

## **2025 MPA Testimony for Senate JPR - House Bill 148**

Uploaded by: Barbara Brocato

Position: FAV



PO Box 368 Laurel, MD 20725

410-992-4258

[www.marylandpsychology.org](http://www.marylandpsychology.org)

#### **OFFICERS OF THE BOARD**

##### ***President***

Brian Corrado, Psy.D.

##### ***President-elect***

David Goode-Cross, Ph.D.

##### ***Past President***

Rebecca Resnik, Psy.D.

##### ***Secretary***

Meghan Mattos, Psy.D.

##### ***Treasurer***

Melinda Capaldi, Psy.D.

##### ***Representatives-at-large***

Andrea Chisolm, Ph.D.

Rachel Singer, Ph.D.

##### ***Representative to APA Council***

Peter Smith, Psy.D.

#### **COMMITTEE CHAIRS**

##### ***Communications***

Robyn Waxman, Ph.D.

##### ***Diversity***

Mindy Milstein, Ph.D.

##### ***Early Career Psychologist***

Alayna Berkowitz, Ph.D.

##### ***Educational Affairs***

Laurie Friedman Donze, Ph.D.

##### ***Ethics***

LaShaun William, Psy.D.

##### ***Legislative***

Stephanie Wolf, JD, Ph.D.

##### ***Professional Practice***

Karin Cleary, Ph.D.

#### **PROFESSIONAL AFFAIRS**

##### **OFFICER**

Paul C. Berman, Ph.D.

#### **EXECUTIVE DIRECTOR**

Veronica Rand

April 1, 2025

Senator Will Smith, Chair  
Senate Judicial Proceedings Committee  
Miller Senate Office Building  
Annapolis, MD 21401

Dear Chair Smith and Members of the Committee

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

Position: **SUPPORT**

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral-level psychologists throughout the state, asks for a FAVORABLE report on House Bill 1480.

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 requires:

- an individual providing medical or mental health services in a child advocacy center to be licensed or certified and provide services within the scope of the license or certification;
- each child advocacy center to establish a continuity of care plan; and
- each child advocacy center to report complaints to the Governors Office of Crime Prevention and Policy for investigation and further action.

The continuity of care plans specifically would:

- Require notification of children and parents or guardians if there is turnover of their health care providers,
- Allow 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, and

The MPA strongly supports House Bill 1480 as it serves to protect the most vulnerable children in our state, and the mental health professionals providing care to them.



PO Box 368 Laurel, MD 20725

410-992-4258

[www.marylandpsychology.org](http://www.marylandpsychology.org)

---

Child Advocacy Centers (CACs) are an essential part of the care spectrum for children who are victims of abuse. CACs operate on limited budgets and despite that excel at what they do. However, like all organizations they are fallible and need oversight beyond which they can provide themselves.

The impetus for this bill arose from a CAC deciding that their therapists were no longer being cooperative with staff and terminated the therapist's employment. As the law currently stands, the organization is under no obligation to the children being served. The organization can fire the therapists and not allow the therapists to have a termination session where treatment planning can take place to address the needs of this particularly vulnerable population.

There is currently no State entity that these children or therapists can make a complaint to, no specific State agency tasked with investigation of such events and no review of the data of even how often this may happen. There are also no specific penalties associated with any failures that may occur.

House Bill 1480 serves to provide some oversight of Child Advocacy Centers by the State of Maryland, places that receive yearly State funds and provide much needed protection to the State's vulnerable children as well as the mental health providers who help them.

During the Interim, the Chair of the House Health and Government Operations Committee submitted a request that the Governor's Office of Crime Prevention and Policy work with the Maryland Children's Alliance, and the Department of Human Services to gather information from each of the Child Advocacy Center's in the State specifically on continuity of care plans that are in place, and any complaints received. Attached is the Chair's request letter, the Response from the agencies, and a summary of the documents submitted by the CACs. What was revealed is that only a few CACs have any specific documented continuity of care policy or language. This demonstrates the need for established continuity of care plans for all.

For these reasons we ask for a FAVORABLE report on House Bill 1480.

If we can be of any further assistance as the Committee considers this bill, please do not hesitate to contact MPA's Legislative Chair, Dr. Stephanie Wolf at [mpalegislativecommittee@gmail.com](mailto:mpalegislativecommittee@gmail.com).

Respectfully submitted,

*David Goode-Cross, Ph.D.*  
David Goode-Cross, Ph.D.  
President

*Stephanie Wolf, JD, Ph.D.*  
Stephanie Wolf, JD, Ph.D.  
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association  
Barbara Brocato & Dan Shattuck, MPA Government Affairs

**JOSELINE A. PEÑA-MELNYK**

*Legislative District 21*  
Prince George's and  
Anne Arundel Counties

---

*Chair*

Health and Government  
Operations Committee

---

Rules and Executive  
Nominations Committee

Legislative Policy Committee



## *The Maryland House of Delegates*

ANNAPOLIS, MARYLAND 21401

*Annapolis Office*

The Maryland House of Delegates  
6 Bladen Street, Room 241  
Annapolis, Maryland 21401  
410-841-3502 · 301-858-3502  
800-492-7122 Ext. 3502  
Joseline.Pena.Melnyk@house.state.md.us

---

*District Office*

P. O. Box 1251  
College Park, Maryland 20741-1251

April 2, 2024

Rafael Lopez  
Secretary, Department of Human Services  
311 West Saratoga St.,  
Baltimore, MD 21201

Dorothy Lennig, Executive Director  
Governor's Office of Crime Prevention & Policy  
100 Community Place  
Crownsville, MD 21032

### **RE: House Bill 1100 - Health - Child Advocacy Centers - Reporting Requirements and Investigations**

Dear Secretary Lopez and Director Lennig:

The Health and Government Operations Committee is interested in following up on issues raised during the hearing on House Bill 1100 - Health - Child Advocacy Centers - Reporting Requirements and Investigations.

The Committee recognizes the important and critical role Child Advocacy Centers (CACs) play in protecting and supporting children who are victims of neglect and abuse.

To further discussions on the level of and adequacy of oversight under which CACs operate, the Committee respectfully asks that Governor's Office (GOCPP), in conjunction with the assistance of the Department of Human Services (DHS), request and collect the following from the National Children's Alliance, the Maryland Children's Alliance and each of the CACs that operate in each jurisdiction of the state:

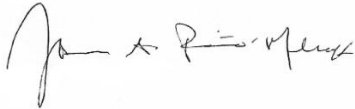
1. Formal complaints that have been raised against Maryland CACs or their contracted providers and the disposition of those complaints over the last 5 years as they relate to the mental and behavioral health services provided by or through the CAC.
2. Operating procedures and/or policies which guide each individual CAC or their contractors specifically as it relates to continuity of care provisions establishing a course of action to be taken with respect to transitions (termination of treatment or transfers) between mental and behavioral health providers and children under the care and jurisdiction of CACs or their subcontractors. These policies are separate and apart from the obligations of the respective health occupation boards that govern their licensee's behavior. This is specifically seeking documents governing the interaction between the CACs or their subcontractors and the licensed professionals with respect to services provided to children referred to or through the CAC.

The committee also asks that GOCPP and DHS, in consultation with the Department of Human Services, to review, identify and report on the existing mechanisms for complaint, resolution, and tracking systems for vulnerable persons in the state (for example: the elderly, disabled, foster care).

There is compelling interest for the State of Maryland to ensure that the CACs continue to provide for the children they serve in a transparent way. GOCPP and DHS, through its collection of this information and review of potential annual reporting requirements and complaint resolution mechanisms, will help inform the Committee on next steps with respect to the need for additional State legislation and oversight.

We ask that a response be provided to the House Health and Government Operations Committee by September 16, 2024.

Respectfully,

A handwritten signature in black ink, appearing to read 'Joseline A. Peña-Melnyk', written in a cursive style.

Joseline A. Peña-Melnyk

cc. Senator Anthony Muse  
Delegate Jon Cardin  
Delegate Bagnall, Subcommittee Chair, Public Health and Minority Health Disparities  
Erin Hopwood, Committee Counsel

September 16, 2024

The Honorable Joseline A. Peña-Melnyk  
Chair, Health and Government Operations  
Committee  
6 Bladen Street, Room 241  
Annapolis, MD 21401

**RE: Response to Issues Raised During the House Bill 1100 Hearing**

Dear Chair Peña-Melnyk:

Please find an enclosed copy of the joint response of the Governor's Office of Crime Prevention and Policy (GOCPP), the Department of Human Services (DHS), and the Maryland Children's Alliance (MCA) to your request for information about Child Advocacy Centers (CACs). This response includes information collected from the National Children's Alliance, the MCA, and the CACs that operate in each jurisdiction of the State.

In response to the issues raised during the hearing on House Bill 1100 - Health - Child Advocacy Centers - Reporting Requirements and Investigations, the House Committee on Health and Government Operations asked that GOCPP, in conjunction with DHS, collect the following:

1. Formal complaints raised against Maryland CACs or their contracted providers over the last five years related to the mental and behavioral health services provided by or through the CAC and the disposition of those complaints.
2. Operating procedures and/or policies that guide each CAC or their contractors specifically as it relates to continuity of care provisions establishing a course of action to be taken concerning transitions (termination of treatment or transfers) between mental and behavioral health providers and children under the care and jurisdiction of CACs or their subcontractors.
3. Existing mechanisms for complaint, resolution, and tracking systems for vulnerable persons in the state (for example, the elderly, disabled, foster care).

All Maryland CACs provided information about formal complaints over the past five years. MCA recorded responses from 24 CACs via email communication in April 2024. The following formal complaints were reported:

1. 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.
2. 2024: Carroll County reported a verbal informal complaint from a client regarding a possible confidentiality breach by the mental health agency. Although this did not result in a formal complaint, Carroll County CAC has implemented several new procedures to

protect against potential future information breaches.

This email includes all policies, procedures, and formal memorandums of understanding (MOUs) regarding treatment and continuity of care for each CAC as an attachment.

DHS operates a 24/7 Abuse and Neglect Hotline to report suspected neglect or abuse of vulnerable children and adults. The number is 1-800-91PREVENT (1-800-917-7383). All calls to the Hotline are tracked within the official system of record - the Child Juvenile Adult Management System (CJAMS).

Additionally, MCA's website serves as a resource for reporting complaints and/or comments. To access the website, please visit [www.marylandchildrensalliance.org](http://www.marylandchildrensalliance.org). Furthermore, to view reports regarding CACs, please visit GOCPP's website at <https://goccp.maryland.gov/reports-and-publications/>.

