



**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,

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

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