

# **SB0815 MHAMD FAV.pdf**

Uploaded by: Allen, Emily

Position: FAV

**Senate Bill 815 – Sexual Abuse and Harassment - Reporting and Prevention**

Finance Committee

March 10, 2021

**Position: SUPPORT**

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use. We appreciate this opportunity to present testimony in support of Senate Bill 815.

SB 815 expands requirements around the reporting of sexual abuse and harassment in residential treatment facilities/centers (RTC). It requires complaints to be reported to the facility administration, Office of Health Care Quality, the designated protection and advocacy system in Maryland, and the Child Protective Services Unit in the Department of Human Services if the complaint involves a minor.

Under current regulations, abuse and harassment reporting laws do not apply to all RTCs. SB 815 would ensure quick reporting to a range of entities that can ensure an appropriate follow-up and response from the facility when abuse occurs. Such a response may include policy revisions, improved staff training, and ensuring that culpable staff are terminated and prosecuted, as appropriate. SB 815 would also require the facility to adopt a written protection plan to be included in treatment plans based on individual risk of facing abuse or being an abuser.

Many children in RTCs are dealing with severe emotional and behavioral health problems. These youth deserve a safe, supervised treatment environment free from trauma and abuse. Sexually abused children are at an increased risk for mental health problems throughout their life. Trauma during these formative years places children at a greater risk for subsequent psychological problems, including depression, post-traumatic stress disorder, eating disorders, poor self-esteem, dissociative and anxiety disorders. Long-term adverse effects on development leading to repeated or additional victimization in adulthood are also associated with child sexual abuse. Sexual abuse against vulnerable children should not go unreported because it leads to delayed support for the victim and their families.

SB 815 will ensure that sexual abuse and harassment in state facilities are promptly reported to the appropriate entities. For this reason, MHAMD supports this bill and urges a favorable report.

*For more information, please contact Emily Allen at (443) 901-1588*

# **MCF\_Fav\_SB 815.pdf**

Uploaded by: Geddes, Ann

Position: FAV



## **SB 815 – Health Care Facilities – Sexual Abuse and Harassment – Reporting and Prevention**

**Senate Finance Committee**

**March 10, 2021**

**POSITION: FAVORABLE**

**The Maryland Coalition of Families:** Maryland Coalition of Families (MCF) helps families who care for someone with behavioral health needs. Using personal experience as parents, caregivers and other loved ones, our staff provide one-to-one peer support and navigation services to parents and caregivers of young people with mental health issues and to any loved one who cares for someone with a substance use or gambling issue.

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MCF strongly supports SB 815.

SB 815 expands the facilities that must report incidents of sexual abuse or harassment to include private Residential Treatment Centers for children with mental health disorders and private hospitals with separate inpatient psychiatric units. Reports must be made to:

- The Behavioral Health Administration
- The Office of Health Care Quality
- Disability Rights Maryland
- The Child Protective Services Unit in the Department of Human Services if the complaint involves a minor

By expanding and naming the specific entities that are to receive reports of incidents, SB 815 strengthens current laws and ensures that the existing law will be better enforced, complaints will be thoroughly investigated, and strong remedial actions will be taken.

SB 815 is needed: in 2019 very a serious incident of sexual abuse occurred in a private Residential Treatment Center involving staff and youth. In 2017 another private Residential Treatment Center was forced to close amid a variety of complaints that included allegations of sexual assault. Other less publicized incidents are not infrequent. Disability Rights Maryland (DRM) reports that after a the law was passed that went into effect in July 2018, which required private Residential Treatment Centers to report incidents of sexual abuse to DRM, they received 47 reports of sexual abuse from the private Residential Treatment Centers.

Finally, SB 815 requires that preventative measures be taken, by requiring that Residential Treatment Centers, state facilities, and hospitals that have a separately identified inpatient psychiatric unit develop treatment plans for residents that take into account their risk of being a victim of sexual or physical abuse, or of being a sexual or physical abuser. Based on an individual's history, these things can be anticipated – they should be written into a resident's treatment plan.

Therefore we urge a favorable report on SB 815.

**Contact: Ann Geddes**  
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## **RTC - expand to private - testimony - senate - 202**

Uploaded by: Jordan, Lisae C

Position: FAV



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**Working to end sexual violence in Maryland**

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**Testimony Supporting Senate Bill 815**  
**Lisae C. Jordan, Executive Director & Counsel**  
March 10, 2021

The Maryland Coalition Against Sexual Assault (MCASA) is a non-profit membership organization that includes the State's seventeen rape crisis centers, law enforcement, mental health and health care providers, attorneys, educators, survivors of sexual violence and other concerned individuals. MCASA includes the Sexual Assault Legal Institute (SALI), a statewide legal services provider for survivors of sexual assault. MCASA represents the unified voice and combined energy of all of its members working to eliminate sexual violence. We urge the Finance Committee to report favorably on Senate Bill 815.

