SB 503 - Child Advocacy Center - Testimony.pdf
Uploaded by: C. Athony Muse
Position: FAV

C. Anthony Muse
Legislative District 26
Prince George's County

Judicial Proceedings Committee

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Anthony.Muse@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Testimony from Senator C. Anthony Muse
SB 503: Criminal Procedure – Child Advocacy Centers

Good afternoon, Mr. Chairman, Vice-Chairman, and members of the Senate JPR Committee.

SB 503: Criminal Procedure – Child Advocacy Centers, would require Child Advocacy Centers (CACs) from across the state to institute the following best practices to protect children receiving services from any **lapse** in care.

- Notification of children and parents or guardians if there is turnover in their health care providers,
- Allowing the departing health care providers, the opportunity to have a final session to allow for closure and transition to the new providers,
- Prohibits notification if it would endanger the child, and
- Prohibits a final session if a provider has been terminated due to harmful actions and behaviors.
- Clarifies that healthcare provider whistleblower protections will apply to healthcare providers who work at or for CACs.

CACs are an essential part of the care spectrum for children who are victims of abuse. They also, operate by and large on limited budgets and despite that, excel at what they do. However, when situations emerge that create a disruption in the staffing and provision of care, whether by directly employed care providers, or contracted care providers, SB 503 would ensure that the children are made aware of changes and that they can have closure with the providers they have come to rely on.

Colleagues, SB 503 is necessary. In fact, there was an instance, where children were negatively impacted by the sudden termination of their health care providers, which has brought to light the need for **standardized** procedures and establishment of best practices in the law. Maryland has an obligation to vulnerable youth to ensure that mental health services are competently and fairly delivered. This bill will prevent what has already occurred from happening again.

In closing, SB 503 will provide guidance to CACs and the health care providers that work with the centers, and transparency for the children and families that rely on their much-needed services.

Therefore, I urge a **FAVORABLE** report for SB 503.

SB503 FAV.pdf
Uploaded by: Morgan Mills
Position: FAV

March 8, 2023

Chairman Smith, Vice Chair Waldstreicher, and other esteemed members of the Judicial Proceedings Committee,

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 58,000 families, individuals, community-based organizations, and service providers. NAMI Maryland is a non-profit that is dedicated to providing education, support, and advocacy for persons with mental illnesses, their families and the wider community.

The Governor's Office of Crime Prevention, Youth, and Victim Services houses child advocacy centers across the State for abused children to access services. SB503 will establish a procedure for when there is a change in a child's healthcare provider at the center. Child Advocacy Centers (CACs), under this legislation, will be required to:

- Notify the children and parents/guardians if there is turnover in their health care providers
- Allow the departing provider the opportunity to have a final session to allow for closure and transition to the new providers
- Prohibit this notification if it would endanger the child
- Prohibit a final session if the provider was terminated due to harmful action or behavior

Additionally, this legislation clarifies that healthcare providers whistleblower protections will apply to healthcare providers who work at or for CACs.

There was an instance at one of these Centers in which over forty vulnerable children lost their therapist with no notice and no continuity of care. NAMI believes that children and adolescents with mental illness have the right and must be offered the opportunity to thrive in nurturing environments. When a provider that an abused child has come to know and trust leaves, this can cause a disruption in the child's treatment. This bill ensures that children are made aware of changes so that they can have closure with the providers they rely on.

The consumer is the reason the mental health treatment system exists. The consumer should be encouraged to participate fully in planning, monitoring, and evaluating treatment.

We must do better for the State's most vulnerable population.

For these reasons, we urge a favorable report.

Kathryn S. Farinholt
Executive Director
National Alliance on Mental Illness, Maryland

Contact: Morgan Mills
Compass Government Relations
Mmills@compassadvocacy.com

MPA Testimony 2023 - SUPPORT - Senate Bill 503 - C

Uploaded by: Pat Savage

Position: FAV

MARYLAND PSYCHOLOGICAL ASSOCIATION

10480 Little Patuxent Parkway, Ste 910, Columbia, MD 21044. Office 410-992-4258. Fax: 410-992-7732. www.marylandpsychology.org

March 4, 2023

Senator William C. Smith, Jr., Chair
Senator Jeff Waldstreicher, Vice Chair
Senate Judicial Proceedings Committee
Miller Senate Office Building, 2 East
Annapolis, MD 21401

Bill: Senate Bill 503 - Criminal Procedure - Child Advocacy Centers - Care Providers
Position: Support

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, asks the House Judiciary Committee to **FAVORABLY report on Senate Bill 503.**

Senate Bill 503 as drafted requires that Child Advocacy Centers (CACs) from across the State institute the following best practices to protect the children receiving services from any lapse in care. The bill accomplishes the following:

- Notification of children and parents or guardians if there is turnover of their health care providers,
- Allowing the departing health care providers, the opportunity to have a final session with the client/family to allow for closure and appropriate transition to the services needed to resolve their mental health challenges,
- Prohibits notification by the provider if it would clear that notification would endanger the child, and
- Prohibits a final session if a provider has been terminated due to harmful actions and behaviors directed towards the child/family in treatment.
- Clarifies that healthcare provider whistleblower protections will apply to healthcare providers who work at or for CACs.

The MPA strongly supports Senate Bill 503 as it serves to protect the most vulnerable children in our state, and the mental health professionals providing care. This bill will provide safeguards to CACs and the health care providers that work with the centers, and transparency for the children and families that rely on their much-needed services.

Child Advocacy Centers (CACs) are an essential part of the care spectrum for children who are victims of abuse. CACs operate by and large on limited budgets and despite that, excel at what they do.

However, when situations emerge that create a disruption in the staffing and provision of care, whether by directly employed care providers, or contracted care providers, this bill will make sure that the children and their families are made aware of changes to their provider. This is so they can have closure with the providers they have come to trust and rely on as well as be involved in the process of determining what next steps are most appropriate for their care. Maryland has an obligation to vulnerable youth to ensure that mental health services are competently delivered while minimizing the risk of further traumatizing this vulnerable population.

The impetus for this bill arose from a CAC deciding that their therapists were no longer being cooperative with staff and terminated the therapists' employment. As the law currently stands the organization is under no obligation to the children being served. The organization can fire the therapists, not allow the therapists to have a termination session where treatment planning can take place to address the needs of this particularly vulnerable population.

While most organizations would not act this way, the state of the law in Maryland does not speak to the oversight of these organizations in a manner that clearly protects this vulnerable population and those who endeavor to serve them.

It is important to note that every licensed mental health provider is bound by the regulations of a professional licensing board (e.g., Psychology, Social Work). These regulations only apply to the behavior of licensed individuals. This means that such regulations can neither deter nor sanction the decisions and policies made by unlicensed managers or administrators: even if those decisions and policies are illegal, unethical or result in harm to children. To make matters worse, the individual providers can be sanctioned by their Boards for following illegal, unethical, or harmful organizational directives and policies.

Even if it was an isolated incident, it brought to light the need for standardized procedures and establishment of best practices in the law.

That is why Senate Bill 503 was introduced. Children losing their therapist with no notice, with no plan and no continuity of care serves as an additional trauma. They will most likely be unwilling to engage in therapy again or if they do, it will take years to trust they will not be abandoned again.

We ask for a favorable report on Senate Bill 503.

If we can be of any further assistance as the Senate Judicial Proceedings Committee considers this bill, please do not hesitate to contact MPA's Legislative Chair, Dr. Pat Savage at mpalegislativecommittee@gmail.com.

Respectfully submitted,

Rebecca Resnick, Psy.D.

Rebecca Resnick, Psy.D.
President

R. Patrick Savage, Jr., Ph.D.

R. Patrick Savage, Jr., Ph.D.
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
Barbara Brocato & Dan Shattuck, MPA Government Affairs

SB503 MSPA Letter of Support.pdf
Uploaded by: Sarah Peters
Position: FAV

Senator William C. Smith, Jr., Chair
Senator Jeff Waldstreicher, Vice Chair
Judicial Proceedings Committee
2 East, Miller Senate Office Building
Annapolis, MD 21401

February 25, 2023

Bill: SB 503 – Criminal Procedure – Child Advocacy Centers – Care Providers

Position: Support

Dear Chair Smith, Vice Chair Waldstreicher, and Members of the Committee,

I am writing on behalf of the Maryland School Psychologists' Association (MSPA), a professional organization representing about 500 school psychologists in Maryland. We advocate for the social-emotional, behavioral, and academic wellbeing of students and families across the state. School psychologists provide comprehensive psychological services to Maryland's students, including counseling, consultation and assessment. We are writing in support of SB 503, which ensures appropriate clinical treatment for some of our most vulnerable children.

