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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 1292 -Child Advocacy Centers – Continuity of Care Standards for Health Care Professionals and Reports of Violations

Position: Strong Support

I am Dr. Pat Savage, licensed psychologist who retired from clinical practice, in Maryland. I 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), a 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 1292. I am testifying for the fourth year in a row on a bill designed to protect vulnerable children and their families as well as the mental health therapists who serve them. I want to thank the House and members of the House Health Committee, particularly Delegates Pena-Melnyk, Bagnall, and Shetty who were involved in supporting HB1480 last year as well as those who have supported this bill over the last three years. I'd like to thank Delegate Ben Cardin who sponsored three prior versions of this bill and has worked tirelessly to protect vulnerable kids and families from harm. I'd also like to express my sincere appreciation to Senator Malcolm Augustine who sponsored a version of this bill and courageously spoke about his personal experiences relevant to this bill. My hope is that you will advance this bill as another step towards improving the safe, effective and trauma informed delivery of mental health services to your constituents.

HB 1292 has been introduced (different forms) in three 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 turned to services offered through the Child Advocacy Centers (CACs), financially supported by the state of Maryland, as they generally do not have the resources to seek help on their own. The centers are designed to allow children and their families access to an array of services through one organization rather than having to move through multiple organizations to obtain the assistance they require to heal their traumas. In one instance we are aware of, these children and their families did not experience a safe environment in which they could heal from their mental and physical wounds, rather, 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. Hence the need to introduce legislation.

What happened? My understanding is that a group of mental health therapists was summarily terminated by the administrator of a CAC who prohibited the therapists from conducting a termination session or transition of care session for the families and kids in treatment. Further the therapists were not allowed to coordinate through the CAC to provide the new therapists with critical information regarding their needs and care, creating a major gap in continuity of care. Kids and their families were suddenly unable to speak to the one person with whom they had worked, many times for months, to build the trust so necessary for emotional healing. Therapy for each of these children and their families was terminated with little to no apparent regard for the child or

families emotional state, nor the effect that an “abandonment,” forced by the CACs in this case, by their therapist would have upon their mental health. As you may know from testimony provided in previous years, children and families showed up for their regularly scheduled appointments only to find that their therapists did not appear. No notice. No explanation. In fact, therapists were ordered not to contact a client to provide any explanation for their absence. A clear violation of the standard of care that any mental health professional is expected to follow, placing not only the child and family in jeopardy but the therapist as well. This all occurred with no evidence that any of these therapists represented a threat to the children and families involved in this incident.

The reason these standards of care exist is to prevent further harm to clients by providers, as most if not all clients will assume that there is something they did or said that created the rupture in the therapeutic relationship. These dynamics further damage already fragile individuals. This belief arises as these individuals have often been told by those who emotionally or physically abuse them that it is their fault, or they deserve what has happened to them. All of this makes it even more difficult for clients or their families to trust that agencies or individuals representing organizations that “care,” hence making further treatment near impossible or at least tremendously difficult.

As a result of this incident, we discovered, after attempting to work with the CACs to correct this situation, that 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 corrective measures for the individual’s affected by these decisions. We discovered that many CACs lacked a simple policy regarding continuity of care to guide administrative decisions when the therapeutic process must be or is disrupted by external events. We say this after reviewing the results of a report provided last year to the Health and Government Operations Committee requested by then Chair Delegate Pena-Melnyk asking for CACs to provide information on the number of their organizations or contractors who had written continuity of care policies.

While most organizations and in fact most CACs would not act this way, 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 1292 as drafted requires that Child Advocacy Centers (CACs) from across the State to 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 must establish a continuity of care plan that minimally includes:
 - Written notification of children, parents and/or guardians if there is turnover of their health care providers
 - Provide contact information for the new and former provider to the child, family, and/or guardian
 - Allow the former provider to contact the child, parent, and/or guardian to conduct a termination visit, in accordance with the professional’s ethics and standards of care. This would lessen the negative impacts on a child and their family as well as allow the former provider to encourage the child and family to continue to utilize the services provided by the CAC necessary to restore their mental and physical health.

The bill also establishes:

- A limited complaint mechanism through the Governor's Office of Crime Prevention and Policy and if necessary, to the Attorney General for investigation as well as further action to address each complaint.
- Public posting of complaints and their resolution.

I strongly support House Bill 1292 as it serves to protect the most vulnerable children in our state, and the mental health professionals providing care. This bill will provide safeguards for 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. Most importantly it is consistent with a "Do No Harm" approach to caring for kids and families.

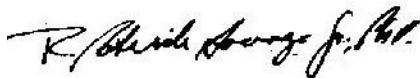
Child Advocacy Centers (CACs) are an essential part of the care spectrum for children who are victims of abuse. CACs operate by and large on limited budgets and despite that, generally excel at what they do. A major goal of this bill is to strengthen the CACs by bringing their clinical care standards 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.

Lastly, after three years of attempting to introduce and pass what we thought would be a relatively simple and straightforward bill designed to protect vulnerable kids, families, and therapists from harm, we have heard many reasons from the opponents as to why this bill is not necessary. I have included an appendix following this letter outlining those explanations as well as what I know to be true about their objections to this legislation.

I and those on our team ask for a favorable report on House Bill 1292.

If I can be of any further assistance as the Judicial Proceedings Committee considers this bill, please do not hesitate to contact me at rpatrickssavagejrphd@gmail.com or by phone at 301-906-3437.

Respectfully submitted,



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Past Legislative Chair, Maryland Psychological Association
Member, Editorial Board of Applied Neuropsychology: Child
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APPENDIX:

Over the past 3 years of attempting to ensure that something like the incident that motivated the introduction of the prior bills and now HB 1292, 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 to be true after 40 years providing mental health services to children and their families.

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 now Speaker 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 1292 and its predecessors 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 hearing last year 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. The research on sudden abandonments upon previously traumatized individuals is quite clear that harm occurs to these individuals.

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 the therapists involved?

Reality 3: This is the one we know about. How many incidents of this nature occurred where no one spoke out? Also 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 (Board of Examiners of Psychology). Additionally, providers working at or for the CACs don't see clients for the money but because they are dedicated to providing high quality care to a vulnerable population. If that were true, they would be working in other jobs that reimburse far better. Losing that ability alone created immense emotional stress in the therapist's 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, to order 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 a poor administrative decision 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 1292 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.