

**SB0403\_MHAMD\_Fav.pdf**

Uploaded by: Ann Geddes

Position: FAV

**Senate Bill 403 Hospitals and Related Institutions – Residential Treatment Centers - Accreditation**

Senate Finance Committee

February 15, 2024

**Position: SUPPORT**

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of SB 403.

SB 403 would allow Residential Treatment Centers (RTCs), facilities that provide intensive treatment to children and adolescents with serious mental health conditions, to become accredited by Commissions other than the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

A combination of worsening mental health among children, and the closure of multiple RTCs over the last decade in Maryland, has resulted in children and adolescents who need intensive mental health treatment being stuck in emergency departments.<sup>1</sup> The continuum of care is plugged: many children lingering in emergency departments are waiting for psychiatric inpatient hospitalization, but there are youth stuck in hospital psychiatric inpatient units awaiting placement in an RTC. There simply are not enough RTCs in Maryland that can treat youth with a wide array of conditions. SB 403 will help by allowing more choice in the accrediting bodies allowed for RTCs, thereby attracting more providers to open or expand units.

Currently, Maryland statute only recognizes the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). This policy dates back to a time when hospitals were the only providers of RTCs. Since that time, two more accrediting bodies – the Commission on Accreditation of Rehabilitation Facilities (CARF) and the Commission on Accreditation (COA) have long been recognized by the federal government as appropriate to monitor RTCs. In fact, Maryland is the only state not to recognize CARF as an accrediting body for RTCs.

Because CARF and COA focus on a rehabilitative model rather than a medical model, most behavioral health providers choose one of those organizations for their accreditation. To open an RTC in Maryland, they would then need to get a second accreditation, which would be costly in terms of both time and money, discouraging new providers.

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<sup>1</sup> The Baltimore Banner. Maryland kids in distress are being kept in emergency departments for weeks, months. (August 9, 2023). Accessed February 13, 2023. <https://www.thebaltimorebanner.com/community/public-health/hundreds-of-maryland-children-live-in-hospitals-FCLWTVRAZFHKCP74RP5EFJNQ/>

SB 403 is one step to take to alleviate the shortage of residential treatment center beds in Maryland that can treat a wide range of youth. For this reason, MHAMD supports SB 403 and urges a favorable report.

# **2024 Legislation MHCC (SB 403 - Hospitals and Rela**

Uploaded by: Ben Steffen

Position: FAV



**2024 SESSION**  
**POSITION PAPER**

**BILL NO:** SB 403

**COMMITTEE:** Finance Committee

**POSITION:** Support

**TITLE:** Hospitals and Related Institutions - Residential Treatment Centers - Accreditation

**BILL ANALYSIS**

*SB 403 - Hospitals and Related Institutions - Residential Treatment Centers - Accreditation* adds to the definition of “accredited residential treatment center” to include a center accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Council on Accreditation (COA), in addition to the Joint Commission on Accreditation of Healthcare Organizations under current law.

**POSITION AND RATIONALE**

The Maryland Health Care Commission (MHCC) supports *SB 403*. This bill by recognizing CARF accreditation in the definition of “accredited residential treatment centers” would align with our state health plan regulations as well as with federal requirements and other states requirements for licensure of residential treatment centers.

More residential treatment centers are needed in Maryland. It is our understanding that a major reason why behavioral health providers are not seeking to become a residential treatment center is because of the accreditation requirement. Many behavioral health providers have CARF accreditation and the current requirement for licensure only recognizes accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

For many having to seek accreditation from a second accreditation organization was a major issue preventing them from pursuing opening a residential treatment center. Late last year, MHCC approved a new residential treatment center. MHCC staff compared the CARF accreditation requirements to the JCAHO accreditation requirements as part of the review and found that both accreditation organizations standards are comparable. Requiring multiple accreditations, for organizations already holding CARF accreditation, is a barrier for many entities to pursue becoming a residential treatment center and offers little additional benefit to patients.

Expanding the State’s accreditation options to include CARF, in addition to JCAHO accreditation, will make the decision to establish a residential treatment center less costly to entities.

For these reasons the Maryland Health Care Commission asks for a favorable report on *SB 403*.



# **NWB TEstimony 403.pdf**

Uploaded by: Bryon Fracchia

Position: FAV



**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.

A handwritten signature in cursive script that reads "Bryon A. Fracchia".

