

**House Judiciary Committee**  
**House Bill 762: Criminal Procedure – Child Advocacy Centers – Care Providers**

**\*\*\* OPPOSE \*\*\***

**March 2, 2023**

The Maryland Chapter of the National Association of Social Workers represents social workers across the State of Maryland. We are asking for an unfavorable report for House Bill 762: Criminal Procedure – Child Advocacy Centers – Care Providers, a bill that would require Child Advocacy Centers send in writing within 48 hours of a change in health care providers the name and contact of the new provider to the affected child and their parent, including the name and contact for the new and previous providers. We deeply appreciate the intent of the bill to protect very vulnerable children but disagree about both the necessity for changes and the proposed strategy for affecting them.

Child Advocacy Centers (CACs) coordinate the investigation, treatment, and prosecution of child abuse cases by using multidisciplinary teams of professionals. CACs, some of which are private non-profits and others that are embedded with, and staffed by, local departments, are differently resourced across the state, and responsible for responding to populations of very different sizes. All accredited CAC's meet the high bar of requirements specific to accreditation standards, including those for therapeutic intervention, but through different strategies. Few CACs are well-resourced enough to have an in-house clinical team, and more typically have memorandums of understanding or contracts with specially trained therapists, and may also make community referrals.

The alarming but unique incident in one CAC we understand to be the trigger for the bill in no way represents the practice of any other CAC across the state for the 40 years that CACs have existed. In short, HB723 proposes to solve a problem there is no evidence actually exists. Mandating notice whenever a health care provider changes, would unduly burden poorly resourced Child Advocacy Centers (CAC), as well as the behavioral health organizations and practitioners with whom CAC's have relationships, with requirements that are unduly prescriptive and unnecessary.

Moreover, "provider" isn't defined. For those CACs without an in-house clinical team, when a client is referred to a community provider, does that obligate the organization to inform the CAC whenever a "provider" changes? For what period of time? Don't parents have the right to choose as well? Social workers are licensed as health care providers; does this bill intend to include social workers completing the investigations or providing home-based family preservation service or out of home placement services in these requirements too? Local departments of social services accredited by the Council of Accreditation (COA) must already meet specific standards around transitions and discharges, as well as conform with state and federal policies. Not all public child welfare caseworkers are social workers; would only those who are be forced to conform to HB762?

When would the 48 hour clock start ticking? When the provider tenders their resignation, announces a planned extended leave, or literally at the time the provider changes? When a CAC doesn't have an in-house clinical staff, that means the community provider – who likely has a larger practice with other

clients – would need to treat changes in therapists treating children referred by CACs differently than other referrals for whom transitions would continue to be directed by existing internal policies.

Health care professions are already held accountable for ethical transfer and transition practices. For social workers, COMAR 10.42.03.03 is the section of the social worker's code of ethics that spells out individual responsibilities to clients:

A. The licensee shall: (1)-(2)

(3) Notify the client promptly and seek the transfer, referral, or continuation of service in relation to the client's need or preference if the licensee anticipates the termination or interruption of service;

(4) Prepare and disseminate to an identified colleague or record custodian a written plan for the transfer of clients and files in the event of the licensee's incapacitation, death, or termination of service; and..."

With respect to the requirement that written notification to children and their parents include contact information for the previous provider, some providers retire or stop working and wouldn't have a business address to forward to the child and their parent(s) or legal guardians. Others may simply prefer their contact information not be forwarded after termination of the professional relationship. The requirement that a *previous* provider be allowed to contact a child implies the provider is no longer employed by the agency contracted with for services. Continued contact when the professional relationship has been terminated raises boundary issues and we are leery of supporting legislation that appears to encourage it.

In summary, we all value and prioritize the protection of very vulnerable children. When we have data showing a problem exists that can be fixed by legislation, we are absolutely committed to collaborating to identify root causes, and to proposing practicable solutions along with the resources necessary to carry them out. With respect to HB732, outside of a singular incident, no data shows a problem exists that requires legislative action. Moreover, the bill itself fails to take into account the variety of CAC models, the vastly different oversight authority and responsibility each have with those who meet the definition of 'health care provider', and what may be the continued role of the local department with all social work staffs to provide family preservation – or out of home placement – services.

We would be serving the children far better by ensuring stable and secure funding for every Child Advocacy Center and striving for an all social work public child welfare workforce, along with an adequate array of placements to serve the children and youth in state care and custody without forcing them to remain in hospitals long-term or into a very costly long-term hotel stay.

For these reasons, we urge an unfavorable report for House Bill 762: Criminal Procedure – Child Advocacy Centers – Care Providers.

Respectfully,

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Co-chair, Legislative Committee