011);

Neither DHR, SSA, nor the Maryland State Child Fatality Review Team make available complete and current data on the number of deaths or near fatalities due to maltreatment.
This information is a critical missing piece in targeting efforts to prevent child abuse fatalities and near fatalities.

CHILD SEXUAL ABUSE is also significantly underreported according to most experts. Retrospective studies show that 1 in 4 women and 1 in 6 men were sexually abuse before the age of 18. (U.S. Centers for Disease Control, 2006) By those numbers there are more than 42 million adult survivors of child sexual abuse in the United States; and, close to 800,000 in Maryland.

"MENTAL INJURY"
Maryland Family Law 5-701 defines 'Mental injury' means the observable, identifiable, and substantial impairment of a child's mental or psychological ability to function. Relatively few cases of "mental injury" are reported and/or indicated compared to other types of maltreatment. Underreporting appears to be a significant issue, especially as compared to percentages of the ACEs cohort reporting emotional abuse and neglect. This data gap should be taken into account in planning for targeted prevention efforts.

ACE Module is not included in Maryland's BRFSS.
As noted above, more than twenty states have included the ACE module in their BFRSS. States are using their ACE data to develop, disseminate and implement programs, policies and other promotion and prevention interventions within their public health, early childhood education, child welfare, corrections, pediatric care, evidence-based home visiting systems, as well as others.

Need for a MULTI-AGENCY DE-IDENTIFIED LINKED DATA SYSTEM to ensure reliable, accurate, and timely data on children, youth and families in order to enable comprehensive, data-driven and evidence-based decision making across agencies. This will allow for:

- Strategically identify trends related to the needs of *children*, *youth*, and *families* across systems in order to develop inter-agency programs and policies to meet those needs;
- Evaluate key indicators and outcomes of *aggregate* well-being for *children, youth,* and *families* across and by agency, community, specific programs, or child-level characteristics;
- Evaluate the impact of policy changes, practice changes, or fiscal investments; by agency, jurisdiction, or throughout the state
- Provide information to multiple stakeholders on the efficiency and effectiveness of public services in Maryland and
- Provide Maryland a competitive advantage in the increasingly competitive arena for federal program and service dollars and external funds.

The environmental scan identified challenges and barriers to developing and maintaining an inter-agency data collaborative, including: current state policies and regulations, cost factors, data security and confidentiality issues, control of agency data, accurate and updated data, staffing for data retrieval and matching requests, funding for a data collaborative.

The Human and Economic Costs of Child Maltreatment in Maryland:

What are the human costs of child maltreatment?

The short and long-term social, emotional, physical and cognitive consequences of child maltreatment are enormous. The "findings from the landmark [ACE] Study indicate that child maltreatment is a common problem across demographic groups and has substantial destructive potential, establishing child maltreatment and other ACEs as the most significant determinants of health and well-being in the United States." (draft Environmental Scan of Maryland's Efforts to Prevent Child Maltreatment, 2012)

Common Health and Social Problems Associated with Child Maltreatment

Health or Social Problem	Specific Outcomes
Acute physical trauma	Death, bruising, burns, mutilation, fractured or broken bones, lacerations, abrasions, swelling, emaciation, inadequate nutrition, pain, swelling, or itching in genital area, bruises or bleeding in genital area, sensory impairment, shaken baby syndrome, vomiting, poor feeding, bleeding in the brain or retina, and damage to the neck and spinal cord.
Brain development	Dysfunction in areas of the brain responsible for stress, emotion, and affect regulation, decreased total brain volume, and increased vulnerably to medical and psychiatric problems
Developmental disability	Delayed language, diminished fine motor coordination, low IQ, cognitive impairment, memory disturbances, learning disabilities, mental retardation, cerebral palsy, paralysis, and blindness
Long-term physical health problems	Chronic pain conditions (i.e. fibromyalgia and chronic lower back pain), chronic lung disease, skeletal fractures, sexually transmitted diseases, liver disease, chronic obstructive pulmonary disease, autoimmune disease, smoking, lung cancer, greater use of prescriptions, premature mortality, loss in health related quality of life, and higher health care costs
Mental health diagnoses	Major depressive disorder (including increased risk for suicide and suicide

	attempts), generalized anxiety disorder, PTSD, ADHD, dissociative disorders, panic disorders, reactive attachment disorder, eating disorders (i.e. bulimia nervosa and anorexia), and increased utilization of mental health services
Mental health symptoms	Hallucinations, suicidal ideation, sleep disturbances, high perceived stress, and memory problems
School performance and conduct	Poor academic performance (i.e. lower grades, lower standardized test scores, less likely to graduate high school, increased grade repetition), and unfavorable conduct in school (i.e. increased suspensions, inappropriate school behavior, decreased diligence and motivation, inattention, less satisfaction with school).
Lost productivity	Unemployment, likely to be employed in occupations of low societal prestige, impaired job performance, decreased levels of education, lower annual earnings, and fewer assets
Social dysfunction	Increased internalizing behaviors (i.e. brooding, social withdrawal) and externalizing behaviors (i.e. acting out, disruptive tendencies), attachment difficulties, increased aggression, increased conflict with peers, and marital and romantic relationship dysfunction
Sexual and reproductive health	Prostitution, early onset of intercourse, multiple sexual partners (promiscuity), risk of HIV/AIDS, pregnancy in adolescence, unintended pregnancies, and male involvement in teen pregnancies
Substance use	Regular alcohol use, binge drinking, marijuana use, smoking in adolescence and adulthood, greater use of illicit drugs, overrepresented among drug treatment populations
Violent behavior, delinquency, and criminality	Conduct disorder symptoms, delinquency in school, more likely to be arrested as a juvenile, adult, and for a violent crime, younger at first arrest, commit more offenses, overrepresented among prison population, engagement in intimate partner violence, risk of maltreating children as a parent

Common Health and Social Problems Associated with Child Maltreatment

What are the fiscal costs of child maltreatment?

Each year, more than 23,000 Maryland children are victims of child abuse or neglect. Each year, the epidemic conservatively costs Maryland $1.7 billion. Current systems---child protective services, foster care, law enforcement, family violence services, criminal justice systems, etc.---are primarily designed to respond to the tragedy of child maltreatment after the fact. Crisis response services are needed and require our support, but do little to address the root causes of maltreatment or promote healthy child development, strong and nurturing families, and non-violent, connected and nurturing communities. The costs of child maltreatment are far reaching and difficult to fully ascertain, but recent research provides a means to develop meaningful estimates of both direct and indirect costs associated with child maltreatment. The following charts depicts the economic costs of child maltreatment nationally and in Maryland:

Table 6. Annual Costs of Child Maltreatment – Direct Costs

	National	Maryland	Maryland percent of Nation
Child Welfare Services	23,278,181,991	438,887,488	1.89
Law Enforcement	17,727,800	79,638	0.45
Mental Health	596,461,250	10,440,979	1.75
Hospitalizations	4,699,940,700	85,879,430	1.83
Total	28,592,311,741	535,287,535	1.87

Table 7. Costs of Child Maltreatment – Indirect Costs

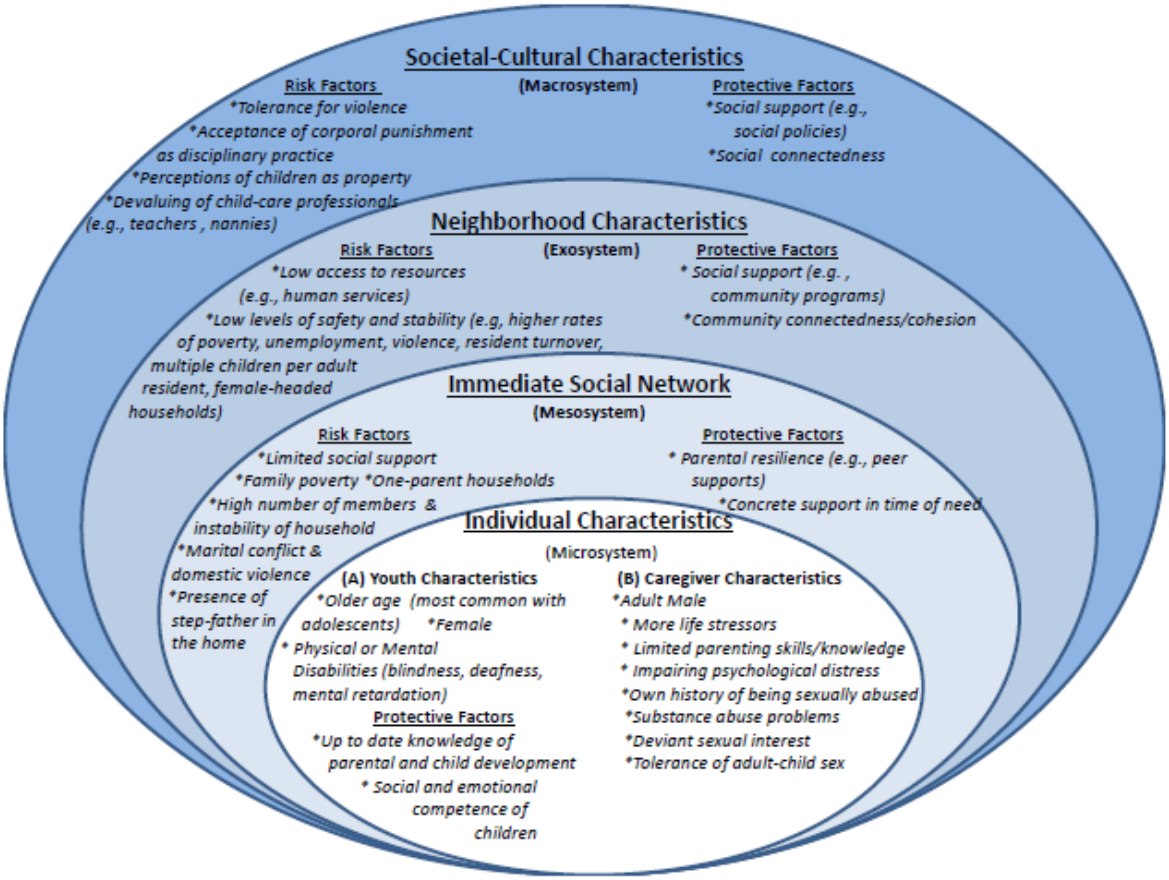
	National	Maryland	Maryland percent of Nation
Special Education	1,636,042,936.00	22,325,386.31	1.36
Juvenile Delinquency	3,826,347,000.00	52,214,201.14	1.36
MH & Health Care	43,952,098.20	811,135.56	1.85
Adult Criminal Justice	27,979,811,982.00	323,568,000.00	1.16
Lost Productivity	30,290,377,300.00	610,457,162.91	2.02
Total Indirect Costs	63,776,531,316.20	1,009,375,885.92	1.58

Preventing child maltreatment and other ACEs is not only just and humane, but makes excellent economic sense, as well.

STEP 2 of the Public Health Approach:

What is current research able to tell us or not tell us about the root causes, risk and protective factors for child maltreatment?

Identifying root causes and risk and protective factors allows us to understand why child maltreatment happens, including ways to reduce the risk and "immunize" *populations* by enhancing protective factors. Child abuse prevention efforts to date have focused largely on changing individual behavior. The Socio-ecological model focuses on the fact that children develop in the context of multiple environments with multiple layers of influence. Interventions that seek to reduce a variety of risk factors while enhancing protective factors at each level is thought to be the most effective way to reduce the incidence and prevalence of child maltreatment in our society. The diagram below illustrates major risk and protective factors the environmental scan identified at each of the levels of the socio-ecological model:



STEPS 3 & 4 of the Public Health Approach:

Phase III of the Scan will look at what strategies are being used in Maryland and nationally and identify strengths and gaps in Maryland's current strategies. Once Phase III the Environmental Scan is complete, the data will be used to develop, evaluate and prioritize strategies and interventions that are effective in breaking intergenerational cycles of child abuse and preventing child maltreatment *before it occurs*. Finally, fidelity to the public health model will require that we complete the all important fourth step by intentionally working to ensure dissemination and widespread adoption of effective strategies in order to make the best use of scarce resources.

- **Use the data to support other action steps**
  - DHR provided child sexual abuse data by census tract to the MPPCSA. The data was shared with the three local Enough Abuse Campaign communities. It assisted the local partners to raise awareness of the local magnitude of the problem. In addition, it assisted in recruiting other priority partners and target the campaign to specific audiences where efforts could have the most impact.
  - Information and data SCCAN obtains from its national and state trends and reports, key informant interviews and the Environmental Scan will be used to evaluate Maryland's current efforts to prevent child maltreatment by identifying strengths and gaps in prevention systems, data, funding, programs, services and other activities. Together with partners and stakeholders, SCCAN will develop statewide strategies to promote SSNRs and prevent child maltreatment and other ACEs. Data will be shared with policy makers and public and private agencies in order to: establish new policies and legislation, build new collaborations, increase resources to promote SSNRs & preventing child maltreatment and other ACEs, disseminate best practices, improve the quality of programs, enhance training and promote public awareness, education and engagement campaigns to change social norms.
  - SCCAN will examine the opportunities and challenges of including the ACE module included in Maryland's BRFSS.

Goal 3: CREATE CONTEXT FOR HEALTHY CHILDREN, STRONG FAMILIES & CARING COMMUNITIES *THROUGH NORMS CHANGE & EVIDENCE-BASED & PROMISING PRACTICES*

- **Promote the community norm that *we all share responsibility for the well-being of children***
  - The ENOUGH ABUSE CAMPAIGN is "aimed at promoting adult and community responsibility for preventing child sexual abuse." Three LOCAL COMMUNITY

PARTNERSHIPS were chosen to receive grants to focus on community collaboration and mobilization.

- SCCAN Members participated in reviewing grant applications for the first three communities selected to begin the Enough Abuse Campaign:
    - Baltimore City – Enough Abuse Baltimore Coalition/Baltimore Child Abuse Center
    - Talbot County –Children's Advocacy Center
    - Worcester County – Worcester County SART Team/Worcester County Child Advocacy Center
- Through a grant from the Governor's Office of Crime Control and Prevention (GOCCP), DJS continues to institutionalize Maryland's Enough Abuse Campaign in order to prevent child sexual abuse by creating safer facilities for Maryland's youth under PREA (Prison Rape Elimination Act); The Family Tree, lead agency for the Enough Abuse Campaign, has assisted DJS to train and build capacity in three of its youth serving facilities; promoting adult responsibility for creating environments safe from sexual violence for children and youth in these facilities.
  Three 3-day training sessions have been held at The Correctional Training Facility in Sykesville, Maryland. The location was arranged by MPPCSA Partner the DJS. Forty-five (45) DJS staff members were trained; Twenty-six (26) from Thomas J.S. Waxter; fifteen (15) from Cheltenham and four (4) from Backbone Mountain Youth Center. Pre & Post assessments and a Training Evaluation were conducted with all participants.
    - 93% earned a score of *70%* or better on the post training evaluations.
    - 97% of the training attendees reported that the material in each module was relevant to their job and therefore increased their understanding of child sexual abuse.
    - Post training evaluations revealed that upwards of *90%* of the participants believed the trainers' overall knowledge of youth trauma; child sexual abuse; and the issues faced by DJS staff while working with youth in custody was very good or excellent.
    - The majority of the participants or *97%* also reported that they would recommend this course to other individuals affiliated with juvenile justice agencies.

- The MPPCSA received commitment from several of its partners, including Maryland's Sex Offender Registry, to create a hotlink to Maryland's Enough Abuse Campaign. In the case of the Sex Offender Registry, parents and organization's who are attempting to keep kids safe through knowledge of convicted sex offenders in their communities are provided

more effective and proactive tools to prevent child sexual abuse in their communities. This is particularly important, as it is estimated that 87% of child sexual abuse cases go unreported and only 1 in 10 perpetrators end up on the Sexual Offender Registry.