Sincerely,



Dorothy J. Lennig, Esq.  
Executive Director,  
Governor's of Crime  
Prevention and Policy



Rafael J. López  
Secretary, Department of  
Human Services



Wendy Myers  
Executive Director,  
Maryland Children's  
Alliance

cc: **President Bill Ferguson**  
**Speaker Adrienne A. Jones**  
**Special Secretary Carmel Martin**  
**Secretary Rafael Lopez**  
**Senator Anthony Muse**  
**Delegate Jon Cardin**  
**Delegate Bagnall, Subcommittee Chair, Public Health and Minority Health Disparities**  
**Erin Hopwood, Committee Counsel**  
**Sarah Albert, Department of Legislative Services (5 copies)**

# BROCATO & SHATTUCK CONSULTING

## CAC Information Included in Appendix to September 16, 2024 Letter “Child Advocacy Center Continuity of Care and Mental Health Agreements”

	CHILD ADVOCACY CENTER NAME AND/OR AFFILIATED ENTITIES AND AGENCIES	NATIONAL CHILDREN’S ALLIANCE ACCREDITED (YES/NO)	DOCUMENTS PROVIDED IN THE APPENDIX (PAGE NUMBERS)	SPECIFIC MENTION OF CONTINUITY OF CARE OR SIMILARLY RELATED POLICIES
1.	<b>Allegany County - Jane’s Place, Inc. and Shelly Warnick (Therapist)</b>	YES	MOU between Janes Place and Shelly Warnick [DATED June 2022] (pgs. 3-5)	No mention of any continuity of care provisions.
2a.	<b>Anne Arundel County Department of Social Services CAC and Better Tomorrow Starts Today (BTST)</b>		Professional Services Agreement between CAC and BTST [DATED: March 2024] (pgs. 6-9)	<b>Yes, Item 17 on page 9:</b> “17. This Agreement may be terminated upon 60 days written notice by either party or at any time upon mutual agreement of the parties. During the 60-day termination period and to the extent practicable, both parties will discuss and agree upon a plan to ensure a smooth transition for clients currently in treatment, including proper termination of the client/therapist relationship.”
2b.	<b>Anne Arundel County Department of Social Services CAC and Arundel Lodge</b>		Professional Services Agreement between CAC and Arundel Lodge [DATED: March 2024] (pgs. 10-12)	<b>Yes, Item 18 on page 12:</b> 18. This Agreement may be terminated upon 60 days written notice by either party or at any time upon mutual agreement of the parties. During the 60-day termination period and to the extent practicable, both parties will discuss and agree upon a plan to ensure a smooth transition for clients currently in treatment, including proper termination of the client/therapist relationship.”
3.	<b>Baltimore City (Baltimore Child Abuse Center)</b>	YES	TEMPLATE Linkage Agreement for Mental Health Referral, Evaluation and Treatment (pgs. 13-14)	No mention of any continuity of care provisions.



	CHILD ADVOCACY CENTER NAME AND/OR AFFILIATED ENTITIES AND AGENCIES	NATIONAL CHILDREN'S ALLIANCE ACCREDITED (YES/NO)	DOCUMENTS PROVIDED IN THE APPENDIX (PAGE NUMBERS)	SPECIFIC MENTION OF CONTINUITY OF CARE OR SIMILARLY RELATED POLICIES
4a.	<b>Baltimore County CAC and The Care Clinic at University of Maryland</b>	YES	Interagency Linkage Agreement for Mental Health Referral, Evaluation, and Treatment [BaltCo HHS, Police, State's Attorney] [DATED August 2020 (pgs. 15-16)]	No mention of any continuity of care provisions.
4b.	<b>Baltimore County CAC and Thrive Behavioral Health, LLC</b>	YES	Interagency Linkage Agreement for Mental Health Referral, Evaluation, and Treatment [BaltCo HHS, Police, State's Attorney] [DATED September 2020 (pgs. 17-18)]	No mention of any continuity of care provisions.
5.	<b>Calvert County</b> Comprised of: Calvert Co DSS, CC Sheriff's Office, MD State Police, CC State's Attorney, MSDE Office of Child Care -Region 10, CC Public Schools, CC Health Dept.		MOU – Joint Investigation of Child Abuse and Neglect [DATED November 2023] (pgs. 19-30)	No mention of any continuity of care provisions.
6.	Caroline County CAC and Caroline County Behavioral Health		Linkage Agreement for Mental Health Referral, Assessment and Treatment [DATED: July 2023] (pgs. 31-32)	No mention of any continuity of care provisions.
7.	<b>Carroll County Advocacy and Investigation Center (CCAIC) and Springboard Community Services (SCS) of Central Maryland</b> (Carroll County)		MOU [DATED: March 2021] (pgs. 3337)	No mention of any continuity of care provisions.
7.1	<b>SCS Job Description</b>		Job Description for a Clinical Therapist (pgs. 38-40)	No mention of any continuity of care provisions.
8.	<b>Cecil County Child Advocacy Center</b>	YES	Policy and Procedure Manual (pgs. 41-67)	No mention of any continuity of care provisions.

	CHILD ADVOCACY CENTER NAME AND/OR AFFILIATED ENTITIES AND AGENCIES	NATIONAL CHILDREN'S ALLIANCE ACCREDITED (YES/NO)	DOCUMENTS PROVIDED IN THE APPENDIX (PAGE NUMBERS)	SPECIFIC MENTION OF CONTINUITY OF CARE OR SIMILARLY RELATED POLICIES
9.	<b>Charles County</b> Comprised of: Charles Co DSS, Sheriff's Office, LaPlata Town Police, MD State Police, State's Attorney, MSDE OCC – Region 10, Charles Co. Public Schools, Charles Co. Dept. Health		MOU – Policies and Protocols for investigation and prosecution of child abuse and neglect (pgs. 68-78)	No mention of any continuity of care provisions.
10.	<b>Dorchester County</b> Comprised of DorCo DSS, Sheriffs Office, MD State Police, Cambridge Police, Hurlock Police, State's Attorney, Dorchester CAC, MSDE OCC region 8, Dorchester Co. Public Schools, Dor. Co. Health Dept		MOU – Policies and Protocols for investigation and prosecution of child abuse and neglect [DATED: April 2023] (pgs. 79 -94)	No mention of any continuity of care provisions.
11.	<b>Frederick County</b>		Contract Services Agreement for Trauma Focused Counseling [Contractor's Name Redacted] (pgs. 94-115)	No mention of any continuity of care provisions.
12.	<b>Garrett County Child Advocacy Center</b>		Mental Health Linkage Agreement between GC DSS and GC Health Dept. [DATED: April 2021] (pgs.116)	No mention of any continuity of care provisions.
13.	<b>Harford County CAC and Springboard Community Services: Outpatient Mental Health Clinic</b>		MOU 2021 [DATED: April 2021] (pgs. 117-120)	<b>Imprecise reference, see E.ii on page 119: "Reasonable time shall be permitted for the CAC personnel provided by the terminating agency to complete pending investigations, prosecutions or interventions."</b>
14.	<b>Howard County CAC and The Listening Place</b>	YES	MOU with The Listening Place [DATED: January 2021] (pgs. 121-130)	No mention of any continuity of care provisions.

	CHILD ADVOCACY CENTER NAME AND/OR AFFILIATED ENTITIES AND AGENCIES	NATIONAL CHILDREN'S ALLIANCE ACCREDITED (YES/NO)	DOCUMENTS PROVIDED IN THE APPENDIX (PAGE NUMBERS)	SPECIFIC MENTION OF CONTINUITY OF CARE OR SIMILARLY RELATED POLICIES
15.	<b>Kent County Child Advocacy Center</b> Comprised of: KC DSS, Sheriff's Office, Chestertown and Rock Hall Police, Maryland State Police, MSDE OCC Region 8, KCPS and KCHD		MOU [DATED April 2023] (pgs. 131-143)	No mention of any continuity of care provisions.
16.	<b>Montgomery County and The Tree House Child Assessment Center</b> Comprised of: MoCo HHS, Dept. of Police, MoCo County Attorney and MoCo State's Attorney		MOU – Montgomery County Child Maltreatment Multidisciplinary Team [sic] [DATED: June 2023] (pgs.144-151)	No mention of any continuity of care provisions.
16.1	<b>The Tree House "CAC of Montgomery County, MD"</b>		Mental Health Handbook (pgs. 150-176)	<b>Prohibits contact post-employment</b> Pg. 167, top paragraph: "If the therapist's employment or practicum ends, the therapist will maintain the confidentiality, integrity, and availability of all confidential information and will not have any interaction via social media, texting or other means with any former clients or their families."
17.	<b>Prince George's County Child Advocacy Center (PGC-CAC)</b> Comprised of: PGC Hospital Center-Sexual Assault Center, Children's National Medical Center, Maryland Family Resources, BTST Services, Affiliated Sante Group-Crisis response, and Community Advocate for Family & Youth		TEMPLATE MOU for Multidisciplinary Team (pgs. 177-191)	No mention of any continuity of care provisions.

	CHILD ADVOCACY CENTER NAME AND/OR AFFILIATED ENTITIES AND AGENCIES	NATIONAL CHILDREN'S ALLIANCE ACCREDITED (YES/NO)	DOCUMENTS PROVIDED IN THE APPENDIX (PAGE NUMBERS)	SPECIFIC MENTION OF CONTINUITY OF CARE OR SIMILARLY RELATED POLICIES
18.	Queen Anne's County The CARE Center and For All Seasons		Partner Agreement: QA County The CARE Center and For All Seasons [DATED: August 2021] (pgs. 192-193)	No mention of any continuity of care provisions.
19.	Wicomico, Somerset, Worcester Counties - Life Crisis Center, Inc.		<b>Continuity of Care Policy (pgs. 194-195)</b>	<b>Pg. 194, Introduction: "We recognize the importance of continuity of care in ensuring the well-being of our clients, especially during times when their primary therapist is unavailable due to illness, emergency, leave of absence, or any other unforeseen circumstances. This policy outlines our procedures to maintain continuity of care and uphold the highest standards of service delivery."</b>
20.	Somerset County Child Advocacy Center		Multidisciplinary MOU [DATED: March 2023] (pgs. 196-211)	<b>Life Crisis Center is the CAC arm of the multidisciplinary team, and utilizes the policy above</b>
21.	St. Mary's County Child Advocacy Center and Serenity Place, LLC		DRAFT Linkage Agreement with Serenity Place, LLC For Mental Health Referral, Evaluation and Treatment (pgs. 212-214)	No mention of any continuity of care provisions.
22.	Talbot County Children's Advocacy Center (TC CAC)		SCOPE OF WORK - October 1, 2023 – September 30, 2024 - TALBOT COUNTY CHILDREN'S ADVOCACY CENTER - Mental Health Professional (pgs. 215)	No mention of any continuity of care provisions.

