



Date: March 13, 2024

To: Chair Pena Melnyk, Vice Chair Cullison, Health and Government Operations Committee Members

Reference: House Bill 1100- Health - Child Advocacy Centers - Reporting Requirements and Investigations

Position: **UNFAVORABLE**

Dear Chair Pena Melnyk and Committee Members,

On behalf of LifeBridge Health, we appreciate the opportunity to provide our concerns regarding House Bill 1100. LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Hebrew Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County; Grace Medical Center (formerly Bon Secours Hospital), a freestanding medical facility in West Baltimore; and Center for Hope a center of excellence focused on provided hope and services for trauma survivors in Baltimore City.

Child advocacy centers are nationally accredited. Center for Hope (formerly Baltimore Child Abuse Center) is the oldest child advocacy center (CAC) in Maryland and third oldest in the nation. Our services include Maryland's first nationally accredited child advocacy center that provides an evidence-based multidisciplinary team response to abuse and trafficking. Since 1987, our team has helped over 40,000 children and families. We employ over one hundred employees, many of whom are licensed social workers and other health care providers. With six fulltime mental health therapists on staff, including a manager of our mental health and clinical director, we have one of the largest mental health teams of any child advocacy center in the state.

For over 35 years we have followed the standards and procedures set forth by the National Children's Alliance. These ten evidence-based standards, including one for behavioral health services, have been established with voluminous research and the support of the US Department of Justice. They set the standard for over 900 centers across the United States. Locally in Maryland, the state chapter Maryland Children's Alliance, helps all of Maryland's CACs meet and exceed these national standards. Every five years leaders review and update national accreditation standards from the National Children's Alliance, then incorporated in Md. Code- Criminal Procedure §11-928. All of Maryland's accredited centers are required to meet these standards. Maryland CACs receives training and technical assistance in meeting these standards via NCA's state chapter, the Maryland Children's Alliance.

Behavioral health professionals at CACs are required to adhere to their respective licensing boards' guidelines and requirements. Existing oversight for licensed mental health providers is provided by licensing boards and the Health General section of Maryland law. Any provider that demonstrating a breach of standards can be investigated by the licensing board. Systems and oversight currently involved with the practice of CAC's include the Office of the Inspector General, the Behavioral Health Administration, the Maryland Children's Alliance, Medicaid, other commercial payors, and professional licensing boards. Providers are already regulated through each State Licensing Board, the Code of Maryland Regulations (COMAR), and the Health Occupations Article, which covers various disciplines.

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HB1100 employs a definition of “Child Advocacy Center” that encompasses a broad range of entities involved in the investigation, diagnosis, and treatment of abused or neglected children. This definition extends beyond the designated Child Advocacy Centers in Maryland, to include other organizations that meet the criteria of investigating, diagnosing, and treating abused and neglected children. These organizations include pediatric emergency departments and hospital SAFE programs across the state, which, while not named as “Child Advocacy Centers,” perform similar functions. The bill’s inclusion of “other children and family service providers” (page 3, lines 15-16) is worryingly vague. This term could potentially cover hundreds of organizations, such as Court Appointed Special Advocates (CASA), Legal Aid offices, the Department of Juvenile Services, county Departments of Child Protective Services, and even some domestic violence and rape crisis programs. All these organizations play crucial roles in investigating, diagnosing, and treating children affected by abuse and neglect.

The bill does not clarify whether these external partners, or their actions, fall under this legislation. It mandates that organizations contracting with, referring to, or engaging with external behavioral health providers must be responsible for the care plans of these external entities (page 3, lines 26-27). Despite its broad scope, HB1100 seems to focus solely on standardized Child Advocacy Centers, overlooking other providers such as non-profit organizations and agencies that provide behavioral health services to hundreds of children outside of regulated healthcare facilities.

The proposed sections 24-2403 and 2404 (page 5, lines 1-4) suggest that any “person subject to a complaint... may be liable for a civil fine not exceeding \$5,000.” This provision broadly grants the MDH the power to establish a process without public involvement. As it stands, the mere filing of a complaint could result in a fine, with the individual - rather than the agency overseeing behavioral health - being held accountable. To effectively manage and adjudicate such investigations and fines, greater clarity and transparency are essential.

Continuity of care is ensured through various support mechanisms, with ample remedies in place for rare disruptions. Instead of imposing specific restrictions based on an unresolved incident, the focus should be on bolstering support for Maryland’s CACs. This includes promoting their work and ensuring sustainable funding to meet the growing demand for services for children affected by sexual and physical abuse.

For all these reasons, Center for Hope asks for an UNFAVORABLE report for HB1100.

For more information, please contact:

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