- MARYLAND COURT KIT: Creating tools to assist court participants in determining the needs and development of children and families involved in our court system.
  - Maryland Court Tool: "Consulting the Child on the Record", developmentally appropriate language and observations judges can use to consult a child on the record.
  - Consulting the Child on the Record: Brain Inspired Ways to Determine & Meet the Needs of Court Involved Children & Youth
  - Maryland Court Tool for Parents: "How Do I get My Kids Back?" (See Appendix C)

- **<u>Promote community norms about parenting programs and acceptable parenting behaviors</u>**
  - MPPCSA/ENOUGH ABUSE CAMPAIGN:
    - 2 two-day Enough Abuse Campaign Train the Trainers were held by The Family Tree, the Maryland Chapter of Prevent Child Abuse America (Worcester & Talbot Counties, Baltimore City in March and April 2012).
    - Content of the trainings included:
      - CSA Prevention Strategies for Families & Communities
      - Understanding & Responding to Sexual Behaviors of Children
    - 36 individuals in the following jurisdictions received the two-day Enough Abuse Campaign Train the Trainers course:
      - 21 within MPPCSA & Baltimore City;
      - 4 in Talbot County; and,
      - 11 in Worcester County.
    - 550 adults were been trained with one of the EAC curricula:
      - 239 in Baltimore City;
      - 58 in Talbot County; and,
      - 253 in Worcester County.

  - STRENGTHENING FAMILIES:
    - A two-day training of facilitators of parent cafes was held on June 5 and 6 by the Maryland Family Network, Maryland's Community Based Child Abuse Prevention (CBCAP) lead agency. 36 facilitators representing agencies from around the state have committed to hosting at least one parent and/or service provider cafe before the end of 2012. Facilitators have agreed to lead at least three "Be Strong Families" cafes, the combination covering all 5 protective factors. The facilitators also have sufficient information to use the cafe "technology" to design and conduct parent cafes on other topics. Next steps for Strengthening Families

Maryland will be to analyze feedback from both the facilitators' training and the upcoming cafes, refine the training, and offer both additional support/training to the trained facilitators and new training for prospective facilitators.

- CIRCLE OF SECURITY:
  - In researching effective prevention strategies throughout Maryland and the nation, a SCCAN Members were introduced by the Krieger Fund to the Circle of Security Parenting Intervention in October of 2011. Council and staff were immediately taken with the non-stigmatizing manner in which COS-P helps parents to learn about and reflect upon their parent-child relationships; building empathy and helping to reduce shame. Additionally, COS-P's solid grounding in bonding and attachment theory, the commitment of its developers to ensuring fidelity to the model and rigorous research and the fact that unlike many of the current evidence-based and promising practices that both promote healthy child development and parent-child relationships and prevent child maltreatment, COS-P is affordable and, therefore, implementable on a wide scale. This, of course, is particularly useful to state and community agencies with limited resources.
  - Prevention Co-Chair, Joan Stine and SCCAN's Executive Director held key informant interviews with state agency implementers of Circle of Security-P in New Mexico and Connecticut, the evaluator of COS (Jude Cassidy, Ph.D.), the Executive Director and a Trustee of the Krieger Fund, and the developers of Circle of Security-P to:
    - Explore opportunities, barriers; and,
    - Build momentum for use and evaluation of COS-P in Maryland.
  - The Krieger Fund sponsored the Baltimore Circle of Security Parenting Learning Collaborative: The full cost of the training for up to three agency staff members was offered to non-profit organizations and public agencies that provide services to vulnerable families with young children in the Baltimore metropolitan area. Agencies had to agree to offer two COS groups (8 week sessions)to parents at least twice during 2013 and participate in meetings and conference calls to give feedback on the program. The trained staff members would also receive free ongoing training and program consultation.
  - SCCAN provided a letter to NIMH in support of a proposal to conduct a formal randomized controlled trial of the Circle of Security-Parenting Intervention.

Goal 4: CREATE CONTEXT FOR HEALTHY CHILDREN, STRONG FAMILIES & CARING COMMUNITIES *THROUGH POLICIES*

- Identify and assess which policies may positively impact the lives of children and families in Maryland communities.

  As a complex public health problem involving equally complex risk and protective factors (See Risk & Protective Factors in the Socio-ecological model below), preventing child maltreatment requires multiple solutions that reach beyond simple parent education programs. In Maryland, there is no statewide strategy for promoting child well-being and preventing child maltreatment *before it occurs*. "Upstream" prevention and promotion strategies, programs, as well as, organizational practices and policies are fragmented across multiple child and family serving systems. Both the quality and quantity of prevention and promotion interventions vary from agency to agency and jurisdiction to jurisdiction. In order to collectively impact the following systems must work together: Maternal & Child Health (MCH), Injury & Violence Prevention (IVP), Preventive Health, Human Services, Community-Based Child Abuse Prevention (CBCAP), Prevent Child Abuse Maryland (PCA), Primary Health Care, Public Schools, Juvenile Services, Mental Health and Substance Abuse Prevention, Child Care, Family Investment Agency, and Child Welfare. No single agency in Maryland is charged with promoting child well-being and preventing child abuse and neglect and other ACEs. All agencies must take responsibility and action to connect and collaborate around a common vision of promoting the health and well-being of children, families and communities --- creating and implementing solutions in concert to achieve population level results that no one agency or jurisdiction has the reach or capacity to achieve on its own---is essential to our success. Collectively we must prevent child maltreatment before it occurs. SCCAN has taken the following actions this year to effect prevention policies:
  - Continued to advocate for its' recommendation for state law or executive order to clarify collaboration and authority for CM Prevention
  - SCCAN participated in the Coalition to Protect Maryland's Children (CPMC) to identify and assess policies which may positively impact the lives of children and families; and, to build relationships and support for legislation aimed primarily at preventing child maltreatment *before it occurs*.

- Provide decision-makers and community leaders with information on the benefits of evidence-based and promising strategies and rigorous evaluation

  - ALTERNATIVE RESPONSE:
    - SCCAN Members unanimously supported AR legislation which passed during the 2012 legislative session. Implementation of AR in local jurisdictions will begin in July 2013. Beginning in July 2012 SCCAN's Executive Director, DHR representative, and American Academy of Pediatrics (AAP) representative have actively participated in the Advisory Council for Implementation of Alternative Response, including its' Practice and Community Partners Workgroup. AR is expected to roll out in Maryland's Western region on July 1, 2013. (Appendix???)

- Alternative Response Practice Workgroup:
  - Advocated for the adoption of broader goals for Maryland's Alternative Response to reports of CAN to include:
    - Improving child development
    - Strengthening family functioning

    To be added to DHR's primary goal of
    - Ensuring child safety

- MARYLAND HOME VISITING CAMPAIGN:
  - SCCAN's members unanimously supported Maryland's Home Visiting Accountability Act of 2012 which passed during the 2012 legislative session.
  - SCCAN actively participated in and supported the goals of:
    - MD Home Visiting Alliance comprised of representatives from home visiting programs, Governor's Office for Children, DHMH, MSDE, Krieger Foundation, Maryland Family Network.
    - Pew Center on the States Home Visiting Campaign: Maryland was named a "Pew Home Visiting State". http://www.pewstates.org/projects/home-visiting-campaign-328065/state-work
  - SCCAN's Executive Director participated in developing policies of the MD Home Visiting Alliance to strengthen its advocacy on behalf of home visiting programs that are proven to reduce the incidence of child maltreatment.
- MPPCSA/ENOUGH ABUSE CAMPAIGN
  - Identified promoting policies and legislation to prevent child sexual abuse, support victims and hold abusers accountable as a priority for the MPPCSA and the Enough Abuse Campaign.
  - Assisted in planning for a Presentation by SALI/MCASA to MPPCSA re: Maryland Child Sexual Abuse & Sex Trafficking Laws occurring in January of 2013.
- SAMHSA STATE POLICY ACADEMY ON THE PREVENTION OF MENTAL, EMOTIONAL & BEHAVIORAL DISORDERS IN CHILDREN & YOUTH:
  - SCCAN's Executive Director participated in the SAMHSA State Policy Academy on the Prevention of Mental, Emotional and Behavioral Disorders in Children and Youth in September of 2012. "The purpose of the Policy Academy was to bring together state teams to build statewide prevention infrastructure focused on preventing mental illness and substance abuse from birth to age 24. State Team members were expected to achieve this overarching goal by: (1) identifying one policy priority to advance the development of their statewide prevention infrastructure; (2) grounding statewide prevention infrastructure efforts in prevention science, including findings from the Institute of Medicine's 2009 *Preventing Mental, Emotional, and Behavioral Disorders Among Youth People: Progress and Possibilities* book; and, (3) using

a strategic planning process such as SAMHSA's Strategic Prevention Framework (SPF) to create and implement an action plan for the policy priority selected by the state." A team of Maryland state government representatives (DHMH-Substance Abuse, Children's Mental Health, Maternal & Child Health, County Public Health Officer; GOC; MSDE-Student, Family, & School Support Division, Student Services & Strategic Planning Branch; DJS-Behavioral Health & Victims Services, Maryland; DHR-SSA In-Home Family Services, State Council on Child Abuse & Neglect (SCCAN); Core Service Agencies; Maryland Coalition for Families for Children's Mental Health (MCF); University of Maryland, School of Medicine, Innovations Institute) was accepted to attend the Academy, chose continues to meet receiving technical assistance from SAMHSA to meet two key goals:

- To develop an integrated infrastructure to support children's mental health and substance abuse wellness and prevention services.
- To develop a unit/office/capacity to integrate children's wellness and prevention as a priority for the state.

- SCCAN Enabling Legislation:
  - SCCAN unanimously supported HB 264 which passed in both houses of the General Assembly. (See Appendix G(2))

State Council on Child Abuse and Neglect (SCCAN)

AGENCY RESPONSE TO SCCAN's 2010 & 2011 ANNUAL REPORTS

SCCAN requests a written response to its' 2010 or 2011 Annual Report, as required by the 2003 amendments to CAPTA, "[n]ot later than 6 months after the date on which a report is submitted by the panel to the State, the appropriate State agency shall submit a written response to State and local child protection systems and the citizen review panel that describes whether or how the State will incorporate the recommendations of such panel (where appropriate) to make measurable progress in improving the State and local child protection system."

At the same time the Council recognizes and is grateful for the significant contributions and supports the Department of Human Resources (DHR), Social Services Administration (SSA) has made to the development of Maryland's Child Maltreatment Prevention Plan:

- Provided funding to hire a full-time Executive Director and to purchase supplies and equipment

- Provided contract support and funding to hire Innovations Institute and the Ruth H. Young Center at the University of Maryland to complete an environmental scan of child maltreatment prevention efforts statewide. The Scan will to be used as the informational basis for the stakeholder planning process.

- Committed CAPTA funds for supporting the planning process and writing the Plan

In this report, the Council restates and further develops its earlier recommendations and includes others that, if adopted, will strategically improve the prevention, detection and prosecution of child maltreatment in Maryland in the both the short and long-terms:

 State Council on Child Abuse and Neglect (SCCAN)

RECOMMENDATIONS for Government Agencies' Response:

1. **As current child maltreatment prevention efforts are fragmented across child and family serving agencies, SCCAN recommends that the Governor, the Children's Cabinet Secretaries, the President of the Maryland Senate and the Speaker of the Maryland House of Delegates, as well as other Executive and Legislative leadership endorse the development of a statewide, comprehensive Child Maltreatment Prevention Plan.** The plan should take a broad public health approach to child abuse prevention, focusing on individual, relational, community and societal factors that either contribute to child maltreatment (risk factors) or lessen the risk of child maltreatment (protective/ resilience factors), rather than focusing solely on the child protection system. This approach will incorporate a pro-active response to child maltreatment that focuses on child and family well-being, housing, jobs, education, the media and other factors that affect the health of Maryland families; as well as, improving systems that currently react to child maltreatment once a family is identified as being "at-risk" or "in-risk" of abuse and/or neglect. The planning process should include the following sectors, among others: Parent & Family Resources (Parenting Education & Support, Home Visiting, Family Resource Centers, Judy Centers, Respite Care, Family Investment, Housing, Employment, Health Care Insurance) Children's Mental Health & Social Emotional Wellness, Substance Abuse Treatment & Prevention Resources, Primary & Oral Health Care, Early Childhood Care & Education, School & Out-of School Time Promotion & Prevention, Violence Prevention, Child Welfare, Juvenile Services, and current cross-sector collaborations for systems change.

2. **SCCAN recommends that the statewide planning process be launched by a Summit convened by the Governor with the collaboration and support of Cabinet Secretaries and the support of the Legislative and Judicial branches. As an Environmental Scan of Maryland's current Child Maltreatment Prevention Efforts is now scheduled to be completed by February 2014, the launch of the planning process should ideally take place during Child Abuse Prevention Month in April of 2014 to ensure timely use of the data collected.**

3. **SCCAN recommends that the Governor issue an Executive Order to develop a Child Maltreatment Prevention Plan for the State of Maryland that shall take a broad, public health approach to promote child well-being, strengthen families and communities and prevent child maltreatment and ACEs before they occur. The plan shall recommend multiple strategies across multiple state and private agencies and channels to enhance protective factors and reduce risk factors at individual, family, community and societal levels.** SCCAN proposes that the following governmental branches, executive agencies and state leaders in child maltreatment prevention should take an active role in the Planning process: A Member of The Maryland House of Delegates; A Member of The Maryland

Senate; A Member of The Maryland Judiciary; The Secretary of Budget and Management or designee; The Secretary of Disabilities or designee; The Secretary of Health and Mental Hygiene or designee; The Secretary of Human Resources or designee; The Secretary of Juvenile Services of designee; The State Superintendent of Schools or designee; The Executive Director of the Governor's Office for Children or designee; The Executive Director of the Governor's Office on Crime Control and Prevention; The Secretary of Housing and Community Development or designee; The Secretary of Labor Licensing and Regulation, Division of Workforce Development (unemployment, job training, adult education workforce transition) or designee; The Department of Public Safety and Correctional Services or designee; The Executive Director of Maryland's Prevent Child Abuse Chapter; The Executive Director of Maryland's CBCAP lead agency; The Executive Director of the State Council on Child Abuse and Neglect; The SCCAN Prevention Committee Co-Chairs; and leaders from parent and foster parent advocacy groups, former foster care youth organizations, survivors' groups, private foundations, research institutions, advocacy groups, as well as, leaders from the health, legal, faith, business, law enforcement and education communities.

4. **The Governor, Children's Cabinet and Legislature should send a joint letter inviting private agencies and foundations to participate side-by-side governmental leaders to ensure the development and implementation of an efficient and economically feasible plan of action.**

5. **SCCAN recommends that DHR hosts a SCCAN and Child Abuse Prevention Website to be launched prior to the planning process launch.**

6. **SCCAN recommends that DHR create a statewide, toll-free, 24 hour, 7 day-a-week Report Child Abuse Hotline, 1-800-MD-CHILD (1-800-632-2443) that will connect reporters directly to the appropriate local office or law enforcement to report suspected child abuse or neglect. Other numbers available in Maryland are 1-800-MD-ABUSE (1-800-632-2873) and 1-888-MD-ABUSE (1-888-632-2873).**

7. **As The Pennsylvania Task Force on Child Protection recommended in their 2012 Report, the number should ideally be a three-digit number (a service access code (SAC) or N11 number similar to 311 (non-emergency fire and police) and 911 (emergency services)) to report child abuse and neglect. As there are a finite number of N11 numbers and they must be approved by the Federal Communications Commission. 611 is currently unassigned by the FCC (although used broadly by carriers for repair services). Maryland should join Pennsylvania in applying for and supporting a nationwide 611 number to report child abuse and neglect.**

8. **SCCAN recommends that DHR prominently display on its home page, as well as that of CPS a "Report Child Abuse & Neglect" hotlink.** "Report abuse and neglect" is currently rotating #6. Hotlinks that are periodically displayed or difficult to find tend to make reporting more cumbersome and potentially less likely. "Report Child Abuse & Neglect" hotlink (including image) should be present on each major DHR webpage.

9. **SCCAN recommends that DHR make several improvements to its "Report Child Abuse" landing page**. **SCCAN's specific recommendations for a child abuse reporting landing page are contained in Appendix A.** Council members and staff gathered information from the following resources: DHR's current site, Maryland law, other states, including New Jersey http://www.nj.gov/dcf/index.shtml , Arkansas http://www.arkansas.gov/reportARchildabuse/ Vermont http://dcf.vermont.gov/aboutDCF , and New York http://www.ocfs.state.ny.us/main/ to name examples of several clear, accessible and up-to-date landing pages.

