

March 26, 2025

Senator William C. Smith, Jr., Chair  
Senator Jeff Waldstreicher, Vice Chair  
Judicial Proceedings Committee  
2 East Miller Senate 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.

**Bill History**

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 were brought to services offered through the state of Maryland by Child Advocacy Centers (CACs).

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, which could have included a loss of their license to practice. Not what we need at a time of shortages in the mental health work force.

HB1480 has been heard by the House Appropriations Committee, amended the bill, forwarded to the floor of the House with a favorable recommendation and now voted on by the house 178-1. It is now this committee's turn to determine if Maryland will act to protect vulnerable kids and their families from the potential harm of a CACs administrative decision. Let me be clear, we recognize the immense importance of the work CACs engage in.

Our goal is to strengthen the work they do not interfere with nor impugn the work that they do. We have made this clear on multiple occasions in both written and oral testimony. We have made multiple attempts to work with representatives of the CACs to address concerns that they have raised about each of the bills submitted for consideration, including HB 1480. We have agreed to multiple changes and yet the CACs do not seem satisfied with our efforts to address their concerns.

**Why This Bill Is Needed**

- 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 immediate or longer-term corrective measures for the individual's affected by these decisions.
- A plurality of CACs nor those with whom they contract to provide mental/behavioral health services lack a simple policy regarding continuity of care to guide administrative decisions when the therapeutic process must be or is disrupted by external events.
- 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 1480 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 and those with whom they contract for the provision of mental/behavioral health services must establish a continuity of care plan that minimally includes:
  - Provide contact information for the new and former provider 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 Governor's Office of Crime Prevention Policy that provides for an investigation as well as further action to address each complaint if necessary.

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.

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.

If I can be of any further assistance as the Judicial Proceedings Committee considers this bill, please do not hesitate to contact me at [rpatricksavagejrphd@gmail.com](mailto:rpatricksavagejrphd@gmail.com).

Respectfully submitted,



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## APPENDIX:

Over the past 2 years of attempting to ensure that something like the incident that motivated the introduction of the prior bills and HB 1480, 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. "Reporting requirements under the bill are issues covered by state licensure."

**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. Their responsibilities do nothing to address either the immediate or longer-term potential harm suffered by vulnerable kids and their families due to the administrative actions of a CAC or their contractors. CACs are not currently "required to comply with state licensing board regulations." If so, how did this precipitating event happen and why were mental health providers prevented from providing an appropriate termination to these kids and families.

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 whose role is to establish standards, not address what happens when a standard is not met.

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, under the umbrella of CACs, had a written continuity of care policy.

4. No one was harmed by the incident that precipitated this bill. ("House Bill 1480 is a solution in search of a problem.")

**Reality 1:** 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. In fact, during the most recent hearing in the House Appropriation Committee, two families were brave enough to offer anonymous testimony to the distress and short-term disruption that this event created in their lives. We can only project, based on research in this area, what the longer-term consequences will be for these 41 kids and families.

**Reality 2:** If one reads the report issued by the Maryland Office of Inspector General of Montgomery County, you can clearly see that none of the individuals affected by this event were interviewed, there was no review of clinical records, and only one therapist of the group affected was interviewed. For whatever reason the IG focused on speaking to the CAC staff, not what I would call a thorough investigation of the incident. My question: How does one conclude there is no harm if you don't interview the victims, or all of the therapists involved?

**Reality 3:** This is the one we know about. Consider how many vulnerable children and families need to be affected before it is considered a problem! For those affected we are already there.

**Reality 4:** The mental health providers (psychologists and social workers) were placed in jeopardy of discipline by their licensing boards that could have included removal of their license to practice. Abandonment of a client is considered a serious offense by our board. Additionally, these providers don't see these clients for the money but because they are dedicated to providing high quality care to a vulnerable population. Losing that ability alone created immense emotional stress in their lives, which motivated them to reach out to the National Children's Alliance, their own licensing boards, Maryland

Children's Alliance, Maryland Attorney General's office, Montgomery County Council and other groups, in an attempt to provide an appropriate termination for the affected kids/families. This required spending hours of professional time, that could have been spent providing care, to address the unfortunate CAC administrative decision. Lastly, being placed in the position of adhering to the law or your ethics is a tremendously stressful ask of those who take on providing services to this vulnerable population. Wouldn't their time have been better spent addressing the crying need for mental health services than attempting to correct the administrative decisions made by a CAC?

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, when attempting to provide appropriate continuity of care.

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

**Reality:** Requiring either a CAC or contracted provider to adhere to an appropriate continuity of care plan for each kid/family served can and should be easily done if providers are allowed to follow the standards of care and ethics prescribed by their professions and licensing boards. Professional standards of care and ethics clearly speak to the confidentiality issues involved while providing care.