



*Advocates for Children and Youth is a statewide non-profit focused on improving the lives and experiences of Maryland's children through policy change and program improvement. We champion solutions to child welfare, education, health, and juvenile justice issues, positioning us to influence the full spectrum of youth experiences. This multi-issue platform helps us to improve the entirety of children's worlds—the systems they touch, the people they interact with, and the environment where they live.*

## **Testimony before the Judicial Proceedings Committee**

### **In SUPPORT, with Amendments of Senate Bill 27- Child Abuse and Neglect- Substance Exposed Newborns- Reporting**

**Melissa Rock, Child Welfare Director, Advocates for Children and Youth  
January 24, 2017**

Thank you for the opportunity to provide testimony on Senate Bill 27- Child Abuse and Neglect- Substance Exposed Newborns- Reporting. Advocates for Children and Youth (ACY) supports this bill, with amendments.

The numbers of deaths due to substance abuse are dramatically high due to the heroin and opioid epidemic we're experiencing here in Maryland. The Governor's Heroin and Opioid Emergency Task Force reported that in 2015, there were 2,060 drug and alcohol related deaths.<sup>1</sup> What isn't often mentioned is the impact on babies and children. In 2016, there were 4,415 reports of substance exposed newborns. This is a 25% increase since 2014 (when there were 3,539 substance exposed newborns). It is crucial that we assess these infants' safety immediately to ensure they receive the support they need to thrive.

In response to the nationwide opioid epidemic, in July 2016, Congress passed the Comprehensive Addiction and Recovery Act of 2016 (CARA). CARA amends pieces of the Child Abuse Prevention and Treatment Act (CAPTA) regarding when hospitals are required to report to the Local Department of Social Services (LDSS) that an infant was born testing positive for drugs/alcohol or showing signs of withdrawal. Maryland's statute is currently non-compliant with CARA because it has an exception for instances when the mother has a prescription for the medication in the infant's system or where she is receiving the controlled substance through a substance abuse treatment program. If Maryland doesn't remove those carve-outs we could lose \$450,000 of federal funding each year. An important distinction to understand is that while a report to LDSS requires a caseworker to meet with the family and assess the newborn's safety, there will not necessarily be an investigation, and in most of those cases the infants are not removed from the mother's care, but rather, remains home with services, if necessary.

The 2013 Legislative Session was the last time this statute was amended. At that time the bill (HB 245) required the Department of Human Resources (DHR) to file an interim and final report analyzing implementation of the changes. DHR's data in those reports is telling for our purposes and underscores the importance of adding a similar report requirement to SB 27. The Preliminary Report from October 2014 documents 1,734 assessments of families with substance exposed newborns.

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<sup>1</sup> [http://www.marylandpatientsafety.org/documents/medication\\_safety/2016/cameron.pdf](http://www.marylandpatientsafety.org/documents/medication_safety/2016/cameron.pdf) (Slide 8).

According to the report, there were 400 and 89 instances of "'conditionally safe' (safe if the family accepts services)" and "unsafe" respectively.<sup>2</sup> Yet, only **34% of these** individuals (168) are documented as receiving services.<sup>3</sup> Unfortunately, the October 2015 report documents an even smaller percentage of families receiving services. Only **26%** of families (347) identified as "conditionally safe" and "unsafe" received services.<sup>4</sup> **Given that DHR's 2015 report indicates that almost 75% of families assessed as needing services did NOT receive any, it is essential that we see why these families aren't getting the help LDSS determines that they need.** Our amendments will ensure that there is documentation when a newborn is born addicted to drugs and yet the caseworker determines that she doesn't need services. They will also require DHR to report back about the numbers of families receiving services the reasons so many families aren't receiving services, and perhaps most importantly whether the newborns have remained safe.

**We urge this Committee to issue a favorable report on SB 27 with amendments to protect substance exposed newborn babies and their families and ensure they receive the help they need.**

**Amendments:**

On p. 3, line 29, after the word "services" and before line 30 insert:

(3) If the local department determines that further intervention is not necessary, the local department shall document the rationale for that decision including an assessment of the infant's safety.

On p. 4, line 8 insert:

SECTION 3. AND BE IT FURTHER ENACTED, That:

- (a) On or before June 1, 2018, the Department of Human Resources shall submit a preliminary report to the General Assembly, in accordance with § 2-1246 of the State Government Article.
- (b) On or before June 1, 2019, the Department of Human Resources shall submit a final report to the General Assembly, in accordance with § 2-1246 of the State Government Article.
- (c) The reports required under subsections (a) and (b) of this section shall include:
  - (1) the number of assessments conducted by the Department of Human Resources in response to reports submitted under Section 1 of this Act;
  - (2) the outcomes of any assessments conducted;
  - (3) the number of mothers referred to substance abuse treatments as a result of reports made under Section 1 of this Act; and
  - (4) the number of assessments where a determination that no further intervention is necessary and an analysis of the reasons for those decisions; and
  - (5) whether there have been any subsequent reports to the Local Departments regarding the infants in subsections (3) and (4) respectively.

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<sup>2</sup> Maryland Department of Human Resources, "Substance-Exposed Newborn Reporting in Maryland—Preliminary Report," p. 3 (October 1, 2014).

<sup>3</sup> Id. at p. 4. DHR's report states that MD CHESSIE might be undercounting who actually receives services.

<sup>4</sup> Maryland Department of Human Resources, "Substance-Exposed Newborn Reporting in Maryland—Final Report," p. 4 (October 1, 2015).