10. **SCCAN recommends that each of the child and family serving agencies represented on the Children's Cabinet as well as GOC and GOCCP include a "Report Child Abuse & Neglect" hotlink and hotlinks to the Enough Abuse Campaign (Child Sexual Abuse Prevention) on appropriate web pages within their agency.**

11. **SCCAN recommends that DHR encourages Baltimore City's local DSS to pilot the CINA Guide for Parents "How Do I Get My Kids Back?" developed by the AOC with the input from SCCAN. (See Appendix B)** After piloting the guide to ensure that it is helpful to parents, it may be adapted to other local jurisdictions and used by other court stakeholders as well.

 State Council on Child Abuse and Neglect (SCCAN)

RECOMMENDATIONS for Child Maltreatment Systems' Response:

1. **SCCAN recommends that the Administrative Office of the Courts encourages Baltimore City Circuit Court to disseminate the CINA Guide for Parents "How Do I Get My Kids Back?" developed by the AOC with the input from SCCAN. (See Appendix B)** After piloting the guide to ensure that it is helpful to parents, the guide may be adapted to other local jurisdictions and used by other court stakeholders as well.

2. **SCCAN recommends that Maryland's Foster Care Court Improvement Project continues to work with SCCAN and multi-disciplinary experts to develop and disseminate Multi-Disciplinary Court Training Kit tools for participants working with children and families within the civil and criminal Court systems.** Tools similar to that created and shared by Frank Kros at the recent CANDO Conference to assist the Court with the requirement to "Consult the Child on the Record" help to create a courtroom that is less intimidating and stressful for the child victim and may enhance the multi-disciplinary court participants' focus on the needs of the child.

3. **SCCAN recommends that all hospitals in Maryland work toward providing infant safe sleep and abusive head trauma prevention education to all parents of newborns.** The program should include a champion, a consistent message, and the systems to track outcomes.

4. **SCCAN recommends that all home visiting programs in Maryland incorporate infant safe sleep and abusive head trauma prevention education to all parents with whom they visit.** The program and educational messages should be coordinated with and consistent with hospital based efforts.

State Council on Child Abuse and Neglect (SCCAN)
ADDITIONAL GOALS, ACTIVITIES & ACCOMPLISHMENTS

Prosecution Committee:

- ✓ Coordinated efforts with Children's Justice Act Committee: The Honorable Larnzell Martin, Prince Georges County Circuit Court; Howard Davidson, Director, American Bar Association Center on Children and the Law; Anne Hoffman; and Joan Stine.
- ✓ Interviewed the following Key Informants for the development of a Multi-Disciplinary Court Training Kit:
    - The Honorable Catherine Curran O'Malley - Associate Judge of the District Court of Baltimore City
    - The Honorable Susan H. Hazlett, Administrative Judge, Harford County District Court
    - The Honorable Kathleen Cox, Associate Judge, Baltimore County Circuit Court
    - James P. Casey, Esq., Master for Juvenile Causes, Baltimore City Circuit Court
    - The Honorable Patrick L. Woodward, Court of Special Appeals, Chair, Foster Care Court Improvement Project Implementation Committee
    - Tracey Watkins-Tribbit, MSW, Director, Foster Care Court Improvement Project
    - Hope G. Gary, Esq., Assistant Director, Foster Care Court Improvement Project
    - Frank J. Kros, MSW, JD, President, The Upside Down Organization, Executive Vice President, Children's Guild
    - Joan B. Gillece, Ph.D., Project Director, National Center for Trauma Informed Care, National Coordinating Center for the Seclusion and Restraint Reduction Initiative, SAMSHA
- ✓ Developed and submitted a proposal for a day long curriculum outline, including speakers, materials and tools, for the Spring 2012 CANDO Judicial Conference including accompanying tools for the Multi-disciplinary Speakers & Multi-Disciplinary Court Training Kit Tools
- ✓ Identified resources for the Multi-D Court Training Kit
- ✓ Developed a court resource parent hand book (s) for Baltimore City with input from SCCAN & CJAC Members, as well as the Public Defender's Office. SCCAN's representative from the Administrative Office of the Courts, Linda Koban and her staff, took the lead on writing and editing the tool: "How Do I Get My Kids Back?".
- ✓ Recruited Frank Kros, Executive Vice President of the Children's Guild and the President of the Upside Down Organization, to provide pro bono services to the Council to present at the CANDO Conference; and, most importantly to assist in developing tools for the Multi-Disciplinary Court Training Kit. Mr. Kros speaks worldwide on the effects of stress, child abuse and poverty in relation to brain function and development. He has presented his workshops at national education, social work and human services conferences, and he was awarded a Maryland Governor's Citation for his speaking efforts.
- ✓ Applied for and received technical assistance from Joan B. Gillece, Ph.D. Director of Trauma Informed Care and Alternatives to Seclusion and Restraint and Project Director at the NASMHPD (National Association of State Mental Health Program Directors) at SAMSHA for the CANDO Conference and Multi-Disciplinary Court Training Kit.
- ✓ Established the following training goals for the Multi-Disciplinary Court Training Kit: A multi-disciplinary approach to assessing child abuse and neglect will reduce trauma for children and help to ensure informed decisions that are in the "best interest of the child".

Public Relations & Outreach Committee:

- ✓ Developed a Site Map for proposed SCCAN website to be hosted by DHR.
- ✓ Recruited a SCCAN Intern to begin to write content pages for proposed SCCAN & Prevention website with guidance from the Public Relations & Outreach Ad Hoc Committee and the SCCAN Executive Director.
- ✓ Met with DHR Communications Office regarding layout of website.

Coordinating our efforts with CRBC, CFRT, local CRPs and CJAC:

- ✓ CRBC Representative attends SCCAN meetings
- ✓ SCCAN and CRBC shared information on how graduate students and interns from the Shriver Center, the University of Maryland, School of Social Work and other Universities and Schools could be utilized in research projects to support the work of the Council and Board. Both SCCAN & CRBC sponsored interns from the Shriver Center in the Summer of 2012.
- ✓ CFRT staff attends SCCAN meetings
- ✓ A CJAC member serves as special member to the Council
- ✓ Four CJAC members were active on the SCCAN Prosecution Committee
- ✓ Confirmed appointments to CJAC
- ✓ SCCAN's Executive Director attended the National Citizen's Review Panel (NCRP) Conference in held in Washington, DC in April of 2012 to learn best practices from other states and the NCRP.

State Council on Child Abuse and Neglect (SCCAN)

MEETING THE CHALLENGE: CONTINUING THE WORK-2013 & Beyond

SCCAN plans to take the following actions to continue progress toward achieving its goals in 2013 and beyond:

Goal 1: Raise Awareness and Commitment to Promote Safe Stable and Nurturing Relationships & Environments and Prevent Child Maltreatment & Other ACEs

- Partner across public and private sectors, disciplines, agencies and with fellow citizens to unite behind a common vision:
  - Foster new connections with coalitions and networks interested in collective work re: promoting SSNR & Es and Preventing ACEs.
  - Continue to partner with MPPCSA, Strengthening Families Maryland, MD Home Visiting Alliance, SAMHSA Policy Academy MEB Prevention Committee, CPMC, Advisory Council for Alternative Response, and the Child & Family Services Advisory Council.
- Develop and Adopt a common vision of "assuring SSNRs for every child, strengthening families & preventing child maltreatment & other ACEs": explore partner readiness to create a collective impact initiative (coordinated, collaborative and structured approach) to promote SSNR & Es and prevent ACEs, including:
  - Shared Vision & Goals
  - Shared Measurement (keeping track of the same data)
  - Mutually Reinforcing Activities
  - Continuous Communication: regularly sharing results
  - Backbone Organization
- Raise awareness and recruit partners in support of the vision
  LEARNING TO ACTION NETWORK:
  - Dr. Harry Goodman, DDS & Sue Camardese, Founder of P.A.N.D.A., Maryland Oral Health Reforms, Child Maltreatment & Mandated Reporter Training
  - Alison D'Alessandro, Director of Child & Youth Protection, Archdiocese of Baltimore, Baltimore Archdiocese, The Child Safe Program
  - Araminta, Human Sex Trafficking in Maryland
  - Child Sexual Abuse, Human Trafficking, and the Law in Maryland, Sexual Assault Legal Institute & MCASA
  - LaShay Harvey, Intersection of Sexual Orientation and Child Sexual Abuse
  - Deborah Roffman, author, *Talk to Me First: Everything You Need to Know to Become Your Kids' "Go-To" Person about Sex*

- Patricia Arriaza, Maryland Governor's Office for Children, Children's Cabinet, LMBs (history, priorities, data, resources)
- Bob Fielder, DHMH, Behavioral Risk Factor Surveillance System & ACEs
- Collective Impact, FSG
- National Alliance of Children's Trust Funds
- Howard Dubowitz, MD, Director of the Center for Families at the University of Maryland, SEEK Program for Primary Care Providers

Other topics of interest: Building Brain Architecture, Trauma-Informed Care, Research on Resiliency, Triple P, Children Witnessing Violence-Defending Childhood Initiative

Webinars:

CM Data & Surveillance, Children's Safety Network

Powers of County Legislatures & Boards of Health

Dean Barth CEBC, Parenting Programs for Children 0-8

Goal 2: Use data to inform our actions and recommendations for systems improvement

Ensure completion of the Environmental Scan by the University of Maryland. Continue to:

- Build a partnership to gather & synthesize relevant data: further develop partnership with members of the SAMHSA Policy Academy, the Moore Center for the Prevention of Child Sexual Abuse, the University of Maryland, the Alternative Response Advisory Council, the Maryland Home Visiting Alliance, and others. Identify key agencies within Maryland that should be contacted to complete Phase III of the Scan, including opportunities and gaps in data collection and analysis re: promotion and prevention.
- Identify and fill critical data gaps: complete the Scan
- Use the data to support other action steps: Together with other key partners, bring stakeholders together to develop a statewide plan to promote SSNRs and to prevent child maltreatment and other ACEs.
    - Advocate and plan for the launch of the planning process should ideally take place either by the end of 2014 Calendar Year, depending on funding, administrative support and completion of the Scan.
    - Together with partners & stakeholders, design a constructive and inclusive planning process which allows for public and private multi-sector, multi-disciplinary and community participation.
    - Together with partners & stakeholders, define critical roles of the planning participants
    - Together with partners & stakeholders, establish a management structure responsible for development of the Plan and its Implementation

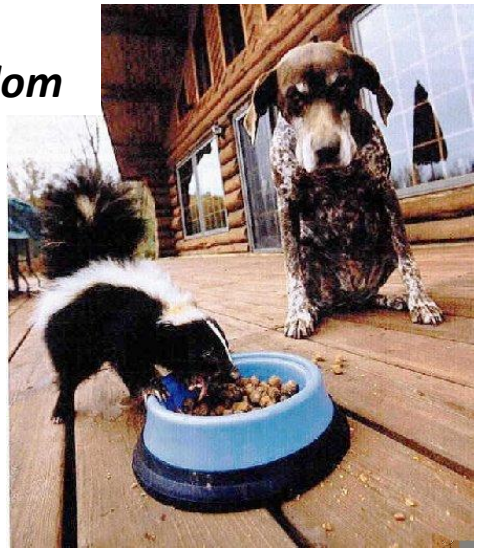
Goal 3: Create the context for Healthy Children, Strong Families, & Caring Communities through Norms Change and Evidence-Based & Promising Programs and Practices

- Promote the community norm that we all share responsibility for the well-being of children:
  - Continue providing MPPCSA support to Enough Abuse Campaign in three local communities
  - Launch Enough Abuse Campaign, GateKeepers for Kids: A Training for Youth Serving Organizations
  - Examine Reporting System Reform, including effective training for mandated reporters
- Promote community norms about parenting programs and acceptable parenting behaviors
- Implement evidence-based and promising programs for parents and caregivers
  - Continue to support the development, dissemination and implementation of Circle of Security.
  - Explore statewide and/or piloted implementation of SEEK Program for primary care providers.
  - Regularly disseminate information with partners and stakeholders regarding webinars on evidence-based and promising practices.

Goal 4: Create the context for Healthy Children, Strong Families & Caring Communities through Policies

- Identify and assess which policies may positively impact the lives of children and families in Maryland communities:
  - Based on data from research done for the environmental scan, develop SCCAN and Prevention Partner recommendations regarding:
    - Infrastructure to support Promotion & Prevention,
    - Collection of Data for Measuring the Success of Promotion & Prevention
      Strategies at the State & Community levels,
    - Financing Strategies for Promotion &Prevention
      - Examine the use of Children's Trust & Prevention Funds in other states. Connect with the National Alliance of Children's Trust Funds for technical assistance.
  - Reporting Systems Reform
- Provide decision-makers and community leaders with information on the benefits of evidence-based and promising strategies and rigorous evaluation
  - SCCAN Annual Report to the Governor, Legislature, Children's Cabinet Secretary's, GOC, and GOCCP, including information on latest scientific research and state and national trends on Promoting SSNRs & Es and Preventing ACEs.

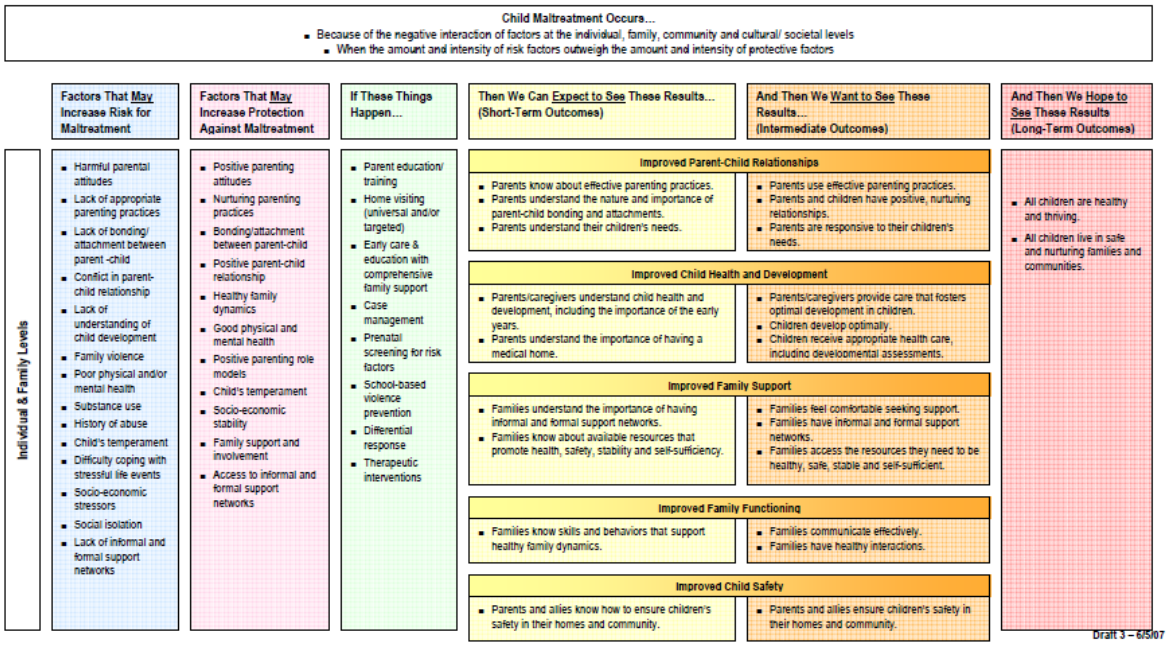
Two of the greatest virtues in life are patience and wisdom



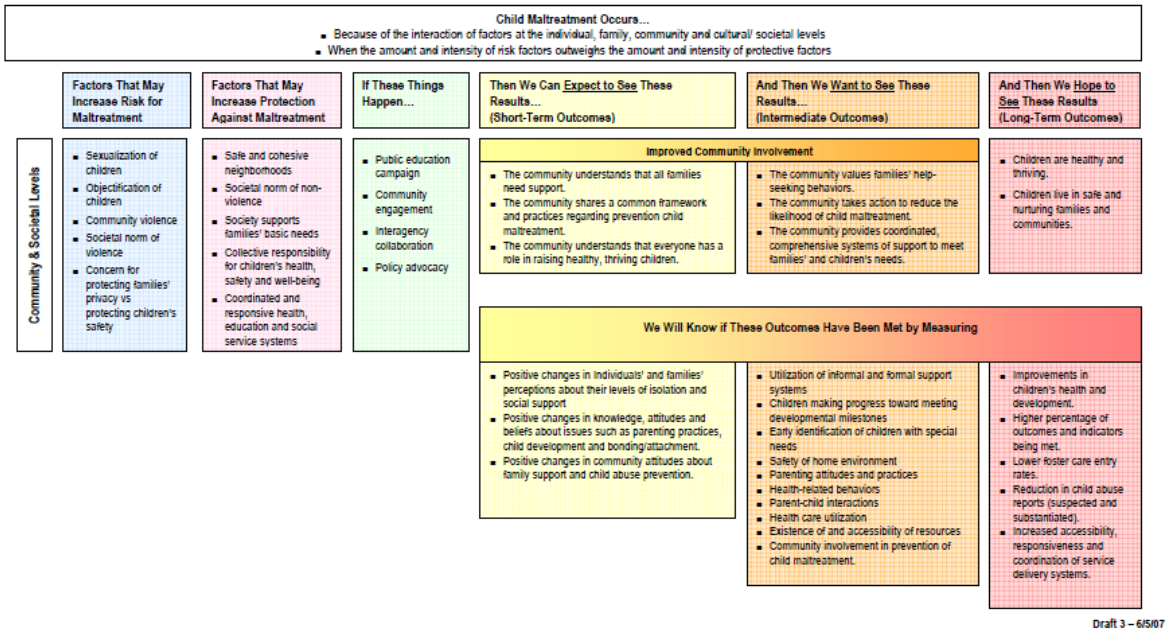
The Council recognizes the importance of patience and wisdom in catalyzing systems and social norms changes necessary to effectively promote child well-being and prevent child maltreatment before it occurs. As we are passionate about the need for these significant changes, we persistently pursue our goal: proactive and connected systems that together use the best science, policies and practices available to promote child well-being, to strengthen families and communities; and, to prevent child maltreatment and other ACEs before they occur.