	CHILD ADVOCACY CENTER NAME AND/OR AFFILIATED ENTITIES AND AGENCIES	NATIONAL CHILDREN'S ALLIANCE ACCREDITED (YES/NO)	DOCUMENTS PROVIDED IN THE APPENDIX (PAGE NUMBERS)	SPECIFIC MENTION OF CONTINUITY OF CARE OR SIMILARLY RELATED POLICIES
22.1	TC CAC and Rebecca Hutchinson, LCSW-C		Linkage Agreement for Mental Health Referral, Evaluation and Treatment between TCCAC and Rebecca Hutchinson, LCSW-C (pgs. 217-218)	No mention of any continuity of care provisions.
23.	Washington County Department of Social Services Safe Place Child Advocacy Center		Washington County Department of Social Services - Safe Place Child Advocacy Center Mental Health Services - Standard Operating Procedure [DATED: Updated October 2020] (pgs. 219-225)	No mention of any continuity of care provisions.
24.	<b>Wicomico County Child Advocacy Center</b> Comprised of: Wicomico County Department of Social Services ("DSS"), Wicomico County Sheriff's Office, Salisbury Police Department, Office of the State's Attorney for Wicomico County, <b>Life Crisis Center</b> , TidalHealth Peninsula Regional	Working towards accreditation	<i>DRAFT</i> MOU – Policies and Protocols for the Investigation and Prosecution of Reported Cases of Suspected Child Abuse through the use of a Multi-Disciplinary Team (pgs. 226-245)	<b>Page 233 – Details Life Crisis Center's role, note their continuity of care policy cited in chart above.</b>
25.	<b>Worcester County Child Advocacy Center</b> Comprised of: WorCo DSS, WorCo CAC, WC Sheriff's Office, Berlin PD, OC PD, Snow Hill PD, Pocomoke City PD, OP PD, MD State Police, WorCo State's Attorney, Atlantic General Hospital, and <b>Life Crisis Center</b>		MOU to provide coordinated response to allegations of child sexual abuse occurring in Worcester County (pgs. 246-269) [DATED: February 2024]	<b>Pages 252-253 - Details Life Crisis Center's role, note their continuity of care policy cited in chart above.</b>

# **HB 1480 Letter of Support 4.1.2025.pdf**

Uploaded by: Bradley Leposa

Position: FAV



Senator William C. Smith, Jr., Chair  
Senator Jeff Waldstreicher, Vice Chair  
Senate Judicial Proceedings Committee  
2 East Miller Senate Office Building  
Annapolis, Maryland 21401

April 1, 2025

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

**Position: Support**

Dear Chair Smith, Vice Chair Waldstreicher, and Members of the Committee:

I am writing on behalf of the Maryland School Psychologists' Association (MSPA), a professional organization representing about 500 school psychologists in Maryland. We advocate for the social-emotional, behavioral, and academic wellbeing of students and families across the state. School psychologists provide comprehensive psychological services to children in Maryland's schools, including counseling, consultation, and assessment. We are writing in support of HB 1480, which ensures appropriate clinical treatment for some of our most vulnerable children.

Maryland's Child Advocacy Centers were established to meet the often-intense needs of abused children, and addressing these needs almost always includes psychotherapy. Appropriate delivery of psychotherapeutic services to these children is essential, yet a recent episode at one Center shows the need for this legislation. Over **forty vulnerable children lost their therapists with no notice, no termination sessions, and no continuity of care.** When this happened, many of these already traumatized children, who especially need consistency and predictability in their lives, and who were at the highest need of quality counseling, were harmed by a Center created to help them. And when this happened there existed no effective remedy for the affected families and therapists. Our CACs receive state funds in order to perform their essential work, but they are essentially unregulated.

HB 1480 would serve to codify best practices to protect the children receiving CAC services from any lapse in care, making Maryland's CACs accountable to the Governor's Office of Crime Prevention and Policy. This includes notification of children and their parents if there is a change in their health care provider at the center, including psychotherapists. It also allows the departing therapist to conduct a final session to allow for closure and transition to the new therapist.

MSPA urges you to favorably report on HB 1480, to ensure that abused children receive appropriate treatment in Maryland's Child Advocacy Centers. If we can provide any additional information or be of any assistance, please do not hesitate to contact us at [legislative@mspaonline.org](mailto:legislative@mspaonline.org).

Respectfully submitted,

Bradley Leposa, PHD NCSP  
Co-Chair, Legislative Committee  
Maryland School Psychologists' Association.





# **Delegate Jon S. Cardin Testimony JPR HB 1480 Child**

Uploaded by: Jon S. Cardin

Position: FAV

JON S. CARDIN  
*Legislative District 11*  
Baltimore County

Judiciary Committee

*Chair*  
Civil Law and Procedure  
Subcommittee



The Maryland House of Delegates  
6 Bladen Street, Room 217  
Annapolis, Maryland 21401  
410-841-3054 • 301-858-3054  
800-492-7122 Ext. 3054  
Fax: 410-841-3385 • 301-858-3385  
Jon.Cardin@house.state.md.us

THE MARYLAND HOUSE OF DELEGATES  
ANNAPOLIS, MARYLAND 21401

**HB1480**

**Child Advocacy Centers - Continuity of Care Standards for Health  
Care Professionals and Reports of Violations**

**Support**

Chair Smith, Vice Chair Waldstreicher, and esteemed members of the Judicial Proceedings Committee,

For the record, my name is Jon Cardin and thank you for the opportunity to testify in support of House Bill 1480. This bill would establish oversight standards for Maryland's Child Advocacy Centers (CACs) to help provide a safety net for some of our most vulnerable children.

Maryland has 24 Child Advocacy Centers, which provide critical services for children who have experienced abuse or neglect. Despite receiving significant state funding through the Governor's Office of Crime Prevention and Policy (GOCPP), these centers currently lack specific oversight or accountability mechanisms.

This bill, which passed unanimously out of committee and the House, is the result of extensive work by an interim workgroup, including the HGO Committee, representatives from DHS, and the Child Advocacy Centers. The bill follows a model similar to how nursing homes are regulated, with employees having their own licensing boards and oversight, but also an additional layer of oversight of the actual Centers via a state agency.

As passed out of the House, the bill requires GOCPP to collect complaints against the centers and produce an annual report. If complaints need further investigation, the bill gives GOCPP the authority to refer them to the Attorney General for further review.

I would also like to thank my colleagues on the Appropriations Committee for their thoughtful collaboration with CAC advocates. They helped address concerns, especially around the reporting mechanisms.

Originally, the bill had reporting through DHS, but now it is streamlined through GOCPP, aligning with the centers' funding source. Another key concern was whether CACs would have sufficient knowledge of wrongdoing. To address this, the bill now applies specifically to individuals employed by the CACs, ensuring that the centers can be held accountable for their staff's actions.

Overall, the bill incorporates meaningful input from CACs while adding important accountability measures to ensure these centers continue their vital work for Maryland's children. This is a necessary step to ensure the care these children receive remains at the high standard the CACs already maintain and it can prevent further harm to these children.

I respectfully request a favorable report on HB 1480. Thank you.

# **HB1480 FAV Sen.pdf**

Uploaded by: Morgan Mills

Position: FAV

April 2, 2025

Chair Smith, Vice Chair Waldstreicher, and distinguished members of the Judicial Proceedings Committee,

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 58,000 families, individuals, community-based organizations, and service providers. NAMI Maryland is a non-profit that is dedicated to providing education, support, and advocacy for persons with mental illnesses, their families and the wider community.

1 in 4 children in the U.S. experience maltreatment. Unfortunately, many abused children experience negative physical, mental, and social outcomes. Research shows that 1 in 6 youth/adolescents will experience a mental health condition in any given time. Additionally, 50% of all lifetime mental health conditions begin before the age of 14 and 75% start before the age of 24. However, identifying warning signs or symptoms and seeking treatment early can make a difference in reducing the impact of a mental health condition.

NAMI MD believes that, at the earliest possible time in their lives, all children and adolescents with serious mental illnesses deserve to be diagnosed, appropriately treated, and offered the services necessary to achieve and maintain their recovery. Children need to be able to talk with supportive adults.

We believe that children and adolescents with mental illness have the right and must be offered the opportunity to thrive in nurturing environments. When a provider that an abused child has come to know and trust leaves, this can cause disruption in the child's treatment. This bill ensures that children are made aware of changes so that they can have closure with the providers they rely on.

For these reasons, we urge a favorable report.

Kathryn S. Farinholt  
Executive Director  
National Alliance on Mental Illness, Maryland

**Contact:** Morgan Mills  
Compass Government Relations  
Mmills@compassadvocacy.com

# **Written Testimony Senate Final HB1480.pdf**

Uploaded by: R. Patrick Savage Jr

Position: FAV

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,



R. Patrick Savage, Jr., Ph.D.  
Licensed Psychologist MD 2219  
6703 Ilex Court  
New Market, MD 21774



## 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.

## **HB 1480 testimony.pdf**

Uploaded by: Renee Deboard

Position: FAV

3/28/25

Written Testimony in favor of HB1480

My name is Dr. Renee DeBoard-Lucas and I am a psychologist specializing in work with children and teens impacted by trauma. I previously worked at a Child Advocacy Center and helped support families in the aftermath of physical and sexual abuse. I believe strongly in CACs and their missions' focus on reducing and preventing childhood trauma.

I'm writing today in favor of House Bill 1480. This Bill closes an important loop that currently exists where children may and have been, suddenly and traumatically separated from their therapist if treatment ends unexpectedly. At the CAC where I worked, 40 children and families experienced an abrupt and unexplained end to their existing trauma therapy when myself and several of my colleagues were terminated.

Sometimes people ask me how I can do this work when I see so many children in painful situations. I love this work and I do it because I can help children feel better. When my colleagues and I were terminated, I immediately worried for the impact on these children. I worried that they would think that I had abandoned them, that I didn't care, and that they didn't matter. I worried that one client who had experienced recent thoughts of suicide may be in danger when his treatment ended without warning. This family was matched with someone who was not trained in the child's treatment which disrupted their care and made the family understandably concerned. Fortunately, this family was able to find me through LinkedIn. They were distraught at the separation and at the fact that they were denied information on how to find me. I still worry about the impact on the families that were not able to find me and who may still think that yet another person who was supposed to care for them, abandoned them.

I care deeply about my patients and my ethical duty to do no harm. It was devastating to be prevented from upholding my duty, which I typically would have exercised by informing my patients of my departure and by having a termination session. The children and families seeking care at a CAC have already been through enough. They deserve to be treated with dignity and respect and to have this current loophole closed. HB1480 would close these loops by ensuring that professionals working at CACs have the proper training and credentials and that a continuity of care plan is in place.