Maryland's Child Advocacy Centers were established to meet the often-intense needs of abused children, and addressing these needs almost always includes psychotherapy. Appropriate delivery of psychotherapeutic services to these children is essential, yet a recent episode at one Center shows the need for this legislation. Over **forty vulnerable children lost their therapists with no notice, no termination sessions, and no continuity of care.** When this happened, many of these already traumatized children, who especially need consistency and predictability in their lives, and were at the highest need of quality counseling, were harmed by a Center created to help them.

SB 503 would serve to codify best practices to protect the children receiving CAC services from any lapse in care. This includes notification of children and their parents if there is a change in their health care provider at the Center, including psychotherapists. It also allows the departing therapist to conduct a final session to allow for closure and transition to the new therapist.

MSPA urges you to favorably report on SB 503, to ensure that abused children receive appropriate treatment in Maryland's Child Advocacy Centers. If we can provide any further information or be of assistance, please contact us at legislative@mspaonline.org or Sarah Peters at speters@hbstrategies.us or 410-322-2320.

Respectfully submitted,

Katie Phipps, M.Ed., Ed.S., NCSP
Committee Chair, Legislative Committee
Maryland School Psychologists' Association

Child Advocacy Centers Springboard Community Svs F

Uploaded by: Adam C. Rosenberg

Position: UNF

HB762- Criminal Procedure – Child Advocacy Centers – Care Providers
March 2, 2023
Testimony of F.T. Burden, CEO of Springboard Community Services
House Judiciary Committee
Position: **OPPOSE**

Springboard
COMMUNITY SERVICES

Dear Chairman Clippinger and members of the House Judiciary Committee:

I write to express my opposition to Child Advocacy Centers- Care Providers bill HB762 (SB530).

For the past 173 years, Springboard Community Services has dedicated itself to transforming the lives of Maryland's most vulnerable. From our earliest efforts identifying and addressing the needs of the working poor, foster children, and single-parent families, Springboard Community Services, formerly Family and Children's Services, has continuously evolved to meet the challenges of our changing world.

We are the on-site mental health provider at the Child Advocacy Centers (CAC) in Carroll, Harford, and Howard counties. We are also the identified comprehensive domestic violence provider for Carroll County.

We oppose HB762 because it does not appear to recognize or understand the relationship of the contracted mental health provider to the child advocacy centers. As such, the bill creates a number of procedural questions and imposes unreasonable and unnecessary burdens on independent mental health organizations like mine. It also creates an unnecessary burden on our staff and on our partner CAC staff to communicate with each other and clients in a small window of time if there is a sudden change, illness, termination, or unavailability of a mental health provider.

The bill says
"EXCEPT AS PROVIDED IN SUBPARAGRAPH (III) OF THIS
17 PARAGRAPH, THE CHILD ADVOCACY CENTERS SHALL PROVIDE WRITTEN
18 NOTIFICATION WITHIN 48 HOURS TO THE CHILD AND THE CHILD'S PARENT OR
19 GUARDIAN WHEN THERE IS A CHANGE IN THE CHILD'S BEHAVIORAL, MENTAL, OR
20 OTHER HEALTH CARE PROVIDER.
21 (II) THE NOTIFICATION UNDER SUBPARAGRAPH (I) OF THIS
22 PARAGRAPH SHALL INCLUDE THE NAME AND CONTACT INFORMATION OF THE NEW
23 AND PREVIOUS PROVIDERS."

Baltimore City Office
4623 Falls Road
Baltimore, MD 21209
410-366-1980
800-899-4601 [toll free]

As has been our practice for decades, Springboard promptly notifies clients/guardians of any changes in mental health providers. License and credentialing required procedures already mandate that a parent or guardian execute consent of care agreements. The provision of mental health services in the child advocacy center is "crisis focused" and short term. Mental health providers in child advocacy centers typically meet 3-4 crisis-counseling sessions. Clients are referred outside of the CAC for long-term treatment if required. Given the short duration of care from the CAC mental health provider, the need to abruptly replace a therapist would be rare. Again, referrals and changes in providers already require guardian notification and signed consents. As multidisciplinary team members, we inform our CAC partners about any changes in mental health caseloads or assignments.

As written, this bill would require changes in procedures that are likely to create more questions and confusion for families and providers during a difficult and traumatic time. It would require CAC staff to notify the client, not the provider, who is generally contracted and not a CAC staff member. This is not good care and it's not a healthy practice.

The 48-hour notice under the bill would also not work for this structure between the agencies. It suggests that, as the mental health provider, Springboard would have to arrange for a new provider or a referral, get the name, then tell the CAC, and the CAC has to notify the family, all within 48 hours.

This 48-hour notice rule does not exist in any health regulation we are aware of and is not the industry standard for CACs or mental health.

In all of our years of caring for vulnerable patients, and in partnership with the CACs we have never failed to notify children or families if a staff member was unable to provide service. We have internal procedures in place for continuity of care in the event any of our therapists leave, cannot provide service or in the very rare instance when one is terminated. We also have licensure requirements for the clinical social workers and professional counselors that are on staff.

Thank you for your time. We urge an UNFAVORABLE report.

MC _OIG_Report_of_Investigation_Tree_House _CAC_ R
Uploaded by: Adam C. Rosenberg
Position: UNF

OFFICE OF THE INSPECTOR GENERAL
MONTGOMERY COUNTY MARYLAND

MEGAN DAVEY LIMARZI, ESQ.
INSPECTOR GENERAL

REPORT OF INVESTIGATION

Tree House Child Advocacy Center of Montgomery County, MD

OIG Publication # OIG-21-007

NOVEMBER 20, 2020

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240 777 8240 | MONTGOMERYCOUNTYMD.GOV/IG

needed to report as a violation. The contract monitor acknowledged that in hindsight, someone might question the appropriateness of a Tree House employee using CHESSIE[7] to access confidential information regarding their coworkers, especially given that conducting these checks was not part of the employee's normal work duties.

Compliance with contract requirements related to conducting DHHS Background Investigations

The County's contract with Tree House also requires that they comply with the DHHS Background Investigation policy.[8] Generally, the policy requires that contractors conduct a background investigation for everyone that holds a position within a Vulnerable Population Program funded by a DHHS contract. DHHS requires that investigations be repeated every five years.[9] Additionally, the policy requires that the contractor maintain a tracking spreadsheet that contains the status of each employee's background investigation.

The contract monitor noted on DHHS Program Monitoring Review Forms for 2018, 2019, and 2020, documentation in employee files showed that background investigations were conducted.

However, when the OIG requested a copy of the background investigation tracking spreadsheet, the Director of Operations stated that she did not have one and was unaware of this requirement. Based on our discussions with the Director of Operations and our review of the DHHS Program Monitoring Review Forms, it does not appear that Tree House has a mechanism in place to track the status of employee background investigations or alert staff when a reinvestigation is due.

Other Findings and Observations

The OIG was notified on September 23, 2020, by the complainants' representative that three of the complainants were terminated from their employment with Tree House. The representative alleged that the terminations left 40 children "abandoned and left alone" and with no psychologists on staff to take over the caseloads. We discussed both issues with Tree House and DHHS management. We learned that approximately 27 clients were affected by the terminations. We were told that every family was called directly and told their therapist no longer worked for Tree House. Some clients were reassigned internally right way. Others were

[7] CHESSIE has been replaced by a new system called Child Juvenile & Adult Management System (CJAMS). The Tree House employee does not have access to CJAMS

[8] See County contract 1100369 Part III Quality Assurance, Section C.

[9] DHHS states that the investigations are required only once every 5 years for a workforce member unless there is a break in employment of greater than 120 days.

offered a choice to be referred to another provider free of charge or continue with Tree House and potentially have to wait for a therapist to become available.

With respect to the complainants' terminations, we learned that the Director of Operations made the decision in consultation with the Tree House Board Chair and Tree House counsel. The Director of Operations asserted that the terminations were precipitated by letters and emails sent to funders and a number of government officials outlining allegations against Tree House. The Director of Operations and Board Chair explained that they believed the complainants' outreach was intended to do damage to Tree House by reducing funding. They contended that the Board and DHHS were actively taking steps to investigate the allegations and therefore communications with funders was unnecessary and potentially damaging to their organization's reputation.

The Director of Operations surmised that the complainants sent letters and emails to all the organizations named by their representative in a letter to the Tree House counsel in early September. In that letter, the representative vowed to send complaints to several Federal, State, and County agencies if Tree House did not withdraw the former Mental Health Director's termination and instead allow the Director to resign. The OIG and County Council were included on the list.

Section 2-151 of the Montgomery County Code provides that an employee, contractor or subcontractor with the County must not be retaliated against, penalized, threatened with retaliation or penalty, for providing information to, cooperating with, or in any way assisting the Inspector General. The statute designates such retaliatory actions as Class A violations.

After examining the issue, we were not able to substantiate that the complainants were terminated for providing information or cooperating specifically with the OIG.