Bryon Fracchia  
Executive Director  
Nexus-Woodbourne Family Healing  
[bfracchia@nexuswoodbourne.org](mailto:bfracchia@nexuswoodbourne.org)





# **MC Federation of Families Testimony in Support of**

Uploaded by: Celia Serkin

Position: FAV



**Montgomery County Federation of Families for  
Children's Mental Health, Inc.**

Colesville Professional Center

13321 New Hampshire Avenue, Terrace B

Silver Spring, MD 20904

301-879-5200 (phone) ♦ 301-879-0012 (fax)

[info@mcfof.org](mailto:info@mcfof.org)

[www.mcfof.org](http://www.mcfof.org) (website)

**SB 403 Hospitals and Related Institutions – Residential Treatment Centers – Accreditation**

Senate Finance Committee

February 15, 2024

**POSITION: SUPPORT**

I am Celia Serkin, Executive Director of the Montgomery County Federation of Families for Children's Mental Health, Inc. (MC Federation of Families), a family peer support organization serving diverse families in Montgomery County who have children, youth, and/or young adults with mental health, substance use, or co-occurring challenges. Our Certified Family Peer Specialists are parents who have raised or are currently raising children with mental health, substance use, and/or co-occurring challenges. I am a Montgomery County resident and have two children, now adults, who have struggled since childhood with mental health challenges. My son has debilitating depression. My daughter has co-occurring challenges.

MC Federation of Families is pleased to support **SB 403 Hospitals and Related Institutions - Residential Treatment Centers - Accreditation.**

SB 403 will alter the definition of "accredited residential treatment center" for certain provisions of law governing hospitals and related institutions to include residential treatment centers accredited by the Commission on Accreditation of Rehabilitation Facilities or the Council on Accreditation.

SB 403 will help to address the hospital overstay crisis in Maryland by allowing the Commission on Accreditation of Rehabilitation Facilities (CARF) and the Commission on Accreditation (COA) to serve as accrediting bodies for RTCs. This change will incentivize more behavioral health providers to provide RTC programs. Maryland is the only state not to recognize CARF as an accrediting body for RTCs. Maryland statute recognizes only the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). At the time that this policy was established, hospitals were the only providers of RTCs. This policy is antiquated because two more accrediting bodies – CARF and COA – have long been recognized by the federal government as appropriate to monitor RTCs (42 CFR 441.151). Maryland recognizes CARF and COA for the various other community behavioral health service lines as well as for Intermediate Care Facilities (ICF). CARF and COA focus on a rehabilitative model rather than a medical model. For this reason, most behavioral health providers choose CARF or COA for their accreditation. Due to this antiquated policy of allowing only JCAHO to serve as the accrediting body for RTCs, behavioral health providers would need to get a second accreditation solely for their RTC program, which would be costly in terms of both time and money. This is a major deterrent to building capacity to increase RTC programs.

Having very limited RTC programs directly has hurt and continues to harm children and youth with serious behavioral health challenges. The number of facilities that can treat these children and youth decreased over the last five years. As fewer children and youth have been placed in RTCs, the number of children and youth

who experienced hospital overstays has increased. Hospitals have often become the default dumping ground for warehousing our children and youth. Hundreds of Maryland children and youth suffering with severe behavioral health challenges are kept in emergency departments or inpatient hospitalization for weeks and months. They are not getting the level of care they need to get better. There are Maryland foster children and youth who currently are experiencing, or are at imminent risk of experiencing, medically unnecessary hospitalization. These children and youth with challenging behavior are stuck in hospitals while they wait for placement in a congregate care group home, a highly restrictive RTC, or a residential program for youth with disabilities. The emergency rooms and hospitals are not the behavioral health interventions these children and youth need. In fact, it is damaging them. They are kept in the hospital and prevented from going outside. They are unable to have proper opportunities for education, recreation, socialization, fresh air, or basic interactions that are critical for their development. Their mental health deteriorates the longer they remain in the hospital.

Maryland should allow RTC programs to be accredited by CARF and COA and thereby eliminate a major barrier preventing behavioral health providers from developing and offering RTC programs. Children and youth stuck in hospitals can be released only if there are clinically appropriate places for them to go where they will receive the treatment needed to address their challenging behavior problems, get an education, and be kept safe. These places are so scarce. Specialized RTCs need to be developed that are tailored to the clinical and safety needs of children and youth with severe behavioral health challenges.

MC Federation of Families urges this committee to pass SB 403.

# **SB403 CPMC FAV.pdf**

Uploaded by: Diana Philip

Position: FAV

# **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 on SB0403**

### **Hospitals and Related Institutions - Residential Treatment Centers - Accreditation**

Senate Finance Committee

February 15, 2024

**POSITION: SUPPORT**

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.<sup>1</sup>

CPMC strongly supports SB0403 – Hospitals and Related Institutions – Residential Treatment Centers – Accreditation. Maryland has been grappling with ways to reduce its hospital emergency department (ED) wait times, which are among the longest in the nation. One of the factors contributing to the wait time problem is children with serious emotional disorders getting stuck in EDs due to lack of an available placement, such as a residential treatment center (RTC). SB0403 will help with that problem by allowing more choice in the accrediting bodies allowed for residential treatment centers (RTCs), thereby attracting more providers to open or expand units.

