



December 1, 2014

The Honorable Edward J. Kasemeyer  
Chairman, Senate Budget & Taxation Committee  
3 West, Miller Senate Building  
Annapolis, Maryland 21401-1991

**RE: Child Abuse and Neglect Information Sharing Report - MSAR #10137**

Dear Chairman Kasemeyer:

In accordance with the provisions of Chapter 190 (Senate Bill 685), Acts of 2014, the Department of Human Resources submits the enclosed report on procedures that can be implemented to improve communication between local departments of social services and health care practitioners.

As noted in the report, immediately following the 2014 legislative session, the Department briefed all Social Services Administration administrative and supervisory staff at four Regional Meetings on SB 685 implementation measures. In addition, the requirement to share information was presented at one of the spring monthly meetings of Assistant Directors of local departments of social services. DHR will hire a Medical Director to strengthen the Department's capabilities with respect to medical management issues. DHR will also establish protocols to delineate who is responsible for responding to requests for information, how such requests are to be documented, how information is transferred, and the time allowed for a response to a request -- all to ensure consistency in response within all local jurisdictions.

If you should have any further questions or require additional information, please contact Debbie Ramelmeier, Acting Executive Director of the Social Services Administration at 410-767-8939.

Sincerely,

A handwritten signature in black ink, appearing to read 'Theodore Dallas', written in a cursive style.

Theodore Dallas  
Secretary

Enclosure



December 1, 2014

The Honorable Norman H. Conway  
Chairman, House Appropriations Committee  
121 Lowe House Office Building  
Annapolis, Maryland 21401-1991

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Enclosure

**CHILD ABUSE AND NEGLECT – INFORMATION SHARING WITH HEALTH CARE PRACTITIONERS**  
MARYLAND DEPARTMENT OF HUMAN RESOURCES

*Completed in response to Chapter 190 (Senate Bill 685), Acts of 2014*

December 1, 2014

## BACKGROUND

Senate Bill 685 (Chapter 190, Acts of 2014) requires the Department of Human Resources (Department) to provide certain information in the record of a report of child abuse or neglect if requested by health care practitioners and agencies, institutions, or programs providing treatment to a child who is subject to a report of child abuse or neglect for purposes relevant to treatment or care being provided. Prior to the passage of this legislation, the sharing of such information was discretionary. Effective October 1, 2014, the Department of Human Resource is required to share requested pertinent and relevant health care information upon request.

In addition, the legislation requires the Department to: 1) work with relevant stakeholders to identify policies, procedures and systems that can be implemented to improve communication between local departments of social services (DSS) and health care practitioners; and 2) consider issues relevant to the adoption of requirements for affirmative communication with health care practitioners.

### Summary of Actions Taken to Date

- Immediately following the 2014 legislative session, the Department briefed all Social Services Administration administrative and supervisory staff at four Regional Meetings held in the spring of 2014 on SB 685 implementation measures. In addition, the requirement to share information was presented at one of the spring monthly meetings of Assistant Directors of local departments of social services.
- In September 2014, the Department issued a memorandum to all local directors and assistant directors of each department of social services outlining the legislative mandate and instructing them to share information with all staff.

### Summary of Planned Actions

- DHR will hire a Medical Director to strengthen the Department's capabilities with respect to medical management issues. The Medical Director will address ongoing challenges outlined in this report and provide recommendations and guidance on necessary coordination measures.
- DHR will identify a point person within each local DSS agency who will direct the request for information to the appropriate individual (e.g. the local DSS worker performing the investigation) or who could directly provide the requested information. It will be necessary for any requests for information to be made in writing so that the local department can confirm the identity of the requestor prior to providing information.
- DHR will establish protocols to delineate who is responsible for responding to requests for information, how such requests are to be documented, how information is transferred, and the time

allowed for a response to a request -- all to ensure consistency in response within all local jurisdictions.

- Similar procedures and policies for sharing of records and making contacts with individuals in health care systems also need to be developed, particularly with large hospital systems such as Johns Hopkins Medicine and the University of Maryland Medical System.