**Senate Bill 815 – Residential Treatment Centers and Facilities**  
**Sexual Abuse and Harassment - Reporting and Prevention**

People with disabilities are sexually assaulted at nearly three times the rate of people without disabilities. A 2005 survey of people with disabilities indicated that 60 percent of respondents had been subjected to some form of unwanted sexual activity. Unfortunately, almost half never reported the assault. In general, people with disabilities experience domestic and sexual violence at higher rates than people who do not have a form of disability. Consider the following:

- 83% of women with disabilities will be sexually assaulted in their lives.
  - Just 3% of sexual abuses involving people with developmental disabilities are ever reported.
  - Approximately 80% of women and 30% of men with developmental disabilities have been sexually assaulted – half of these women have been assaulted more than 10 times.
- [disabilityjustice.org/sexual-abuse](http://disabilityjustice.org/sexual-abuse) (last visited 3.7.2020)

In 2018, the Maryland General Assembly enacted protections for victims of sexual assault and sexual harassment in state residential treatment facilities. This bill expands these requirements to cover private residential treatment facilities. As important, this bill mandates creation of a written "protection plan" as part of a patient's treatment plan, and mandates consideration of a patient's risk of being a victim of sexual or physical abuse or being a sexual or physical abuser.

Patients in residential treatment facilities should be protected against sexual violence whether their facility is public or private. This bill helps increase safety and respond to sexual assault and sexual harassment.

**The Maryland Coalition Against Sexual Assault urges the**  
**Finance Committee to**  
**report favorably on Senate Bill 815**

## **SB 815 Sponsor Amendments**

Uploaded by: Klausmeier, Katherine

Position: FAV





SB0815/663720/1

AMENDMENTS  
PREPARED  
BY THE  
DEPT. OF LEGISLATIVE  
SERVICES

09 MAR 21  
13:15:52

BY: Senator Klausmeier

(To be offered in the Finance Committee)

AMENDMENTS TO SENATE BILL 815

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 5, after “entities” insert “within a certain time period; requiring the Office of Health Care Quality and the Behavioral Health Administration to develop and implement a certain reporting system”; in line 8, strike “Behavioral Health”; in line 13, after “plan” insert “under certain circumstances”; and in line 15, strike “of Health Care Quality”.

AMENDMENT NO. 2

On page 3, in line 18, strike “A” and substitute “WITHIN 24 HOURS AFTER RECEIVING THE COMPLAINT, A”; in the same line, after “facility” insert “THAT IS A LICENSED RESIDENTIAL TREATMENT CENTER, A STATE FACILITY, OR A HOSPITAL WITH A SEPARATELY IDENTIFIED INPATIENT PSYCHIATRIC SERVICE”; in the same line, strike “complaints” and substitute “A COMPLAINT”; in the same line, strike “and” and substitute “OR”; in line 19, after “harassment” insert “OF A PATIENT RECEIVING TREATMENT IN THE RESIDENTIAL TREATMENT CENTER OR RECEIVING INPATIENT PSYCHIATRIC SERVICES”; and after line 25, insert:

“(4) THE ADMINISTRATION AND THE OFFICE OF HEALTH CARE QUALITY SHALL COLLABORATE TO DEVELOP AND IMPLEMENT A UNIFORM REPORTING SYSTEM TO BE USED BY FACILITIES IN COMPLYING WITH PARAGRAPH (3) OF THIS SUBSECTION.”

On page 4, in line 16, after “FACILITY” insert “THAT IS A LICENSED RESIDENTIAL TREATMENT CENTER, A STATE FACILITY, OR A HOSPITAL WITH A SEPARATELY IDENTIFIED INPATIENT PSYCHIATRIC SERVICE”; and in line 20, after

(Over)

“harassment” insert “OF PATIENTS RECEIVING TREATMENT IN THE RESIDENTIAL TREATMENT CENTER OR RECEIVING INPATIENT PSYCHIATRIC SERVICES”.