Current Maryland statute only recognizes the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). This policy dates back to a time when hospitals were the only providers of RTCs. Since that time, two more accrediting bodies – the Commission on Accreditation of Rehabilitation Facilities (CARF) and the Commission on Accreditation (COA) have long been recognized by the federal government as appropriate to monitor RTCs (42 CFR 441.151). Maryland itself recognizes CARF and COA for the various other community behavioral health service lines as well as for Intermediate Care Facilities (ICF). Because CARF and COA focus on a rehabilitative model rather than a medical model, most behavioral health providers choose one of those organizations for their accreditation. They would then need to get a second accreditation solely for their RTC program, which would be costly in terms of both time and money.

In Maryland, there are currently 28 agencies accredited through COA and a total of 2440 programs accredited by CARF. Increasing the number of accreditation options available to them will expand opportunities for these providers to become accredited as an RTC and increase the available placement options for some of the State's most vulnerable youth.

Representatives from CARF have advised us that Maryland is the only state not to recognize CARF as an accrediting body for RTCs. The great majority of children served in RTCs end up being discharged back to the community – either to their family, a community provider, or a foster care placement. It is time that Maryland allowed accrediting bodies that focus on rehabilitation to monitor RTCs.

***For these reasons, we urge a favorable committee report and passage of Senate Bill 403.***

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<sup>1</sup> This position is supported by the following member organizations: Board of Child Care, Child Justice, Inc., Citizens' Review Board for Children, FCN Foundation, The Franklin Law Group, P.C., Maryland Chapter of the American Academy of Pediatrics, Maryland Association of Resources for Families and Youth, MOMCares, National Association of Social Workers – Maryland Chapter, Tim Briceland – Betts (individual), Diana Philip (individual)

**SB 403 final accreditation 2.15.24.pdf**

Uploaded by: Laurie Anne Spagnola

Position: FAV



## **Testimony on SB 403**

### **Hospitals and Related Institutions - Residential Treatment Centers - Accreditation**

Senate Finance Committee

February 15, 2024

**POSITION: SUPPORT**

I am L A Spagnola, MSW, President and CEO of Board of Child Care of the United Methodist Church, Inc. Board of Child Care (BCC) is based in Baltimore and has sites across the state of Maryland which offers residential treatment, education and community-based services to thousands of children and families annually with serious mental illness in our community.

SB 403 will allow more choice in the accrediting bodies allowed for residential treatment centers (RTCs), thereby attracting more providers, just like BCC, to open or expand units. For the last several years, Maryland has been struggling with ways to reduce its hospital emergency department (ED) wait times, which remain among the longest in the nation. One of the factors contributing to the wait time problem is children with serious emotional disorders getting stuck in EDs due to lack of an available placement, such as a residential treatment center (RTC).

Board of Child Care fully supports greater choice in accrediting bodies for Medicaid payments in the Residential Treatment Center (RTC) level of care in Maryland. Board of Child Care has been preparing to open a Residential Treatment Center for the past 3 years. BCC was approved for a Hospital Overstay grant, designed to address children with serious emotional issues who are stuck in an ED. After being awarded the grant, BCC became aware of the statutory requirement to be Joint Commission accredited to receive Medicaid payments to deliver Residential Treatment Centers (RTCs). Board of Child Care is accredited by CARF, another federally recognized accreditation body, approved in Maryland for many other behavior health services, but not RTC services. The requirement to be Joint Commission Accredited is one of the factors slowing down our ability to serve vulnerable youth through an RTC.

Board of Child Care carefully researched accreditation bodies and chose one of the federally designated options, CARF, because of its goodness of fit with our programming and philosophy. CARF was founded to accredit health and human service organizations such as aging services, behavioral health, children and youth services, and other agencies like Board of Child Care. Whereas Joint Commission accredits health care organizations like hospitals, doctor's offices, nursing homes and behavioral health treatment facilities. CARF provides the right fit for our diverse programming and continuum of care.



Currently, Maryland statute only recognizes the Joint Commission on Accreditation of Healthcare Organizations (Joint Commission) for RTCs. Nationally, two more accrediting bodies – the Commission on Accreditation of Rehabilitation Facilities (CARF) and the Commission on Accreditation (COA) have been recognized by the federal government for several years as appropriate to monitor RTCs (42 CFR 441.151). In fact, Maryland recognizes CARF and COA for the various other community behavioral health service lines my organization provides,

Representatives from CARF have identified Maryland as the only state not to recognize CARF as an accrediting body for RTCs. The great majority of children served in RTCs end up being discharged back to the community – either to their family, a community provider like ours, or a foster care placement. It is time that Maryland allowed accrediting bodies that focus on rehabilitation to monitor RTCs allowing providers the choice to become accredited by the body that most closely aligns with our service line and treatment philosophy.

