

**Testimony Before the Judiciary Committee
February 15, 2024**

**House Bill 833: Children in Need of Assistance –
Parents in Substance Use Disorder Treatment**

**** Oppose ****

The National Association of Social Workers – Maryland Chapter is a professional organization representing over 3,000 social workers statewide. We oppose HB833 because of concerns about compromising children’s safety and depriving parents with substance use disorder of support and services.

Substance use disorder (SUD) in and of itself does not constitute neglect or abuse to children. However, maltreatment can and does occur secondary to the effects of SUD, and co-occurring behavioral health complications are not uncommon. Infants are especially at risk because of physical frailty and inability to self-protect.

DSS is charged with the weighty responsibility of assessing for risk and taking protective steps, including legally “sheltering” the child. The removal of a child is extraordinarily rare; of all families with a child welfare contact, roughly 95% are preserved. That means the children subject to this legislation are at the highest risk of harm. Moreover, the continuation of shelter by the Juvenile Court in no way prohibits placement with a parent in a SUD treatment facility designed for parents and their children. Locating a parent/child program and eliminating bureaucratic obstacles to timely admission are the real barriers.

Substance use disorder is a well-known risk factor for child maltreatment and fatality. According to the most recent Baltimore City fatality report, “Across nearly every major cause of child fatality, caregiver substance use played a significant role.” In 63% of child fatalities, one or both caregivers had substance use disorder, 30% of whom received treatment. Nearly half of children ages 2 and under who died were substance exposed in utero. Substance-exposed newborns often have special needs for parenting that make them especially vulnerable.

HB833 will limit the protection of shelter care for children whose parent is “receiving treatment in a residential or outpatient substance use disorder treatment program with beds or services for patients’ children.” Substance use disorder treatment programs are neither programmed nor staffed to assess for child safety. Assigning that responsibility

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without considering what it means underestimates the critical nature of doing so. Moreover, legal shelter will protect the child by restricting the parent from taking the child with them if exiting the program emergently. Recovery rarely has a straight trajectory and relapse is well known to be part of recovery.

Finally, what basis is there for the presumption that placement with the parent is in the best interest of the child when a parent is receiving substance use disorder treatment? Is it the right level of treatment? Is the parent engaged in working the program? Committed to completion? Are behavioral health services provided for those in need? How does receiving SUD treatment, particularly out-patient, ensure proper care and attention to children? And so on.

DSS caseworkers can and do regularly support parents in treatment by assisting them to locate a program and gain admission, ensuring that their young children are adequately protected and cared for while the parent is receiving services, and ensuring — under the Juvenile court's supervision — that the child's safety is adequately provided for in each individual case.

To summarize, we ask for an unfavorable report for HB833, Children in Need of Assistance – Parents in Substance Use Disorder Treatment, a bill that may place children at risk of harm and poorly serve their parents. We want to use this opportunity to advocate for an expansion of parent-child treatment programs and an admissions process responsive to the importance of treatment on demand.

Respectfully,

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