Appendix A

Child Abuse Prevention Theory of Change and Logic Model



Child Abuse Prevention Theory of Change and Logic Model, continued



Appendix B

DO YOU SUSPECT CHILD ABUSE OR NEGLECT?

REPORT IT NOW!

Act to protect a child by calling the Toll Free, 24 hour, 7 day-a-week
Maryland Child Abuse Hotline at 1-800-MD-CHILD: 1-800-632-4453

If you believe that a child is in **immediate danger**,
call **911** or your local police department.

HOW DO I RESPOND TO THE CHILD?

Tell the child that you believe them and that you are going to contact people who can help. Respect the privacy of the child. The child will need to tell their story in detail later, so don't press the child for details. Remember, you need only suspect abuse to make a report. Don't display horror, shock, or disapproval of parents, child, or the situation. Don't place blame or make judgments about the parent or child. Believe the child if she/he reports sexual abuse. It is rare for a child to lie about sexual abuse.

WHO IS REQUIRED TO REPORT?

Maryland law requires every citizen to report suspected child abuse and neglect. Md. Code Ann. Fam. Law § 5-705 YOU may be a child's only advocate at the time you report the possibility of abuse or neglect. Children often tell a person with whom they feel safe about abuse or neglect. If a child tells you of such experiences:

Remember, you do not need to make a decision about whether abuse or neglect occurred; *you are reporting your concerns.*

TO WHOM DO I MAKE A REPORT?

Maryland Child Abuse Hotline at 1-800-MD-CHILD: 1-800-632-4453

You may also report suspected abuse or neglect to a local department of social services or local law enforcement agency. **Click here for a list of addresses and phone numbers of social services offices across the state.**

HOW DO I MAKE A REPORT?

If you are a **MANDATED REPORTER** (health practitioner, educator, human service worker or a police officer) you are required to report **both** *orally* and in *writing* any suspected child abuse or neglect. Md. Code Ann. Fam. Law § 5-704

"A person other than a health practitioner, police officer, or educator or human service worker who has reason to believe that a child has been subjected to abuse or neglect shall notify the local department or the appropriate law enforcement agency." Md. Code Ann. Fam. Law § 5-705

WHEN DO I MAKE A REPORT?

A report should be made when any person, who reasonably believes that a child under 18 has been abused, neglected, exploited or abandoned. A report of suspected abuse, neglect, exploitation or abandonment is only a **request for an investigation**. The person making the report does not need to prove the abuse. Investigation and validation of child abuse reports are the responsibilities of child protective service (CPS) workers. If additional incidents of abuse occur after the initial report has been made, **make another report**. Maryland Attorney General's Opinion suggests that under Md. Code Ann. Fam. Law § 5-705, a person is obligated to make a report even when the victim is now an adult or the alleged abuser is dead.*

Oral reports should be made *immediately*.

Written reports must be made *within 48 hours* of contact which discloses the suspected abuse or neglect. (Include a link to the form for written reports.)

* 78 Md. Op. Atty. Gen. 189 (Md.A.G.), 1993 WL 523406 (Md.A.G.)

WHAT INFORMATION WILL I BE ASKED TO PROVIDE TO THE HOTLINE, LOCAL DEPARTMENT OR LOCAL LAW ENFORCEMENT? Md. Code Ann. Fam. Law § 5-704

- **Who:**
  - Child's name, approximate age, home address;
  - Names and approximate age of other children in the home;
  - Parent or caregiver's name, approximate age and home address; and,
  - The alleged perpetrator's name, approximate age and address, as well as, that person's relationship to the child.
- **What:**
  - Present location of the child;
  - Type and frequency of alleged abuse/sexual abuse/neglect;
  - Current or previous injuries to the child; and,
  - What caused you to become concerned?
  - Any information that might aid in establishing the cause of the injury or neglect
  - Any information relayed by the child or individual disclosing the information of previous possible physical or sexual abuse or neglect.
  - *If reporting abuse or neglect of a child involving mental injury, a description of the substantial impairment of the child's mental or psychological ability to function that was observed and identified and why it is believed to be attributable to an act of maltreatment or omission of proper care and attention.*
- **When:**
  - When the alleged abuse/neglect occurred; and,
  - When you learned of it.
- **Where**:
  - Where the incident occurred;
  - Where the child is now; and,
  - Whether the alleged perpetrator has access to the child.
- **How:**
  - How urgent the need is for intervention; and,
  - Whether there is a likelihood of imminent danger for the child.

WHAT IF MY CONCERNS ARE NOT CONFIRMED AS ABUSE OR NEGLECT?

Any person who makes or participates in making a report of abuse or neglect under §§ 5-704, 5-705, or 5-705.1 or participates in an investigation or a resulting judicial proceeding, shall have immunity from civil liability or criminal penalty. Md. Code Ann. Fam. Law § 5-708

WILL I BE INDENTIFIED AS THE REPORTER?

CONFIDENTIALITY

Information contained in records or reports concerning child abuse or neglect is sensitive and personal. Federal and State law narrowly restricts the circumstances under which information contained in reports or records may be disclosed. It is essential that health care professionals and institutions comply with the Maryland confidentiality law (article 88 a & b) of the Annotated Code of Maryland) when asked to disclose information contained in records concerning child abuse and neglect.

Confidentiality provisions states that:

- The name of the reporter may only be revealed under a court order. However, if the reporter is a professional, he or she may give written permission for his or her identity to be revealed.
- The identity of any other person whose life or safety is likely to be endangered by disclosing the information must not be disclosed. *This is extremely important when sharing information with parents or the person who is suspected of child neglect or abuse.*
- Information should only be disclosed when doing so would be in the best interest of the child who is the subject of the report.
- Professional discretion should be exercised to disclose only that information which is relevant for the care or treatment of the child.

In 1986, the Maryland confidentiality law was amended to permit the disclosure of information concerning abuse and neglect to licensed practitioners or an institution providing treatment or care to a child who is the subject of a report of child abuse or neglect. Maryland law also permits information to be shared with members of a multidisciplinary case consultation team who are investigating or providing services in response to a report of suspected abuse or neglect.

WHAT IS CHILD ABUSE & NEGLECT?

Maryland law includes five categories of child maltreatment:

1. **PHYSICAL ABUSE** - the child's sustaining of a physical injury by a parent, caretaker (a person who has permanent or temporary care or custody or responsibility for supervision of a child), or by any household or family member, under circumstances that indicate that the child's health or welfare is harmed or at substantial risk of being harmed.

2. **SEXUAL ABUSE** – any act that involves sexual molestation or exploitation, whether injuries are sustained or not, including incest, rape, sexual offense in any degree, sodomy, and unnatural or perverted sexual practices by a parent, caretaker (a person who has permanent or temporary care or custody or responsibility for supervision of a child).

3. **MENTAL INJURY: ABUSE** – the observable, identifiable, and substantial impairment of a child's mental or psychological ability to function caused by an act of commission of a parent, caretaker (a person who has permanent or temporary care or custody or responsibility for supervision of a child), or by any household or

family member, under circumstances that indicate that the child's health or welfare is harmed or at substantial risk of harm.

4. **MENTAL INJURY: NEGLECT** – the observable, identifiable, and substantial impairment of a child's mental or psychological ability to function caused by an omission or failure to act by any parent or other person who has permanent or temporary care or custody or responsibility for supervision of the child.

5. **CHILD NEGLECT** – the failure to give proper care and attention, including the leaving of a child unattended, by any parent or other person who has permanent or temporary care or custody or responsibility for supervision of the child, under circumstances that indicate that the child's health or welfare is harmed or at substantial risk of harm.

Md. Code Ann. Fam. Law § 5-701

WHAT ARE POSSIBLE WARNING SIGNS OF CHILD ABUSE AND NEGLECT?

PHYSICAL ABUSE:

- Includes non-accidental physical injuries such as bruises, broken bones, burns, cuts, missing teeth, abrasions in the shape of an instrument, bite marks, fingernail marks, or other injuries.
- These injuries may be constantly attributed to a child being accident-prone or clumsy.
- The explanation does not seem to fit a child or caregiver's explanation.
- The child is frequently late to or absent from school without a plausible explanation.
- The child may have difficulty walking due to painful injuries.

SEXUAL ABUSE:

Child sexual abuse can include both **touching** and **non-touching** behaviors and its victims can include infants, toddlers, young children, and teens:

- **Examples of abusive touching behaviors** include: fondling of a child's genitals, buttocks or breasts; intercourse; and, penetration of the child's mouth, anus, or vagina with an object for the sexual gratification of the offender. Coercing a child to fondle him/herself, the offender or another child is also abusive.

- **Examples of abusive non-touching behaviors** include: exposing oneself to a child; viewing and violating the private behaviors of a child or teen (e.g. while undressing, bathing, etc); taking sexually explicit or provocative photographs of a child; showing pornography to a child; or talking in sexually explicit ways to children in person, by phone, or on the Internet.

Children under 3 may exhibit:

- Fear or frequent crying.
- Vomiting.
- Feeding and bowel problems.
- Problems sleeping.

Children up to age 9 can exhibit:

- Fear of certain people or places.
- Feelings of guilt or shame.
- Withdrawal from family and friends.
- Sleep disturbances and frequent nightmares.
- Victimization of others.

Older children can exhibit:

- Depression or suicidal gestures.
- Promiscuity.
- Poor school performance.
- Running away from home.
- Substance abuse
- Aggression.
- Eating disturbances

Indicators that an Adult *may* pose a risk to a child:

- Doesn't appear to have a regular number of adult friends and prefers to spend free time interacting with children and teenagers who are not his own;
- Finds ways to be alone with a child or teen when adults are not likely to interrupt, e.g. taking the child for a car ride, arranging a special trip, frequently offering to baby sit, etc.;
- Ignores a child's verbal or physical cues that he or she does not want to be hugged, kissed, tickled, etc.;
- Seems to have a different special child or teen friend of a particular age or appearance from year to year;
- Doesn't respect a child's or teen's privacy in the bathroom or bedroom;
- Gives a child or teen money or gifts for no particular occasion;
- Discusses or asks a child or teen to discuss sexual experiences or feelings;
- Views child pornography through tapes, photographs, magazines or the Internet. (In addition to being an important behavioral sign, possessing, viewing and/or selling child pornography is a criminal offense and should be reported.)

Please see the Enough Abuse Campaign in Maryland to learn more about signs of child sexual abuse and *what you can do* to prevent it.

CHILD SEX TRAFFICKING:

- Shows evidence of mental, physical, or sexual abuse
- Cannot or will not speak on own behalf
- Is not allowed to speak to you alone; is being controlled by another person
- Does not have access to identity or travel documents or documents appear fraudulent
- Works long hours
- Is paid very little or nothing for work or services performed
- Has heightened sense of fear or distrust of authority
- Gaps in memory
- Someone else was in control of migration to U.S. or movement Into Maryland
- Lives at workplace/with employer, or lives with many people in confined area

- Is not in school or has significant gaps in schooling
- Has engaged in prostitution or commercial sex acts
- Any mention of a pimp/boyfriend
- Any child working where "pay" goes directly towards rent, debt, living expenses/necessities, fees for their journey
- Exploitation on the internet, online ads
- Threats of traffickers reporting child to police/immigration
- Threats to child's parents, grandparents, siblings, or own minor children
- Methods of control that leave no visible, physical signs of abuse
- Sleeping/living separately from the "family" (in garage or on the floor instead of bedroom)
- Forced to sell drugs, jewelry, magazines on the street
- Excess amount of cash
- Hotel keys
- Chronic runaway/homeless youth
- Lying about age/false ID
- Inconsistencies in story
- Unable or unwilling to give local address or information about parents
- Presence of older male or boyfriend who seems controlling
- Injuries/signs of physical abuse
- Inability or fear to make eye contact
- Demeanor: fearful, anxious, depressed, submissive, tense, nervous
- Is not enrolled in school
- Does not consider self a victim
- Loyalty, positive feelings toward trafficker
- May try to protect trafficker from authorities.

NEGLECT: The Most Common Form of Child Maltreatment in the U.S.

- **Physical neglect** occurs when children are not given necessary care for illness or injury. Neglect also includes leaving young children unsupervised or alone, locked in or out of the house, or without adequate clothing, food, shelter, or health care. Allowing children to live in a very dirty house which could be a health hazard may also be considered neglect.
- **Emotional neglect** may include lack of nurture or affection, refusal of psychological care needed, or allowance of alcohol and substance abuse.
- **Educational neglect** includes failure to enroll a child in school, or chronic truancy.
- **There are no specific indicators of neglect.** However, a child experiencing certain forms of neglect may demonstrate very passive, withdrawing behavior. A neglected child may also partake in random and undisciplined activities.

EMOTIONAL ABUSE:

- Emotional abuse of a child is evidenced by severe anxiety, depression, withdrawal or improper aggressive behavior as diagnosed by a medical doctor or psychologist, and caused by the acts or omissions of the parent or caretaker.
- **A child experiencing emotional abuse may exhibit the following behaviors:**
- The child is constantly fearful or anxious about doing something wrong.

- May either be extremely passive or extremely aggressive.
- May not be very attached to his or her caregiver.
- May act like an adult (ex. taking care of other children) or infantile (ex. throwing tantrums).

What happens after I report to CPS?

A report of suspected child abuse or neglect is not an accusation. It is the link to services for families who would not voluntarily seek the help they may desperately need. When an incident of suspected child abuse and/or neglect is reported, "taking action" is mandated by law and State Policy.

Section 5-706 mandates that, promptly after receiving a report of suspected child abuse or neglect, the local department must make a thorough investigation to protect the welfare of the child or children. (In cases of suspected abuse, the local department of social services or the law enforcement agency or both, if jointly agreed on, must investigate.
The investigation must include:

- the nature, extent and cause of the neglect or abuse;
- the identity of the individual(s) responsible for the neglect or abuse; and
- the name, age and condition of every other child in the household
- any other pertinent information.

What services are available through Child Protective Services?

Day Care, Parent Aide, Medical and Psychological Examinations and Evaluations, Shelter Care, Counseling, and other administrative and support services.

Remember: A report of suspected child abuse, neglect, exploitation or abandonment is a responsible attempt to protect a child.

Learn More.

What Else Should I Do?

SUPPORT VICTIMS:

Be a trusted adult that a child can speak to about what he or she has endured. Ensure the child that the abuse was *not* the child's fault by any means. Support those organizations that are dedicated to helping child victims of abuse.

EDUCATE:

- Yourself and your loved ones about how to PREVENT child abuse and neglect *before it occurs*. Child abuse can be prevented.
- Other adults in your community about the nature and scope of the epidemic; providing them with useful and specific skills to confront child maltreatment. Caring and supportive adults in the community are critical to every family's ability to raise safe and healthy children.