On page 5, in line 3, after “facility” insert “THAT IS A LICENSED RESIDENTIAL TREATMENT CENTER, A STATE FACILITY, OR A HOSPITAL WITH A SEPARATELY IDENTIFIED INPATIENT PSYCHIATRIC SERVICE”; in the same line, after “shall” insert “, FOR PATIENTS RECEIVING TREATMENT IN THE RESIDENTIAL TREATMENT CENTER OR RECEIVING INPATIENT PSYCHIATRIC SERVICES”; and in line 8, strike “, AS” and substitute “IF”.

# **SB0815\_FAV\_OAG HEAU**

Uploaded by: O'Connor, Patricia

Position: FAV

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**STATE OF MARYLAND**  
**OFFICE OF THE ATTORNEY GENERAL**  
**CONSUMER PROTECTION DIVISION**

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March 10, 2021

To: The Honorable Delores G. Kelley  
Chair, Finance Committee

From: The Office of the Attorney General, Health Education and Advocacy Unit

Re: Senate Bill 815 (Mental Health Facilities - Sexual Abuse and Harassment -  
Reporting and Prevention): Support

The Office of the Attorney General's Health Education and Advocacy Unit (HEAU) supports Senate Bill 815 because the bill's expanded protections would help to prevent physical, emotional and financial harm to patients while they are in treatment at mental health facilities. This bill requires a mental health facility to report complaints of sexual abuse and sexual harassment to (1) the Behavioral Health Administration (BHA) and the Office of Health Care Quality (OHCQ) within the Maryland Department of Health (MDH); (2) the Child Protective Services unit in the Department of Human Services, if the complaint involves a minor; and (3) the State designated protection and advocacy system. The bill requires all mental health facilities (rather than only State facilities as current law requires) to develop and implement policies and procedures regarding abuse allegations and complaints of sexual abuse or harassment. Each facility must adopt a written protection plan as a part of a patient's treatment plan. OHCQ must enforce these requirements.

According to MDH, 38 reports of sexual abuse or harassment were received from 5 State psychiatric hospitals in calendar 2020; an additional 41 mental health facilities would be required to report sexual abuse or harassment complaints to BHA and OHCQ, and OHCQ must enforce the bill's requirements. MDH estimates that approximately 240 additional reports will be received from mental health facilities annually under the bill. The harm that would be prevented by this bill outweighs the economic costs; persons

seeking the help they so desperately need should not have to encounter or endure sexual misconduct as a condition of getting help.

We ask the Committee for a favorable report.

cc: Sponsor

# **SB\_815\_DisabilityRightsMD\_Support.pdf**

Uploaded by: Parsley, Luciene

Position: FAV

**Disability Rights Maryland**

Testimony before the Senate Finance Committee

March 10, 2021

**Senate Bill 815 – Mental Health Facilities – Sexual Abuse and Harassment – Reporting and Prevention  
POSITION: SUPPORT**

Disability Rights Maryland (DRM) is Maryland's designated Protection & Advocacy agency, and is federally mandated to advance the civil rights of individuals with disabilities. DRM monitors abuse, neglect, and rights violations in Maryland's state and private psychiatric hospitals and in Residential Treatment Centers (RTCs) for youth. A large portion of our mental health-related advocacy focuses on enforcing and reforming sexual abuse response, prevention, and treatment laws and regulations designed to protect children with behavioral health disabilities from sexual abuse. We strongly support Senate Bill 815, which strengthens sexual abuse prevention and response requirements for Maryland youth and adults with behavioral health disabilities in inpatient psychiatric facilities.

Studies consistently confirm a 50-80% prevalence rate of sexual and physical abuse among persons who later acquire diagnoses of mental illness.\* Children and adults in inpatient and institutional placements are at particular risk, since they are away from family supports and trusted adults. Maryland has not been immune to this problem, as exemplified by a Maryland RTC where several staff were indicted in 2019 for abuse of youth in their care. (That RTC closed in August 2020.) In 2016, DRM entered into a settlement agreement with the Maryland Department of Health to settle *Doe v. DHMH* (Civil Action WMN-14-3906), which required comprehensive changes to how MDH prevents and responds to sexual abuse allegations in the state facilities. SB 815 expands many of those policies and requirements to private inpatient psychiatric facilities serving adults and youth.

