



CHILD ADVOCACY CENTER

200 Chesapeake Blvd., Suite 2550, Elkton, MD 21921
A unit of Cecil County Department of Community Services
Community Services Foundation., Federal ID 52-1795422
410-996-0279

March 28, 2025

Committee Chairman Will Smith
Miller Senate Office Building, 3 West Wing
11 Bladen St., Annapolis, MD 21401

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

POSITION: **UNFAVORABLE**

Dear Chair :

Thank you for the opportunity to testify on Senate 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.

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.

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

If a licensed mental health professional that has been treating a child victim is no longer able to treat that child victim due to termination, change in job, or any other reason, the licensure standards established in COMAR governing each professional's licensure establish the 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.

The proposed adjustments are not required of any other provider in the state. Any changes in licensure requirements for professionals in health departments, school systems, and private mental health treatment facilities is the responsibility of the licensure board. 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.

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.



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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.

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

Sincerely,

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