A LIFEBRIDGE HEALTH GROUP
CENTER FOR HOPE
Advancing hope, healing and resilience

Date: March 3, 2025
To: Chair Barnes, Vice Chair Chang, and the Appropriations Committee
Reference: House Bill-1480 Child Advocacy Centers Continuity of Care Standards for Health Care Professionals and Reports of Violations

Position: **UNFAVORABLE**

Dear Chair Barnes and Committee Members,
On behalf of LifeBridge Health's Center for Hope, we appreciate the opportunity to comment on and offer our sincere concerns for House Bill 1480. The Center for Hope is a comprehensive program that, in 2024 alone, provided trauma-informed crisis intervention and prevention services for over 5,700 survivors and caregivers impacted by child abuse, domestic violence, community violence, and elder justice. Serving as Baltimore City's Child Advocacy Center (CAC), Center for Hope served over 1,500 children last year. At LifeBridge Health, we recognize the devastating impact of violence in our communities and the growing number of victims of all ages.

At its core, this bill as introduced seeks to impose in appropriate healthcare standards via the Criminal Procedure Article – not the Health General Article, Health Occupations Article, nor any regulatory agency or licensing board. While Md. Code Criminal Procedure § 11-928 codifies the standards of Child Advocacy Centers and their multidisciplinary teams in conducting child abuse investigations, § 11-928 does not and should not outline the internal policies or best practices for healthcare providers that support and provide mental health services within CACs given the sensitive and legal nature of the services provided.

Brief History
House Bill 1480 is the third version of previously introduced legislation that is seeking to apply provisions that are required for healthcare entities. Originally introduced in 2023 as House Bill 762/Senate Bill 503, a marginally altered version w introduced in 2024 as House Bill 1100/Senate Bill 1110. Both years, experts, stakeholders, and constituents from across the State testified that the bills would create vague, legal concerns of protecting child's information, and even contradictory standards for Child Advocacy Centers if implemented. Still stemming from a personnel matter within the Montgomery County CAC resulting in litigation almost 5 years ago,[1] the 2025 version

[1] Despite allegations raised by proponents of this legislation during the 2023 and 2024 hearings for these bills, all children at the Montgomery County Tree House CAC had continuity of care after their previous care providers were terminated from their employment. Notably, the terminated providers testified as the bills' proponents. In the 2020 report from the Office of the Inspector General, the investigation found that "approximately 27 clients were affected by the terminations." The investigation found that each family was told directly that their therapist no longer worked for Tree House per existing protocols. While some clients were reassigned to a new provider internally that was available immediately, others were provided a choice to be either referred to another provider free of charge or continue with a new provider at Tree House but wait for a therapist to become available. Three bodies (Montgomery County, the Maryland Office of the Inspector General, and the Maryland Department of Labor all exonerated the CAC of any wrongdoing). *See p. 14-15*, MC_OIG_Report_of_Investigation_Tree_House_CAC_Report_Number_21-007.

of this bill is again trying to establish unworkable and unenforceable continuity of care and investigatory standards under the direction of inappropriate governing bodies.[2]

Child advocacy centers are nationally accredited and are bound to them by Criminal Procedure § 11-928. The Center for Hope is the oldest CAC in Maryland, is the third oldest in the nation, and was Maryland's first nationally accredited CAC. Hosting an evidence-based multidisciplinary team (MDT) response to abuse and trafficking, our team has helped over 40,000 children and families since its inception in 1987 as the Baltimore Child Abuse Center. Many of our more than 100 employees include licensed social workers and other healthcare providers.

All CACs are required to meet national accreditation standards set forth by the National Children's Alliance (NCA) every 5 years. Maryland has enshrined compliance within NCA accreditation standards within Criminal Procedure § 11-928. Per Criminal Procedure § 11-928, the Maryland Children's Alliance (MCA) is responsible for enacting CAC standards and providing CACs with training and technical assistance meeting them. These standards and procedures set forth by the NCA include ten evidence-based standards established with voluminous and comprehensive research and the support of the US Department of Justice. Three of these standards include requirements and expectations for organizational capacity, mental health services, and medical evaluations.