**SB 815 strengthens and expands existing protections for adults and youth in private inpatient psychiatric and residential treatment facilities.**

During the 2018 General Assembly Session, Delegate Valentino-Smith sponsored HB 1130, "Residential Treatment Centers – Mandatory Reporting of Inappropriate Sexual Behavior," which passed unanimously. The bill (now law, at Health General § 19-347.1) requires Maryland's private residential treatment centers (RTCs) for youth to report allegations of sexual abuse to the Behavioral Health Administration or Developmental Disabilities Administrations, as appropriate, the Maryland Office of Health Care Quality, and Disability Rights Maryland (DRM), whenever a staff member observes, receives a complaint or has reason to believe that an individual has been subjected to inappropriate sexual behavior. An RTC is a psychiatric institution that provides campus-based intensive and extensive evaluation and treatment of children and adolescents with severe and chronic emotional disabilities who require self-contained therapeutic, educational, and recreational program in a residential setting. Maryland has 6 RTCs that are licensed by the Maryland Department of Health. Two facilities serve only

boys, and one serves younger children ages 5-13. The other RTCs are co-ed and serve adolescents.

Prior to HB 1130's passage, DRM, as the state's federally mandated protection and advocacy organization for individuals with disabilities, was already required to receive reports of sexual abuse from Maryland's two state-operated RTCs. Now, DRM receives reports from all Maryland RTCs. Since HB 1130 went into effect on July 1, 2018, DRM has received over 40 reports of sexual abuse from RTCs, including approximately 33 from the private RTCs that are newly required to report. It is likely that DRM would not have been aware of the reports without the passage of HB 1130, or would have found out about them only incidentally, when monitoring the facilities, making it difficult to timely investigate and ensure the safety of the children involved. These numbers demonstrate that sexual abuse of youth with behavioral disabilities in Maryland is likely more prevalent than we had anticipated. Further, they point to the need to proactively address sexual abuse by strengthening statutory protections, as HB 881 does. When DRM receives reports of sexual abuse, whether from the state hospitals or the RTCs, we follow up to meet with the individual, ensure they are safe and that the facility has responded appropriately to the report of sexual abuse.

About a dozen of the reports have been extremely serious and involved sexual abuse between children and staff or forcible sexual assault. In such cases, DRM investigates to ensure that the victim is protected, and works collaboratively with the individual (and his or her parent or guardian, as appropriate), to ensure they receive timely medical treatment, including counseling, understand their legal rights, and that there is appropriate follow-up and response from the facility. This may involve changing policies, improving staff training, ensuring that culpable staff are terminated and prosecuted, and engaging consultants to determine how changes can be made to ensure that such incidents are prevented in the future.

In June 2019, DRM received over a dozen reports of sexual abuse of adolescents at one Maryland RTC, reports we received in response to the passage of HB 1130. These reported allegations, which later led to the arrests of three of the RTC's staff, are disturbing. The RTC provided residential and day school programs to youth ages 12 to 21 with behavioral and emotional disabilities, and included a program for children who have been sexually exploited. According to the allegations and reports DRM received, three staff at the RTC had been sexually assaulting residential youth from late 2018 to the early summer of 2019. The assaults took place both on and off campus by the staff members in charge of their daily care. The three staff appeared to be operating in concert with one another and to be targeting children in the program for sexually exploited youth. In addition to the staff-on-youth sexual assault reports, DRM also received notifications of peer-on-peer sexual abuse, suggested a broader culture of sexual abuse within the institution. Along with other agencies, DRM provided support to the individual victims of sexual abuse at the RTC and worked with the RTC to address systemic reforms until it closed in August of 2020.

The sexual assaults at this RTC illustrate why SB 815 is needed. SB 815 requires increased protections for youth and adults with behavioral health disabilities in institutional settings such as the RTC described, a population among the most vulnerable for sexual abuse. In addition to reporting obligations, the bill will expand required protections to proactively and systemically



work toward prevention of sexual abuse and sexual harassment and address trauma from past abuse, while providing appropriate trauma-informed responses and care. Had these protections been in place, it is possible that the rampant sexual abuse alleged to have occurred at the RTC, may have been prevented or caught and addressed earlier.

HB 881, if passed, will be one significant step forward in strengthening much-needed protections for youth and adults with behavioral and emotional disabilities in Maryland.

For the reasons stated above, we urge that Senate Bill 815 be given a favorable report. For more information, please contact Luciene Parsley, Esq. at 410-727-6352, ext 2494 or [lucienep@disabilityrightsmd.org](mailto:lucienep@disabilityrightsmd.org).

\* Cavanagh, M, Read, J. and New, B. (2004). Sexual abuse inquiry and response: A New Zealand training programme. *New Zealand Journal of Psychology*, 33(3), 137-144. Breyer, 1987; Beck & Van der Kolk, 1987; Rose, et al, 1992; Craine, et al, 1988; Stefan, 1996).

