



The Honorable Benjamin Barnes
Chair, House Appropriations Committee
6 Bladen Street
Annapolis, MD 21401

March 4th, 2025

RE: HB 1480– Appropriations– Child Advocacy Centers – Continuity of Care Standards for Healthcare Professionals and Reports of Violations

POSITION: **UNFAVORABLE**

Dear Chair Barnes:

Thank you for the opportunity to testify on House Bill 1480 - *Child Advocacy Centers – Continuity of Care Standards for Healthcare Professionals and Reports of Violations*. We respectfully request that this committee return an **unfavorable** report on the bill for the reasons set forth in this letter.

The Maryland Children’s Alliance (“MCA”) is the nonprofit organization that functions as the State Chapter within the National Children’s Alliance and serves as a convener of the **24 child advocacy centers (CACs) across Maryland**. CACs are child-focused facilities that help abused children heal by coordinating the multi-disciplinary team response to child physical and sexual abuse, trafficking, and exploitation. CACs also provide children and families with advocacy and case coordination to get the help they need to heal.

CAC multi-disciplinary teams are made up of forensic interviewers, family advocates, medical providers, law enforcement, child protective services, trauma therapists, and prosecutors. The multi-disciplinary approach focuses the investigation collaboratively in order to provide the best outcomes for children and communities. Every jurisdiction in the State of Maryland now has the ability to respond to allegations of child maltreatment in a way which best supports healing for children who are survivors of abuse.

House Bill 1480 is a solution in search of a problem.

MCA has yet to receive any data to indicate that there is a systemic problem with continuity of care in Maryland CACs. **Maryland child advocacy centers have received only two complaints over the past five years**. Despite serving **26,443 children** during this time, there has been **only one written and one verbal complaint reported**. In 2020, Montgomery County CAC reported complaints from terminated employees. As a result of these complaints, three separate independent investigations were instigated by Montgomery County, the Maryland Office of Inspector General, and the Maryland Department of Labor. All three investigations exonerated the CAC of any wrongdoing. MCA and the National Children’s Alliance also completed a Critical Incident Report and communicated with CAC leadership throughout the process. In 2024, a verbal complaint was reported in a Maryland CAC but no formal complaint resulted as steps were taken immediately to successfully resolve the issue.

House Bill 1480 requires a CAC to report a change in provider to a “child and parent or guardian”.

By using the term “parent or guardian”, **children may be put at risk since parents are frequently the maltreater** in these cases. Best practices provide that only *non-offending caregivers* should be contacted regarding a change in a child’s provider. **In 2024, Maryland CACs served 5,387 children.** In **1,715** of these cases, the **parent or stepparent was the offender** so including the word “parent” here could jeopardize the investigation and put the child at further risk of harm.

The complaint provisions of House Bill 1480 do not consider possible issues related to confidentiality.

HB1480 requires that “each child advocacy center shall provide written notification to the parent or guardian when there is a change in a provider of medical or mental health services.” **This information may not be stored by a CAC.** Instead, this and related information would be stored by the third party service provider in most CACs. The majority of Maryland CACs do not have in-house mental health service providers. These CACs have linkage agreements with external providers who would be responsible for retaining this information as required by licensure. The CAC provides a medical exam but not ongoing services in most cases. **Additionally, medical services are rarely ongoing after the initial exam.** Many children who receive acute medical exams are brought to emergency rooms across the state. There would be no mechanism to provide ongoing services or a continuity of care plan in these cases.

Reporting requirements under the bill are issues covered by state licensure.

HB1480 requires that the Department of Human Services (DHS) publish information on their website on or before January 1 to include: compliance of CAC standards, any data collected by the statewide organization, and complaint and resolution information of the year immediately preceding. This would require collection and publication to the DHS website on the day the year ends. If a licensed mental health professional that has been treating a child victim is no longer able to treat that child victim due to the professional’s termination, change in job, or any other reason, the licensure standards established in COMAR governing each professional’s licensure contain continuity of care requirements.

Additionally, the Governor’s Office of Crime Prevention and Policy (“GOCPP”) has oversight of Maryland’s CACs under Maryland Code, Criminal Procedure §11–928, which may create confusion among Maryland state agencies. This is duplicative given that all 24 CACs in Maryland have contracted or employed licensed mental health providers. The impact of this provision on the variety of CACs is unclear given that CACs in Maryland are non-profits or may be county-based, led by law enforcement, by DHS, or by other state agencies.

Licensed mental health professionals have continuity of care requirements governed by their professional licensure requirements. For example, **Md. Code Regs. 10.36.05.07 outlines the continuity of care required of psychologists or psychology associates** in the event that there is a termination of services. **Social workers** have similar requirements under **Md. Code Regs. 10.42.03.03.** The Board of Examiners of Psychologists as well as the Board of Social Work Examiners investigate complaints against professionals licensed under their authority. Each Board’s complaint process and investigation is comprehensive.

This is relevant because 20 out of 24 CACs do not employ licensed mental health providers; however, all 24 CACs coordinate services with licensed mental health providers (through a linkage agreement) who are under the oversight of their relevant licensing board. The contracted licensed mental health providers have continuity of care requirements within the existing regulatory framework. The reporting requirement under the bill as proposed creates tremendous practical challenges for CACs, especially those that work with external providers.

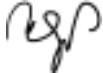
Seventeen out of twenty-four CACs are accredited by the National Children’s Alliance (“NCA”) with those remaining actively seeking accreditation.

NCA's accreditation standards require that CACs demonstrate that its mental health providers meet at least one of the following academic training standards: 1) Master's degree, **licensed, and certified in a related mental health field**, 2) Master's degree in a related mental health field and working toward licensure; **supervised by a licensed mental health professional**, or student intent in an accredited mental health related graduate program, **when supervised by a licensed/certified mental health professional**.

This aligns CACs with continuity of care licensure requirements for licensed mental health providers in Maryland as outlined above. Though 7 of the 24 CACs are not accredited by the NCA, those CACs work exclusively with licensed mental health providers and are therefore required to comply with the state licensing board regulations. Additionally, the 7 CACs that are not currently accredited by the NCA are actively working towards accreditation.

For these reasons, we request an unfavorable report on HB 1480.

Sincerely,



Wendy Myers, M.S.

Executive Director, Maryland Children's Alliance