ADVOCATE:

- To policy makers for a wide range of policies, funding and training that can protect children by strengthening the circle of safety around them. It shouldn't hurt to be a child.
- Encourage public and private schools and other child and youth serving organizations to develop programs to educate employees and volunteers to recognize the signs of abuse and respond appropriately.

REPORT:

YOU are legally obligated to report any suspicions of child abuse and neglect. You could be the only person that has the knowledge and capability to report the abuse and **save this child's life.** Every statistic is a child who needs help.

Appendix C

ADVOCATE FOR YOURSELF AND YOUR CHILDREN: BE YOUR OWN CASE MANAGER

Visit Your Children

- Visiting your children shows the court how much you care for them.
- Visits MEAN AS MUCH TO YOUR CHILDREN as they do to you.
- They are scared and confused.
- Even if you have to visit at DSS or with another person you dislike, GO TO THE VISITS!
- Talk or play with your children in a calm and reassuring way.
- Bring your children's favorite books or games to the visits.
- Do not make promises that you are not sure you can keep.
- If you HAVE to cancel, call ahead.

*THE SOCIAL WORKER MAY TELL THE JUDGE HOW THE VISITS GO.

You Have a Right to Services that Strengthen Your Family:

- Keep ASKING FOR HELP, to get a house, day care or a job, to attend therapy or drug treatment, or for anything you need to take care of your children.
- For more support and information, contact:
  - Maryland Family Network, www.friendsofthefamily.org
  - Family Tree, www.familytreemd.org
  - The court, www.mdcourts.gov

Only You Can Strengthen and Reunify Your Family:

- Love is not enough. Reach out to your family, friends and others for help and support.
- Have a team attitude. Choose to look at all of the people who are "in your business" as the team that will help you get your kids back.

TERMINATION OF PARENTAL RIGHTS TRIALS:

These trials can result in you losing all legal rights to your children and to them being adopted by someone else.

WHAT CAN I DO?

- You may still be able to see your children (open adoption), or
- You can work with your lawyer and fight in court for your rights to your children, or
- You can agree to let them be adopted because you think that is what is best for them.

You have the right to have an interpreter if you do not understand English.

Cooperating with the Social Worker is the best thing you can do to stay in touch with your children and to have them returned to you.

Focus on being strong for you and your children. Keep your anger at the caseworker or the system out of it.

Try not to view the social worker as the enemy or to blame him for the removal of your children.

Stay in touch with him about visiting your children, referrals to court ordered services, and needs like day care or housing.

Write down each date that you call the social worker, what happened during the conversation, if you left a message and when and whether you got a call back.

Keep every piece of paper you are given.

Use a small notebook or calendar, or start on the space on this guide. If the Court questions why something did not occur you will have an exact record of dates, times, calls and conversations.

Contact your attorney if you disagree with DSS or the social worker.

DO NOT BE AFRAID TO CALL THE SUPERVISOR IF YOU CANNOT REACH THE SOCIAL WORKER OR IF THE SOCIAL WORKER IS NOT HELPING YOU WITH VISITS OR SERVICES ORDERED BY THE COURT.

NOTES

My lawyer_____ phone_____

_____ phone_____

Social worker_____ phone_____

phone_____

Supervisor_____ phone_____

THE BOTTOM LINE

- Attend all hearings on time.
- Visit your children.
- Stay in regular contact with your social worker. Write down the date of every telephone conversation or message left with the social worker or supervisor.
- Do what the court has told you to do.

My Children Were Removed From Me by DSS -

How Do I Get My Kids Back?

Maryland Judiciary Administrative Office of the Courts, Department of Family Administration

in cooperation with the State Council on Child Abuse and Neglect

Why was my child taken from me?

The Department of Social Services believes that your child is in "serious, immediate danger" of being abused or neglected, or that your child has been abused or neglected. The reasons are listed in a paper called the emergency petition that is given to the juvenile court.

1 EMERGENCY SHELTER CARE HEARING

The day after your child was removed, if it is not a weekend or holiday

The judge will hear from DSS and from you. The judge will decide whether your children can return to you that day or should stay with a relative, friend, or in foster care for the next 30 days.

timeline — Child Removed

HOW DO I GET MY KIDS BACK?

The social worker should tell you when the hearing is. If you are not sure: 1) call the worker, or 2) call the clerk's office at the juvenile court, 443-263-6359.

Get a lawyer! You can apply for a free lawyer to go with you to the shelter care hearing at the Public Defender's Office, Monday through Friday from 9:00 a.m. to 4:00 pm. Their phone number is 443-263-8963.

The lawyer will give you the emergency petition and you can tell him what happened. At the hearing you or your lawyer will tell the judge what happened.

Your children will have a lawyer. You cannot count on them to tell your side of the story.

2 ADJUDICATORY HEARING (like a trial)

Within 30 DAYS if your child is removed from your custody

You have the right to have the court decide if your child was abused or neglected. There is no jury. The court can look at records, such as doctor's records or hospital records. The court can also hear from witnesses about whether the statements DSS made about your child's safety are true.

OR INSTEAD OF A TRIAL.. you and your lawyer can agree with DSS on what happened. The court will review the agreement.

WHAT CAN I DO?

- Talk to your lawyer about your case.
- Tell your social worker which services you need.
- Make sure that you know the court date and make plans to arrive by the time stated on the summons.

*Parents have legal rights, but the main issue is the child's best interest and safety.

3 DISPOSITION HEARING

Usually the SAME DAY as the trial

The court decides if your child is a *Child in Need of Assistance - CINA* - then decides where your child will live. First, the court will decide if your child can live with you. Even if your child is returned to you, you will have to continue to work with DSS. Another hearing will be scheduled for the court to decide if your family needs DSS services or court supervision.

WHAT IF MY CHILD IS NOT RETURNED TO ME?

What should I do?

In the 11 months between the disposition hearing and the permanency planning hearing you need to do your best TO NOT GIVE UP and to:

- Do everything the judge and the social worker tell you to do.
- See your child often. You can also send cards, pictures and letters. This will help you in court.
- Stay in touch with the social worker. Be sure he has a phone number where you can be reached.
- Work on the issue that brought your family to court.

5 PERMANENCY PLANNING REVIEW HEARINGS

These hearing will be held every 6 months until your child is back with you or in a permanent home. Talk to your lawyer about what you can do. If your child has been out of your care for 15 months, the judge must think about having your child live with someone else and maybe ending your legal rights to your child.

4 PERMANENCY PLANNING HEARING

Within 1 YEAR, or sooner, from when your child was removed

A permanency planning hearing is the next time the court must hold a hearing if your children are not back in your care. If there are changes in your situation earlier, call the public defender's office and tell them you want an "early review hearing."

The judge can decide to return your children to you or to give custody to someone else. The judge can also order DSS to file a case to terminate your parental rights, which would allow your children to be adopted by someone else.

WHAT CAN HAPPEN?

Under the law the judge must choose a future plan for your child. The judge must pick one of the 5 plans listed below:

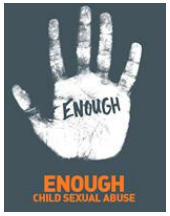
Reunification – your child is returned to you or the other parent.

Adoption – your legal rights to your child are terminated, and someone else can adopt them and become their legal parent.

Custody and Guardianship – your child lives with a relative or a close family friend, and the judge gives them legal custody.

Another Planned Living Arrangement – your child stays in a place where they can receive treatment for their special needs.

Appendix D



enough shame.
enough hurt.
enough confusion.
enough denial.

enough child sexual abuse.

ENOUGH ABUSE CAMPAIGN

Expertise, Contributions and Role of Members
2012

Maryland Partnership to Prevent Child Sexual Abuse is committed to the values and goals of the **Enough Abuse Campaign,** a child sexual abuse prevention approach based on a model, successfully implemented and evaluated in Massachusetts, (www.enoughabuse.org). This effort aims to develop new strategies to prevent child sexual abuse ***before it ever happens.*** All organizations have agreed to the effort's mission and operating principles.

The following summarizes the expertise and contributions of the Maryland state wide organizations, including in-kind contributions these organizations have formally agreed to make to this effort.

1. Ongoing planning and oversight to the Child Sexual Abuse Prevention Effort, Enough Abuse Campaign.
2. Identifying/ accessing data source, establishing process & outcome measures for the effort.
3. Identifying child sexual abuse programs for base line state inventory.
4. Supporting two local Community Coalitions to pilot the effort.
5. Identifying in- kind technical assistance and support to local projects as each conduct Assessments, Develop Action Plans and pilot programs.
6. Attending schedule meetings and/or work groups.
7. Other activities as identified.

Additional or special functions for which particular Partnership members are taking responsibility include:

Partnership Members	***Expertise/Experience***	***In-Kind/Monetary Contribution***
Department of Juvenile Services, Ralph Jones	Help to develop specific training curriculum for DJS staff on issues related to sexual abuse of youth in custody.	Access to police academy training facility (free)
Dept. of Health and Mental Hygiene, Joyce Dantzler	Facilitate relationships with other organizations or represent the partnership in related interest (ex of other organizations- Centers of Disease and Control; MCASA)	Funding to help with curriculum development and acquisition of materials regarding CSA Support the social media movement Free access to MD Department of Transportation Training facilities
Governor's Office of Crime Control and Prevention, Kristen Mahoney Jeffrey Zuback Rachel Kesselman	Oversee state resources for public safety including sex assault protection; trafficking	Data support; access to law enforcement and training academy ; training re: child trafficking
Governor's Office for Children, Christina Drushel	Youth services, hunger initiative	Assist in accessing meeting space Copied materials for training--EAC Video conferencing capabilities Access to Governor's Youth Advisory Council for feedback re: policy etc.
Maryland State Department Education (MSDE), Cheryl Hall	credentialing of department of education employees and child care professionals in the state	Review and facilitate systemic, policy changes related to CSA training for MSDE employees

MD Department of Human Resources, Diane Banchiere Steve Berry	State Social Services System, including child protection	Support in accessing child protective data Inquiry re: sharing personnel contact info as communication tool Media and public outreach support
MD State Sex Offender Registry, Elizabeth Bartholomew	Sex offender management; supervision, treatment SORNA	Link on website to EAC for prevention information. Inform efforts related to perpetrator treatment and accountability measures
The State Council on Child Abuse and Neglect (SCCAN), Claudia Remington	SSA ; is charged to "report and make recommendations annually to the Governor and the General Assembly on matters relating to the prevention, detection, prosecution, and treatment of child abuse and neglect, including policy and training needs."	Time, information, skills, energy, credibility
Academy of Pediatrics, Scott Krugman	Health issues of infants, children, adolescents and young adults.	Advise membership on issues relevant to the physical and emotional impact of csa, available resources
Boy Scouts of America, Ethan Draddy	Youth serving organization	On line training resources Training, leadership, youth development
Advocates for Children & Youth, Melissa Rock	Policy advocacy	Support advocacy and creation of policies related to csa
Archdiocese of Baltimore, Alison D'Alessandro	Youth serving organization experience Policies on reporting csa	Inform efforts related to establishing csa prevention in yso's
Coach for America, Joe Ehrmann	Coach skills; Gender based service (male); Minister; personality	Access to athletic network; religious colleagues; fatherhood groups; media magnet

Johns Hopkins School of Public Health, Elizabeth J. Letourneau	Juvenile Sex offender policy particularly as related to SORNA registry and effects on cases (prosecution, recidivism),	Share resources/Interest in prevention of sex abuse and sex offense Introduction to EAC to JH and local media through press release
Kennedy Krieger Hospital, Monica Beltran	Child-based services Medical perspective, trauma and treatment	Provide access to professionals for TOT
Maryland Coalition Against Sexual Assault, Lisae Jordan	Sexual assault; non-profit management; marketing, promotional;	Sharing marketing, expertise; promotional, lay out for local(s) and state partnership
MD Chiefs Association, Dave Thomas	Law enforcement	Training
MD Children's Alliance, Adam Rosenberg	Representing the state network of advocacy centers	Share resources related to resources for victims of csa; Provide access to professionals for TOT
Maryland Children's Justice Act Committee, Joan Stine	A committee of SCCAN	Provide grant opportunities to fund training and mission of EAC
MD Family Network, Linda Ramsey	young children and families in Maryland resources to help families succeed	Provide access to professionals for TOT and families with young children
National Association Social Work, Judith Schagrin	professional growth and development of its members, professional standards, sound social policies	Provide access to professionals for TOT; CEU for training
Safe and Sound Campaign, Hathaway Ferebee	safety conditions for children, youth and families through community mobilization and collaborations	Community contacts and access to youth advocates
University of Maryland Baltimore, Kristen Woodruff	Research models and training evaluation	Support the efforts related to evaluation of EAC efforts (focus groups, questionnaire development and evaluations)

Appendix E

State Council on Child Abuse and Neglect (SCCAN)
Child Maltreatment Prevention
2012 Key Informant Interviews

Name	Organization	Title	Date Interviewed
Larry Harmel	Maryland Chiefs of Police Association, Inc.	Executive Director	2/28/2012
James Fleming, Ph.D.	Patuxent Institution, The Special Offenders Clinic, University of Maryland School of Medicine	Psychology Services Chief, Supervisor	3/16/2012
Ethan Draddy	Baltimore Area Council, Boy Scouts of America	Executive Director & CEO	4/10/2012
Chuck Buckler	Student Services and Strategic Planning Branch, Maryland State Department of Education	Executive Director	4/13/2012
Bert Powell Glen Cooper Kent Hoffman, Ph.D.	Circle of Security International, Early Intervention Program for Parents & Children	Originators	5/16/2012
Steve Howe, MSW	The Children's Guild	Vice President of Children's Services	7/9/2012
John DeGout	YMCA of Metro D.C.	Program Chair	8/29/2012
Ellie Mitchell	Maryland Out of School Time Network	Executive Director	10/2/2012
Jan Rivitz	Straus Foundation	Executive Director	10/16/2012
Carol Allenza, Esq.	Maryland Coalition for Families for Children's Mental Health	Director, Family Leadership Institute	11/7/2012
Karen DeCamp	Greater Homewood Community	Director, Neighborhood Programs	11/14/2012
Kevin Keegan	Family League of Baltimore City	President & CEO	11/14/2012
Patricia Arriaza	Maryland Governor's	Chief of Interagency	11/16/2012

	Office for Children	Initiatives	
Mary Bruce Webb, Ph.D.	US Department of Health & Human Services, Administration for Children & Families, Office of Planning, Research & Evaluation, Division of Child & Family Development	Division Director	11/29/2012
Ros Branson	TurnAround, Inc.	Executive Director	
Joan Smith, MSW, LCSW	DHMH, Mental Health Administration (MHA), Office of Child & Adolescent Services	Chair Resilience Committee	12/7/2012
Sharon Rubenstein	Moving Maryland Forward	Consultant	12/14/2012

State Council on Child Abuse and Neglect (SCCAN)
Child Maltreatment Prevention
2009-2011 Key Informant Interviews

Name	Organization	Title	Date Interviewed
Howard Dubowitz, M.D.	Center for Child Protection University of Maryland Medical System	Director, Professor of Pediatrics	10/9/2009
Diane DePanfilis, PhD	UM, Ruth H. Young Center for Families and Children	Associate Dean, Director	10/14/2009
Richard Barth, PhD	UM, School of Social Work	Dean	10/15/2009
Margaret Williams	Maryland Family Network	Executive Director	10/27/2009
Scott Krugman, M.D.	Franklin Square Hospital	Chairman of Pediatrics	10/29/2009
Charlie Cooper	Citizens' Review Board for Children	Director, Retired	11/19/2010
Larry Wissow. M.D.	Johns Hopkins, Department of Health, Behavior, and Society, Bloomberg School of Public Health	Professor, Child Psychiatrist	11/19/2010
David W. Lloyd	Family Advocacy Program U.S. Department of Defense Office of the Deputy Under-Secretary (Personnel and Readiness/Military Community and Family Policy)	Director	1/13/2010
Bonnie Birkel	Center for Maternal and Child Health Department of Health and Mental Hygiene	Director	1/27/2010