# **SB0815 MD NARAL SUPPORT.pdf**

Uploaded by: Philip, Diana

Position: FAV



**SB0815 - Mental Health Facilities - Sexual Abuse and Harassment - Reporting and Prevention**

Presented to the Hon. Delores Kelley and Members of Senate Finance Committee

March 10, 2021 1:00 p.m.

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**POSITION: SUPPORT**

NARAL Pro-Choice Maryland urges the Members of Senate Finance Committee to issue **a favorable report on SB0815 and Mental Health Facilities - Sexual Abuse and Harassment - Reporting and Prevention** sponsored by Senator Kathy Klausmeier.

Our organization is an advocate for reproductive health, rights, and justice. All people deserve to access mental health services, free from sexual harassment, abuse, and coercion. Bodily autonomy is key to reproductive justice and safety, and without measures in place to address abuse, those seeking treatment cannot access full bodily autonomy and safety.

Mental health facilities house and serve already vulnerable populations. Those who struggle from mental illness, addiction, and/or trauma are often vulnerable to sexual harassment, assault, and abuse. While mental health facilities are tasked with protecting the vulnerable, unwarranted sexual contact still takes place in such spaces. According to a study published in the Journal of Ethics in Mental Health<sup>1</sup>, seven percent of patients were estimated to have been victims of sexual misconduct. At present, in Maryland, there is no requirement for private facilities to report sexual abuse or have policies supporting survivors.

SB0815 would require mental health facilities in Maryland to develop policies and procedures to appropriately handle sexual misconduct allegations and complaints. Staff would be required to report these incidents, assist survivors with reporting, develop safety plans, and undergo training for how to identify and address sexual abuse with patients. By creating systems that require mental health facilities to report and work to prevent unwarranted sexual contact, SB0815 would protect already vulnerable populations from further harm.

Every Marylander deserves the opportunity to access mental health treatment free from fear or abuse. This legislation would require facilities to provide those opportunities for the vulnerable. For these reasons, NARAL Pro-Choice Maryland **urges a favorable committee report on SB0815**. Thank you for your time and consideration.

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<sup>1</sup> Wright, E., Heather A. McCabe and Harold E. Koorman. "Institutional Capacity to Respond to the Ethical Challenges of Patient Sexual Expression in State Psychiatric Hospitals in the United States." (2012).

# **SB815\_FAV\_Willis-Powell.docx.pdf**

Uploaded by: Powell, Rowan

Position: FAV

Thank you Madam Chair Kelley, Vice Chair Feldman, and committee members for all of the hard work you've done.

My name is Rowan Powell, and I am here providing personal testimony in support of Senate Bill 815, which would ensure proper reporting mechanisms and protocols for private residential treatment facilities. I am a survivor of childhood sexual abuse and I believe my story and the trauma cycle that it perpetuated is one which could have been prevented or intercepted by the mandates of this bill.

In 2007 I was repeatedly sexually abused by a classmate of mine. We went to all the same classes and spent a good deal of time together in school. It started with simple demeaning comments. He called every idea I had in class stupid, and reinforced that within conversations among classmates, often stating that I was worthless. He told peers that he had chosen to partner with me on projects because I was incapable of doing the work by myself. It moved from this verbal bullying to threats of violence, and then finally to actual violence. Early on, a teacher saw him punch me in the chest. She scolded him for flirting with me at school, helped me up and as I tried to regain my breath, told me that he just liked me a lot and that boys didn't know how to express their feelings correctly.

After months of this escalating violence he raped me multiple times, several of which occurred in the school building. Afterwards my behavior changed dramatically. I stopped being a straight A student. I became withdrawn, depressed, and cut off from those I was close to. I was in the nurse's office at least 3 times a week, complaining of headaches and stomachaches. Eventually I was pulled into a guidance counselor's office due to my inability to focus or participate in class, and I disclosed to her what had been happening. I described it in the best way that I could as a child, that he had been hurting me and touching me in places that I didn't want to be touched. She kindly explained to me that what he had been doing to me was what boys did when they liked girls, and that perhaps I was overreacting.

There were so many opportunities for intervention by an adult in my story. If my teachers and guidance counselor had received proper training in recognizing the signs of abuse, this might have been stopped after the initial verbal bullying. If they had had training which enabled an understanding that sexual abuse even between kids as young as 13 is possible, they might have intervened. And if they had received training to lay out a response protocol which made them comfortable with reporting and intervening, I might not have been patted on the head and dismissed.