SB 503 Child Advocacy Centers Center for Hope UNFA
Uploaded by: Adam C. Rosenberg
Position: UNF

A LIFEBRIDGE HEALTH GROUP
CENTER FOR HOPE
Advancing hope, healing and resilience

SB503- Child Advocacy Centers- Providers
Senate Judicial Proceedings Committee – March 8, 2023
Testimony of Adam Rosenberg, Executive Director, LifeBridge Health Center for Hope
Position: **OPPOSE**

Center for Hope opposes SB503. It is unnecessary and legally flawed. The bill seeks to introduce unprecedented and unworkable notice provisions on Maryland's child advocacy centers as well as any health care provider affiliated with a child advocacy center (CAC).

I am a former board member of the National Children's Alliance (NCA), the Maryland Children's Alliance (MCA), and the executive director of the Baltimore Child Abuse Center for over a decade before we joined LifeBridge Health and created Center for Hope three years ago. In my 15 years of national experience, I am not aware of any widespread or systemic problems with continuity of care issues or notice in the child advocacy community in Maryland, or elsewhere among the 900 CACs nationwide. Despite allegations to the contrary, I have never supported this bill in any form.

Child advocacy centers are nationally accredited and have a statewide body responsible for standards. Center for Hope, a subsidiary of LifeBridge Health, is a comprehensive violence intervention program that provides trauma-informed crisis intervention and prevention services to over 6,000 patients and community members each year who have experienced child abuse, domestic violence, elder abuse, and community gun violence in the Baltimore region. Our services include Maryland's first nationally accredited child advocacy center that provides an evidence-based multidisciplinary team response to abuse and trafficking. Formerly known as the Baltimore Child Abuse Center, our team has helped over 40,000 children and families since inception. We employ over 100 employees, many of whom are healthcare 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. As a subsidiary of LifeBridge Health, we are subject to rules and policies governing healthcare agencies.

As a child advocacy center, we are required every five years to meet national accreditation standards from the National Children's Alliance, which are incorporated by reference in the very law this bill seeks to change, Md. Code Criminal Procedure §11-928. All of Maryland's accredited centers are also required to meet the same standard updated and put forth every five years. Maryland CACs received training and technical assistance in meeting these standards via NCA's state chapter, the Maryland Children's Alliance. Per Md Code Crim. Proc. §11-928, the Maryland Children's Alliance is the entity responsible for enacting CAC standards. CACs in Maryland are mixture of government, nonprofit and hybrid entities made up of multidisciplinary teams of professionals. This bill seeks to impose liability and blur lines among entities that are legally distinct. (See e.g. testimony of Maryland Association of Counties, and Springboard Community Services).

Center for Hope, like many CACs, has internal detailed procedures in place for notifying clients and providing or referring to new providers in the event any of our therapists leave, die, cannot provide service or in the rare instance when one is terminated. The internal policy at Center for Hope for the unexpected termination of a therapist, or if a therapist quits unexpectedly, is that the manager, or their immediate director, directly informs the clients and families via telephone or written correspondence, preferably immediately.

Current policies, regulations, and standards help keep kids safe. There are several policies in place governing continuity of care and notice at CACs. The provisions promoted by this bill are unnecessary.

1. National accreditation standards for CACs are incorporated by reference into Md. Crim Proc §11-928 - these include standards on mental health and organizational capacity.
2. Ethical standards governing providers such as social workers, professional counselors and psychologists address continuity of care procedures and govern the action of board-certified clinical supervisors. Under these rules, for example, a licensed health care provider may not terminate her health care staff without exposing her own license to censure.
    a. See, e.g. Board of Social Work Examiners, Code of Ethics- Responsibilities to Clients 10.42.03.03.03 (3) Notify the client promptly and seek the transfer, referral, or continuation of service in relation to the client's need or preference if the licensee anticipates the termination or interruption of service; (4) Prepare and disseminate to an identified colleague or record custodian a written plan for the transfer of clients and files in the event of the licensee's incapacitation, death, or termination of service
    b. American Psychological Assoc. Ethical Principle 3.12 Interruption of Psychological Services "Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations."
    c. Board of Professional Counselors and Therapists, Chapter 10.58.03. Code of Ethics A counselor shall: …(9) Make arrangements for another appropriate professional to act in the event of an absence of the counselor.
3. Health providers and agencies could be civilly liable for the tort claim of "abandonment" if a provider inappropriately and abruptly discontinues care to a patient. Further, MD Code, Health Occupations, § 14-404 provides that a licensee can be disciplined if she/he "Abandons a patient."

The bill is vague on its face, creates an untenable standard, and is unenforceable.

The bill language fails for multiple reasons.

1) **The bill contradicts Md. Code, Health Gen. §20-103 and §20-104** which provide that parental notification is at the discretion of the health care provider for some minors'

mental health care and medical treatment.

2) **The bill includes <u>all</u> health care providers** – Child advocacy centers (CACs) are multidisciplinary teams that include a variety of medical, mental health, and other disciplines, as specified in Crim Proc. §11-928. Most of Maryland's CACs are run by local government with State Department of Human Services employees as managing staff. Many CACs do not even employ their own therapy team and often make a voluminous number of referrals This bill's language "other healthcare providers" includes this vast range of licensed professionals who are part of supporting their CAC, including physicians, nurse practitioners, medical staff, forensic interviewers, family advocates, and other staff who are licensed social workers or "health care providers" within the meaning of Health Occupations or Health General codes. These professions have their own policies and procedures, such as those of promulgated by child abuse medical providers (CHAMP), as authorized by MD Code, Health - General, § 13-2203.

3) **The term "the child's… provider" – is impermissibly vague.** As written, the bill could pertain to those employed by a child advocacy center, contracted with a child advocacy center, or even serving the child from another agency. Our child advocacy center is part of LifeBridge Health, and our clients may be served by medical professionals from within our hospital and healthcare system. "Previous providers" is also vague, as it is unclear how previous that is meant to be.

4) "Change in …provider" is broad and burdensome. The bill does not specify what it means by "change" and is unenforceable on its face. Furthermore, it would be difficult to comply if all changes in all healthcare personnel, for any reason, temporary or permanent, require notice. Most CACs in Maryland refer some or all of their clients to external behavioral health providers and medical providers in an effort to give access to much needed continuing care. Once the referral is made and accepted, the professional therapeutic engagement with the CAC ceases, and due to various privacy provisions, the CAC is not privy to the client's ongoing care with an external therapist. However, this bill creates the ill-informed requirement to pierce that privacy and makes the CAC responsible for therapeutic relationships it has no control over.

5) **There is no enforcement mechanism.** The bill does not specify the enforcement mechanism for failure to comply. It arguably creates a civil remedy and private cause of action for patients to sue a child advocacy center, thus channeling claims to the courts, and not a licensing or regulatory agency under the Department of Health.

48 hours is an unrealistic window to provide a new provider in some cases. The bill requires that child advocacy centers provide the name of "the new provider" within 48 hours. This is not feasible. It is Center for Hope policy to offer, whenever possible, an internal transfer to another Center for Hope therapist if a therapist leaves or has an absence. This of course depends on space or program capacity. It is Center for Hope policy to provide at minimum three referrals to

other behavioral health resources that the client would independently engage if we cannot accommodate the client internally. We are not able to guarantee external continuity of care for a variety of reasons and cannot immediately provide the name of "the new provider" as that choice would be at the discretion of the client and availability of the provider. Additionally, a 48-hour window may be unrealistic as many of our clients experience serious housing instability and do not have reliable addresses. Many are also in crisis because of the allegations and must relocate for safety reasons, sometimes multiple times. For government CACs who contract out for mental health services, it makes no sense and blurs confidentiality lines to make the CAC responsible for reaching out to families that have a relationship with the provider. (See, e.g., testimony of F.T. Burden, CEO of Springboard Community Services, attached.)

Also, there exists a shortage of qualified and available mental health providers, made even more acute by the highly skilled nature of trauma-informed mental health professionals. Simply put, there are not enough providers doing this work, not enough providers willing to accept new patients at rates which centers can afford, and a greater shortage of providers especially after the pandemic. Our own mental health team receives more requests for services than we can deliver, and our therapy team is at capacity. Furthermore, CACs can only hire new staff as our funding streams allow. For example, due to instability in federal funding streams for victims of crime (VOCA), we had to freeze hiring of mental health staff in FY20. This coincided with the pandemic, and thus we had to ask current staff to increase and, in some cases, double their caseloads. Other agencies did the same and still have high volumes related to pandemic caseloads. We partner with and refer to several other agencies, many of whom are also at or near capacity.

We oppose this bill's efforts to expose our agency, staff, and the behavioral health field to liability for provider shortages outside of our control.