The NCA accreditation standards already capture continuity of care expectations and requirements. The medical evaluation standard requires that CACs employ or refer clients to doctors, nurse practitioners, forensic nurse examiners, and other relevant medical treatment with specific licensures and board certifications. Similarly, the mental health standard requires CACs to ensure their mental health practitioners have the appropriate licensure and clinical supervision, consistent with corresponding State rules and regulations. The accreditation standards for mental health, medical treatment providers, and organizational capacity set forth continuity of care requirements for appropriate referrals and treatment handoffs, also consistent with State rules and regulations. These standards already oversee continuity of care concerns. For example, the Board of Examiners for Psychologists already regulates continuity of care practices in the event of practitioner termination for psychologists and associates.[3] The Board of Social Work Examiners holds similar standards for licensed social workers.[4]

The current bill does not seek to include organizations such as non-profits or agencies that provide behavioral health services to children outside of regulated healthcare facilities, like crisis centers. These providers do not have to adhere to the structure of the National Children's Alliance standards, yet the licensing boards and existing regulations ensure appropriate care (including continuity in care) is followed. There is no articulable need for CACs to have separate or higher standards than other practitioners or community agencies providing similar services.
The Department of Health and Behavioral Health Administrations already possesses the power to investigate health practice complaints. Any provider that demonstrates a breach of any standard is subject to investigation and sanctions via their profession's licensing board including mental health and somatic care. Each board's complaint

[2] 2023's HB762/SB503 sought to introduce the Health Care Worker Whistleblower Protection Act under the Health Occupations Article, while 2024's HB1100/SB1110 sought to create oversight and reporting requirements to the Behavioral Health Administration. The 2025 version seeks to create oversight and reporting requirements to the Department of Human Services.
[3] *See* Md. Code Regs. 10.26.05.07, "Client Welfare."
[4] *See* Md. Code Regs. 10.42.03.03, "Responsibilities to Clients."

and investigative process is comprehensive and conducted by experts exceedingly familiar with the research-backed standards that apply. As previously articulated, NCA accreditation standards require compliance with licensing boards when hiring and making referrals to medical and mental health professionals. These considerations leave section (d)(5) needless in its entirety. Policies are in place at each CAC to outline step to address grievances and reporting to the appropriate entities.

House Bill 1140 also requires the Department of Human Services to comply with certain reporting requirements, though the Department of Human Services does not oversee all CACs in Maryland. CACs in Maryland include non-profits, county-based agencies, state-based agencies, and others are led by law enforcement. This presents significant enforcements concerns, coupled with the concern of placing clients and providers at risk on a published, online forum with high degrees of specificity. **The bill contradicts Md. Code, Health Gen. § 20-103 and § 20-104 and holds the potential to compromise the child's safety and investigatory integrity. The bill is difficult to enforce and needlessly jeopardizes child safety and investigatory integrity.**

The Health General article provides that parental notification regarding any continuity of care is at the discretion of the healthcare provider for some minors' mental health care and medical treatment. This bill's language conflicts with that previous standard that allowed providers to make common-sense decisions regarding parental notification, creating hurdles to enforcement. *This bill, in contrast, requires parent or guardian notification regarding continuity of care without provider discretion. This also presents significant risks in cases where a child's own parents or stepparents are the alleged maltreater(s). MCA reports that, in 2024, of the 5,387 children served by Maryland CACs, 1,715 of those cases involved offenders that were parents or stepparents. Providing this information to alleged maltreaters presents a variety of dangers to both the safety of these children but also the veracity of pending police and CPS investigations.*

The bill does not specify what it means by "change" leaving it difficult to enforce on its face. CACs in Maryland may refer some or all their clients to external behavioral health providers and medical providers when continuing care is necessary. Once the referral is made and accepted, the professional therapeutic engagement with the CAC ceases, and due to various privacy provisions, the CAC is not privy to the client's ongoing care with an external provider. However, this bill creates the ill-informed requirement to pierce that privacy and makes the CAC responsible for therapeutic relationships it has no control over. Even further, the Bill requires CACs to provide the name and contact information of the new provider immediately to clients which is, as a practical matter, a near impossibility given the ongoing national shortage of mental health practitioners and long wait lists for referrals.[5]

In all, this bill fails to fulfill its stated aim of aiding children in need. Maryland's Child Advocacy Centers (CACs), despite receiving less funding than other victim support programs, excel in providing quality care under challenging circumstances. House Bill 1480 seems to be yet another response to a single, disputed incident from over 5 years ago rather than addressing the broader needs of CACs. These centers, staffed by a diverse team of professionals

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[5] Caron, C. (2021) *'Nobody has Openings': Mental health providers struggle to meet demand*, The New York Times. https://www.nytimes.com/2021/02/17/well/mind/therapy-appointments-shortages-pandemic.html.
See also Chatterjee, R. (2023) *Psychologists say they can't meet the growing demand for mental health care*, NPR. https://www.npr.org/sections/health-shots/2023/12/06/1217487323/psychologists-waitlist-demand-mental-health-care.

and volunteers, adhere to a comprehensive set of best practices, and are governed by existing Maryland laws. Continuity of care is a critical component for all our clients we serve during the initial crisis intervention along with the future support we provide. Instead of imposing specific restrictions based on an unresolved incident, the focus should be on bolstering support for Maryland's CACs. This includes promoting their work and ensuring sustainable funding to meet the growing demand for services for children affected by sexual and physical abuse.

For all the above stated reasons, we request an **UNFAVORABLE** report for House Bill 1480.

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