Statically childhood sexual abuse affects 1 out of 12 children, and that is a low estimate given that most children who are sexually assaulted or abused do not officially report the crime. However, many have disclosed to an adult who either dismissed their claims or was unsure of the best way to handle the situation. Reporting enables appropriate organizations to respond and establish consistent care for victims and to gather information on organizations

where sexual assault may be disproportionately occurring. The trauma of sexual assault often leads to lifelong somatic and behavioral health complications for victims. Establishing consistent care and identifying supportive services can help mitigate the damage done, and the oversight of protection and advocacy organizations can help coordinate needed care through service transitions.

This leads to ongoing somatic and behavioral health complications throughout one's life. It is imperative that we prepare adults to intercept this cycle of trauma.

Thank you for your time, and please support SB 815.

# **SB 815 Written Testimony.pdf**

Uploaded by: Legal Aid, Maryland

Position: FWA



**MARYLAND  
LEGAL AID**

*Advancing*  
**Human Rights and  
Justice for All**

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March 8, 2021

The Honorable Senator Delores G. Kelley  
Chairperson of the Finance Committee  
3 East  
Miller Senate Office Building  
Annapolis, Maryland 21401

**RE: TESTIMONY IN SUPPORT OF SENATE BILL 815 WITH  
AMENDMENTS**

**Mental Health Facilities - Sexual Abuse and Harassment - Reporting  
and Prevention**

Dear Chairperson Kelley, Senator Klausmeier, and Members of the Committee:

Thank you for the opportunity to provide testimony in support of this important bill. Maryland Legal Aid (MLA) is a non-profit law firm that provides various free civil legal services to the State's low-income and vulnerable residents. Annually, MLA represents almost 2,500 Maryland children ages 0 through 21 in Children in Need of Assistance (CINA) and Termination of Parental Rights (TPR) proceedings. Many of those foster children are admitted to a children's inpatient mental health facility. In addition, MLA is the contracted Legal Service Provider for adult residents in State psychiatric and behavioral health facilities. MLA supports HB 815 with an amendment and asks that this committee give it a favorable report.

This letter serves as notice that Erica LeMon, Esq. will testify on behalf of MLA, on Senator Kathy Klausmeier's invitation. SB 815 seeks to amend the Health-General Article of the Annotated Code of Maryland Sections 10-101, 10-701, and 10-705, which will increase oversight of both public and private mental health facilities upon patient complaint of sexual abuse or sexual harassment. If enacted, these facilities will be required to report these complaints to the Maryland Department of Health, Office of Health Care Quality, and, where relevant, the Maryland Department of Human Services Division of Child Protective Services. The bill requires uniform internal complaint processing, reporting, and victim treatment planning.

Patients at mental health facilities are very vulnerable to physical and sexual abuse and sexual harassment. Both adult and minor child patients in Maryland will benefit from SB 815's increased protection against this abuse, whether committed by their peers or by facility staff. SB 815 will reduce patient

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10.2020



**MLSC**





trauma compared to the current system. MLA asserts, however, that the reporting mandate should have a deadline. A compulsory fixed period for reporting will ensure a timely response by facility staff and administrative agencies, which will address the affected patient's safety and health needs more adequately. Some examples follow.

MLA represented a minor female survivor of sex trafficking who was placed at a residential facility. Unfortunately, a predatory male staff member at the facility sexually victimized her. Further victimization could have been prevented by a written protection plan tailored to her needs and history. MLA supports the requirement that facilities adopt a written protection plan for patients based upon their risk of sexual abuse victimization.

MLA represented an adult patient at a mental health facility who had made repeated complaints of sexual abuse. The facility's responses to his complaints were inconsistent, which led the patient to feel unsafe and to create a barricade in his room. SB 815 provides exact, consistent requirements in both state and private residential mental health facilities and ensures that violations are enforceable by the designated patient advocacy entity.

MLA supports SB 815 but recommends an amendment that imposes a time limit for reporting sexual harassment complaints:

1. Page 3, Lines 18-19: "(3) **WITHIN TWENTY-FOUR (24) HOURS OF RECEIVING A COMPLAINT, THE ADMINISTRATIVE HEAD OF** a [State] facility shall report complaints of [sexual] abuse [and] **OR** sexual harassment to:"

Thank you for your consideration of this written testimony. For the reasons stated above, **MLA urges a favorable report on SB 815 with the proposed amendment.**

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/s/ Miriam Sincell  
Miriam Sincell, Esq.  
Chief Attorney  
Allegany/Garrett Office  
Maryland Legal Aid