



The Honorable Joseline Pena-Melnyk
241 Taylor House Office Building
6 Bladen Street
Annapolis, MD 21401

March 13, 2024

RE: HB 1100 – Health – Child Advocacy Centers – Reporting Requirements and Investigations

POSITION: UNFAVORABLE

Dear Chair Pena-Melnyk:

Thank you for the opportunity to testify on HB 1100 – Health – Child Advocacy Centers – Reporting Requirements and Investigations (“HB 1100”). Though we appreciate the sponsor’s outreach on the matter, we respectfully must request that this committee vote unfavorable on the bill for the reasons set forth in this letter.

The Maryland Children’s Alliance (“MCA”) is the nonprofit organization that functions as the State Chapter within the National Children’s Alliance and serves as a convener of the 24 CACs across Maryland. CACs are child-focused facilities that help abused children heal by coordinating the multi-disciplinary team response to child physical and sexual abuse, trafficking, and exploitation. CACs also provide children and families with advocacy and case coordination to get the help they need to heal.

CAC multi-disciplinary teams are made up of forensic interviewers, family advocates, medical providers, law enforcement, child protective services, trauma therapists, and prosecutors. The multi-disciplinary approach focuses the investigation collaboratively in order to provide the best outcomes for children and communities. Every jurisdiction in the state of Maryland now has the ability to respond to allegations of child maltreatment in a way which best supports healing for children who are survivors of abuse.

HB 1100 as a concept is a solution in search of a problem.

MCA has yet to receive any data to indicate that there is a systemic problem with continuity of care in Maryland CACs in the event that a licensed mental health professional that has been treating a child victim is no longer treating that victim due to termination, change in jobs, or any other reason.

HB 1100 as drafted creates significant uncertainties in its application and implementation.

2-503(a)(3) states the following as it relates to the Inspector General:

“If authority is delegated by the Secretary under § 24-2402 if this article, may investigate a complaint against a facility, an entity, or an individual that operates or provides services as a child advocacy center”

It is unclear what the complaint intake process might be and what the due process opportunities might be for a facility, entity, or an individual that operates or provides services as a child advocacy center. It is unclear who may file a complaint, when a complaint must be filed and if there is any limitation on when a complaint may be filed, who the

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complaint is filed to, and what rights exist for the person or entity that is receiving the complaint. There is also no information regarding the basis for complaints or requirements as it relates to timeliness of an investigation.

Further, if a complaint process is necessary, there is no consideration of other victims' services such as domestic assault, violence, etc.

The impact of this provision on the variety of CACs is unclear given that CACs in Maryland are non-profits or may be county-based, led by law enforcement, or by other state agencies.

The complaint provisions of this bill does not take into account possible issues related to confidentiality. An example of this is under 7.5-209.1, which requires that "each child advocacy center shall report annually to the Administration the scope of the behavioral health care services being provided by the child advocacy center." Much of this information is not stored by a CAC and is related to information stored by the service provider. Many CACs do not have in-house mental health service providers. These CACs have linkage agreements with external providers who would have this information.

Reporting requirements under the bill are issues covered by state licensure. Under 7.5-209.1, the bill requires that CACs report annually to the Behavioral Health Administration ("Administration") the names and license numbers of the behavioral health care providers who are providing services in the child advocacy center. This information should be available to the Administration via the governing licensing board. This provision creates duplicative operational efforts on CACs that are already under resourced. Additionally, the Governor's Office of Crime Prevention and Policy ("GOCP") has oversight of Maryland's CACs under Maryland Code, Criminal Procedure §11-928, which may create confusion among Maryland state agencies.

Under 7.5-209.1, the bill also requires that CACs report annually to the Administration the CAC's operating policies and guidelines for providing quality of care and continuity of care, including the transition of care between behavioral healthcare providers. This is duplicative given that all 24 CACs in Maryland have contracted or employed licensed mental health providers.

Licensed mental health professionals have continuity of care requirements within their professional license requirements. For example, Md. Code Regs. 10.36.05.07 outlines the continuity of care required of psychologists or psychology associates in the event that there is a termination of services. Social workers have similar requirements under Md. Code Regs. 10.42.03.03. The Board of Examiners of Psychologists as well as the Board of Social Work Examiners investigate complaints against professionals licensed under their authority. Each Board's complaint process and investigation is comprehensive.

This is relevant because given that 20 out of 24 CACs do not employ licensed mental health providers; however, all 24 CACs coordinate services with licensed mental health providers who are under the oversight of their relevant licensing board. The contracted licensed mental health providers already have continuity of care requirements within the existing regulatory framework. The reporting requirement under the bill as proposed creates tremendous practical challenges for CACs, especially those that work with external providers.

17 out of 24 CACs are accredited by the National Children's Alliance ("NCA") with those remaining actively seeking accreditation. NCA's accreditation standards require that CACs demonstrate that its mental health providers meet at least one of the following academic training standards:

- **Master's degree/licensed/certified in a related mental health field**
- **Master's degree in a related mental health field and working toward licensure; supervised by a licensed mental health professional**

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- Student intent in an accredited mental health related graduate program, **when supervised by a licensed/certified mental health professional.**

This aligns CACs with continuity of care licensure requirements for licensed mental health providers in Maryland as outlined above. Though 7 of the 24 CACs are not accredited by the NCA, those CACs work exclusively with licensed mental health providers, and are therefore required to comply with the state licensing board regulations. Additionally, the 7 CACs that are not currently accredited by the NCA are actively working towards accreditation.

The fine provisions of the bill are unclear and do not offer any due process rights. 24-2403 of the bill states that a person subject to a complaint under this subtitle may be subject to a civil fine not exceeding \$5,000. It is unclear who the person is under this provision. Is it the mental health provider? Is it the CAC? Is it a state agency? Is it law enforcement? Is it a hospital? Additionally, the provision is unclear about how the fine is determined including its basis and process, and what rights might exist for a person subject to the fine.

For these reasons, we request an unfavorable report on HB 1100.

Sincerely,



Wendy Myers

Executive Director