The bill's 48-hour notice provision meets no known industry standard. As the bill's legal defects suggest, the arbitrary 48-hour notice provision meets no industry standard. The continuity of care notice provisions that the bill seeks to impose on child advocacy centers do not seem to appear in any health care statute or COMAR regulation of which we are aware. Also, the bill seeks to impose its unprecedented healthcare standard via the Criminal Procedure article, not Health General, Health Occupations or any regulatory agency or licensing board. The vetting process that the bill's proponents have chosen for its arbitrary suggested healthcare standard is through members of the House Judiciary Committee and the Senate Judicial Proceedings Committee. Md Crim Proc §11-928, codifies the necessary components (forensic interview, medical, mental health, law enforcement, child welfare) that make up a multidisciplinary response to child abuse. It does not and should not outline internal policies or internal best practices for the inner workings of healthcare providers.

The bill contradicts and confuses Maryland's current whistleblower provision. Healthcare providers at Center for Hope and LifeBridge Health are already covered under Maryland's whistleblower provision MD Code, Health Occupations, § 1-502. This bill seeks to create a new standard with different rules, but place it in the Criminal Procedure Article, thus having two

competing statutes. It also includes "health care providers working with child advocacy centers." This is impermissibly vague without defining what "working with" means: this can range from providers who are contracted, employed by, consulted with, or even refereed to.

Redundantly, staff at every child advocacy center are already covered under federal whistleblower protections that are part of our grants received through the National Children's Alliance, as well as any other federal dollars received via VOCA or other federal grants.

Disputed facts should not make bad law. Upon information and belief, the incident that gave rise to this particular bill was rare and isolated. It stems from a personnel matter within the Montgomery County CAC and is reportedly part of ongoing litigation, as well as a public inquiry by the Office of Inspector General of Montgomery County in November 2020. There is evidence in the public record (pp. 14-15 of the OIG report, excerpt attached) that children did receive notice and care after their therapists were fired, which these therapists dispute. Regardless, this ongoing factual dispute among litigants should not subject the state's child advocacy centers to liability for failing to comply with an unworkable and unenforceable proposed continuity of care standard that exists in no other law or regulation governing any provider.

This bill does not meet its purported purpose to assist children in need. Maryland's child advocacy centers proudly strive to meet and exceed national standards of accreditation and provide the best care in the most difficult of circumstances. This bill's language appears as a personal reaction to an isolated incident which is still in dispute. CAC staff and its network of health providers are a wide mix of partner agency staff, State of Maryland employees, county employees, contract positions, grant funded opportunities, as well as volunteer and in-kind support. Each of Maryland's CACs are staffed and structured differently, yet follow a wide set of local, state, and national best practices. Many tools and levels of support ensure continuity of care. In the rare absence of continuity, there are many existing remedies available.

Rather than imposing an obscure set of very specific restrictions for a still to be litigated incident, focus should instead be placed on Maryland's need to support, promote, and sustainably fund its CACs to meet the current increasing demand for services for children impacted by sexual and physical child abuse.

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

Adam Rosenberg, Esq.,
Executive Director
Center for Hope
arosenberg@lifebridgehealth.org
(410) 469-4664

SB503 - TFT Testimony - OPPOSE.pdf
Uploaded by: Caitlin McDonough
Position: UNF

The Family Tree

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Raising families up.

24-hour Parenting Helpline:
1.800.243.7337

March 08, 2023
Hon. Chairman William C. Smith, Jr.
Hon. Vice Chair Jeff Waldstreicher
2 East
Miller Senate Office Building
Annapolis, Maryland 21401

RE: OPPOSE HB 762 (SB0503) Criminal Procedure - Child Advocacy Centers - Care Providers

Dear Mr. Chair, Mr. Vice Chair and Members of the Committee:

The Family Tree opposes HB 762 and I understand the important intent to protect vulnerable children and to ensure continuity of care in cases when clinical care and oversight is disrupted. However, the Bill proposes a remedy that is unrealistic and establishes a confusing precedent for providers to have legislation rather than regulator policy to shape practice standards. Because it is not regulatory, the enforcement is unclear at best.

The Family Tree, a proud affiliate of LifeBridge Health Group, is Maryland's leading non-profit organization dedicated to improving our community by preventing child abuse and neglect. In the forty-five years since The Family Tree first laid roots, the organization's leadership has cultivated a deep understanding of child abuse in Maryland and services that prevent abuse. With national affiliations such as Prevent Child Abuse America, and The National Exchange Clubs, Circle of Parents and the Enough Abuse Campaign, The Family Tree belongs to a growing network of NGOs across the country devoted to protecting the most vulnerable members of society, its children.

The Family Tree provides parent education, home visiting and case management services to hundreds of families every year. Although not traditional mental health services, our staff provide a range of critical support to vulnerable families with children. Despite our best effort it would be challenging for us to apply this standard of notification to our work. Since the pandemic, the recruitment of qualified staff is even more challenging. **We ask you to submit an unfavorable report.**

Thank you,

Patricia K. Cronin, LCSW-C
Executive Director

SB503 Child Advocacy Centers Springboard Community

Uploaded by: F.T. Burden

Position: UNF

SB503- Criminal Procedure – Child Advocacy Centers – Care Providers
March 8, 2023
Testimony of F.T. Burden, CEO of Springboard Community Services
Senate Judicial Proceedings Committee
Position: **OPPOSE**

Springboard
COMMUNITY SERVICES

Dear Senate Judicial Committee Members:

I write to express my opposition to Child Advocacy Centers- Care Providers bill (SB503).

For the past 173 years, Springboard Community Services has dedicated itself to transforming the lives of Maryland's most vulnerable. From our earliest efforts identifying and addressing the needs of the working poor, foster children, and single-parent families, Springboard Community Services, formerly Family and Children's Services, has continuously evolved to meet the challenges of our changing world.

We are the on-site mental health provider at the Child Advocacy Centers (CAC) in Carroll, Harford, and Howard counties. We are also the identified comprehensive domestic violence provider for Carroll County.

We oppose SB503 because it does not appear to recognize or understand the relationship of the contracted mental health provider to the child advocacy centers. As such, the bill creates a number of procedural questions and imposes unreasonable and unnecessary burdens on independent mental health organizations like mine. It also creates an unnecessary burden on our staff and on our partner CAC staff to communicate with each other and clients in a small window of time if there is a sudden change, illness, termination, or unavailability of a mental health provider.

The bill says
"EXCEPT AS PROVIDED IN SUBPARAGRAPH (III) OF THIS
17 PARAGRAPH, THE CHILD ADVOCACY CENTERS SHALL PROVIDE WRITTEN
18 NOTIFICATION WITHIN 48 HOURS TO THE CHILD AND THE CHILD'S PARENT OR
19 GUARDIAN WHEN THERE IS A CHANGE IN THE CHILD'S BEHAVIORAL, MENTAL, OR
20 OTHER HEALTH CARE PROVIDER.
21 (II) THE NOTIFICATION UNDER SUBPARAGRAPH (I) OF THIS
22 PARAGRAPH SHALL INCLUDE THE NAME AND CONTACT INFORMATION OF THE NEW
23 AND PREVIOUS PROVIDERS."

Baltimore City Office
4623 Falls Road
Baltimore, MD 21209
410-366-1980
800-899-4601 [toll free]

As has been our practice for decades, Springboard promptly notifies clients/guardians of any changes in mental health providers. License and credentialing required procedures already mandate that a parent or guardian execute consent of care agreements. The provision of mental health services in the child advocacy center is "crisis focused" and short term. Mental health providers in child advocacy centers typically meet 3-4 crisis-counseling sessions. Clients are referred outside of the CAC for long-term treatment if required. Given the short duration of care from the CAC mental health provider, the need to abruptly replace a therapist would be rare. Again, referrals and changes in providers already require guardian notification and signed consents. As multidisciplinary team members, we inform our CAC partners about any changes in mental health caseloads or assignments.

As written, this bill would require changes in procedures that are likely to create more questions and confusion for families and providers during a difficult and traumatic time. It would require CAC staff to notify the client, not the provider, who is generally contracted and not a CAC staff member. This is not good care and it's not a healthy practice.

The 48-hour notice under the bill would also not work for this structure between the agencies. It suggests that, as the mental health provider, Springboard would have to arrange for a new provider or a referral, get the name, then tell the CAC, and the CAC has to notify the family, all within 48 hours.

This 48-hour notice rule does not exist in any health regulation we are aware of and is not the industry standard for CACs or mental health.

In all of our years of caring for vulnerable patients, and in partnership with the CACs we have never failed to notify children or families if a staff member was unable to provide service. We have internal procedures in place for continuity of care in the event any of our therapists leave, cannot provide service or in the very rare instance when one is terminated. We also have licensure requirements for the clinical social workers and professional counselors that are on staff.

Thank you for your time. We urge an UNFAVORABLE report.