# **HB1480-CAC Senate Judicial Proceedings.pdf**

Uploaded by: Richard Bloch

Position: FAV

LAW OFFICES  
**SHILING, BLOCH & HIRSCH, P.A.**  
THE ADAMS BUILDING, SUITE 301  
600 BALTIMORE AVENUE  
TOWSON, MARYLAND 21204-4022

RICHARD BLOCH  
Richard@SBHPA.com

DAVID J. HIRSCH  
David@SBHPA.com

TELEPHONE (410) 332-0100  
FACSIMILE (410) 332-0885

REUBEN SHILING  
(1916 – 2008)

March 27, 2025

Senator William C. Smith, Jr., Chair  
Senate Judicial Proceedings Committee  
2 East Miller Senate Office Building  
Annapolis, Maryland 21401

**HB1480 - Child Advocacy Centers- Continuity of Care Standards for Health Care Professionals and Reports of Violations**

**Position: Support**

Dear Chair Smith, Vice Chair Waldstreicher, and Members of the Committee,

I am an attorney practicing in Maryland since 1972 and have been General Counsel to the Maryland Psychological Association since 1979. I am submitting this testimony on behalf of the Maryland Psychological Association.

I was present during the House hearings on this bill and heard the justification by the opposition that the Child Advocacy Centers (“CAC”) are certified by the National Children’s Alliance, that the incident that occurred which prompted this bill was unique, and therefore this legislation is unnecessary. One incident is sufficient to make us aware of the lack of oversight that exists.

National Children Alliance Member CACs are credited for 5 years. I have reviewed the documents on the National Children’s Alliance website to try to find a process by which a complaint could be filed against a CAC accredited by the National Children’s Alliance. I reviewed the books on their “Standards” and their membership guidebooks and was unable to find any reference to complaints or a process for filing one.

The oversight of these facilities by the Department of Health is critical to protect the mental health of children who are being treated by CAC mental health providers, whether employed or privately contracted. The negative impact of the sudden loss of a mental health provider can be overwhelming to children who have established trust and reliance on their therapist. This bill simply provides a process to be followed in those instances, requires CACs to provide information to the Department of Health and appropriate oversight of CAC’s to assure they are providing for the ethical transition of children’s treatment, which is an obligation of every therapist. Without this oversight, and a mechanism for assuring the proper transfer of treatment and notice to parents, this

unfortunate incident described by the other witnesses can reoccur. The mental health of our children receiving services from a CAC deserve to be assured of continuity of care. I therefore urge the favorable report of HB1480.

Thank you.

Very truly yours,

*Richard Bloch*

Richard Bloch

cc: David Goode-Cross, Ph.D.MPA President  
Stephanie Wolf, JD, Ph.D., Chair, MPA Legislative Committee  
Barbara Brocato & Dan Shattuck, MPA Government Affairs

# **HB1480 - Judicial Proceedings - MBON - LOSAA.docx.**

Uploaded by: State of Maryland (MD)

Position: FAV





# Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

April 1st, 2025

The Honorable William C. Smith  
Chair, Judicial Proceedings Committee  
Room 2  
Senate Office Building  
Annapolis, MD 21401

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

Dear Chair Smith and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of support as amended for HB 1480 – Child Advocacy Centers - Continuity of Care Standards for Health Care Professionals and Reports of Violations. This bill aims to enhance the standards and oversight of child advocacy centers in Maryland, particularly concerning the qualifications of health care professionals and the continuity of care provided to children. The Board has no issues with the amendments and continues its support for the bill.

As a health care licensure Board, it is part of our mission to ensure quality care in the State. For over three decades, Child Advocacy Centers have been an integral piece of Maryland's care network, and a crucial tool in fighting child abuse. The centers are typically staffed by nurses and other health care staff licensed by the Board. Given the vulnerable population Child Advocacy Centers care for, it is essential that they receive treatment from individuals who have met all appropriate training standards and who are consistently evaluated for their capability to provide care. This bill solidifies into law these high standards we expect of employees at Child Advocacy Centers, and ensures a robust continuity of care plan for each patient. As such, the Board is supportive of the bill as amended and encourages the committee to provide a favorable report.

Thank you again for your time. For more information, please contact Ms. Mitzi Fishman, Director of Legislative Affairs, at 410-585-2049 or [mitzi.fishman@maryland.gov](mailto:mitzi.fishman@maryland.gov), or Ms. Rhonda Scott, Executive Director, at 410-585-1953 or [rhonda.scott2@maryland.gov](mailto:rhonda.scott2@maryland.gov).

Sincerely,

Christine Lechlitter  
Board President

**The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.**

# **CAC Testimony 25-SOlarTE.pdf**

Uploaded by: Stephanie Olarte

Position: FAV

February 28, 2025

Dear Chair Barnes, Vice Chair Change, and members of the committee:

This written testimony is submitted as a supplement to my oral testimony for HB1480. I urge a favorable report. This year is the third time that our committee has brought this bill in an effort to right the wrong that occurred in October of 2020, when several mental health therapists were abruptly fired from a child advocacy center, and given no opportunity to have proper closure with their clients.

Not only did this event require that the providers violate their ethical duty to care for their patients, but children who already had traumatic histories experienced the confusion of being abandoned by their trusted confidants.

There may be a question as to why the families who were impacted have not come forward. As part of those very same ethics, we as psychologists may not solicit testimony from patients, as there may be a power imbalance and conflict of interest. This has precluded the providers from reaching out to their former patients and asking them to tell their stories.

By sheer coincidence, I found myself in the company of a family who was impacted, and the relationship was non-therapeutic. Therefore, I was able to encourage them to testify. Attached you will find anonymous statements from the couple whose children were impacted by abrupt terminations at a child advocacy center in Maryland in 2020, during the height of the COVID-19 pandemic. They confided in me and allowed me to tell their story. They have asked to remain anonymous in order to protect their children's privacy, and to avoid retaliatory action from said child advocacy center.

Signed,

Stephanie Olarte, PhD

Licensed Psychologist

Vice Chair, Legislative Committee

Maryland Psychological Association

#### Anonymous statement from parent A

My children were working with incredible therapists at a child advocacy center in Maryland. We had searched long and hard for therapists who could provide the type of therapy (trauma focused cognitive behavioral therapy-TF-CBT) that they needed given their extensive trauma and abandonment histories. TF-CBT is phase oriented, meaning that there is an expectation it will last a certain number of sessions in order to be complete and effective. The predictability of this modality also supports children who have experienced trauma and benefit from structure and stability. My oldest was initially very resistant to therapy and guarded about opening up to anyone, but after weeks of meeting with his therapist, he began to trust her. He was moving into the trauma processing stage with his therapist, and was a few sessions into conversations about his trauma narrative. After weeks of building rapport with his therapist and coping strategies, he was moving on to where deeper healing work occurs. I was also receiving parent support therapy from my kid's therapists which was proving very helpful for managing the big stressors we were facing as a family. Unfortunately, both of my children, who had already experienced so many losses in their short lives, lost their therapists without any notice on the same day. We were informed by a phone call from the child advocacy center that the therapists had "left the agency" and appointments scheduled today and moving forward were canceled. We were not provided any explanation or opportunity for closure or final goodbye sessions. This was shocking and confusing to our whole family because the therapists had been so caring, professional, and supportive to all of us. We knew that they would not have intentionally abandoned our kids like that, especially given that a major trauma our kids experienced was abandonment by former caregivers, but we were not given an explanation as to what happened. This sudden and complete loss of therapists absolutely impacted our kids and me as a parent. We saw a resurgence in their trauma symptoms and they were confused and hurt by their therapists disappearing without explanation. It took weeks and countless phone calls to get a new therapist for our kids, but neither of my children or myself were able to build the trust needed with this new therapist and she also was not able to provide the same modality of therapy that had been working so well for my children. I support this bill because there is no reason for children and families who have already experienced trauma to suffer the unexplained loss of a therapist without an opportunity for closure and certainty of timely and comparable follow up care.

I am requesting this statement remain anonymous in order to protect the confidentiality of my children as it references their personal therapy and trauma. Additionally, intimidation tactics were previously used to silence me after our kids' therapists were terminated and as a result I fear retaliation for speaking publicly about this issue.

#### Anonymous statement from parent B

Over the last few years my partner and I decided to become licensed foster parents. After going through the licensing training and doing our own extensive research, we felt comfortable with the rewards and challenges that came with having kids through foster care. We were excited to grow our family and provide a safe, supportive space.

One of the challenges we knew we would face is supporting our children's mental health after experiencing so much trauma and the disruption of changing caregivers. These traumas manifested in behavioral challenges, made daily life difficult and, as a result, our whole family suffered. So we knew ensuring our children had consistent, trauma-informed therapy would be essential to our family's healing. That's why we felt some relief to find out there was space at a child advocacy center for our children to receive trauma-informed therapy. After the initial intakes, we were hopeful that this experience would put us and our children on the path to recovery and stability.

Once in a regular rhythm of therapy with this center, our connections as a family grew and our tools to manage behavioral challenges felt stronger. Some of the behavioral challenges continued but others subsided. And regardless of the challenges, we felt like we had the tools and relationships with the children's therapists to make the necessary growth and changes happen to heal. The consistency and reliability of therapy and the therapeutic relationships was essential to this healing. For the kids who've experienced abandonment, in order to heal, they needed therapists who were predictable and reliable. That was part of the healing process; to have a helpful authority figure in their lives who they could rely on. It also brought a sense of relief to my partner and I to know we had reliable support for the challenges we knew we'd experience day in and day out and that we had professional partners who were invested in the long haul to see our family's healing happen. Our therapists were some of the most committed, good-hearted people we've ever met. We knew they truly cared.

Suddenly our appointments were canceled unexpectedly despite having been confirmed a few days prior. We were then informed that we would no longer be able to receive therapy from our therapists and that there would be no opportunity for closure through a meeting, phone call, or writing. This experience had a negative impact on our entire family. Again, our kids were experiencing abandonment by adults they put their trust in to help them grow, irritating already delicate attachment and trust styles. Once again, my partner and I felt isolated; having lost a significant portion of our support network. We asked for support with this and were denied closure.

The management of the organizations that care for our state's most vulnerable refused to provide any sense or semblance of closure to children who were hurt coming into care and now have been hurt again. My partner and I were once again alone in our support of the children and felt like asking for help only caused more problems. The lack of care was disorientating. Our family continues to feel the repercussions of these events to this day. Our ability to believe these systems have the best interest of kids at heart has been severed. And that's a terrible shame.

