

**House Health & Government Operations Committee
March 13, 2024**

**House Bill 1100: Health – Child Advocacy Centers –
Reporting Requirements and Investigations**

*****OPPOSE*****

The National Association of Social Workers – Maryland Chapter, an organization representing social workers statewide, opposes HB1100, a bill in search of a problem that doesn't exist.

Child Advocacy Centers have a team approach to investigating, prosecuting, and treating victims of child abuse to minimize trauma to children and their families by, for one, repeatedly asking for 'their story'. The multi-disciplinary team includes (at a minimum) the local department of social services, law enforcement, and local prosecutors. Post-investigation, Child Advocacy Centers may have behavioral health providers on staff to provide treatment, but more commonly have professional relationships with expert providers in the community to whom referrals are made and linkages facilitated.

In short, the CACs mission is to respond to complaints of child abuse and neglect, i.e. to investigate, prosecute, and treat victims of child maltreatment and their families. HB1100 reflects a basic misunderstanding about CACs; while they are indeed child-focused entities, the core mission is not the delivery of health care. Introducing cumbersome reporting to the Behavioral Health Administration information related to behavioral health care services simply doesn't add value.

Child Advocacy Centers (CACs) were first supported by Maryland legislation in 2010. Based on our membership's lengthy familiarity with CACs including having acted in leadership roles, we know of no rationale for HB1100. Broadening the definition of CACs to include child mental health service providers and other child and family service providers is nonsensical; only DSS is empowered to investigate child abuse. In a resource rich community, there may be hundreds of mental health providers who diagnose and treat maltreated children.

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Furthermore, HB1100 provides that a “complaint” against a CAC or an individual providing behavioral health care services in a CAC may be investigated by the Secretary, or his designee. HB1100 makes “a person” subject to a civil fine of \$5000.

What sort of complaint?

Completing child maltreatment investigations can be contentious, fraught with challenge, and complaints are predictable. Moreover, there are licensing boards already mandated to investigate complaints against behavioral health providers. The proposed fine of \$5,000 “persons” may be subjected to is punitive, not curative. Will “persons” be presumed guilty out of the gate since there’s no definition of ‘complaint,’ nor a process for lodging one, and no due process by which they could defend themselves? CACs have very lean budgets; where will the fine be paid from?

In short, the problem that HB1100 intends to solve is a mystery. We ask you to issue an unfavorable report for HB1100, a bill to fix a nonexistent problem, one that entirely fails to enhance care or services for our most vulnerable families and children.

Respectfully submitted,

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