Name	Organization	Title	Date Interviewed
Adam Rosenberg	Baltimore Child Abuse Center	Executive Director	1/27/2010
John McGinnis	Maryland State Department of Education	Pupil Personnel Specialist	3/4/2010
Steve Berry	Maryland Department of Human Resources, Social Services Administration	Manager, In-Home Services	3/9/2010
Alison D'Alessandro	Office of Child and Youth Protection, Archdiocese of Baltimore	Director	3/18/2010
Melissa Lim Brodowski, M.S.W., M.P.H.	U.S. Department of Health & Human Services, Administration for Children & Families, Children's Bureau, Office of Child Abuse and Neglect	Federal Project Officer	3/26/2010
Stephanie Porter	State's Attorney Association	Assistant State's Attorney, Baltimore County	3/26/2010
Mitch Mirviss	Venable, LLP	Partner	6/11/2010
Rosemary King Johnston	Governor's Office for Children	Executive Director	10/29/2010
Shanda Crowder	Governor's Office for Children	Chief, Interagency Initiatives	10/29/2010
Carnitra White. M.S.W.	Department of Human Resources, Social Services	Executive Director	11/15/2010
Debbie Ramelmeier	Department of Human Resources, Social Services Administration	Director for Children and Family Services	11/15/2010
Rev. Dr. Mankekolo Mahlangu-Ngcobo	Coppin State University	Adjunct Professor	1/18/2011

Name	Organization	Title	Date Interviewed
Lucia Barger Earleen Beckman, R.N.	Garrett County Partnership for Children and Families Garrett County Health Department, Healthy Families Garrett County	Data Analyst Program Director	1/24/2011
Anne Hoffman, LCSW-C	Montgomery County Department of Social Services	Supervisor, Child Welfare Services	2/4/2011
Al Zachik, M.D.	Department of Health and Mental Hygiene	Director, Child & Adolescent Services	2/7/2011
Carlo C. DiClemente, PhD	Department of Psychology, University of Maryland	Professor and Chair	2/23/2011
Philip J. Leaf, PhD	Johns Hopkins Bloomberg School of Public Health	Director, Center for the Prevention of Youth Violence	2/28/2011
Andrea Gielen, PhD	Johns Hopkins Bloomberg School of Public Health	Director, Center for Injury Research and Policy	3/31/2011
Linda Heisner	Heisner, LLC Consulting	Human Services, Education Public Policy Consultant, Former DHR, Director for Children and Family Services	3/31/2011
Sabrena McAllister, M.S.W.	Citizens Review Board for Children	Administrator/Director	6/17/2011
Melissa Rock, J.D.	Advocates for Children and Youth	Child Welfare Director	6/17/2011
Rhonda Lipkin, J.D.	Public Justice Center	Lead Attorney, Educational Stability Project	6/17/2011
Molly Mara	Office of Health Services, Medicaid DHMH-Department of Health and Mental Hygiene	Special Assistant to the Executive Director,	10/7/2011

Frank Kros, J.D., M.S.W.	Upside Down Organization The Children's Guild	President Executive Vice-President	10/17/2011
Joan B. Gillece, PhD	National Coordinating Center for the Seclusion and Restraint Reduction Initiative and the National Center for Trauma Informed Care	Project Director	10/26/2011
*Wendy Lane, M.D., M.P.H.	University of Maryland, School of Medicine	Pediatrician, Researcher, Associate Professor, Board Certified Pediatrics & Preventive Medicine	11/2/2011
Jennie Boden	M-CASA, Maryland Coalition Against Sexual Assault	Executive Director	11/4/2011
Elizabeth Bartholomew	Maryland Department of Public Safety and Correctional Services	Manager, Maryland Sex Offender Registry	11/8/2011
Jeffrey Zuback Rachel Kesselman	Maryland Statistical Analysis Center at the Governor's Office of Crime Control and Prevention	Director Statistical Analyst	11/15/2011
Joe Ehrmann	Coach for America	Athlete, Coach, Educator, Speaker	11/21/2011
Jude Cassidy, Ph.D. (Circles of Security)	The Maryland Child and Family Development Laboratory, University of Maryland, College Park	Director Professor of Psychology	11/22/2011
Elizabeth LeTourneau, Ph.D.	Johns Hopkins School of Public Health, Department of Mental Health	Associate Professor (Child Sexual Abuse)	12/11/2011
Charlie Slaughter, MPH, RD	Connecticut Department of Children and Families, Division of Prevention Circle of Security-Parenting	Director Trainer	12/15/2011

Deborah Harris, LISW,	New Mexico Early Childhood Mental Health Consultation and Training	IMH-E (lV) Infant Mental Health Mentor	12/15/2011
Joyce Dantzler	DHMH, Office of Chronic Disease Prevention	Deputy Director	12/16/2011

Appendix F

Finding Your ACE Score*

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often**…
   Swear at you, insult you, put you down, or humiliate you?
   or
   Act in a way that made you afraid that you might be physically hurt?
   Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often or very often**…
   Push, grab, slap, or throw something at you?
   or
   Ever hit you so hard that you had marks or were injured?
   Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**…
   Touch or fondle you or have you touch their body in a sexual way?
   or
   Attempt or actually have oral, anal, or vaginal intercourse with you?
   Yes No If yes enter 1 _____
4. Did you **often or very often** feel that …
   No one in your family loved you or thought you were important or special?
   or
   Your family didn't look out for each other, feel close to each other, or support each other?
   Yes No If yes enter 1 _____
5. Did you **often or very often** feel that …
   You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
   Yes No If yes enter 1 _____
7. Was your mother or stepmother:
   Often or very often pushed, grabbed, slapped, or had something thrown at her?
   or
   Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
   or
   Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
   Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
   Yes No If yes enter 1 _____
10. Did a household member go to prison?
    Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.

*http://acestudy.org/yahoo_site_admin/assets/docs/ACE_Calculator-English.127143712.pdf

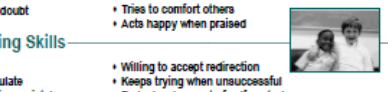
Resilience: A Strength-Based Approach to Good Mental Health

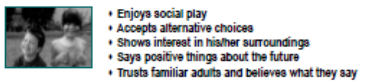
Sponsored by: Maryland Mental Hygiene Administration; Department of Health and Mental Hygiene; Maryland Coalition of Families; Youth M.O.V.E. of Maryland Wicomico County; Lower Shore Early Intervention Program

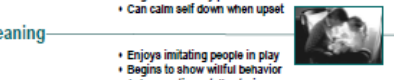
Resilience is an innate capacity to rebound from adversity and change through a process of positive adaptation. In youth, resilience is a fluid, dynamic process that is influenced over time by life events, temperament, insight, skill sets, and the primary ability of care givers and the social environment to nurture and provide them a sense of safety, competency and secure attachments.

Core Concepts:

	0 to 5 years	6 to 12 years	13 to 18 years	What can Families & Communities do to Promote Resilience?
Sense of Competency	• Determination & persistence • Takes pride in activities • Develops/evaluates alternative solutions • Task completion	• Engages in make-believe play • Interested in new things • Imitates behavior of others • Tries to do things for him/herself • Tries out new words / builds vocabulary	• Can begin to generalize learned skills • Shows patience in meeting a goal • Desires to be the best one can be • Self-Efficacy; "I Can!" attitude • Begins to be able to organize time	• Self motivated / sense of autonomy • Has initiative; sees things through to completion • Has integrity, high standards • Incorporates new knowledge • Forming coherent sense of self	• Gather and unite around priority issues • Value diversified leadership • Cooperate in achieving goals • Have high, but realistic expectations for youth
Caring & Respect of Self & Others	• Empathy • Giving back; helping out • Ability to compromise • Giving others the benefit of the doubt	• Listens to others; shows patience • Enjoys interacting with others • Seeks comfort from familiar adults • Tries to comfort others • Acts happy when praised	• Beginning capacity for self sacrifice • Can accept that life is not always fair • Shows concern for a bullied classmates • Completes chores for the benefit of the family • Can recognize their own strengths	• Values win-win solutions • Can show forgiveness • Cares about what happens to others • Has capacity for intimacy • Shows gratitude for successes	• Have the ability to work with diversity • Offer ample volunteer opportunities • Treat all youth with consistency & fairness • Promotion of Wellness and Prevention efforts
Problem Solving & Coping Skills	• Seeks help when needed • Ability to self soothe or self regulate • Willingness to admit and learn from mistakes • Can accept instruction and constructive criticism	• Willing to accept redirection • Keeps trying when unsuccessful • Early development of self control • Can easily go from one activity to another • Tries different ways to solve a problem	• Not afraid to ask for help with an assignment or task • Can use positive self talk to feel better • Healthy risk taking • Can make change based on other's input • Acts persistent; tries other ways to solve problems	• Seeks others' expertise • Has self-management skills • Takes ownership and responsibility • Ability for abstract thinking • Understands cause and effect	• Promote open communication around community satisfaction • Seeks external resources for problems • Law enforcement is seen as a vital part of the community • Resilience is modeled in homes/communities
Optimism and Hope for the Future	• Sense of humor • Belief that things can get better • Playful; Creativity; Exploration • Joy in accomplishments	• Enjoys social play • Accepts alternative choices • Shows interest in his/her surroundings • Says positive things about the future • Trusts familiar adults and believes what they say	• Laughs and shares jokes with a friend • Can give examples of positive outcomes • Involved in clubs / sports / hobbies • Likes to explore environment / nature • Enjoys school and learning	• Able to laugh at oneself • Future and goal oriented • Has creative outlets for self expression • Seeks out and can enjoy times of peace and quiet • Sees life as basically good and positive	• Opportunities for modeling/peer mentoring • Recreational outlets available for families • Youth are integrated into the community • There is a belief that all children can be successful
Ability to Reframe Stress	• Tolerates frustration • Understands how perception influences outcomes • Flexibility; able to adapt to change • Can improvise	• Uses imagination to build skills • Cooperates with others • Begins to accept rules for behavior • Begins to identify patterns and routines • Can calm self down when upset	• Open to new ideas • Begins to learn to manage stress • Able to identify alternative solutions • Demonstrates ability to adapt to changing situations • Doesn't give up even when disappointed	• Can accept ambiguity / uncertainty • Connects attitude with behavior • Deals with adversity and the unexpected • Has positive outlets to reduce stress • Puts things in perspective	• Able to provide comfort in times of distress • Open communication without blaming • Families encourage self reliance • Communities engage in creative problem solving
Sense of Purpose & Meaning	• Spirituality; higher purpose • Feeling that you are loveable • Self improvement • Cultural heritage and traditions	• Enjoys imitating people in play • Begins to show willful behavior • Asks questions; tells stories • Wants to please others and be with friends • Displays joy and curiosity	• Shows understanding of the life cycle • Feels loved and has secure relationships • Wants to challenge self to do better • Participates in and values family rituals • Can decide between right and wrong	• Explores different belief systems • Has a belief that one's life matters • Wants to plan for a rewarding career • Has a sense of belonging to a community • Tries to live by their core values	• Local ownership and community pride • Safe, healthy outdoor activities available • Diverse opportunities for spiritual and cultural enrichment • Families and communities support quality education







Related Topics & Models

Resiliency Theory Pioneer – Norman Gramezy
Attachment Theory – John Bowlby
Erickson's Developmental Stages
Neuroplasticity – Neuroscience– through Mindfulness and Repetition
Social and Emotional Competency – Daniel Goleman
Positive Psychology – Martin Seligmann
Positive Youth Development
Positive Behavioral Interventions and Supports (PBIS)
Post Traumatic Growth (PTG) – Richard Tedeschi
Strength Based Practice / Systems of Care (SOC)
Transformational Coping
Primary Mental Health Project – Emory Cowen
Public Health Approach to Children's Mental Health – Georgetown Univ., Center for Child and Human Development
Salutogenic Model of Health – Sense of Coherence (comprehensibility, manageability, meaningfulness) – Aaron Antonovsky
International Resilience Project – Resilience Research Center (across cultures)
Reaching In....Reaching Out – Penn Resilience Program
Resiliency: What We Have Learned by Bonnie Benard
Stress Hardiness – Susan Kobasa

Family & Community Models that Support Resilience
Building Bridges to Support Families and Schools Together (FAST)
Nurse Family Partnerships
Safe Schools / Healthy Children
Healthy Communities / Healthy Youth
Asset Based Community Development Center
The Incredible Years
Resiliency Ohio

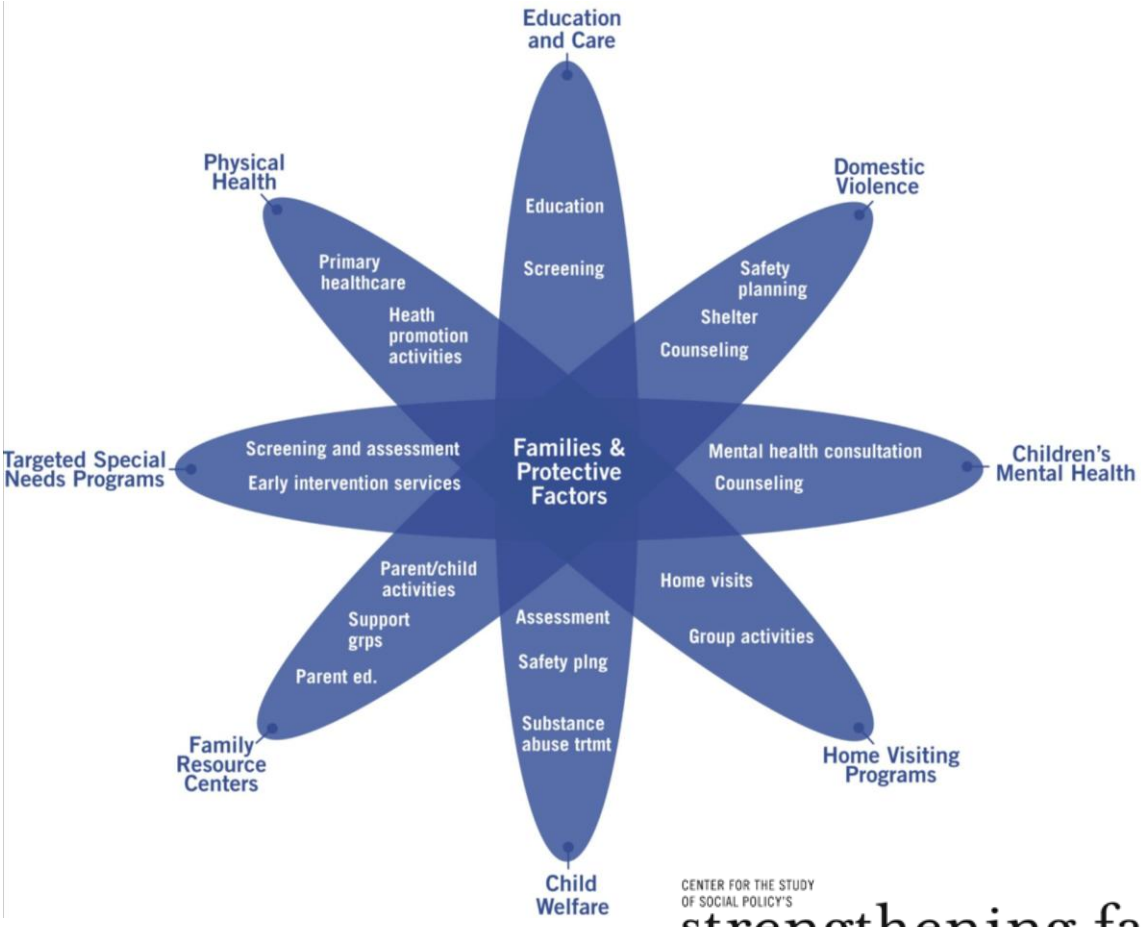
Longitudinal Studies
Project Competence – University of Minnesota – Ann Masten
Kauai Study – Emmy Werner and Ruth Smith
Project Human Development Chicago Neighborhoods

Some Assessment Tools
Devereux Early Childhood Assessment (DECA)
40 Developmental Assets – Search Institute
Connor – Davidson Resilience Scale
CANS (Child & Adolescents Needs & Strengths)
Post Traumatic Growth Inventory
The Stress Vulnerability Scale – Sheehan Resilience Scale
Center on the Social and Emotional Foundations for Early Learning (CSEFEL)
Infant/Toddler, Early Childhood Environment Rating Scales

Compiled 2010 by Joan Smith, M.A. and Mimi White, M.A.

