

Testimony on SB 403

Hospitals and Related Institutions - Residential Treatment Centers - Accreditation

Senate Finance Committee February 15, 2024

POSITION: SUPPORT

Nexus Family Healing (NFH) is a national organization of twelve agencies in five states including Nexus Woodbourne, a 220 years old agency which operates a diagnostic program, a psychiatric residential treatment facility, non-public middle and high school, and treatment foster care in Baltimore. NFH supports SB 403 as a critical measure to allow nonprofits to build residential treatment capacity to the level currently needed to meet the needs of Maryland youth and families. The consequence of inadequate capacity is the use of inappropriate resources such as emergency departments for youth experiencing high intensity mental health challenges. Not only is this not meeting the needs of the youth and families with these challenges, it is an unnecessary drain on resources. Youth's needs are only exacerbated when they do not receive the right treatment at the right time.

SB 403 will allow agencies who are accredited by the broadly used entities of the Commission on Accreditation of Rehabilitation Facilities (CARF) and the Commission on Accreditation (COA) to meet the residential demand in Maryland. These entities have long been recognized by the federal government as appropriate to monitor RTCs (42 CFR 441.151. Nexus Family Healing agencies, with the exception of Nexus Woodbourne, are accredited through COA including residential agencies in Illinois, Minnesota, North Dakota and Oregon. COA is a rigorous accrediting body that has supported Nexus Family Healing's high standards of excellence for more than 50 years.

The current Maryland practice of only recognizing the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) dates back to a time when hospitals were the only providers of RTCs. Given the evolution of the provision of residential treatment by social service agencies, COA and CARF accreditation is very common. This means that agencies would have to bear the cost of a separate accreditation just for its residential treatment program which is not a cost or a burden that can be borne by most non profit agencies.

As an organization that does maintain both accreditations in order to serve youth in Maryland, we urge favorable support on SB 403. This will open the opportunity for more agencies to provide this critical resource without assuming unnecessary fiscal and administrative strains.

Please do not hesitate to contact me if you have any questions or would like further information.

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