### Opportunities for Improvement

- The Making All Children Healthy (MATCH) program is a Baltimore City initiative that was developed and implemented by the Baltimore City Department of Social Services (BCDSS) in collaboration with Health Care Access Maryland. MATCH oversees the health care of children in Baltimore City's foster care, which accounts for 50% of youth in foster care statewide. MATCH provides medical case management and health care coordination for children and youth in foster care. In addition to coordinating medical and dental care, the program assures the completion of a mental health assessment of youth upon entry to foster care and completes referrals and follows mental health treatment. The program incorporates a child psychiatrist consultant in their review of cases with complex psychiatric health needs. This is an approach that could yield positive results and is worth considering implementing statewide.
- The CHAMP program trains physicians and nurses to conduct medical evaluations for suspected child abuse and neglect, and provides peer review for providers throughout the state. The Department of Health and Mental Hygiene (DHMH) entered into a memorandum of understanding with CHAMP for FY 2015. DHR will review and evaluate the information collected by DHMH regarding the performance of CHAMP under the newly negotiated MOU as a follow-up action in this program area.

### Challenges to Successful Implementation

#### *Legal/CAPTA*

- Without careful implementation of SB 685, the State could potentially lose federal Child Abuse Prevention and Treatment Act (CAPTA) funding.
- Prior to the enactment of SB 685, a local department's permission to share information was found in Human Services § 1-202(c)(1)(v) ("the treatment exception"). It stated that a local department may share information with a medical professional if he or she is caring for or treating an abused or neglected child and the disclosure is "for a purpose relevant to the treatment or care." Without passage of SB 685, the Department would have largely accomplished the "information sharing" goals of the bill without creating federal funding issues.
- The treatment exception was adopted in compliance with the CAPTA, under which the Department receives federal funds for its child abuse and neglect program. To receive CAPTA

funds, the State must assure that it has provisions safeguarding all child abuse and neglect information, with only a few permissible exceptions.

- Although the release of information for treatment is not one of the specified exceptions, CAPTA permits disclosure to "other entities or classes of individuals who are authorized by statute to receive information pursuant to a legitimate State purpose." (CAPTA § 106(b)(2)(B)(viii)(VI)). In other words, as it has done many times, the State may add additional exceptions to Human Services Article § 1-202.
- However, any further exception to the confidentiality of child abuse and neglect records must be considered within the parameters of the CAPTA provision. The treatment exception is broad enough to permit disclosure of CPS information to a physician or other professional treating or caring for an abused or neglected child as long as an argument could be made that the information is relevant to care or treatment.
- To further expand the provisions of the new law to require a local department to make certain affirmative disclosures to a child's primary care provider, even if that provider's services have not been sought with regard to alleged abuse or neglect, exceeds the current treatment exception as well as the intent of CAPTA. This is based on legal advice and counsel from Maryland's Office of the Attorney General, as well as advisement from the federal government.
- A family has no obligation to return to a former or ongoing provider to seek care for an abused or neglected child. Indeed, in many situations, a child may not require treatment. Without the full consent of the family, a local department's disclosure of confidential information to a non-treating provider would violate the child's and the family's right to confidentiality.

#### *Other Operational Challenges*

- Local department staff spend a large percentage of their time in the field and providers have patient appointment schedules that make ready access to them difficult.
- Health care providers looking for information on a child but without the name of the child welfare worker or having only partial demographic information on the child or family may experience difficulty identifying and connecting with the worker to obtain information.
- Large health care systems may serve children from multiple jurisdictions, so determining which local DSS agency to contact could pose a problem. Local department staff will likely experience similar difficulty when attempting to make contact with a provider to respond to a request for information. This may be particularly challenging if that provider works varying shifts (e.g. Emergency Department staff) or sees patients at multiple locations.
- Obtaining any health care information from insurers would require their collaboration, and would likely require written agreements and policies. At the same time, health care practitioners have limited means of identifying the worker with whom to share information.