SB 503 Child Advocacy Centers Coalition to Protect

Uploaded by: J Lombardi

Position: UNF

THE COALITION TO PROTECT MARYLAND'S CHILDREN

Our Mission: To combine and amplify the power of organizations and citizens working together to keep children safe from abuse and neglect. We strive to secure the budgetary and public policy resources to make meaningful and measurable improvements in safety, permanence, and well-being.

Testimony before the Senate Judicial Proceedings Committee being heard in SB503- CRIMINAL PROCEDURE – CHILD ADVOCACY CENTERS – CARE PROVIDERS

March 8, 2023

Testimony of the Coalition to Protect Maryland's Children

Position: OPPOSE

The Coalition to Protect Maryland's Children (CPMC) is a consortium of Maryland organizations and individuals formed in 1996 to promote meaningful child welfare reform. We oppose SB503.

Members in support of this position include the State Council on Child Abuse and Neglect, Md. Chapter of American Academy of Pediatrics Child Justice, Maryland Chapter of the National Association of Social Workers, the Family Tree, Center for Hope and the Maryland Children's Alliance.

Each of our organizations has a mission to protect children, especially the most vulnerable among them.

SB503, though well meaning, does not ultimately protect vulnerable children. Instead it imposes an unrealistic burden on our state's child advocacy centers and any health provider or mental health provider who works with them. It also sets a dangerous precedent for youth-serving organizations by legislating internal health and regulatory policy outside the Department of Health or any health or mental health regulatory agency. This bill does not codify an existing continuity of care standard, it creates a new one and bypasses health and regulatory agencies altogether. It has no clear or understandable enforcement mechanism.

It is not common industry practice to provide 48 hour notice window to families in the event that "there is a change in the child's behavioral, mental, or other health care provider" and then to "include the name and contact information of the new and previous providers." It is also unclear what is meant by "change." It would be very difficult to apply this standard. For many reasons (staffing, caseload, shortages, family's choice, skillset), the name of a new health or mental health provider is not always available within 48 hours.

Youth serving agencies, including child advocacy centers, already have professional, legal, regulatory, and ethical duties to their patients and clients, and many have internal policies on continuity of care and staffing. This law would needlessly confuse or contradict many of those policies. We ask for an UNFAVORABLE report.

LCC Testimony SB503.pdf
Uploaded by: Jamie Manning
Position: UNF

Life Crisis Center, Inc.
PO Box 387
Salisbury, MD 21803
Business: 410-749-0632
Fax: 410-548-9496

Testimony before the Senate Judicial Proceedings Committee being heard in SB503- CRIMINAL PROCEDURE – CHILD ADVOCACY CENTERS – CARE PROVIDERS

March 8, 2023

Testimony of Life Crisis Center

Position: OPPOSE

The Honorable William C. Smith
Chair, Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland 21401

Dear Chairman Smith:

The Life Crisis Center, Inc. (LCC) provides trauma specific therapy, shelter, legal services, 24/7 crisis intervention, and case management for survivors of sexual assault, sexual and physical child abuse, child sexual assault, interpersonal violence and human sex trafficking in Worcester, Somerset and Wicomico Counties. The three counties of the Lower Shore are primarily rural and lack many resources available to the more metropolitan areas. LCC ensures victims of crime in these jurisdictions receive much needed support and services that promote safety and healing, positively impacting future generations. LCC has internal procedures in place for continuity of care in the event any of our therapists leave, dies, cannot provide service or in the very rare instance when one is terminated. Thus far, we, like most of the state's providers, have been able to ensure ongoing care for our clients. For the reasons set forth below, we respectfully oppose SB 503 and urge the committee to submit an unfavorable report.

Demands for victim services greatly increased during the past few years. The cases are almost exclusively complex trauma with multiple layers of complicating factors such as poverty, isolation and addictions. More and more adult victims of childhood trauma are turning to substances to numb their pain then unwittingly raising children in unstable homes, leaving a generation of children in extremely vulnerable situations. Trauma specific treatment from highly trained therapists is needed more than ever. Life Crisis Center and sister agencies in Maryland are set apart from other groups and organizations. The very heart of our work is mission driven. It is holistic in nature because the grant funding allows therapists to be there for the victims in ways that traditional counseling only services cannot be due to their structure and co-mingling of 3rd party payment dependency. Our centers offer "under one roof" services, like the Child Advocacy Center model, this lessens trauma and provides research based and trauma informed support. The Life Crisis Center (LCC) provides legal support services, advocacy, shelter, 24/7 crisis lines and crisis intervention on the premises, as well as satellite offices to help meet transportation needs across the region.

We are a collaborating partner of the three lower shore child advocacy centers. The directors of the CAC's may be a non-profit agency or a state employee. When a child requires the services of the CAC, they are connected with our organization as the mental health provider. The child becomes our client as well as a CAC client. Each partner agency and organization of the CAC recognizes the requirement to address the needs of child victims while fulfilling their own mandated responsibilities. By working collaboratively, each agency seeks to carry out its mission while also fulfilling the mission of the CAC. All LCC practitioners are licensed in the state of Maryland and have completed intensive training to treat trauma specific to child maltreatment. All CAC services are free of charge for child victims and families. The length of treatment will be determined on a case by case basis and are largely dictated by individual needs and complexity of trauma. Therapists are a part of the CAC multi-disciplinary team and participate in all appropriate meetings for the coordination of care and the protection of children.

This bill will negatively impact children and mental health providers in rural areas such as the lower shore. Youth serving agencies, including CACs, already have professional, legal, regulatory, and ethical duties to their patients and clients, and many have internal policies on continuity of care and staffing. This law would needlessly confuse or contradict many of those policies. For these reasons, we respectfully request an UNFAVORABLE report on SB 503.

Sincerely,

Jamie Manning

Jamie Manning, LCSW-C, CNP
Executive Director

CAC - 48 hr notice of new provider - testimony - s

Uploaded by: Lisae C Jordan

Position: UNF

MCASA
Maryland Coalition Against Sexual Assault

Working to end sexual violence in Maryland

P.O. Box 8782
Silver Spring, MD 20907
Phone: 301-565-2277
Fax: 301-565-3619

For more information contact:
Lisae C. Jordan, Esquire
443-995-5544
mcasa.org

Testimony Opposing Senate Bill 503
Lisae C. Jordan, Executive Director & Counsel
March 8, 2023

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 Judicial Proceedings Committee to report unfavorably on Senate Bill 503.

Senate Bill 503 – Child Advocacy Centers and 48 Hour Notice of Personnel Changes
This bill imposes personnel policies on child advocacy centers by requiring notice regarding changes in a child's "behavioral, mental, or other health care provider" within 48 hours of the change. Further it requires the employer to provide the former employee's contact information to the parent or guardians of a child, and permits the former employee to contact the client and perform a "termination session" and assist with the transfer of the case.

Child advocacy centers (CACs) are "one-stop" shops that respond to sexually abused children. They help ensure that children are not retraumatized during the investigatory process. All jurisdictions in Maryland have CACs. Most are government based and others are in non-profits or have a hybrid model. MCASA fully supports CACs as a best practice in investigation of child sexual abuse.

This bill appears to be prompted by very serious allegations in one CAC and complaints made by former employees. This was investigated by the Montgomery County Office of the Inspector General and it appears that significant changes in the local CAC have occurred. MCASA shares the concerns of the sponsor, however, we believe that SB503 is not the correct response. The requirements established in SB503 create an unrealistic burden on child advocacy centers (CACs), do not account for the variety of personnel issues these agencies may encounter, and - most importantly - are not closely related to helping the vulnerable children that CACs serve.

In particular, the requirement to mandate contact with the former provider is not always appropriate. There are a host of reasons that a provider may leave any practice, CAC or otherwise. We appreciate that the bill provides that contact is not required if the provider was terminated for conduct detrimental to a child, however, other bad conduct such as harassment of

a coworker or dishonesty may lead to termination. An employer in that situation should be permitted to take alternative steps to transfer a case in a way that is appropriate for the children involved and the organization. SB503 would mandate something that is best left to individual circumstances.

Additionally, SB503 applies to "other health care provider(s)" who may not see CAC clients on an ongoing basis. For example, pediatricians and nurses conduct forensic medical exams (SAFEs) at CACs for children with suspected sexual abuse. These are generally one-time exams; return visits are uncommon. Requiring notice regarding changes in this staff is an unnecessary burden on already short-staffed programs. MCASA also notes that the Health Care Worker Whistleblower Protection Act already applies to CACs in non-governmental entities. If there are concerns that some CAC staff are not protected by this Act, MCASA respectfully suggests that the Committee (or the Health & Government Operations Committee) consider amendments to that statute.

Providing continuity of health care services to vulnerable children is enormously important. It is an important component in the ethical rules governing clinicians providing treatment. There is also no indication that there is an issue beyond the one case that prompted the OIG investigation. Even if there were a more widespread problem, however, there other more effective and realistic ways to ensure continuity of care and take into account the needs of individual children.