Appendix H

ALIGNING RESULTS FOR FAMILIES



Appendix I (1)

State Council on Child Abuse and Neglect (SCCAN)

The State Council on Child Abuse and Neglect is one of three citizen review panels **(1)** required by the Federal Child Abuse Prevention and Treatment Act (Title 42, Chapter 67, Subchapter I), known familiarly as CAPTA. The Maryland Legislature established SCCAN and elaborated on its Federal responsibilities in the Maryland Family Law Article (Section 5-7A).

Who we are

SCCAN consists of up to twenty-three members, most of whom are private citizens appointed by the Governor of Maryland, including representatives from professional and advocacy groups, private social service agencies, and the medical, law enforcement, education, and religious communities. At least two members must have personal experience with child abuse and neglect within their own families or have been clients of the child protective services system.

Nine members of SCCAN are designated representatives of their respective organizations including the Maryland Senate, Maryland House of Delegates, Department of Human Resources, Department of Health and Mental Hygiene, Department of Education, Department of Juvenile Services, Judicial Branch, State's Attorneys' Association and Maryland Chapter of the American Academy of Pediatrics.

What we do

What we do is defined in Federal and State law. CAPTA charges SCCAN and all citizen review panels "*to evaluate the extent to which State and local agencies are effectively discharging their child protection responsibilities"* **(2)** and to *"provide for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community and in order to meet its obligations*. **(3)** The Maryland Family Law Article reiterates the CAPTA requirements and specifically charges SCCAN to "*report and make recommendations annually to the Governor and the General Assembly on matters relating to the prevention, detection, prosecution, and treatment of child abuse and neglect, including policy and training needs".* **(4)**

Why we do it

Child abuse and neglect have known detrimental effects on the physical, psychological, cognitive, and behavioral development of children (National Research Council, 1993). These consequences range from minor to severe and include physical injuries, brain damage, chronic low self-esteem, problems with bonding and forming relationships, developmental delays, learning disorders, and aggressive behavior. Clinical conditions associated with abuse and neglect include depression, post-traumatic stress disorder, and conduct disorders.

Beyond the trauma inflicted on individual children, child maltreatment also has been linked with long-term, negative societal consequences such as low academic achievement, drug use, teen pregnancy, juvenile delinquency, and adult criminality (Widom, 1992; Kelly, Thornberry, and Smith, 1997). Further, these consequences cost society by expanding the need for mental health and substance abuse treatment programs, police and court interventions, correctional facilities, and public assistance programs, and by causing losses in productivity.

NOTES:

1) The other two panels are the Citizens' Review Board for Children and the State Child Fatality Review Team.
2) Section 5016a (c) (4) (A)
3) Section 5016a (c) (4) (C)
4) Section 5-7-09A (a)

Appendix I (2)

SCCAN and Maryland Law
Family Law Article
As amended by HB 264

§5–7A–01.

(a) There is a State Council on Child Abuse and Neglect.

(b) The Council is part of the Department of Human Resources for budgetary and administrative purposes.

§5–7A–02.

(a) The Council consists of up to 23 members including:

(1) one member of the Senate of Maryland appointed by the President of the Senate;

(2) one member of the House of Delegates appointed by the Speaker of the House;

(3) a representative of the Department of Human Resources, appointed by the Secretary of Human Resources;

(4) a representative of the Department of Health and Mental Hygiene, appointed by the Secretary of Health and Mental Hygiene;

(5) a representative of the Maryland State Department of Education, designated by the Superintendent;

(6) a representative of the Department of Juvenile Services, designated by the Secretary;

(7) a representative of the Judicial Branch, designated by the Chief Judge of the Maryland Court of Appeals;

(8) a representative of the State's Attorneys' Association, designated by the Association;

(9) a pediatrician with experience in diagnosing and treating injuries and child abuse and neglect, who shall be appointed by the Governor from a list submitted by the Maryland chapter of the American Academy of Pediatrics;

(10) members of the general public with interest or expertise in the prevention or treatment of child abuse and neglect who shall be appointed by the Governor and who shall include representatives from professional and advocacy groups, private social service agencies, and the medical, law enforcement, education, and religious communities; and

(11) at least two individuals who have personal experience with child abuse and neglect within their own families or who have been clients of the child protective services system who shall be appointed by the Governor.

(b) (1) The term of a member appointed under subsection (a)(9), (10), or (11) of this section is 3 years.

(2) An appointed member may serve up to two consecutive 3–year terms.

(3) In case of a vacancy, the Governor shall appoint a successor for the remainder of the unexpired term.

(c) All other members of the Council shall continue in office so long as they hold the required qualification and designation specified in subsection (a)(1) through (8) of this section.

§5–7A–03.

The Governor shall select a chairperson from among the members of the Council.

§5–7A–04.

(a) The Council shall meet not less than once every 3 months.

(b) Members of the Council shall serve without compensation, but may be reimbursed for reasonable expenses incurred in the performance of their duties in accordance with the Standard State Travel Regulations and as provided in the State budget.

(c) The Council may employ a staff in accordance with the State budget.

§5–7A–05.

(a) The Council shall operate with one standing committee.

(b) The federal Children's Justice Act Committee is established in accordance with the requirements of the federal Children's Justice Act, Public Law 100–294. It shall review and evaluate State investigative, administrative, and judicial handling of child abuse and neglect cases, and make policy and training recommendations to improve system response and intervention. The Committee shall include representatives of the State judiciary with criminal and civil trial court docket experience, law enforcement agencies, the Maryland Public Defender's Office, State's Attorneys, the Court Appointed Special Advocate (CASA) Program, health and mental health professions, child protective services programs, programs that serve children with disabilities, parent groups, and attorneys who represent children.

(c) In addition to the Children's Justice Act Committee, the Council may establish other ad hoc committees as necessary to carry out the work of the Council.

§5–7A–06.

(a) In addition to any duties set forth elsewhere, the Council shall, by examining the policies and procedures of State and local agencies and specific cases that the Council considers necessary to perform its duties under this section, evaluate the extent to which State and local agencies are effectively discharging their child protection responsibilities in accordance with:

(1) the State plan under 42 U.S.C. § 5106a(b);

(2) the child protection standards set forth in 42 U.S.C. § 5106a(b); and

(3) any other criteria that the Council considers important to ensure the protection of children, including:

(i) a review of the extent to which the State child protective services system is coordinated with the foster care and adoption program established under Part E of Title IV of the Social Security Act; and

(ii) a review of child fatalities and near fatalities.

(b) The Council may request that a local citizens review panel established under § 5-539.2 of this title conduct a review under this section and report its findings to the Council.

(c) The Council shall coordinate its activities under this section with the State Citizens Review Board for Children, local citizens review panels, and the child fatality review teams in order to avoid unnecessary duplication of effort.

(d) The chairperson of the Council may designate members of the Children's Justice Act Committee as special members of the Council for the purpose of carrying out the duties set forth in this section.

§5–7A–07.

(a) The members and staff of the Council:

(1) may not disclose to any person or government official any identifying information about any specific child protection case about which the Council is provided information; and

(2) may make public other information unless prohibited by law.

(b) In addition to any other penalties provided by law, the Secretary of Human Resources may impose on any person who violates subsection (a) of this section a civil penalty not exceeding $500 for each violation.

§5–7A–08.

A unit of State or local government shall provide any information that the Council requests to carry out the Council's duties under § 5-7A-06 of this subtitle.

§5–7A–09.

(a) The Council shall report and make recommendations annually to the Governor and the General Assembly on matters relating to the prevention, detection, prosecution, and treatment of child abuse and neglect, including policy and training needs that require the attention and action of the Governor or the General Assembly.

(b) The Council shall annually prepare and make available to the public a report containing a summary of its activities under § 5-7A-05 of this subtitle.

Appendix I (3)

State Council on Child Abuse and Neglect (SCCAN)

VISION STATEMENT

"All children in Maryland are loved, happy, safe, secure, healthy and nurtured by caring families and supportive communities."

MISSION STATEMENT

"Since child abuse and neglect is a critical problem in Maryland requiring an urgent response, the State Council on Child Abuse and Neglect (SCCAN) shall promote the development and implementation of optimal strategies for detection, prevention, intervention and treatment."

SCCAN shall encourage all Marylanders to become involved in efforts to ensure the well-being and safety of children.

Appendix I (4)

State Council on Child Abuse and Neglect (SCCAN)
SCCAN Membership

6 (of 15) MEMBERS APPOINTED BY THE GOVERNOR

Name	Representing	Jurisdiction	Email
Patricia K. Cronin **(SCCAN Chair)**	Executive Director The Family Tree	Baltimore County	pcronin@familytreemd.org
Alison J. D'Alessandro	Director, Office of Child and Youth Protection, Archdiocese of Baltimore	Baltimore County	adalessandro@archbalt.org
Robin Davenport	Executive Director, CASA of Talbot and Dorchester Counties, Inc.	Talbot County	rd@casaoftalbot.org
Pamela Holtzinger	Forensic Nurse Examiner SAFE Program Coordinator Washington County Hospital	Washington County	cenfne@aol.com Pam.Holtzinger@wchsys.org
Adam C. Rosenberg, Esq.	Executive Director, Baltimore Child Abuse Center	Baltimore County	arosenberg@bcaci.org
Margaret Williams	Executive Director, Maryland Family Network	Baltimore City	mwilliams@friendsofthefamily.org

6 CANDIDATES FOR APPOINTMENT BY THE GOVERNOR

Name	Representing	Jurisdiction	Email
Aldene M. Ault	Chief of Child Health Services in the Maternal and Child Health Division of Prince Geroge's County Health Department	Prince George's County	amault@co.pg.md.us
Jena K. Cochrane	Personal experience with the child protection system.	Anne Arundel County	jena_geb@verizon.net
Ernestine Holley	Educational Specialist, Baltimore City Public School System	Baltimore City	ErnHolley@aol.com
Wendy G. Lane, M.D.	Maryland Chapter of the American Academy of Pediatrics	Baltimore County	Wlane@epi.umaryland.edu
Detective Willie Ollie, Jr.	Deputy Sheriff, Federick County Maryland, Minister United Methodist Church	Frederick County	Wollie@FrederickCountymd.gov
Danitza Simpson	Director, Adelphi/Langley Family Support Center	Prince George's County	Dsimpson@pgcrc.org

1 SPECIALLY DESIGNATED MEMBER OF CHILDREN'S JUSTICE ACT COMMITTEE (CJAC)

Name	Representing	Jurisdiction	Email
Joan Stine	Consultant, Former Director, Center for Health Promotion Maryland Department of Health and Mental Hygiene	Baltimore County	stinejg@yahoo.com

8 POSITIONS FILLED BY DESIGNATION OF THEIR ORGANIZATIONS

Name	Representing	Email
Steven K. Berry	Manager, In-Home Services, Social Services Administration Maryland Department of Human Resources	SBerry@dhr.state.md.us
Stephanie Porter, Esq. (through May 2012) Karen Pilarski, Esq. (beginning June 2012)	State's Attorney Association	sxporter@baltimorecountymd.gov
Delegate Susan K.C. McComas	Maryland House of Delegates	susan_mccomas@house.state.md.us
Ralph Jones	Director, Child Advocacy Unit, Maryland Department of Juvenile Services	jonesr@djs.state.md.us
Linda Koban	Juvenile Justice Law Manager, Family Administration, Administrative Office of the Courts	linda.koban@mdcourts.gov
John McGinnis	Pupil Personnel Specialist, Maryland Department of Education	jmcginnis@msde.state.md.us
VACANT	Department of Health and Mental Hygiene	
VACANT	Maryland Senate	

SCCAN EXECUTIVE DIRECTOR

Name	Relevant Background	Phone	Email
Claudia Remington, Esq.	Attorney, Mediator and CASA volunteer	Office: 410-767-7868 Cell: 410-336-3820	cremingt@dhr.state.md.us

Appendix I (5)

State Council on Child Abuse and Neglect (SCCAN)

SCCAN
SCHEDULE OF MEETING DATES 2012

DATE	TIME	LOCATION
Thursday, January 5	1:00-3:00 PM	cancelled
Thursday, March 1	1:00-3:00 PM	Maryland General Assembly, Annapolis
Thursday, May 3	1:00-3:00 PM	Judicial Education & Conference Center (JECC), Annapolis*
Thursday, July 19	1:00-3:00 PM	Judicial Education & Conference Center (JECC), Annapolis*
Thursday, September 6	1:00-3:00 PM	Judicial Education & Conference Center (JECC), Annapolis*
Thursday, November 1	1:00-300 PM	Judicial Education & Conference Center (JECC), Annapolis*

State Council on Child Abuse and Neglect (SCCAN)

SCCAN PREVENTION COMMITTEE
MEETING DATES 2012

DATE	TIME	LOCATION
Thursday, February 2	1:00-3:00 PM	The Family Tree, Baltimore*
Thursday, April 5	1:00-3:00 PM	Environmental Scan Review & Comment
Thursday, June 7	1:00-3:00 PM	The Family Tree, Baltimore*
Thursday, October 4	1:00-3:00 PM	The Family Tree, Baltimore*
Thursday, December 6	1:00-3:00 PM	The Family Tree, Baltimore*

*Please note that location is subject to change based on the availability of the JECC and the preference of our guest speakers. Make sure to refer to the "SCCAN meeting reminders" sent out the week prior to each meeting and/or contact SCCAN's Office at 410-767-7868 to inquire.

State Council on Child Abuse and Neglect (SCCAN)

SCCAN
SCHEDULE OF MEETING DATES 2013

DATE	TIME	LOCATION
Thursday, January 3	1:00-3:00 PM	Judicial Education & Conference Center (JECC), Annapolis*
Thursday, March 7	1:00-3:00 PM	Maryland General Assembly, Annapolis
Thursday, May 2	1:00-3:00 PM	The Family Tree*
Thursday, July 25	1:00-3:00 PM	The Family Tree*
Thursday, September 5	1:00-3:00 PM	Judicial Education & Conference Center (JECC), Annapolis*
Thursday, November 7	1:00-300 PM	Judicial Education & Conference Center (JECC), Annapolis*

*Please note that location is subject to change based on the availability of the JECC and the preference of our guest speakers. Make sure to refer to the "SCCAN meeting reminders" sent out the week prior to each meeting and/or contact SCCAN's Office at 410-767-7868 to inquire.

State Council on Child Abuse and Neglect (SCCAN)

SCCAN PREVENTION COMMITTEE
MEETING DATES 2013

DATE	TIME	LOCATION
Thursday, February 7	1:00-3:00 PM	The Family Tree, Baltimore*
Thursday, April 4	1:00-3:00 PM	The Family Tree, Baltimore*
Thursday, June 6	1:00-3:00 PM	The Family Tree, Baltimore*
Thursday, October 3	1:00-3:00 PM	The Family Tree, Baltimore*
Thursday, December 5	1:00-3:00 PM	The Family Tree, Baltimore*

*Please note that location is subject to change based on the availability of the JECC and the preference of our guest speakers. Make sure to refer to the "SCCAN meeting reminders" sent out the week prior to each meeting and/or contact SCCAN's Office at 410-767-7868 to inquire.

Appendix I (7)

State Council on Child Abuse and Neglect (SCCAN)
By-Laws
As revised May 2011

I. BACKGROUND

A. **Authorizing Legislation**

The State Council on Child Abuse and Neglect (SCCAN), (formerly, the Governor's Council on Child Abuse and Neglect), was originally established on April 29, 1986 by Executive Order 01.01.1986.07 and amended by 01.01.1986.13. The Maryland Legislature established SCCAN as part of the Office for Children, Youth and Families for budgetary and administrative purposes in Family Law Article § 5-7A-01 through § 5-7A-09 in 1999. The Department of Human Resources assumed responsibility for budgetary and administrative support of SCCAN in early 2006. In addition, the Federal Child Abuse Protection and Treatment Act (CAPTA) requires each State to which a CAPTA grant is made to establish citizen review panels. SCCAN is one of three operating in the State of Maryland**.** The other two citizen review panels are the Citizens Review Board for Children and the State Child Fatality Review Team.

B. **Purpose**

The Council shall, by examining the policies and procedures of State and local agencies and specific cases that the Council considers necessary to perform its duties under this section, evaluate the extent to which State and local agencies are effectively discharging their child protection responsibilities (1).
The Council shall provide for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community and in order to meet its obligations (2).
The Council shall coordinate its activities under this section with the State Citizens Review Board for Children, local citizens review panels, and the child fatality review teams in order to avoid unnecessary duplication of effort (1).