# **WolfWrittenTestimony.pdf**

Uploaded by: stephanie wolf

Position: FAV

## **HB1480**

My name is Dr. Stephanie Wolf, I am a child and forensic psychologist here in Maryland. I am the President Elect for Maryland Psychological Association, and I am here to testify with strong support for HB1480

**I love CACs.** I have worked at a CAC for many years in the past. I am currently working closely with CAC's now - even collaborating closely with one helping to create a state-of-the-art therapy program. CACs are wonderful places. However, no place is infallible- not even CACs. CAC's can and have done harm. I was part of a terrible incident at a CAC in 2020 in which 5 therapists reported wrongdoing at a center and their employment was terminated. This resulted in 41 children suddenly losing their mental health providers. This past year the employment matter has been settled- our firings were changed to resignations we were compensated with back pay. the CAC did not admit they did anything wrong. I didn't need them too. What I need is for oversight and a legislative fix to make sure kids are never put in this position again.

### **Abused Children suddenly lost their therapist**

These children had been abused by parents, people they loved and people they trusted but had found a safe space with their therapist. The sudden loss of that therapist was like a surgeon leaving in the middle of a procedure. These children were likely left with the message that not only could they not trust whoever abused them, they couldn't even trust therapists and the centers that were supposed to help. The lack of required continuity of care plans at CAC's allowed this to occur.



These kids required more than just a new therapist. They required a goodbye with their old therapist, they required an understanding of what happened, and a new therapist trained in the treatment that they were receiving. None of these children received these basic tenets of mental health continuity of care. Us as providers tried to find help and follow best practices.

### **No one and no entity could help us**

There was no specific place for the families to make complaints to. There was no place that could help us as providers. We contacted NCA, we contacted the Maryland Children's' Alliance, we contacted the psychology and social work boards, we contacted the media, the county council and even hired attorneys to help. No one could. No one was able to allow these children to have the option of discharge sessions, to know what happened and to continue care if they wanted.

### **This Bill is needed**

This bill aims to provide much needed oversight to CACs. It will force strong policies to protect kids and providers. We learned from a report submitted in the Fall on this matter that only 2 of the 24 CACs even have a continuity of care plan. We also learned that out of the 24 CACs in the past 5 years all together they have only received 4 complaints in. This lack of complaints underlines that the mechanism is broken. It is beyond belief that with that many persons receiving services at a CAC only 4 patients would be unhappy. Reform is desperately needed. The legislation will provide tracking of problems, a mechanism for complaints and investigations. Most importantly this bill will make sure that the crucial work of taking care of vulnerable kids is always done with care and compassion and never causes destruction.

**I leave you with one reminder.** This bill was brought forth out of the loss of therapists that occurred to 41 children back in September of 2020. However, its purpose is to prevent such a loss for any child related to a child advocacy center in the future. For over 3.5 years no one has been able to do anything regarding these children. Now you have the choice to support this bill- Please do something.

## **HB 1480 - letter for Senate.pdf**

Uploaded by: William Flook

Position: FAV

23746 Lovely Lane  
Chestertown, MD 21620

Senator William C. Smith, Jr., Chair  
Senator Jeff Waldstreicher, Vice Chair  
Senate Judicial Proceedings Committee  
2 East Miller Senate Office Building  
Annapolis, Maryland 21401

April 1, 2025

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

**Position: Support**

Dear Chair Smith, Vice Chair Waldstreicher, and Members of the Committee:

I am writing as a retired school psychologist and an advocate for children's mental health. I have devoted much of my career to supporting and providing comprehensive psychological services to children in Maryland's schools, the Anne Arundel, Baltimore, and Kent County School Systems. I am writing in support of HB 1480, which ensures appropriate clinical treatment for some of our most vulnerable children.

Maryland's Child Advocacy Centers were established to meet the often-intense needs of abused children, and addressing these needs almost always includes psychotherapy. Appropriate delivery of psychotherapeutic services to these children is essential, yet a recent episode at one Center shows the need for this legislation. Over **forty vulnerable children lost their therapists with no notice, no termination sessions, and no continuity of care.** When this happened, many of these already traumatized children, who especially need consistency and predictability in their lives, and were at the highest need of quality counseling, were harmed by a Center created to help them. And when this happened there existed no effective remedy for the affected families and therapists. Our CACs receive state funds in order to perform their essential work, but they are essentially unregulated.

HB 1480 would serve to codify best practices to protect the children receiving CAC services from any lapse in care, making Maryland's CACs accountable to the Governor's Office of Crime Prevention and Policy. This includes notification of children and their parents if there is a change in their health care provider at the center, including psychotherapists. It also allows the departing therapist to conduct a final session to allow for closure and transition to the new therapist.

I would urge a favorably report on HB 1480, to ensure that abused children receive appropriate treatment in Maryland's Child Advocacy Centers. If I can provide any additional information or be of any assistance, please do not hesitate to contact me at [wmflook@gmail.com](mailto:wmflook@gmail.com), or 410-703-1791.

Respectfully submitted,

*William Flook*

William Flook, Ph.D.

## **HB1480 Oppose**

Uploaded by: Ann Ciekot

Position: UNF

## Judicial Proceedings

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

#### **\*\*\*OPPOSE\*\*\***

The National Association of Social Workers – Maryland Chapter, representing social workers statewide, strongly opposes HB 1480: *Child Advocacy Centers - Continuity of Care Standards for Health Care Professionals and Reports of Violations*. Across Maryland, Child Advocacy Centers (CACs) are structured to meet local needs, operating with different models of care and different funding. Some are fortunate to have the resources to employ behavioral health providers directly, while most others maintain professional partnerships with expert providers in the community.

HB 1480 fails to clarify whether its provisions apply solely to CAC-employed or contracted providers, or if it also extends to community-based professionals with whom CACs collaborate. This ambiguity creates confusion.

Further, HB 1480 mandates that all individuals providing medical or mental health services within CACs be licensed or certified by the appropriate health occupations board and operate within their professional scope. The good news? Maryland law *already* requires licensure to provide medical or mental health services. Practicing without a license is illegal and carries significant penalties, including criminal charges and fines. This provision of HB 1480 is, therefore, redundant and unnecessary.

Another troubling requirement is the obligation for CACs to notify children and their guardians in writing whenever a medical or mental health provider changes - and includes the former provider's contact information - so that families may reach out to them "as needed." This is impractical and can endanger children.

- Healthcare professionals leave positions for many reasons - career changes, family needs, or medical leave. Expecting them to remain available indefinitely places an unfair burden on providers.
- A requirement to notify parents has no exception to keeping the offending parent in the loop without regard to the impact on children - or to the previous provider who may not wish to be available to the offending parent.
- No other healthcare setting imposes this requirement. Why should CACs be treated differently?

(over)

In short, HB 1480 may make sense when viewed through the lens of a well-resourced CAC with the ability to have on-staff therapists. Most CACs do not. Moreover, requiring families be provided with contact information for a former therapist unduly burdens mental health providers. Most don't leave via termination.

Maryland's child welfare system is facing serious challenges, including a placement shortage so severe that the state spent **\$24 million to house children in hotels last year**. This is where legislative attention should be.

We urge you to issue an **unfavorable report on HB 1480**. This bill does not improve care or services for vulnerable children and families—it simply creates bureaucratic obligations where none are needed. Let's focus on real solutions for Maryland's most vulnerable children.

Respectfully submitted,

Judith Schagrin, LCSW-C  
Children, Youth, and Families Committee

# **THCAC Letter of Opposition 3.2025 HB 1480.pdf**

Uploaded by: Charles Regan

Position: UNF





7300 Calhoun Place, Suite 500, Rockville, MD 20855  
Phone: 240-777-4699 FAX: 240-777-4470

[www.treehousemd.org](http://www.treehousemd.org)

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

To begin with, the impetus for this bill is based upon false information about the Tree House Child Advocacy Center of Montgomery County which has been repeatedly promoted by former staff members whose positions were terminated in 2020. This accusation was thoroughly investigated at the county, state and even national levels and found to be without merit every time. To be clear - EVERY time a client needs to change therapists for whatever reason, the child's needs are the top priority and every effort is made to ensure care is continued uninterrupted as is consistent with the National Association of Social Workers (NASW) Code of Ethics. This information has been shared with the primary sponsor in previous years, yet the accusations continue to be echoed.

As you may be aware, 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 withing the NASW Code of Ethics and Maryland Board of Social Work Licensing.**

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".**

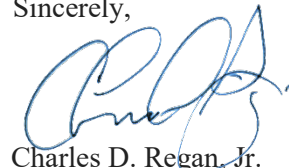
By using the term "parent or guardian", **children may be put at risk since parents are frequently the maltreater** in these cases. Best practices provide that only *non-of ending caregivers* should be contacted regarding a change in a child's provider. **In 2024, Maryland CACs served 5,387 children. 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.

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Charles D. Regan, Jr.", is positioned above the printed name.

Charles D. Regan, Jr.  
Executive Director

# **Care Healing Center HB 1480 Letter of Opposition.p**

Uploaded by: Courtney Davis, LCPC, NCC

Position: UNF



---

March 28, 2025

Committee Chairman Will Smith

Miller Senate Office Building, 3 West Wing

11 Bladen St., Annapolis, MD 2140

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

POSITION: **UNFAVORABLE**

Dear Chair Smith:

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.

As a mental health services provider, we are required to uphold the licensure requirements set forth by the State of Maryland. As a partnering agency for child advocacy centers, we accept referrals for services and respond accordingly. We do not share specific employment details of our providers with the child advocacy center. Employment changes are not communicated with CACs however, we agree via Memorandum of Understanding that we will provide licensed and appropriately supervised professionals to provide services for CAC clients.

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. 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

224 North Center Street, Room 102 – P.O. Box 1563 – Westminster, MD 21158 – Office Phone (410) 857-0900 – 24 Hour Hotline **(410) 857-7322**

[www.rapecrisiscc.org](http://www.rapecrisiscc.org)/[www.facebook.com/RCISofCarrollCounty](https://www.facebook.com/RCISofCarrollCounty)

investigate complaints against professionals licensed under their authority. Each Board's complaint process and investigation is comprehensive.

As a dedicated CAC mental health partner, we are committed to supporting our CAC, and to continue meeting the licensure standards set by COMAR and our state licensing boards. The CARE Healing Center again respectfully requests that this committee return an **unfavorable** report on the bill for the reasons set forth in this letter.