The Maryland Coalition Against Sexual Assault urges the
Judicial Proceedings Committee to report unfavorably on Senate Bill 503

2023 SB503 Criminal Procedure - Child Advocacy Cen

Uploaded by: Martha Nathanson

Position: UNF

LIFEBRIDGE HEALTH®

CARE BRAVELY

SB503 - Criminal Procedure - Child Advocacy Centers - Care Providers
Senate Judicial Proceedings Committee – March 8, 2023
Testimony of Martha D. Nathanson, Esq., Vice President, Government Relations and Community Development
Position: **OPPOSE**

I am writing to OPPOSE SB503. LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County, and; Grace Medical Center in Baltimore (formerly Bon Secours Hospital). LifeBridge Health is the only community hospital system that dedicates significant resources to violence intervention and prevention, including a Child Advocacy Center ("CAC"), formerly known as the Baltimore Child Abuse Center. Operation of this CAC and its related efforts to improve health outcomes for children is compromised by this bill.

SB503 creates new continuity of care standards for a child's "health care provider." As written, the bill applies to ALL medical and health staff involved in a child's care at a child advocacy center. Medical or other somatic care providers are regulated by their own boards as well as covered by LifeBridge employment guidelines yet are caught up in the language. Furthermore, the bill's overly broad language reaches beyond the CAC to ANY health care provider who may not be employed or contracted by a CAC, creating confusion for both providers.

The requirement for written notification "within 48 hours to the child and the child's parent or guardian when there is a change in the children's behavioral, mental, or other health care provider" subverts the work being performed on behalf of a child victim by the CAC. A CAC may have many providers involved in the care of a particular child in the course of treatment and disposition of the case. Health care providers and hospitals already have continuity of care rules and policies that govern their conduct and are appropriate to the kind of personnel changes at issue, such as referral, vacation, illness, sickness, death, termination, retirement. This is unrealistic and unworkable in the healthcare setting, and especially if the child is referred out for treatment. Nowhere in statutes governing "health care providers" are providers required to provide written notice to a patient when a change in provider occurs and this arbitrary requirement should not apply in a CAC setting either.

Furthermore, mandating that a child's parent be notified violates Health General § 20-102, which states that "a licensed health care practitioner may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor," further compromising care of the minor in a sensitive situation.

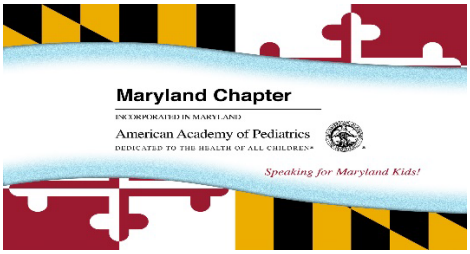
Similarly, providing the names of all providers working with the child and allowing the "previous provider" (there could be many, and it may not be clear which will apply) to conduct "a termination session" with the child is overly burdensome and likely disruptive and disturbing to the child and child's family/guardian or other representative, as changes may occur frequently and will, in some cases, involve difficult relationships between the provider and patient. Under this requirement, LifeBridge Health medical staff working at the Center for Hope's CAC will have to provide written notice to a child or family every time there is a change of any type in provider, including new or additional, temporary, replacement, such as changes in nursing staff, consulting physician, and so on.

Finally, licensed healthcare providers, including management, working in CACs are subject to their own professional and ethical rules. CACs are also guided by national accrediting standards by the National Children's Alliance, which are already incorporated into Human Services §11-928. Employees and contractors of CACs need not be regulated independently from their employers or contractors.

For all the above stated reasons, we request an **UNFAVORABLE** report for SB503.

Contact: Martha D. Nathanson, Esq.
Vice President, Government Relations & Community Development
mnathans@lifebridgehealth.org
Mobile: 443-286-4812

SB0503_UNF_MDAAP_Criminal Procedure - Child Advoca
Uploaded by: Pam Kasemeyer
Position: UNF



TO: The Honorable William C. Smith, Jr., Chair
Members, Senate Judicial Proceedings Committee
The Honorable C. Anthony Muse

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Christine K. Krone
410-244-7000

DATE: March 8, 2023

RE: **OPPOSE** – Senate Bill 503 – *Criminal Procedure – Child Advocacy Centers – Care Providers*

The Maryland Chapter of the American Academy of Pediatrics (MDAAP) is a statewide association representing more than 1,100 pediatricians and allied pediatric and adolescent healthcare practitioners in the State and is a strong and established advocate promoting the health and safety of all the children we serve. On behalf of MDAAP, we submit this letter of **opposition** for Senate Bill 503.

Senate Bill 503 proposes various procedures for child advocacy centers (CACs) when there is a change in health care providers and proposes various other protections for parents or guardians who may want to raise various concerns about a CAC's operations or standards of care. While MDAAP strongly supports the apparent intent of the bill – ensuring high quality continuity of care for some of Maryland's most vulnerable children, the provisions of the bill conflict with or duplicate existing provisions of current law and create an unrealistic burden on CACs and any medical or mental health professional who provides care through a contract with a CAC.

The current standard of care for medical and mental health professionals who leave their practice is to notify patients/clients that they will no longer be providing services at that site. However, neither Maryland law nor Maryland regulations require that this notice be made within 48 hours, and the requirement for notification and provision of contact information for current and previous providers within this time frame is neither realistic nor attainable. For example, when does the timeframe for notification begin – at the time of resignation, the professionals last day or some other undefined point in time. Further, the requirement to provide the name and contact information of the new provider is often not possible. The health care providers in large practices within CACs may need time to assess the case loads of other providers in order to determine which provider(s) can accept additional patients. Smaller CACs that may only have one mental or physical health provider will likely need more time to hire a replacement provider. CACs that provide physical or mental health services through contracts with individuals or groups may need additional time to negotiate a new contract.

Another problem with Senate Bill 503 is that the mandate extends to "other health care provider(s)" who may not see CAC clients on an ongoing basis. For example, pediatricians conduct medical exams at CACs for children with suspected sexual abuse. These are generally one-time exams; return visits are uncommon. If that

physician or nurse leaves the CAC, does the CAC need to notify any or all of the children seen for medical evaluations in case the family requests a return visit?

The requirements of Senate Bill 503 will be difficult, if not impossible to follow. While MDAAP agrees with the importance of providing continuity of health care services to vulnerable children, it is their belief that there are other more effective and realistic ways to ensure this continuity of care and to prevent children from falling through the cracks. For these reasons, MDAAP looks forward to working with the bill's sponsors and other stakeholders to find realistic and achievable solutions to their intended objectives but respectively ask for an unfavorable report on Senate Bill 503.

SB0503-JPR_MACo_OPP.pdf
Uploaded by: Sarah Sample
Position: UNF

MARYLAND Association of COUNTIES

Senate Bill 503

Criminal Procedure – Child Advocacy Centers – Care Providers

MACo Position: **OPPOSE**

To: Judicial Proceedings Committee

Date: March 8, 2023

From: Sarah Sample

The Maryland Association of Counties (MACo) **OPPOSES** SB 503. This bill would mandate several procedures by Child Advocacy Centers, including written notice to clients within 48 hours of when a change in health care provider is going to take place. For the multiple county governments and law enforcement agencies that operate these centers, the bill mistakenly places obligations on a party that does not oversee the functions described.

While clear communication and protections could certainly be helpful for clients receiving services that are linked through one of these centers, counties are simply not the entity that would be able to fulfill the requirements of this bill. Most of these centers do not directly provide services or oversee therapists and medical practitioners. The vast majority have linkage agreements with a private provider for these services and, as a result, do not actually employ or oversee any clinicians. As this is the predominant structure for these centers across Maryland, the notice requirement in SB 503 presents operational concerns for a county's or law enforcement agency's ability to practically fulfill the requirements, especially with the short 48-hour timeline established in the bill. The actual providers are not required to report on service changes under SB 503, but they are the entities in the direct position to do so, if there is a public interest in ensuring such a process.

Further, a patient's confidentiality protections could be severely compromised if a government or law enforcement agency were to access patient information in the process of trying to inform clients as directed. Again, the best course to ensure legal compliance is to hold the provider accountable for any such notifications.

Counties believe any policy regarding care assignments and patient notification would be more appropriately applied to the actual providers rather than placing an unreasonable – and, potentially, legally precarious – mandate on local governments. For these reasons, MACo urges an **UNFAVORABLE** report for SB 503.

SCCAN SB503 Written Testimony.pdf
Uploaded by: Wendy Lane
Position: UNF

State Council on Child Abuse and Neglect (SCCAN)
Wendy Gwirtzman Lane, MD, MPH, Chair
Mobile: (443) 904-2533
wlane@som.umaryland.edu
wlane@lifebridgehealth.org

SCCAN is an advisory body required by Maryland Family Law Article (Section 5-7A) "to make recommendations annually to the Governor and General Assembly on matters relating to the prevention, detection, prosecution, and treatment of child abuse and neglect, including policy and training needs."