II. ORGANIZATION STRUCTURE

A. Membership

1. The Council consists of *up to 23 members (1).* Members are persons either formally designated to SCCAN by their organizations or formally appointed to SCCAN by the Governor.

2. Fifteen members are appointed by the Governor and may *serve up to two consecutive 3-year terms. In case of a mid-term vacancy, the Governor shall appoint a successor for the remainder of the unexpired term (1).*
3. *The Governor shall select a chairperson from among members of the Council.* The Council may select a Vice-Chairperson to chair regular meetings in the absence of the Chair.
4. The Council may recommend to the Appointing Authority nominees for the Governor's appointment of new SCCAN members and the SCCAN Chair.
5. The remaining eight members are designated by their respective organizations and may *hold office so long as they hold the required designation (1).*

B. Committees

1. The Council operates with the following standing Committee described below:

> *The Federal Children's Justice Act Committee (CJAC) is established in accordance with the requirements of the Federal Children's Justice Act, Public Law 100-294. It shall review and evaluate state investigative, administrative and judicial handling of child abuse and neglect cases, and make policy and training recommendations to improve system response and intervention. The committee shall include representative of the State judiciary with criminal and civil trial court docket experience, law enforcement agencies, the Maryland Public Defender's Office, State's Attorney's, the Court Appointed Special Advocate (CASA) program, health and mental health professionals, child protective services program, programs that serve children with disabilities, parents groups, and attorneys who represent children (1).*

2. *The Council may establish Ad Hoc committees as necessary to carry out the work of the Council (1).*
3. The CJAC chairperson, or their designee, serves as a liaison and attends regular meetings of SCCAN.

III. DUTIES AND RESPONSIBILITIES

A. Council

1. *The Council shall report and make recommendations no less than annually to the Governor and the General Assembly on matters relating to the prevention, detection, assessment, prosecution and treatment of child abuse and neglect, including policy and training needs that require the attention and action of the Governor of the General Assembly (1).*
2. *The Council shall annually prepare and make available to the public a report containing a summary of its activities (1).*

3. *The Council may request that a local citizens review panel established under § 5-539.2 of this title conduct a review under this section and report its findings to the Council (1).*

4. *The Council shall coordinate its activities under this section with the State Citizens Review Board for Children, local citizens review panels, and the child fatality review teams in order to avoid unnecessary duplication of effort (1).*

B. Members

1. Council members are expected to attend scheduled meetings of the full Council, as required by state statute. (3) Members shall notify the Chair or Staff in advance of expected absence from scheduled meetings.
2. Council members who fail *to attend at least 50% of the* (regular) *meetings during any consecutive 12-month period shall be considered to have resigned. If the individual has been unable to attend meetings for reasons satisfactory to the Governor, the Governor may waive the resignation if the reasons are made public.* (3)
3. Council members are expected to fulfill consensus decision-making responsibilities of members listed under Section V below.
4. Council members are expected to serve on at least one standing or ad hoc committee of SCCAN.
5. Council members *may not disclose to any person or government official any identifying information about any specific child protection case about which the Council is provided information (1).*
6. As referenced in their appointment letters and in accordance with the Maryland Public Ethics Law, Council members must disclose for exemption any employment, professional relationships or other interests that may pose a conflict with their service on the Council.

C. Chair

1. The Chair, in coordination with the SCCAN Executive Director, shall develop the meeting agenda with input from the SCCAN members.
2. The Chair shall determine the site of the meetings until a permanent location is designated.
3. The Chair may invite special guests and presenters to regular meetings.
4. The Chair determines quorum.
5. The Chair leads, and, the Executive Director facilitates, each regular and special meeting of the Council.
6. The Chair may call a special meeting for important matters that need immediate attention and cannot wait for a regular meeting.
7. The Chair may direct assignments to SCCAN Committees, members and staff with instruction, guidance, assumptions and timeframes.

8. The Chair fulfills consensus decision-making responsibilities of the Chair listed under Section V below.
9. *The chairperson of the Council may designate members of the Children's Justice Act Committee as special members of the Council for the purpose of carrying out the duties set forth in this section (1).*

IV. MEETING PROTOCOLS

A. Regular Meetings

SCCAN shall hold regular meetings *not less than once every three months (1).*

B. Meeting Agenda

The order of business shall be as follows when the final agenda is approved:

1. Opening of the meeting
2. Approval of the meeting notes of the previous meeting.
3. Chair report and Committee reports
4. Special reports/presentations
5. Unfinished Business
6. New Business
7. Announcements
8. Adjourn

C. Meeting Notices

1. SCCAN meetings shall be scheduled and notice given to members as far in advance as possible. The Staff shall be responsible for issuance of the meeting notices and agenda for the next regular meeting not less than five working days before the scheduled meeting.
2. As a public body within State government, SCCAN is required to *"give reasonable advance notice of the session … by publication in the Maryland Register."* (4) SCCAN staff is responsible for reasonable advance notice.

D. Quorum

The quorum necessary to transact official business of the Council shall be no less than 50% of the members**.** Decisions made by members attending a regular meeting of SCCAN who constitute less than a quorum may be confirmed at the next regular meeting for which there is a quorum. In instances where more immediate action is required, the Chair may call for confirmation via an email response from members.

E. Meeting Notes

1. Staff shall be responsible for preparing meeting notes for SCCAN regular meetings and mailing the draft notes to SCCAN members within ten working days of the meeting.
2. SCCAN members should review the notes and communicate to staff within five working days any comments, additions or objections to that which is

recorded in the notes. Objections or conflicting opinions on the draft meeting notes shall be resolved at the next SCCAN meeting, or if necessary, by the Chair in the interim.

V. CONSENSUS DECISION MAKING (5)

A. Governing Interactions Between Participants

1. **Only one person will speak at a time**. And no one will interrupt when another person is speaking.
2. Each person agrees to candidly identify **the interests of the constituency she represents**.
3. Each person will **express his own views**, rather than speaking for others at the table or attributing motives to them.
4. Each person will **avoid grandstanding** (i.e., making extended comments or asking repeated questions), so that everyone has a fair chance to speak and to contribute.
5. **No one will make personal attacks**. Participants agree to challenge ideas, not people. If a personal attack is made the chair will ask the participants to refrain from personal attacks. If personal attacks continue, the Executive Director may ask the group to take a break to "cool off."
6. Each person will make every effort to **stay on track with the agenda** and to move the deliberations forward.
7. Each person will seek to **focus on the merits of what is being said**, making a good faith effort to understand the concerns of others. Clarifying questions are encouraged; rhetorical questions and disparaging comments are discouraged.
8. Each person will seek to follow a **"no surprises"** rule – voicing her concerns whenever they arise. In this way, no one will be taken off-guard late in the deliberations when someone suddenly raises an objection.
9. Each person will seek to **identify options or proposals that represent common ground**, without glossing over or minimizing legitimate disagreements. Each participant agrees to do his best to take account of the interests of the group as a whole.
10. Each person **reserves the right to disagree** with any proposal and **accepts responsibility for offering alternatives** that accommodates her interests as well as the interests of others.
11. Each person agrees to **keep the constituencies he or she represents informed** about the issues and options under discussion and to **seek their input and advice on any recommendations** that emerge.
12. Each person will **speak to the media about only his own views**. No member will speak on behalf of other participants or the group as a whole.

B. Governing Group Decision Making

1. Each person agrees to fully and consistently **participate in the process unless that person withdraws**. If participants are thinking of withdrawing, they agree to explain their reasons for doing so and to give the others a chance to accommodate their concerns.
2. **Consensus is reached** when the participants agree that they can "live with" the package being proponed. Some participants may not agree completely with every feature of the package as proposed, but they do not disagree enough to warrant opposition to the whole package.
3. The following scale will be used periodically by the chair to test whether consensus has been reached. **Using straw votes**, participants would express their level of comfort and commitment by indicating:
    a. Wholeheartedly agree
    b. Good idea
    c. Supportive
    d. Reservations – would like to talk
    e. Serious concerns – must talk
    f. Cannot be part of the decision – must block it
4. If the stakeholder **representatives cannot reach consensus**, they agree to document the agreements they have reached, clarify the reasons for disagreeing, and indicate how the remaining disagreements might be resolved.
5. The participants will consider their **"fallback" option if no agreement can be reached**, including mechanisms that provide incentives for the participants to continue trying to reach agreement. Fallback options include:
    a. identifying issues requiring further research and suspending deliberations until that research has been completed;
    b. agreeing to switch to a super-majority voting rule (e.g., something like a 75-percent or 80-percent majority would be required);
    c. seeking a recommendation from an independent expert regarding possible ways of resolving their remaining disagreements. This might provide a "reality check" that encourages one or more parties to come back to the table with more realistic expectations;
    d. including a minority report;
    e. letting an authorized decision maker impose a decision.

VI. OFFICIAL RECORD KEEPING

A. The Council shall keep official records of all its activities, including annual reports, conference files, minutes and reports of all meetings.

B. On behalf of the Council, the SCCAN Executive Director shall be the custodian of the files and records.

C. SCCAN shall keep records of all expenditures and revenues, regardless of source, that relate in accordance with a schedule to be developed pursuant to the Maryland Department of General Services Records Management Handbook (as revised January 1993).

VII. AMENDMENTS

These by-laws may be amended, at any meeting of the Council by a vote of not less than 2/3 of SCCAN members, provided that written notice of the proposed amendment and a copy of the amendment have been sent to all Council members at least five working days prior to the meeting. Provided that this written notice is met, and the quorum requirement cited in Section IV.D. is met, the amendment requirement of 2/3 may be met through email confirmation by members not in attendance.

References:

(1) Family Law Article § 5-7A-01 through § 5-7A-09

(2) Child Abuse Protection and Treatment Act, Title 42, Chapter 67, Subchapter I, § 5106a

(3) State Government Article § 8-501

(4) State Government Article § 10-506

(5) Excerpted from Lawrence E. Susskind and Jeffrey L. Cruikshank, Breaking Robert´s Rules, Appendix B (Oxford University Press 2006).

Appendix I (8)

STATE COUNCIL ON CHILD ABUSE AND NEGLECT
PUBLIC POLICY ADVOCACY GUIDELINES

I. GENERAL STATEMENT

In order to achieve its mission, SCCAN engages in advocacy activities, including public policy advocacy. SCCAN advocates policies, practices and programs that encourage our state policy makers to, in the words of our mission statement, "*promote the development and implementation of optimal strategies for detection, prevention, intervention and treatment of child abuse and neglect, and . . . encourage all Marylanders to become involved in efforts to ensure the well-being and safety of children."*

SCCAN is an advisory body to the Governor and Legislature and consists of up to twenty-three members, most of whom are private citizens appointed by the Governor of Maryland. Members are representatives of professional and advocacy groups, private social service agencies, and the medical, law enforcement, education, and religious communities. At least two members have personal experience with child abuse and neglect within their own families or have been clients of the child protective services system. Nine members of SCCAN are designated representatives of their respective organizations including the Maryland Senate, Maryland House of Delegates, Department of Human Resources, Department of Health and Mental Hygiene, Department of Education, Department of Juvenile Services, Judicial Branch, State's Attorneys' Association and Maryland Chapter of the American Academy of Pediatrics.

As an advisory body, SCCAN follows Council and Commission Legislative Protocol set out in Office of the Attorney General Opinions. SCCAN does not support or oppose candidates for public office or political parties and only acts on issues related to SCCAN's federal and state mandates and its current public policy framework. SCCAN works with both political parties in making and implementing public policy and in all legislative matters.

Perhaps the most valuable role SCCAN plays in the public policy arena is as expert advisor to the Governor and Legislature.

Public policy positions will be taken only after thorough deliberation and open dialogue among SCCAN members, who must reach consensus on any position taken. SCCAN therefore will not take action on new issues that need a response within a short time frame.

II. CRITERIA FOR PUBLIC POLICY POSITIONS

SCCAN will take positions on public policy issues that meet at least one of these criteria:

A. Affects SCCAN's ability to work toward its mission *and* falls under the current priority issue(s);

B. Affects SCCAN's budget and staffing.

III. PROCESS TO DETERMINE POSITIONS ON PUBLIC POLICY ISSUES

A. In July of each year, SCCAN's Executive Director will survey the membership of the Council to develop a list of suggested public policy priorities for the upcoming legislative Session. Members wishing to propose a public policy priority will complete the SCCAN Annual Report Findings & Recommendations form and provide information about the issue, known supporters and opponents of the recommendation, and arguments for and against it. Based on input that will be solicited from members, partners, and stakeholders, the Executive Committee will identify "priority issues" with recommendations and rank them in order of importance. These priority issues will be submitted to the Council at its September meeting for members' consideration. There must be a consensus of the Council to adopt the recommended issues and their priorities. What is approved becomes SCCAN's public policy agenda for the upcoming Session.

B. All advocacy activities must align with SCCAN's current strategic direction. Decisions made by the Council will take into consideration SCCAN's available resources, including knowledge, skills, and infrastructure for engagement in public policy advocacy. If SCCAN takes on an issue, it wants to be successful, realizing that effective public policy advocacy builds respect and credibility among policy makers and other stakeholders, including the public.

C. In addition to the annual process of priority issue identification by all Council members, members of SCCAN's Executive Committee, who are appointed by the Council Chair, may at any time identify issues of interest or concern and determine if such issues should become subjects for advocacy by SCCAN. A majority of Executive Committee members is needed to include a specific issue as a "priority issue."

D. Only the Council Chair and/or the Executive Director may speak or take action on public policy issues -- local, state, or federal -- on behalf of SCCAN.

E. The Executive Director will organize and facilitate communication among all parties in SCCAN's public policy advocacy work.

IV. PARTICIPATION IN COALITIONS

A. SCCAN may work with coalitions such as the Coalition to Protect Maryland's Children in pursuit of its policy agenda. This is often an effective advocacy strategy.

B. SCCAN may take part in the advocacy work of a coalition, association, network, or governmental agency provided the work is not in conflict with SCCAN's mission and current public policy priorities.

Date: May 5, 2011

STATE COUNCIL ON CHILD ABUSE AND NEGLECT

SCCAN PROCESS FOR DEVELOPING ANNUAL REPORT FINDINGS AND RECOMMENDATIONS

1. Anyone can propose a **FINDING** for consideration by SCCAN and/or its Committees. This includes Council members, staff, and members of the public. For the sake of consistency this should be done using the attached template to document a proposed Finding, and to provide a short background statement and factual basis to support and/or justify the proposed Finding.

2. Findings should be submitted electronically to Council staff (cremingt@dhr.state.md.us) so that they may be logged in for tracking purposes, and assigned to the appropriate committee for consideration.

3. If a majority of the committee agrees to consider a proposed Finding, the committee should develop one or more **RECOMMENDATION(S)** for consideration by the full Council for forwarding to the Governor and General Assembly in the SCCAN Annual Report, including an analysis of the potential impacts of implementing the Recommendation(s).

4. The committees are responsible for identifying Findings and forwarding proposed Recommendations to the full Council. They may also choose to assign working groups, committee members, and/or staff, with Council Member input, to develop the impact analysis of implementing Recommendations. (Please see the attached Findings and Recommendations.)

5. Findings and Recommendations are submitted to the Governor and General Assembly on a calendar year. Proposed Findings and Recommendations should be received no later than December 1st to allow time for Council consideration and inclusion in the report of that calendar year.

STATE COUNCIL ON CHILD ABUSE AND NEGLECT

Date Received:
Submitted by:
Forwarded to:
Process and Template Approval Date:

FINDING AND RECOMMENDATION(S)

Submitted by:_____

Finding: (*Please describe conclusions reached after investigation and/or evaluation of the facts*)

Background and Supporting Evidence: *(A short statement justifying the Finding and describing desired outcome(s); usually no more than half a page.)*

Recommendation(s) *(Based upon an analysis of the Finding, the following recommendation(s) should be made to the Governor and General Assembly):*

Impacts of Implementation: *(The implementation of any Recommendation is likely to have specific impacts. Consider potential consequences related to each of the following areas)***:**

Analysis of impacts on the following factors is REQUIRED (Best Estimate):
☐ Cost
☐ Funding source
☐ Staffing
☐ Existing regulations and/or laws
Analysis of impacts on the following factors is OPTIONAL:
☐ Operational
☐ Social
☐ Political
☐ Policy
☐ Health and Safety
☐ Environmental
☐ Interagency

When I approach a child, he inspires in me two sentiments; tenderness for what he is, and respect for what he may become.

~Louis Pasteur