Sincerely,

Courtney Davis, LCPC, NCC

Clinical Director

**CARE Healing Center**

224. N. Center St.

Westminster, Maryland 21157

Office: (410) 857-0900 x101

# **HB1480 CPMC UNFAV JPR.pdf**

Uploaded by: Diana Philip

Position: UNF

THE COALITION TO PROTECT MARYLAND'S CHILDREN

*Our Mission: To combine and amplify the power of organizations and citizens working together to keep children safe from abuse and neglect. We strive to secure budgetary and public policy resources to make meaningful and measurable improvements in safety, permanence, and wellbeing.*



**HB1480: Health – Child Advocacy Centers –  
Continuity of Care Standards for Health Care Professionals and  
Reports of Violations  
Senate Judicial Proceedings  
April 1, 2025**

**POSITION: Oppose**

The Coalition to Protect Maryland's Children (CPMC) is a consortium of organizations and individuals dedicated to the well-being of Maryland's most vulnerable children. Since 1992, we have worked collaboratively to promote meaningful child welfare reform. **CPMC urges an unfavorable report on HB1480** — Health – Child Advocacy Centers – Continuity of Care Standards for Health Care Professionals and Reports of Violations.<sup>1</sup>

Child Advocacy Centers (CACs) are designed to provide a coordinated, child-focused response to allegations of abuse. Each center operates using a multi-disciplinary team that includes professionals from law enforcement, child protective services, medical and mental health services, and prosecutors.

However, CACs vary significantly across the state, adapting to the needs and resources of their respective communities. Many lack the financial means to employ in-house mental health providers, relying instead on partnerships with community-based professionals. CPMC believes that the bill imposes a one-size-fits-all mandate on CACs without regard for their diverse structures, resources, and community needs. The origins of HB1480 stem from an isolated incident in which a CAC, with the funds to employ its own mental health staff, terminated its providers five years ago for unknown reasons. Instead of addressing that specific case, HB1480 seeks to impose unnecessary regulations on the CACs serving all 24 jurisdictions across Maryland, disregarding the flexibility CACs need to serve children effectively in their own communities.

Key concerns with HB1480 include:

---

<sup>1</sup> Members of CPMC represented by this written testimony include Catholic Charities of Baltimore, Center for Hope, Child Justice, Court Appointed Special Advocates (MD CASA), Court Appointed Special Advocates (Baltimore County), Everstand, MD Chapter - American Academy of Pediatrics, Maryland Association of Resources for Families and Youth (MARFY), Maryland Children's Alliance, Maryland Coalition Against Sexual Assault (MCASA), and National Association of Social Workers – MD.

**Redundant Licensing Requirements:** The bill mandates that health care providers be “licensed or certified and provide services within the scope of licensure or certification.” Maryland law already requires this, making the provision unnecessary.

**Unrealistic and Unfair Continuity of Care Standards:** Ethical guidelines already ensure that licensed professionals maintain continuity plans for patient care. However, HB1480 would require that mental health professionals working with CACs provide contact information for previous therapists—a requirement found nowhere else in Maryland law. This unrealistic expectation effectively forces therapists into an indefinite commitment to former clients.

**Risk to Child Safety:** Alarmingly, the bill fails to consider the risk to children if sensitive information, including previous therapists’ contact details, falls into the hands of offending parents. Disclosure of such information could jeopardize the safety and confidentiality of children receiving services as well as the previous therapist

**Unjust Burden on CACs and Community Partners:** HB1480 forces community partners working with CACs not only to report changes in therapists, but to include details for contacting the previous therapist. Without regard to the circumstances surrounding the change in therapist, the previous therapist must also be allowed to contact their former client. These nonsensical expectations are imposed on no other mental health providers nor the organizations that employ them.

The Maryland Children’s Alliance (MCA) is the statewide organization statutorily responsible for establishing standards of care for Maryland CACs. MCA is currently establishing standards of care which will be in effect beginning in FY2026. This process ensures that every child across the state will have access to research-based and trauma-informed care regardless of the jurisdiction of residence. MCA is a nationally accredited chapter by the National Children’s Alliance as are the majority of CACs. We have been informed that all 24 CACs in Maryland will be accredited by next year.

The provisions in HB1480 do not enhance child protection but instead undermine CACs’ ability to serve their communities effectively. In the last five years, Maryland child advocacy centers have served over 26,000 children, receiving only two complaints with no wrongdoing found of the centers in question. For these reasons, we urge an **unfavorable report on HB1480** — Health – Child Advocacy Centers – Continuity of Care Standards for Health Care Professionals and Reports of Violations.



# **Life Crisis Center Letter of OPposition HB1480.pdf**

Uploaded by: Jamie Manning, LCSW-C, CNP

Position: UNF



Life Crisis Center, Inc.  
PO Box 387  
Salisbury, MD 21803  
Business: 410-749-0632  
Fax: 410-548-9496

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 Smith:

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.

As a mental health services provider, we are required to uphold the licensure requirements set forth by the State of Maryland. As a partnering agency for child advocacy centers, we accept referrals for services and respond accordingly. We do not share specific employment details of our providers with the child advocacy center. Employment changes are not communicated with CACs, however, we agree via Memorandum of Understanding that we will provide licensed and appropriately supervised professionals to provide services for CAC clients.

If a licensed mental health professional that has been treating a child victim is no longer able to continue treatment due to termination, change in job, or any other reason, the licensure standards established in COMAR governing each professional's licensure outline continuity of care requirements. Licensed mental health professionals have continuity of care requirements governed by their professional licensure standards. For example, Md. Code Regs. 10.36.05.07 outlines the continuity of care required of psychologists or psychology associates in the event of termination of services. Social workers have similar requirements under Md. Code Regs. 10.42.03.03. Both the Board of Examiners of Psychologists and the Board of Social Work Examiners conduct thorough investigations of complaints against professionals licensed under their authority. Each Board's complaint process and investigation is comprehensive.

The standards of continuity of care are already well established within the existing licensure regulations. Further legislating these requirements specifically for professionals serving CAC clients creates unnecessary duplication and confusion. It also undermines the role of the regulatory boards that already have the authority and expertise to oversee the conduct of licensed professionals. HB 1480 would place an undue burden on agencies and practitioners who are already required to follow licensure standards, potentially leading to inconsistencies and unintended negative impacts on client care.

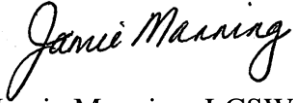
*To improve the quality of life in our community through crisis intervention and violence prevention*

*A United Way Agency Serving Wicomico, Worcester, & Somerset Counties*

We are committed to ensuring that all children who come through our doors receive high-quality care, but this bill is not the right approach to address these concerns. We respectfully urge the committee to return an unfavorable report.

Thank you for considering our position on this important matter. Please do not hesitate to contact us if you require further information or clarification.

Sincerely,

A handwritten signature in black ink that reads "Jamie Manning". The signature is written in a cursive, flowing style.

Jamie Manning, LCSW-C, CNP  
Executive Director

## **CCAIC Senate Letter of Opposition 3.28.25 HB 1480.**

Uploaded by: Lisa Dovovan

Position: UNF

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 Smith:

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.

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.

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 our CAC coordinates 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 our CAC.

**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 our CAC.** Instead, this and related information would be stored by the third-party service provider. Our CAC has a 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.** 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,

A handwritten signature in cursive script that reads "Lisa Donovan".

Lisa Donovan  
Program Coordinator  
Carroll County Advocacy & Investigation Center

## **CAC - unneeded regulation - testimony - MCASA HB14**

Uploaded by: Lisae C Jordan

Position: UNF



---

**Working to end sexual violence in Maryland**

P.O. Box 8782  
Silver Spring, MD 20907  
Phone: 301-565-2277  
mcasa.org

For more information contact:  
Lisae C. Jordan, Esquire  
443-995-5544

**Testimony Opposing House Bill 1480**  
**Lisae C. Jordan, Executive Director & Counsel**  
April 1, 2025

The Maryland Coalition Against Sexual Assault (MCASA) is a non-profit membership organization that includes the State's seventeen rape crisis centers, law enforcement, mental health and health care providers, attorneys, educators, survivors of sexual violence and other concerned individuals. MCASA includes the Sexual Assault Legal Institute (SALI), a statewide legal services provider for survivors of sexual assault. MCASA represents the unified voice and combined energy of all of its members working to eliminate sexual violence. We urge the Judicial Proceedings Committee to report unfavorably on House Bill 1480.

**House Bill 1480 – Unnecessary Regulation of Child Advocacy Centers**

Child advocacy centers (CACs) are "one-stop" shops that respond to sexually abused children. They help ensure that children are not retraumatized during the investigatory process. All jurisdictions in Maryland have CACs. Most are government based and others are in non-profits or have a hybrid model, often using referrals or agreements with other local programs to provide abused children with supportive services. MCASA fully supports CACs as a best practice in investigation of child sexual abuse.

Child advocacy centers are state of the art programs led by both national and state umbrella organizations. The National Children's Alliance provides accreditation standards and, in Maryland, the Maryland Children's Alliance provides further oversight and public education. These organizations provide significant oversight to the local programs, however, it is important to understand that there are a wide variety of local CAC models. By their nature, they are collaborations of professionals who work for different entities. The professionals, including mental health professionals addressed by HB1480, are subject to regulation related to their profession. If there is misconduct by a professional working with a CAC, the appropriate remedy is to complain to the relevant professional board. HB1480 as amended also requires the Governor's Office of Crime Prevention and Policy to post information, unnecessarily duplicating the responsibilities of the National and Maryland's Children's Alliance, and the Attorney General's Office to conduct investigations, intruding into issues best left to professional boards and licensure. HB1480 is unnecessary and does not help survivors or those who work with survivors.

**The Maryland Coalition Against Sexual Assault urges the  
Judicial Proceedings Committee to report unfavorably on House Bill 1480**



# **Harford County CAC HB1480 Senate Letter of Opposit**

Uploaded by: Lt. Paul Marziale

Position: UNF



# Harford County Child Advocacy Center



The Honorable Will Smith  
Chair, Judicial Proceedings Committee  
Miller Senate Office Building, 2 East 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 Smith:

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.

**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.

Additionally, this bill would require me, a representative of Harford County law enforcement, to be responsible for the staffing changes of a third-party organization. This puts an unnecessary burden on law enforcement and CAC staff since we only partner with Maryland licensed providers. This could also create client confidentiality concerns for clients.

**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.

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.

**23 North Main Street • Bel Air, Maryland 21014 • Phone: 410-638-3294 • Fax: 410-638-3296 • [www.harfordcac.org](http://www.harfordcac.org)**



# Harford County Child Advocacy Center



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.

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

Sincerely,

*Lt. Marziale*

Lieutenant Paul Marziale  
Director, Harford County Child Advocacy Center

## **Cecil County Child Advocacy Center unfavorable hb**

Uploaded by: Marion Gill, LCSW-C

Position: UNF



## 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.



## 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

**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,

Marion Gill, LCSW-C  
Cecil County Coordinator of  
Family Violence Programs  
[mgill@ccgov.org](mailto:mgill@ccgov.org)

# **SCS Senate Letter of Opposition 3.28.25 HB 1480.pd**

Uploaded by: Nicole Jackman

Position: UNF



March 28, 2025



Committee Chairman Will Smith

Miller Senate Office Building, 3 West Wing

11 Bladen St., Annapolis, MD 2140

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

POSITION: **UNFAVORABLE**

Dear Chair Smith:

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.

