



March 11, 2026

To: House Appropriation Committee

Reference: HOUSE BILL 1292: Child Advocacy Centers – Continuity of Care Standards for Health Care Professionals and Reports of Violations

**Position: SUPPORT WITH AMENDMENTS**

**Dear Chair Barnes and Members of the Appropriations Committee:**

On behalf of LifeBridge Health’s Center for Hope, thank you for the opportunity to provide testimony **in support of House Bill 1292**, with suggested amendments done in consultation with the bill’s sponsors. LifeBridge Health’s Center for Hope is a comprehensive violence intervention and prevention program that, in 2025 provided trauma informed crisis intervention and prevention services to more than 5,700 survivors and caregivers impacted by child abuse, domestic violence, and homicide. As Baltimore City’s nationally accredited Child Advocacy Center (CAC), we helped over 1,500 children last year and work daily with multidisciplinary partners to ensure child safety, investigative integrity, and access to appropriate care.

As a critical part, and often unseen member of Maryland’s broad child protection community, we appreciate the intent underlying HB1292 to promote continuity of care for children and accountability for all of Maryland’s 24 Child Advocacy Centers. Continuity of care is a critical value we share and foundational to trauma informed practice.

Maryland’s CACs already operate within a robust framework of oversight and accountability. Under Md. Code, Criminal Procedure § 11-928, CACs must meet national accreditation standards established by the National Children’s Alliance (NCA). These ten standards have been endorsed by the US Department of Justice’s Office of Juvenile Justice and Delinquency Prevention. Maryland has formally incorporated those standards into the aforementioned statute. These standards are evidence based, nationally recognized, and include clear requirements related to organizational capacity, mental health services, medical evaluations, and coordination of care. Compliance is assessed through a rigorous accreditation and reaccreditation process every five years. In fact, Center for Hope recently passed its accreditation after a rigorous site review and evaluation of hundreds of pages of documents. A comprehensive review of these standards and the evidence behind them can be found at <https://ojjdp.ojp.gov/model-programs-guide/literature-reviews/childrens-advocacy-centers>.

Helping children and caregivers heal from abuse and trauma is of critical importance for the child advocacy center. With thanks to philanthropic supporters and available government funds such as Victims of Crime Act (VOCA) grants, Center for Hope provided high quality free treatment for almost 150 clients equaling almost 3,000 sessions in FY24. Licensed healthcare professionals practicing within CACs remain subject to the full authority of their respective licensing boards and existing state regulations governing ethical practice, client welfare, and continuity of care. These

systems provide meaningful protections for children and families while allowing providers the clinical discretion necessary to respond to complex and sensitive circumstances.

Nonetheless, maintaining robust mental health practices is a challenge for any provider, let alone Maryland's various child advocacy centers. Recognizing that not all of Maryland's child advocacy centers have the same capacity for oversight and care that LifeBridge Health has invested in Center for Hope, we support the call for ensuring mental health care provided by a CAC meets acceptable standards and addresses the appropriate handoff towards a smooth transition when providers change.

Center for Hope discussed amendments to the original draft of HB1292 with the bill sponsors and appreciates the thoughtful consideration and understanding of how CACs function. These amendments as discussed with sponsors include:

- Clarifying that clinicians practicing under lawful supervision are included in the licensing provision
- Expanding the confidentiality provision to reference HIPAA and other applicable federal and State confidentiality laws
- Refining the complaint reporting requirement so it applies when a determination has been made that a violation of CAC standards or applicable professional ethics occurred
- Clarifying who retains discretion to determine safety and clinical appropriateness regarding termination sessions and provider contact
- Ensuring that any public reporting of complaint information is appropriately limited to protect confidential medical and investigative information.

**Center for Hope supports HB1292 with the requested amendments** and looks forward to working with the Committee, the bill sponsor, and other stakeholders to ensure that any final legislation strengthens not inadvertently undermines the safety of children, the integrity of investigations, and access to timely, appropriate care.

Thank you for your consideration and for your continued commitment to protecting Maryland's children.

Respectfully submitted,

Adam Rosenberg  
Executive Director, Center for Hope  
Vice President, Violence Intervention & Prevention, LifeBridge Health  
[arosenberg@lifebridgehealth.org](mailto:arosenberg@lifebridgehealth.org)

**Summary of Amendments with Rational**

Summary of Proposed Amendments and Rationale HB1292 (sponsor amendments)  
Submitted on behalf of Center for Hope

HB1292 – Child Advocacy Centers: Continuity of Care Standards for Health Care

1. Clarify Scope of Mental Health vs. Medical Services

**Amendment:**

page 3 line 17 strike medical line 26 strike medical

page 3 line 18 add: DEFINED BY NATIONAL ACCREDITATION STANDARDS AS

page 3 line 20 after CERTIFICATION add: OR PRACTICING UNDER LAWFUL SUPERVISION AS PERMITTED BY STATE LAW; AND

page 3 line 25 add after CENTER, In compliance with HIPPA and Applicable Federal and State confidentially laws, and only if it does not present a danger to the child,

page 3 line 28 strike and add: NEW PROVIDER OR PRACTICE AND FORMER PROVIDER OR PRACTICE TO

Strike all reference to parent instead: legal guardian

- Strike references requiring continuity of care for medical services and limit the requirement to mental health services provided at Child Advocacy Centers (CACs).