TESTIMONY IN OPPOSITION TO SB503:

CRIMINAL PROCEDURE – CHILD ADVOCACY CENTERS – CARE PROVIDERS

****OPPOSE****

TO: Hon. William Smith, Chair, and members of the Senate Judicial Proceedings Committee

FROM: Wendy Lane, MD, MPH, Chair, State Council on Child Abuse & Neglect (SCCAN)

DATE: March 8, 2023

SCCAN opposes SB503, Criminal Procedure – Child Advocacy Centers – Care Providers. We understand that the intent of the bill is to ensure continuity of care for vulnerable children, a goal that SCCAN applauds. However, the requirements established in SB 503 are unclear, and create an unrealistic burden on child advocacy centers (CACs) and any medical or mental health professional who provides care through contract with a CAC.

It is standard of care for medical and mental health professionals who leave their practice to notify patients/clients that they will no longer be providing services at that site. However, neither Maryland law nor Maryland regulations require that this notice be made within 48 hours, and the requirement for notification and provision of contact information for current and previous providers within this time frame simply ***does not make sense***.

This notification and time frame are unrealistic for several reasons. First, SB 503 does not specify when the clock starts; does it begin the moment a medical or mental health professional resigns? On the professional's last day? Some other time? Second, the requirement to provide the ***name and contact information of the new provider*** within this time frame may not be possible. Larger mental health practices or programs within CACs may need more time to assess the case loads of other providers in order to determine which provider(s) can accept additional patients into their practice, and how many they can accept. Smaller CACs that may only have one mental health provider will likely need more time

to hire a replacement mental health provider. CACs that provide mental health services through contracts with individuals or groups may need additional time to negotiate a new contract. Third, the requirement to provide the ***name and contact information of the previous provider*** may not be possible for a number of reasons. The previous provider may have decided to retire, to pursue a different line of work, or to take time off from practice, in which case they may not have forwarding contact information.

Another problem with SB 503 is that the mandate extends to "other health care provider(s)" who may not see CAC clients in an ongoing manner, but who may be seen by the child or family as their doctor or their nurse. For example, pediatricians and nurses conduct medical exams at CACs for children with suspected sexual abuse. These are generally one-time exams; return visits are uncommon. If that physician or nurse leaves the CAC, does the CAC need to notify any or all of the children seen for medical evaluations in case the family requests a return visit?

In sum, the requirements of SB 503 will be difficult, if not impossible to follow. We agree with the importance of providing continuity of health care services to vulnerable children but believe that there are other more effective and realistic ways to ensure this continuity of care and to prevent children from falling through the cracks. We welcome ongoing conversation with Senator Muse to find a more realistic mechanism achieving this laudable goal.

For these reasons, we request an UNFAVORABLE report.

MCA Testimony SB503 3.08.2023.pdf
Uploaded by: Wendy Myers
Position: UNF

Testimony before the Senate Judicial Proceedings Committee being heard on SB 503- CRIMINAL PROCEDURE – CHILD ADVOCACY CENTERS – CARE PROVIDERS

March 8, 2023

Testimony of Maryland Children's Alliance

Position: OPPOSE

The Honorable William C. Smith
Chair, Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland 21401

Dear Chairman Smith:

Thank you for taking the time to review and consider our position on SB503 - Criminal Procedure - Child Advocacy Centers - Care Providers. Maryland Children's Alliance (MCA) is a private nonprofit State Chapter within the National Children's Alliance that serves as a convener of the 24 children's advocacy centers (CACs) across Maryland. There is a CAC in every jurisdiction in Maryland. For the reasons set forth below, we respectfully oppose SB503 and urge the committee to submit an unfavorable report.

CACs facilitate the coordination of comprehensive investigation and intervention services by bringing together professionals and agencies as a multi-disciplinary team. The team is comprised of members from many disciplines, such as mental health providers, medical staff, victim advocates, law enforcement, child protective services, and prosecution, who work together in the investigation, treatment and prosecution of child abuse cases. The primary goals of the CAC are to keep the child's best interests at the center of care and ensure that children are not re-victimized by the very system designed to protect them.

The requirements set forth in SB503 have a disparate effect on the 24 CACs in Maryland given the differences in their organizational structure and the specific communities they serve. 14 of the 24 CACs are operated by the Department of Human Services (DHS); five are non-profit entities; three are operated by counties; and two are operated by law enforcement. Additionally, 20 out of the 24 do not employ in-house healthcare providers. These CACs instead coordinate healthcare services through linkage agreements with external providers. SB503 proposes a

one-size fits all approach to CACs that are of all different types with different professionals and entities at the helm.

SB503 mandates that CACs notify the child victim and the child's parent or guardian when there is a change in the child's behavioral, mental, or other healthcare provider. This requires the majority of CACs who have a linkage agreement with an external healthcare provider to be immediately informed of any staffing changes of an external provider, and to report that staffing change to a child victim and the child's parent or guardian within 48 hours.

This requirement in practice is untenable for a variety of practical reasons. For example, an external provider may not report a staffing change to the CAC in a timely manner. Moreover, it may not be possible to assign a new provider within 48 hours. Given the shortage of qualified mental health and health providers with the necessary skills to work with the very vulnerable population served by CACs, it can take longer than 48 hours to secure a new provider when there is a change. As a result, it is impossible to guarantee the ability to provide the name of a new provider as required by SB503 within the mandated time. This is especially true as a result of the pandemic. Providers have larger caseloads and the demand for services has steadily increased. Underserved populations in Maryland have fewer resources available to them as a result.

An additional complication SB503 presents falls within the context of a CACs organizational structure. Given that some CACs are led by the DHS, counties or local law enforcement, this legislation would require state or county employees such as child protective services (CPS), prosecutors, and law enforcement professionals to report a change in healthcare provider. The mandate blurs the lines between the services those professionals are actually providing (CPS, legal and law enforcement) with healthcare services.

SB503 does not ultimately protect vulnerable children. Instead, this bill seeks to codify an unrealistic operating policy on every CAC in Maryland without taking into account the implications of day-to-day management and coordination of services. This bill sets a dangerous precedent for youth-serving organizations by legislating internal health and regulatory policy rather than working with regulatory agencies such as the Department of Health and/or professional licensing boards. The practices this bill intends to codify is not an agreed upon continuity of care standard. It ultimately creates a harmful new standard without any meaningful input from the CAC community while also bypassing health and regulatory agencies as well as professional licensing boards altogether. Further, SB503 has no clear or understandable enforcement mechanism.

The bill also codifies the Health Care Working Whistleblower Protection Act (Act) within the CAC statute; however, it expands upon the circumstances that the statute may apply. For example, the legislation "applies to behavioral, mental, and other health care providers working with child advocacy centers to ensure their protection if raising concerns about center operations, services, and standards of care." It is unclear what constitutes "concerns about center operations." This language is overly broad and can include a litany of circumstances. It is also unclear what "working with" would entail. Is this an employer/employee relationship? Is it a contractor relationship? Is it a volunteer relationship? The Act was passed with great care by the Maryland General Assembly and any significant changes should be looked at carefully.

The majority of CACs in Maryland are accredited by the National Children's Alliance which institutes clear standards on continuity of care and requires whistleblower protection for all providers that work with CACs. CACs are held to federal, state, and local whistleblower standards by way of the rules and regulations that govern the competitive government grants that CACs depend on to operate. Additionally, all licensed healthcare workers who are employed by or contracted by CACs are bound by the professional ethics standards and licensure standards of their field.

We are not aware of any instance within the Health General Article for a mandated reporting requirement for any healthcare provider that is impacted by this piece of legislation. The 48 hour mandated notice window is not a standard that is documented in current law or in any common industry practice when "there is a change in the child's behavioral, mental, or other health care provider."

Youth serving agencies, including CACs, already have professional, legal, regulatory, and ethical duties to their patients and clients, and many have internal policies on continuity of care and staffing. This legislation would needlessly confuse or contradict many of those policies. For these reasons, we respectfully request an UNFAVORABLE report on SB503.

Sincerely,

Wendy Myers, Executive Director
Maryland Children's Alliance

SB503 Child Advocacy Centers- Providers

Senate Judicial Proceedings Committee – March 8, 2023

Position: **OPPOSE**

The Honorable William C. Smith, Chair
Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland 21401

Dear Chairman Smith:

The CRICKET Center, Worcester County's Child Advocacy Center, opposes SB503. The bill would impose an unnecessary burden on child advocacy centers and any health care provider affiliated with them by trying to comply with legally flawed and unworkable statutory provisions. The CRICKET Center is a comprehensive violence intervention program that provides trauma-informed crisis intervention and prevention services to children and family members each year who have experienced child abuse. The CRICKET Center is a nonprofit organization and subject to rules and policies governing non-profit agencies. As a child advocacy center, we are also subject to national accreditation standards from the National Children's Alliance, which are incorporated by reference in the law this bill seeks to change, Md. Code Criminal Procedure §11-928.