As a mental health services provider, we are required to uphold the licensure requirements set forth by the State of Maryland. As a partnering agency for child advocacy centers, we accept referrals for services and respond accordingly. We do not share specific employment details of our providers with the child advocacy center. Employment changes are not communicated with CACs however, we agree via Memorandum of Understanding that we will provide licensed and appropriately supervised professionals to provide services for CAC clients.

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. 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.

We request an unfavorable report on HB 1480.

Sincerely,

A handwritten signature in black ink, appearing to read "Nicole Jackman", written over a horizontal line.

Nicole Jackman,  
Director, Clinical Services  
Springboard Community Services

Carroll County Office  
22 North Court Street  
Westminster, MD 21157  
410-876-1233

# **HB 1480 - NCA Opposition.pdf**

Uploaded by: Teresa Huizar

Position: UNF



March 28, 2025

The Honorable William C. Smith Jr., Chair; and  
Members of the Senate Judicial Proceedings Committee  
2 East, Miller Senate Office Building  
Annapolis, MD 21401

**Re: HB 1480 – Opposition**

Dear Chairman Smith and Members of the Committee,

On behalf of the National Children's Alliance (NCA), our 959 member Children's Advocacy Centers (CACs) across the United States, and the more than 370,000 children we serve annually who are impacted by abuse and sex trafficking, we respectfully urge your opposition to HB 1480. While we believe all parties share a genuine commitment to children's well-being, after careful evaluation, we find the proposed legislation unnecessary and duplicative to existing efforts to address the effective and ethical delivery of mental health services to children who have experienced trauma..

NCA is the nationally recognized accrediting body for Children's Advocacy Centers. Maryland law mandates the statewide establishment of CACs to ensure that all children have access to the highest quality services in response to allegations of child sexual abuse. To maintain these standards, Maryland statute requires that CACs meet or exceed the rigorous accreditation criteria set by NCA, which are updated every five years to reflect the latest research, evidence, and best practices. These standards are developed by over 130 child abuse intervention professionals, including members of the American Psychological Association, who rely on the most current data and research.

Continuity of care is a top priority for all CACs. For this reason, NCA's accreditation standards require that therapists be licensed or work under the supervision of a

licensed professional while pursuing licensure themselves. This ensures that therapists adhere to the ethical guidelines set by the American Psychological Association and other relevant professional codes, which require therapists to responsibly transition clients when they can no longer provide services. Furthermore, established procedures, including the filing of a complaint with the Maryland Board of Examiners of Psychologists, are already in place to ensure that should a therapist fail to transition a client appropriately, the matter can be addressed through censure and other disciplinary action. The Maryland Board of Examiners of Psychologists range of disciplinary actions for ethical infractions include actions up to the suspension of licensure (which effectively would terminate a therapists' ability to practice in most settings, including children's advocacy centers.)

While we appreciate the intent of the proponents of HB 1480, we believe the issues it raises are already addressed by current statutes and professional practices, and that the proposed legislation would do more harm than good to the statewide network of CACs. Moreover, the importance of continuity of care will be further reinforced by a set of statewide requirements currently being finalized by the Maryland Children's Alliance (MCA), the statutory organization best equipped to address the unique challenges of Maryland's diverse CACs.

The heart of the CAC model is collaboration, and we remain fully committed to collaborating with you and other stakeholders to improve outcomes for children. However, given the reasons outlined above, we respectfully request that you issue an unfavorable report on HB 1480.

Thank you again for your consideration of this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read 'T. Huizar', with a stylized flourish at the end.

Teresa Huizar, CEO  
National Children's Alliance

# **MCA Senate Letter of Opposition HB 1480 (1).pdf**

Uploaded by: Wendy Myers

Position: UNF



April 1, 2025

The Honorable Will Smith  
Chair, Judicial Proceedings Committee  
Miller Senate Office Building, 2 East 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 Smith:

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 **statutorily designated** Maryland statewide organization for child advocacy centers and 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 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.

MCA is the organization which is statutorily responsible for establishing standards of care for Maryland CACs. MCA is currently establishing standards of care which will be in effect beginning in FY2026. This process ensures that every child across the state will have access to research-based and trauma-informed care regardless of the jurisdiction of

residence. MCA is a nationally accredited chapter by the National Children's Alliance.

### **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-of-ending 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.

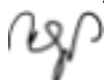
**Seventeen out of twenty-four CACs are accredited by the National Children's Alliance ("NCA") with those remaining actively seeking accreditation.**

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



# **HB1480 Amended - GOCPP - Informational.pdf**

Uploaded by: Bethany Young

Position: INFO

WES MOORE  
Governor

ARUNA MILLER  
Lieutenant Governor



DOROTHY LENNIG  
Executive Director

**LETTER OF INFORMATION  
HOUSE BILL 1480**

Bethany Young, Director of Policy and Legislation  
Governor's Office of Crime Prevention and Policy (GOCPP)

April 1, 2025

The Governor's Office of Crime Prevention and Policy (GOCPP) advises the Governor on criminal justice strategies, coordinates across public safety agencies, and allocates resources statewide to support public safety.

[Section 11-928 of the Criminal Procedure Article](#) requires GOCPP to establish and sustain Child Advocacy Centers (CACs) in the State. The law requires GOCPP to delegate oversight of CACs to the Maryland Statewide Organization for Child Advocacy Centers. The Maryland Children's Alliance (MCA) is that organization and has served as the link between the State and the 24 local CACs. GOCPP also provides grant funding to MCA and the local CACs throughout the State.

The primary purpose of this program is to coordinate the investigation of child abuse and neglect and to provide services to children and their non-offending family members without causing further trauma. Funds assist subrecipients in providing victim assistance, advocacy, support, and other coordinated justice system responses. Funds also assist CACs in becoming accredited by the National Children's Alliance (NCA).

Maryland currently has 24 CACs operating in all 24 jurisdictions. The management structures of the CACs differ by jurisdiction, as the General Assembly authorized GOCPP to "contract with public or private nonprofit organizations" to run county-level CACs and allow CACs to be "based in private nonprofit organizations, local departments of social services, local law enforcement agencies, or a partnership any of these entities." In Maryland, government entities (i.e., local social services agencies, state's attorneys' offices, and law enforcement agencies) operate 17 CACs. The remaining seven are nonprofit agencies. The CACs operated by local governments are subject to their local government's oversight. Any CAC employee or contractor providing mental or medical healthcare is subject to professional licensing requirements and standards.

HB1480 proposes additional requirements for CACs and their contractors, the Office of the Attorney General (OAG), and GOCPP. The bill requires CACs to establish continuity of care plans that include written notification to the child and their parent or guardian when there's a change in the medical or mental health service provider, detailing the contact information of both

the new and former providers *and* allow the former provider to conduct a termination session and assist in the transfer of care. It creates a new complaint review process that sends complaints about CACs through CACs, to GOCPP, and finally to the OAG. HB1480 also [restates requirements currently outlined in Maryland law](#) requiring the licensure of individuals providing medical or mental health services.

These requirements are concerning for several reasons. First, requiring a CAC to facilitate communication between a former provider, a client, and their parent or guardian without any limitations based on the reason for the provider's termination or the parent's role in the alleged abuse is dangerous to children. The bill includes no guardrails to protect children from potentially harmful communication. [Many children \(1,715 out of 5,387\) who receive services through Maryland CACs have been abused by a parent](#). Including a parent or guardian in notifications about care related to familial abuse could place children at risk of further harm. Current law contemplates this risk and protects the right of certain children under certain circumstances to make decisions about their own medical and mental healthcare without consultation with a parent or guardian.<sup>1,2,3</sup> One of the circumstances is that [“notice to the parent or guardian may lead to physical or emotional abuse of the minor.”](#) Further, if a provider was terminated for cause, it could be harmful to allow them to contact a child.

Second, the changes will be challenging to implement. HB1480 requires GOCPP to receive and forward complaints against CACs to the OAG “if necessary.” GOCPP does not currently have the expertise or capacity to receive and screen complaints. Knowing of only two complaints in recent history, it's difficult to project the range of issues the agency would have to address. GOCPP could not fulfill this responsibility without additional resources.

Please contact me at [bethany.young@maryland.gov](mailto:bethany.young@maryland.gov) if you have questions about my testimony or GOCPP's role in Maryland CACs.

# **HB 1480-JUD-BOP-LOIAA.docx.pdf**

Uploaded by: Maryland State of

Position: INFO



# Board of Physicians

Wes Moore, Governor · Aruna Miller, Lt. Governor · Harbhajan Ajrawat, M.D., Chair

## 2025 SESSION POSITION PAPER

**BILL NO.:** HB 1480 - Child Advocacy Centers - Continuity of Care Standards for Health Care Professionals and Reports of Violations  
**COMMITTEE:** Judicial Proceedings  
**POSITION:** Letter of Information As Amended

### **POSITION & RATIONALE:**

The Maryland Board of Physicians (the Board) is respectfully submitting this letter of information as amended for House Bill (HB) 1480 - Child Advocacy Centers - Continuity of Care Standards for Health Care Professionals and Reports of Violations. HB 1480 would require individuals providing medical or mental health services in a child advocacy center to be licensed or certified and to offer services within the scope of their license or certification. Additionally, each child advocacy center would be required to implement a continuity of care plan and report certain violations to the appropriate health occupations board or the Governor's Office of Crime Prevention and Policy.

The Maryland Board of Physicians (The Board) is one of twenty-one health occupational boards in Maryland responsible for regulating healthcare practitioners. The Board oversees and regulates physicians, physician assistants, and other allied health practitioners. The Board should be notified if an individual makes a complaint against a physician, physician assistant, or allied health practitioner.

The Board is concerned that the bill, as currently written, could be interpreted to mean that complaints should only be sent to the Governor's Office of Crime Prevention and Policy.

Thank you for your consideration. For more information, please contact Oriell Harris, Health Policy Analyst Associate, [OriellT.Harris@maryland.gov](mailto:OriellT.Harris@maryland.gov).

