

February 28, 2025

Delegate Ben Barns, Chair
Delegate Mark S. Chang, Vice Chair
House Appropriations Committee
120 Taylor House Office Building
121 Taylor House Office Building
Annapolis, MD 21401

Bill: House Bill 1480 -Child Advocacy Centers – Continuity of Care Standards for Health Care Professionals and Reports of Violations

Position: Strong Support

I am Dr. Pat Savage, a retired psychologist in Maryland who provided mental health services for 40 years to the residents of Maryland. I am the current chair of the Maryland Psychological Association's Political Action Committee (MPAPAC), immediate past Chair of the Maryland Psychological Association's (MPA) Legislative Committee as well as a Past President of the Association. Today I am writing in support of HB 1480.

I will address the aspects of this bill that apply to mental health providers.

HB 1480 has been introduced (different forms) in two prior sessions to address a serious incident that negatively affected some of the State's most vulnerable children and their families as well as the mental health professionals who work to help them heal their emotional wounds. These children's emotional pains have typically arisen from experiencing multiple episodes of mental and/or physical trauma. These vulnerable individuals turned to services offered through the state of Maryland by Child Advocacy Centers (CACs) as they generally do not have the resources to seek help on their own. Rather than experiencing a safe environment in which they could heal from their mental and physical wounds, they were further traumatized by the administrative actions of a CAC. Additionally, the mental health professionals who were working to treat these children were placed in jeopardy of administrative action from their professional licensing boards.

What happened? My understanding is that a group of mental health therapists was summarily terminated by the administrator of a CAC who did not allow the therapists to conduct a termination or transition of care session with the kids and families being treated. Kids and their families were suddenly unable to speak to the one person with whom they had worked, many times for months, to build the trust so necessary for emotional healing. Therapy for each of these children and their families was terminated with little to no apparent regard for the child's emotional state, nor the effect that an abandonment by their therapist would have upon their mental health. As you will hear from others, some showed up for their regularly scheduled appointments only to find that their therapists did not appear. No notice. No explanation. In fact, therapists were ordered not to contact a client to provide any explanation for their absence, nor participate in transitioning the child and family to care appropriately for their needs. A clear violation of the standard of care that any mental health professional is expected to follow, placing the therapist in jeopardy. The reason these standards of care exist is to prevent further harm to clients by providers, as many clients will assume that there is something they did or said that created the rupture in the therapeutic relationship. These dynamics further damage already fragile individuals. This belief arises as these individuals have often been told by those who emotionally or physically abuse them that it is their fault or they deserve what has happened to them.

As a result of this incident, we discovered that there is no direct oversight of the administrative decisions made by personnel of a CAC that directly affect their client's mental health nor ability to provide corrective measures for the individual's affected by these decisions. We discovered that many CACs lacked a simple policy regarding continuity of care to guide administrative decisions when the therapeutic process must be or is disrupted by external events.

While most organizations and in fact most CACs 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.

House Bill 1408 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:

- All providers of mental health services must be licensed or certified by the appropriate health occupations board to provide a service within the scope of their license or certification, and
- CACs must establish a continuity of care plan that minimally includes:
 - Notification of children and parents or guardians if there is turnover of their health care providers
 - Provide contact information for the new and former provider to the child/family
 - Protection for the child if the provider is considered to present a danger to the child/family
 - Allows 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

The bill also establishes:

- A complaint system through the Department of Health and Human Services that provides for an investigation as well as further action to address each complaint
- Creates transparency through the Department of Health and Human Services by making the following information available to the public:
 - Standards CACs must abide by and the compliance of the CACs with those standards
 - Establishment of a statewide data collection system for CACs
 - Posting of complaints and complaint resolutions

I strongly support House Bill 1480 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. A major goal of this bill is to strengthen the CACs by bringing their clinical care standards in line with that required of the licensing/certification boards of their mental health providers and provide relief to children and their families when those standards are violated.

Over the past 2 years of attempting to ensure that something like the incident that motivated the introduction of the prior bills and HB1480I, all of which were/are designed to protect kids and therapists, we have heard the following claims made during testimony, which do not reflect what I know after 40 years in the field.

1. Health professional's licensing boards are responsible for monitoring and correcting situations created by the administrative decisions of an organization such as the CACs.

Reality: Licensing/certification boards are charged with investigating and resolving complaints against licensed/certified providers and have no jurisdiction over the actions of administrative staff, unless they are a licensed/certified healthcare provider.

2. National certification organizations such as the National Children's Alliance for the CACs address issues or complaints of this nature.

Reality: They do not and when contacted during the incident that precipitated the introductions of bills over the last three years, clearly stated that they have no jurisdiction nor mechanisms for addressing complaints of this nature. They are not oversight bodies but an accrediting organization.

3. CACs have policies in place to address continuity of care issues.

Reality: A recent report, requested of the CACs and others by Delegate Pena-Melnyk that went to the Governor's Office, revealed that a very small minority of programs offering mental health services had a written continuity of care policy.

4. No one was harmed by the incident that precipitated this bill.

Reality: The team that has worked on these bills as well as a family harmed by the actions of the CAC have provided testimony attesting to the type of harm potentially experienced by 41 children and their families.

5. If continuity of care policies are put in place at CACs, mental health providers will be reticent to participate as care providers.

Reality: Aligning the continuity of care policies with the ethics and standard of care guidelines that exist within the professions of mental health providers will encourage providers to consider offering their services through CACs. Providers will no longer be at risk of being charged with abandonment of a client due to an administrator's directive.

Lastly, this is a bill that addresses a problem that doesn't exist. We know that forty-one kids and families were impacted by this event as well as a half dozen mental health providers.

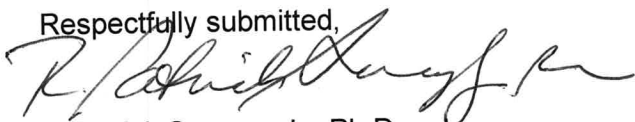
Even if it was an isolated incident, it brought to light the need for standardized procedures and establishment of best practices in the law.

That is why House Bill 1490 and two prior bills addressing this issue were 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.

I and those on our team ask for a favorable report on Senate Bill 503.

If I can be of any further assistance as the Appropriations Committee considers this bill, please do not hesitate to contact me at rpatrickssavagejrphd@gmail.com.

Respectfully submitted,



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