The bill mandates that "CHILD ADVOCACY CENTERS SHALL PROVIDE WRITTEN NOTIFICATION WITHIN 48 HOURS TO THE CHILD AND THE CHILD'S PARENT OR GUARDIAN WHEN THERE IS A CHANGE IN THE CHILD'S BEHAVIORAL, MENTAL, OR OTHER HEALTH CARE PROVIDER… [AND] THE NOTIFICATION…SHALL INCLUDE THE NAME AND CONTACT INFORMATION OF THE NEW AND PREVIOUS PROVIDERS." The bill includes medical personnel and other staff, including the physicians, nurse practitioners, and other medical staff, as well as forensic interviewers, family advocates and other staff who are licensed social workers or "health care providers" within the meaning of Health Occupations or Health General codes. Child advocacy centers are, by definition under Md Code, Crim. Proc. §11-928, multidisciplinary teams that include a variety of medical, mental health, and other disciplines.

The bill contradicts Maryland's current whistleblower provision. Healthcare providers are already covered under Maryland's whistleblower provision MD Code, Health Occupations, § 1-502. This bill seeks to place new language in the Criminal Procedure Article that expands and contradicts this provision. Two different state standards would be unenforceable. Furthermore, staff at our child advocacy center are also covered under federal whistleblower protections that are part of grants received through VOCA and/or NCA.

48 hours is unrealistic for a new provider in some cases. The bill requires that child advocacy center provide the name of "the new provider" within 48 hours. This is not always feasible. We are not able to guarantee external continuity of care for a variety of reasons, and cannot immediately provide the name of "the new provider "as that choice would be at the discretion of the client and availability of the provider. This is especially true after the pandemic, which has left a shortage of health care personnel. Given the highly skilled nature of the work of our trauma-informed mental health staff, there are simply not enough providers doing this work. We partner with and refer to a number of agencies, many of whom are also at or near capacity. We oppose this bill's efforts to expose our agency or staff to liability for provider shortages outside of our control.

The CRICKET Center requests an UNFAVORABLE report.

Lauren Cooper
Executive Director, The CRICKET Center

NCA Letter of Opposition to MD SB 503.pdf
Uploaded by: WILL LAIRD
Position: UNF

National Children's Alliance®
The Force Behind Children's Advocacy Centers

March 7, 2023

The Honorable William C Smith Jr., Chair; and
Members of the Senate Judicial Proceedings Committee
2 East, Miller Senate Office Building
Annapolis, MD 21401

Re: SB 503 – Opposition

Dear Chairman Smith and Members of the Committee,

On behalf of National Children's Alliance, our 939 member Children's Advocacy Centers across the US, and the more than 380,000 victims of child abuse and child sex trafficking we serve each year, we write to urge your opposition to SB 503. We believe that all interested parties have the best interests of children at heart. Though well intentioned, we find the proposed legislation to be ill-conceived at best, unnecessary at least, and counter-productive at worst. National Children's Alliance values its partnership with members of the American Psychological Association and its respective state chapters. However, for a variety of reasons, we must actively oppose SB 503, and we ask you to do the same.

National Children's Alliance (NCA) is the nationally recognized and federally supported accrediting body for Children's Advocacy Centers (CACs). Maryland law requires that CACs be developed and located throughout the state to ensure that every child has access to the best-known services and practices in response to allegations of sexual crimes against children. The statute further requires that these centers meet or exceed NCA's strict standards for national accreditation. These standards represent the work of more than 130 child abuse intervention professionals, including members of the American Psychological Association working from the latest data, evidence, and research. About every five years, these standards are revised and updated to reflect the latest evidence and practice. Newly revised standards took effect January 1, 2023.

Continuity of care is of course an ongoing priority for all CACs. For this reason, NCA Standards for Accreditation require that therapists be licensed or working under the supervision of someone who is licensed while seeking licensure themselves. The effect of this requirement is to ensure that therapists are duty bound by American Psychological Association and National Association of Social Workers Codes of Ethics, and/or any similar rules adopted by a state. As such, all therapists have an ethical duty to appropriately transition those they can no longer serve for whatever

reason. Again, we assume that this legislation is well intentioned, but the actual effect would be to confuse ownership of responsibility and could be used to deflect blame for dereliction of duty. It is an unfortunate reality that things like this will happen, but when they do there are proper procedures already in place. In this instance, the correct course of action would be to file a complaint with the Maryland Board of Examiners of Psychologists for review.

We would be remiss if we failed to point out that in the specific incident which appears to have inspired this legislation, the CAC followed the exact procedures that this legislation attempts to codify. In this case it was deemed appropriate and acceptable. However, that might not always be the case and could in fact often be terribly inappropriate. In most instances therapists are not employed by CACs, but rather have linkage agreements through which they provide their services. There are certainly instances where it would be wildly inappropriate for a staff member of a CAC who is involved in the investigation of a case to then become directly involved in the provision of health services, mental or medical.

With respect to the whistleblower protections curiously inserted into this bill, we firmly believe this language to be unnecessarily redundant as adequate protections already exist in numerous other statutes and rules, both state and federal as well as in various municipal and county codes.

Because CACs have been on the front lines in intervening and preventing child abuse and child exploitation for over 30 years, we know well what works. Last year alone our member centers provided services to 386,191 children and provided child abuse prevention training to over 2.8 million individuals. The provisions contained in SB 503 would confuse professional service providers and could be truly harmful to the CAC model and to the children and families we serve. We know of no similar legislation in any state across the country. Therefore, we oppose SB 503 and request your unfavorable consideration of this measure as well.

Child abuse is a far too common experience for America's children. And, while sadly we may never be able to prevent all instances of abuse, we do know that with the appropriate response we can limit additional trauma and improve outcomes by providing justice and walking children and families down a path towards healing. We are always ready and willing to work with you and other partner organizations to improve outcomes for children, but this particular piece of legislation may do more harm than good.

Thank you again for your consideration of this matter.

Sincerely,

Teresa Huizar
Executive Director
National Children's Alliance

SB0503-DHS-INFO.pdf
Uploaded by: Rachel Sledge
Position: INFO

Date: March 8, 2023

Bill number: SB0503

Committee: Senate Judicial Proceedings Committee

Bill title: **Criminal Procedure - Child Advocacy Centers - Care Providers**

DHS Position: **LETTER OF INFORMATION**

The Maryland Department of Human Services (DHS) thanks the Committee for the opportunity to provide written information for Senate Bill 503 (SB 503).

Senate Bill 503 would establish certain procedures for Child Advocacy Centers (CAC) when there is a change in the child's behavioral, mental health, or other health care provider. This bill requires the CAC to provide written notification within 48 hours, to the child and the child's parent or guardian when there is a change in health care providers, unless the CAC has reason to believe that such notification may endanger the child. The bill requires the previous health provider to contact the child and their parent or guardian to conduct a termination session and assist in transferring the child's care to a new provider unless the previous provider was terminated for conduct detrimental to the health, safety, and welfare of a child. This bill also requires that certain CAC health care providers are included in the Health Care Worker Whistleblower Protection Act ("the Act"). To the extent that any CAC health care providers are State employees, the bill would create confusion because the Act currently exempts State employees.

Should the bill pass, Senate Bill 503 would introduce ambiguity into the interpretation of Maryland's statutes. Presently, Health General §20-104 permits discretion for parental notification when a minor consents to consultation, diagnosis, and treatment of a mental or emotional disorder by the health care provider or a clinic.[1] As written, Senate Bill 503 provides that a CAC is not required to provide notification when it may endanger the child.

Child Advocacy Centers (CAC) coordinate investigation and intervention services by bringing together professionals and agencies as a multi-disciplinary team to create a child-focused approach to child maltreatment cases. This multi-disciplinary team comprises members from many disciplines including law enforcement, social services, legal services, mental health, medical and victim advocacy, all of whom work together in the investigation, treatment, management and prosecution of child maltreatment cases. In fact, the Child Advocacy Center model was developed to ensure that children are not re-victimized by the very system designed to protect them. Child Advocacy Centers provide important support and services in partnership with the Local Departments of Social Services (LDSS) to children who have experienced extreme trauma due to maltreatment.

The Department appreciates the opportunity to provide the aforementioned information to the Committee for consideration during your deliberations. DHS welcomes continued collaboration with the Committee on Senate Bill 503.

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[1] *See* Health Gen. 20-104 which grants a minor 12 or older the ability to consent to consultation, diagnosis, and treatment of a mental or emotional disorder by the health care provider or a clinic and allows a health care provider discretion to notify a parent of such unless the health care provider believes that the disclosure will lead to harm to the minor or deter the minor from seeking care in which case the health care provider is prohibiting from notifying a parent.