Sincerely,

Christine Farrelly  
Executive Director, Maryland Board of Physicians

**The opinion of the Board expressed in this document does not necessarily reflect that of the Maryland Department of Health or the Administration.**

## **Sen. HB1480 - INFO - DHS.pdf**

Uploaded by: Rachel Sledge Government Affairs

Position: INFO



DEPARTMENT OF HUMAN SERVICES

Wes Moore, Governor · Aruna Miller, Lt. Governor · Rafael López, Secretary

April 1, 2025

The Honorable Will C. Smith, Jr., Chair  
Senate Judicial Proceedings Committee  
2 East Miller Senate Office Building  
11 Bladen St  
Annapolis, Maryland 21401

**RE: TESTIMONY ON HB1480 - CHILD ADVOCACY CENTERS - CONTINUITY OF CARE  
STANDARDS FOR HEALTH CARE PROFESSIONALS AND REPORTS OF VIOLATIONS -  
POSITION: INFORMATIONAL ONLY**

Dear Chair Smith and Members of the Judicial Proceedings Committee:

The Maryland Department of Human Services (DHS) thanks the Committee for its consideration and respectfully offers a letter of information for House Bill 1480 (HB 1480).

With offices in every one of Maryland's jurisdictions, DHS provides preventative and supportive services, economic assistance, and meaningful connections to employment development and career opportunities to assist Marylanders in reaching their full potential. Our Social Services Administration implements the Child Protective Services (CPS) program and works in partnership with Child Advocacy Centers (CAC), which are affected by House Bill 1480 (HB 1480).

Child Advocacy Centers (CACs) in Maryland coordinate the investigation, treatment, and review of child abuse cases by utilizing multidisciplinary teams of professionals involved in child protective and victim advocacy services. There are twenty four CACs across the state with one in each jurisdiction. Some CACs work in partnership with neighboring jurisdictions to provide more specific services. CACs require the collaboration of the Local Department of Social Services (LDSS), local law enforcement, health professionals, and the local State's Attorney's Office. Each CAC's administration model varies. In general, they are administered by LDSS, county government, or non-profit organizations. Due to the variances in CAC administration, we do not have direct oversight authority for any CAC not administered by LDSS. A CAC's effectiveness

is contingent on collaboration with other agencies in jurisdictions where LDSS is not the administrative authority.

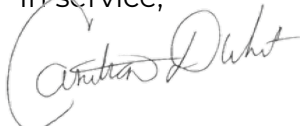
Maryland's network of Child Advocacy Centers (CACs) demonstrates a commitment to high standards. Seventeen of the twenty-four CACs in Maryland hold a high commitment of standards, being accredited through the National Children's Alliance (NCA), is the highest level of recognition a CAC can meet. The seven non-accredited CACs are working closely with the NCA to actively earn accreditation. The requirements for accreditation are more extensive than what HB 1480 would require. All twenty four CACs are displayed in tables on the following pages with the entity responsible for their administration and whether they are accredited.

Since DHS does not have oversight authority of all CACs, in April 2024 we requested CACs provide a list of all formal complaints received over the past five years. This information was provided to the House Health and Government Operations Committee the same month. The information provided consisted of two formal complaints: one occurring in Montgomery County in 2020 and one occurring in Carroll County in 2024.

The House Appropriations Committee [amended](#) HB 1480 before passing it out of committee. In the amendments, the Committee struck lines 28-30 on page 3 of the [first reader version of the bill](#). The now-stricken provision allowed CACs to establish a contingency process for notification of a change in the provider if the CAC believed the notification to a parent or guardian would endanger the child. As amended, HB 1480 mandates written notifications to both the child and their parent, even in cases where the child is receiving services through the CAC due to abuse at the hands of said parent.

We appreciate the opportunity to provide a letter of information to the Committee for consideration during your deliberations. If you require additional information, please contact Rachel Sledge, Director of Government Affairs, at [rachel.sledge@maryland.gov](mailto:rachel.sledge@maryland.gov).

In service,

A handwritten signature in dark ink, appearing to read "Carnitra White", is written over a circular embossed seal.

Carnitra White  
Principal Deputy Secretary



### Local Department of Social Services (LDSS) Administration:

Jurisdiction	Name	Accredited
Anne Arundel	Anne Arundel County Child Advocacy Center	Yes
Caroline	Caroline County Children's Advocacy Center	In Process
Dorchester	Dorchester County Child Advocacy Center	In Process (recently received "Developing Center" status from National Children's Alliance)
Garrett	A New Day Child Advocacy Center	Yes
Harford	Harford County Child Advocacy Center	Yes
Prince George's	Prince George's County Child Advocacy Center	Yes
St. Mary's	St Mary's County Child Advocacy Center	In Process
Somerset	Somerset Child Advocacy Center	In Process
Talbot	Talbot County Children's Advocacy Center	Yes

**County Administration:**

<b>Jurisdiction</b>	<b>Name</b>	<b>Accredited</b>
Allegany	Jane's Place	Yes
Baltimore County	Baltimore County Child Advocacy Center	Yes
Carroll	Carroll County Advocacy and Investigation Center	Yes
Cecil	Cecil County Child Advocacy Center	Yes
Frederick	Child Advocacy Center of Frederick County	Yes

**Local Law Enforcement Administration:**

<b>Jurisdiction</b>	<b>Name</b>	<b>Accredited</b>
Howard	The Listening Place	Yes

**Non-Profit Administration:**

<b>Jurisdiction</b>	<b>Name</b>	<b>Accredited</b>	<b>Non-Profit Organization</b>
Baltimore City	Center for Hope	Yes	LifeBridge Health

Calvert	Calvert Family Advocates	In Process	Advisory Board for the Calvert County Department of Social Services
Charles	Center for Children	Yes	Center for Children
Kent	Children's Advocacy Center of Kent County	Yes	Children's Advocacy Center of Kent County
Montgomery	The Tree House Child Advocacy Center	In Process	The Tree House Child Advocacy Center
Washington	The Safe Place	Yes	The Safe Place
Wicomico	Wicomico Child Advocacy Center	In Process	Wicomico Child Advocacy Center
Worcester	The Cricket Center	Yes	The Cricket Center

### Joint Administration:

Jurisdiction	Name	Accredited	Structural Organization
Queen Anne's	Queen Anne's County Child Abuse Response & Evaluation (CARE) Center	Yes	Queen Anne's County CARE Center is run through an interagency agreement. Five agencies comprise the CARE Center partnership; Centreville Police Department, Maryland State Police – Barrack "S" Centreville, QAC's Office of the Sheriff, Department of Social Services, and Office of the State's Attorney

# **2025\_04\_01 HB 1480 - Letter of Information.pdf**

Uploaded by: Tiffany Clark

Position: INFO

**CAROLYN A. QUATTROCKI**  
*Chief Deputy Attorney General*



**PETER V. BERNIS**  
*General Counsel*

**LEONARD J. HOWIE III**  
*Deputy Attorney General*

**CHRISTIAN E. BARRERA**  
*Chief Operating Officer*

**CARRIE J. WILLIAMS**  
*Deputy Attorney General*

**STATE OF MARYLAND**  
**OFFICE OF THE ATTORNEY GENERAL**

**SHARON S. MERRIWEATHER**  
*Deputy Attorney General*

**ANTHONY G. BROWN**  
*Attorney General*

**ZENITA WICKHAM HURLEY**  
*Chief, Equity, Policy, and Engagement*

April 1, 2025

TO: The Honorable William Smith  
Chair, Judicial Proceedings Committee

FROM: Tiffany Clark  
Director, Legislative Affairs, Office of the Attorney General

RE: House Bill 1480 - Child Advocacy Centers - Continuity of Care Standards  
for Health Care Professionals and Reports of Violations - **Letter of  
Concern**

---

The Office of Attorney General (OAG) respectfully offers this letter of information to the Judicial Proceedings Committee on **House Bill 1480** - Child Advocacy Centers - Continuity of Care Standards for Health Care Professionals and Reports of Violations.

The Governor's Office of Crime Prevention and Policy (GOCPP) has established child advocacy centers (CACs) in every jurisdiction in Maryland to assist in the response to allegations of child abuse, including sexual crimes, as required by § 11-928 of the Criminal Procedure Article. The CACs assist child victims of physical and sexual abuse by providing, among other things, counseling, medical services, and mental health services. The management structure of the CAC varies across the different jurisdictions, as the General Assembly authorized GOCPP to "contract with public or private nonprofit organizations to operate" county-level CACs and to permit CAC to be "based in private nonprofit organizations, local departments of social services, local law enforcement agencies, or a partnership among any of those entities."

**House Bill 1480** seeks to (1) improve services by requiring CACs to establish continuity of care plans to manage changes in providers of medical or mental health services and (2) provide a process for reporting complaints based on the CAC's alleged failure to satisfy accreditation standards (including continuity of care provisions) to the GOCPP, to the Attorney General, and on a public website. The continuity of care plan would require that the CAC provide notice to the child victim and the victim's parent or guardian "when there is a change in

a provider of medical or mental health services” employed by or under contract with the CAC and to permit the former provider to assist in the transfer of care in accordance with “professional ethics and standards of care.” While the intent of **House Bill 1480** is commendable in improving the care and accountability provided to children through child advocacy centers, the OAG has concerns about the bill’s current posture that we believe should be addressed.

First, the bill does not acknowledge that CACs serve child victims of physical and sexual abuse perpetrated by their parents or guardians as well as children who do not wish to include their parents or guardians in decisions regarding their medical and mental health treatment. Many of those children have the statutory right, without parental involvement, to make medical decisions after experiencing a rape or other sexual offense, to obtain reproductive health services, or to obtain treatment for mental or emotional disorders including substance use treatment-related services. The providers of those services to children are not required to provide parents and guardians “information about treatment needed by the minor or provided to the minor,” and are not permitted to provide any information regarding a child’s receipt of abortion services, decision not to have an abortion, or services for mental or emotional disorders if “the disclosure will lead to harm to the minor or deter the minor from seeking care.” To resolve the conflict between those statutory provisions and the universal notice required to parents and guardians under this bill, OAG recommends that the bill be amended, at page 4, line 1, before “parent” by inserting “, if appropriate, ”.

Second, **House Bill 1480** requires complaints regarding the provision of medical and mental health services at a CAC to be referred “to the Attorney General for investigation and further action, if necessary”, but does not provide a purpose for that referral. Additionally, the bill does not provide the OAG with the necessary resources to obtain the requisite expertise to effectively investigate these specific cases of child abuse and neglect. The Attorney General's office does not have a specialized unit for handling child abuse and neglect investigations. Investigations of child abuse and neglect are traditionally carried out by State’s Attorney’s Offices and Assistant Attorneys General who serve as counsel to State agencies, such as the Department of Human Services. OAG recommends that the bill be amended, at page 4, line 17, by striking “for referral to the Attorney General” and at page 4, line 18, by striking “, if necessary”.

The OAG urges the Committee to consider these issues carefully as it deliberates on the passage of **House Bill 1480**.

cc: The Honorable Delegate Cardin  
Senate Judicial Proceedings Committee