Rationale

- CAC medical services are typically one-time forensic exams or consultations, not ongoing treatment relationships.
- Not all CACs provide medical services onsite; exams are often performed in hospital emergency departments.
- Continuity-of-care models are therefore not operationally appropriate for medical exams, but they are relevant for ongoing mental health therapy relationships.

2. Require Licensed or Certified Providers (with Supervision Clarification)

Amendment

- Require individuals providing mental health services to be licensed or certified by the appropriate health occupations board.
- Add language allowing services to be provided “if applicable or practicing under lawful supervision as permitted by State law.”

Rationale

- Ensures compliance with professional licensing standards.
- Recognizes that CACs often use supervised clinicians or trainees who are working toward advanced licensure.
- Prevents unintentionally excluding legitimate supervised providers from CAC care teams.

3. Establish Continuity of Care Plans for Mental Health Providers

## Amendment

Page 4 line: CONDUCT A TERMINATION SESSION WHEN INDICATED AS CLINICALLY APPROPRIATE AND DOES NOT PRESENT ADDITIONAL RISK TO CHILD AS DETERMINED BY THE CHILD ADVOCACY CENTER SUPERVISOR TO ASSIST IN THE TRANSFER OF CARE.

- Require each CAC to establish a continuity-of-care plan that includes:
  - Notification to the child or guardian when there is a change in mental health provider.
  - Contact information for both the former and new provider or practice if known.
  - Allowing the former provider to conduct a termination session when clinically appropriate or does not present danger to the child.

## Rationale

- Ensures children receiving therapy experience appropriate clinical transitions when providers change.
- Supports ethical mental health practice standards for care transitions and termination sessions.
- Clarifies that the CAC supervisor determines whether the termination session is clinically appropriate and safe.

## 4. Ensure Compliance with Federal and State Confidentiality Laws

### Amendment

- Explicitly reference compliance with HIPAA and applicable federal and state confidentiality laws in notification and care transition processes.

### Rationale

- Protects sensitive medical and child abuse investigation information.
- Ensures CAC procedures align with health privacy laws and victim protection requirements.

## 5. Reporting Violations of CAC Standards

### Amendment

Page 4 line 5: add: EACH CHILD ADVOCACY CENTER SHALL REPORT A COMPLAINT RESULTING IN AN INDICATED FINDING: STRIKE COMPLAINT

- Require CACs to report complaints resulting in an “indicated finding” of a violation of CAC standards to the Governor’s Office of Crime Prevention and Policy (GOCPP).

### Rationale

- “Indicated finding” reflects an evidence-based determination, similar to Child Protective Services terminology indicating credible evidence of wrongdoing.
- Prevents reporting of unsubstantiated complaints while ensuring serious violations are reported.
- Aligns reporting with existing regulatory frameworks.

- Keep complaint information protected with no sensitive information to be posted publicly. Over 37% of children are harmed by a parent or legal guardian, need to provide high-level summaries.

## 6. Clarify Scope of Reportable Complaints

### Amendment

- Specify that reportable complaints relate to violations of CAC standards, professional ethics, or standards of care.

### Rationale

- Provides clarity on what types of complaints trigger reporting.
- Ensures the focus is on professional misconduct or violations of established CAC standards.

## 7. Allow Grants and Technical Assistance for Implementation

### Amendment

Page 4 line 17: add line 18, (4) THE GOVERNOR'S OFFICE OF CRIME PREVENTION AND POLICY MAY ISSUE GRANTS TO ASSIST WITH TECHNICAL ASSISTANCE TO CHILD ADVOCACY CENTERS TO IMPLEMENT STANDARDS.

- Allows GOCPP to issue grants or provide technical assistance to CACs to implement new standards. Does not require a mandated appropriation.

### Rationale

- Maryland CACs receive less than \$16,000 annually in state funding, limiting administrative capacity.
- Implementation of continuity-of-care policies and reporting processes will require additional resources and technical support.

## 8. Public Reporting of Complaints

### Amendment

Page 4 line strike line 24-27

Page 4 line 28-29 replace section with:

(II) A SUMMARY OF COMPLAINTS RELATED TO COMPLIANCE OF STANDARDS OF CHILD ADVOCACY CENTER STANDARDS, IF APPLICABLE, AND THE RESOLUTION OF ANY COMPLAINT

- Require GOCPP to publish annual summaries of complaints and resolutions related to CAC standard compliance on its website keeping all information confidential to protect child.

### Rationale

- Improves transparency while maintaining confidentiality.
- Comments suggest limiting postings to summary-level information to:
  - Protect ongoing investigations

- Avoid disclosure of confidential case information
- Maintain compliance with HIPAA.

## 9. Implementation Timeline

### Amendment

- Establish an effective date of July 1, 2027.

### Rationale

- Provides CACs time to:
  - Develop new continuity-of-care policies
  - Align with National Children's Alliance (NCA) accreditation standards
  - Coordinate implementation with the Maryland Children's Alliance and GOCPP.