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Testimony on HB 1134
Hospitals and Related Institutions – Residential Treatment Centers – Accreditation
House Health and Government Operations Committee
March 2, 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 adults and children 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. Across the children's continuum, we represent half of the State's QRTP providers, and CBH members have clinicians on the ground in over two-thirds of Maryland schools delivering prevention to specialty services, while also spanning juvenile justice and child welfare continuums of care. CBH members deliver evidence-based interventions, treatment foster, independent living and residential treatment to youth involved in Maryland's child welfare system.

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). HB1134 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.

The current Maryland statute only recognizes the Joint Commission as an accrediting body for RTCs. This policy dates 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 recognizes CARF and COA for other community behavioral health service lines and 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 overwhelming 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 HB 1134.