We urge a favorable report on SB 403.

Sincerely,

A handwritten signature in blue ink that reads "L A Spagnola". The signature is written in a cursive, flowing style.

L A Spagnola, MSW  
President and CEO  
Board of Child Care

**SB403-CBH-FAV-FIN.pdf**

Uploaded by: Lori Doyle

Position: FAV



## **Testimony on SB 403**

### **Hospitals and Related Institutions - Residential Treatment Centers - Accreditation**

Senate Finance Committee

February 15, 2024

**POSITION: SUPPORT**

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community-based providers serving the mental health and addiction needs of vulnerable Marylanders. Our 89 members serve the majority of those accessing care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

Maryland has been grappling with ways to reduce its hospital emergency department (ED) wait times, which are among the longest in the nation. One of the factors contributing to the wait time problem is children with serious emotional disorders getting stuck in EDs due to lack of an available placement, such as a residential treatment center (RTC). SB 403 will help with that problem by allowing more choice in the accrediting bodies allowed for residential treatment centers (RTCs), thereby attracting more providers to open or expand units.

Current Maryland statute only recognizes the Joint Commission as an accrediting body for RTCs. This policy dates back to a time when hospitals were the only providers of RTCs. Since that time, two more accrediting bodies – the Commission on Accreditation of Rehabilitation Facilities (CARF) and the Commission on Accreditation (COA) have long been recognized by the federal government as appropriate to monitor RTCs (42 CFR 441.151). Maryland itself recognizes CARF and COA for the various other community behavioral health service lines as well as for Intermediate Care Facilities (ICF). Because CARF and COA focus on a rehabilitative model rather than a medical model, most behavioral health providers choose one of those organizations for their accreditation. They would then need to get a second accreditation solely for their RTC program, which would be costly in terms of both time and money.

Representatives from CARF have advised us that Maryland is the only state not to recognize CARF as an accrediting body for RTCs. The great majority of children served in RTCs end up being discharged back to the community – either to their family, a community provider, or a foster care placement. It is time for Maryland's statute to recognize RTC accrediting bodies that focus on rehabilitation.

We urge a favorable report on SB 403.

**SB0403\_CC\_Twanmoh\_FAV.pdf**

Uploaded by: Valerie Twanmoh

Position: FAV

**Testimony on SB 403**

**Hospitals and Related Institutions - Residential Treatment Centers - Accreditation**

Senate Finance Committee

February 15, 2024

**POSITION: SUPPORT**

My name is Val Twanmoh, and I am with Catholic Charities of Baltimore. We support SB 403, which would increase the accreditation options for Residential Treatment Centers in Maryland and allow RTCs in Maryland to have a choice over their accreditation agency similar to the choice that Maryland's outpatient behavioral providers have.

For over a century, Catholic Charities has provided care and services to improve the lives of Marylanders in need. We accompany Marylanders as they age with dignity, support their pursuit of employment and career advancement, heal from trauma and addiction, achieve economic independence, prepare for educational success, and welcome immigrant neighbors into Maryland communities.

At Catholic Charities we operate a 55-bed licensed Residential Treatment Center (RTC) for children up to the age of 14. We are currently accredited by the Joint Commission and have no immediate plans to change that, although would be open to having that option if we so choose. We are supportive of the changes that have been proposed in this piece of legislation.

Most providers of congregate and outpatient services have historically chosen the Council on Accreditation (COA) or the Commission on Accreditation of Rehabilitation Facilities (CARF) as their accrediting agency. They have traditionally been viewed as more focused on community-based providers, whereas Joint Commission has historically been viewed as more medically focused, given their status as the accrediting agency for all hospitals in Maryland. Prior to any accreditation requirements for community-based providers, RTCs were required to be accredited, so they were lumped in with hospitals decades ago on this requirement. More recently, as accreditation has become a requirement as a condition of licensure for many levels of care, providing a choice of accrediting bodies has become standard practice across the country. The lack of choice isn't related to one being more rigorous or better than the other, it simply grew out of this historical practice.

One of the limiting factors in growing the network of RTC providers is the unwillingness to become accredited by the Joint Commission rather than being able to stay with their current accrediting agency. This law would open the door to other providers being willing to provide this critical level of service in Maryland.

In closing, we urge the committee to give SB 403 a favorable report. Thank you for your time and consideration.