

MDDCSAM HB 833 parents in SUD treatment.pdf

Uploaded by: Joseph Adams, MD

Position: FAV



MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

HB 833 Children in Need of Assistance - Parents in Substance Use Disorder Treatment

FAVORABLE

House Judiciary Committee Feb 15th, 2024.

Dear Chair Clippinger, Vice Chair Bartlett, and members of the committee:

Keeping parents and their children together whenever possible, and avoiding unnecessary family separation is critical for the mental health of parent and child. As any parent can understand, having a child removed is highly traumatic and tends worsen depressed mood (prevalent in this population), undermine substance use treatment and interfere with recovery.

It is highly traumatizing for the child as well and may increase the risk of mental health disorders down the road.

Separating parent and child may certainly be necessary if abuse or neglect is present, which can occur in people with SUD, as well as others. **However, the fact that a person is in treatment for substance use disorder (SUD), per se, should never lead to such assumptions or actions.**

Since this principle is well known among addiction treatment personnel, one may wonder why a bill like HB 833 is necessary. It is necessary because separations are still occurring due to a tremendous level of stigma, misunderstanding, and assumptions made about people with SUD, and a wide variation in knowledge and attitudes among Social Services case workers & others.

As an addiction medicine physician, I have had patients in treatment for opioid use disorder who had their young children inappropriately and unnecessarily removed from the family because of such assumptions. Thankfully, these decisions were reversed after considerable efforts.

Neither inpatient nor outpatient SUD treatment programs feel the need to routinely report all of their clients with young children to Social Services or Child Protective Services unless there were some reason to do so. This would be, at a minimum, a violation professional standards.

A 2018 literature review (Straussner, et. al., below) found that children of families with parental substance use disorders (SUDs) did better in terms of their behavior and bonding when there were family interventions. Such interventions are valuable in decreasing the intergenerational transmission of trauma and SUDs.

We urge a favorable report.

Joseph A. Adams MD, FASAM, board certified in Internal Medicine & Addiction Medicine.

Straussner, S.L.A., & Fewell, C. H. (2018). A review of recent literature on the impact of parental substance use disorders on children and the provision of effective services. Current Opinions in Psychiatry, 31:363-367

NCADD-MD - 2024 HB 833 FAV - CINA Parent in Treatm

Uploaded by: Nancy Rosen-Cohen

Position: FAV



House Judiciary Committee

February 15, 2024

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

NCADD-Maryland supports House Bill 833. We fully support efforts to ensure that children’s well-being is protected and believe that there is a legitimate and important role for the State to intervene when there is a threat to a child’s safety. We also believe there remains a strong bias against people with substance use disorders. Parents with substance use disorders are highly stigmatized by health care, education, legal, and social service systems. This leads to a greater chance of discrimination and health inequities¹.

Studies show that stigma leads to harmful results, including disrupting infant bonding and parent-child attachment; discouraging school-aged children from reaching out for support; and contributing to ongoing mental health, educational, and attachment challenges².

What House Bill 833 proposes to do is make a presumption that if a parent is in treatment for their substance use disorder, placement of a child with that parent is in their best interest. This bill does not interfere with the investigation of child welfare services, nor does it prevent child welfare agencies from arguing against that placement.

It is our hope that passage of policies such as what is proposed in House Bill 833 will lead to greater support of people who are in treatment, and increase the resources available to meet the need. We urge a favorable report on House Bill 833.

¹ Hatzenbuehler ML, Phelan JC, Link BG. Stigma as a fundamental cause of population health inequalities. *Am J Public Health.* 2013;103(5):813–21.

² Kennedy-Hendricks A, Barry CL, Gollust SE, Ensminger ME, Chisolm MS, McGinty EE. Social stigma toward persons with prescription opioid use disorder: associations with public support for punitive and public health-oriented policies. *Psychiatric Serv.* 2017;68(5):462–9.

Testimony for HB 833.pdf

Uploaded by: Natasha Khalfani

Position: FAV



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PUBLIC DEFENDER

KEITH LOTRIDGE
DEPUTY PUBLIC DEFENDER

MELISSA ROTHSTEIN
CHIEF OF EXTERNAL AFFAIRS

ELIZABETH HILLIARD
ACTING DIRECTOR OF GOVERNMENT RELATIONS

POSITION ON PROPOSED LEGISLATION

BILL: HB0833 Child in Need of Assistance- Parents in Substance Use Disorder Treatment

FROM: Maryland Office of the Public Defender

POSITION: Favorable

DATE: 02/13/2024

The Maryland Office of the Public Defender respectfully requests that the Committee issue a favorable report on House Bill 0833.

House Bill 833 would prevent the removal of infants, or facilitate the quick reunification of infants who have been removed, from parents or perinatal persons who test positive for substances at birth, but are enrolled or are working with the Department of Social Services to be enrolled into a Mother-Baby or Out-Patient Substance Use Treatment Program.

Currently, when a baby is born exposed to substances, the baby is removed from the parents' custody and placed either with a relative or in foster care in the custody of the Department of Social Services. The parent, usually the mother, has only one hour a week of visitation with her baby.

There are state licensed mother-baby substance use treatment programs where mothers can receive intensive substance use treatment and have their babies reside with them. However, DSS currently refuses to place babies with their mothers in those treatment programs, insisting that the mothers must show many months (often six to nine months or more) of documented sobriety before the baby can join them. The mother-baby treatment facilities are designed to protect children while enabling treatment for the mothers. They have safety measures in place, including 24-hour staffing, hourly rounds at night, everyone must sign in or sign out to enter or leave the facility, daycare provision for babies during the day, regular drug testing of mothers, and mothers participate in hours of groups and therapy each day while there. The staff at mother-baby treatment programs are mandated reporters, who would need to report to DSS if there were concerns about the safety of the baby.

Because DSS will not place babies with their mothers in Mother-Baby treatment programs, women whose newborn babies are removed routinely experience lengthy separations of nine to eighteen months or more, even when sober and engaging in treatment. Those babies miss out on the critical bonding and attachment that research shows is connected to lifelong physical, mental, and behavioral health outcomes. For the mothers, the separation is traumatic. Many mothers whose babies are removed for substance use disorder spiral in despair and do not enter treatment, because they know their baby won't be given to them even if they enter treatment. Babies and mothers are harmed by the needless policy of keeping mothers in treatment apart from their babies.

This bill would create a presumption that, if a mother is enrolled in a licensed Mother-Baby treatment program, her baby should be placed with her so long as she remains in treatment. This would result in more mothers and babies remaining together, and likely incentivize more mothers to enter and stay in treatment, knowing they can have their baby with them if they do.

For these reasons, the Maryland Office of the Public Defender urges this Committee to issue a favorable report on House Bill 0833.

Submitted by: Maryland Office of the Public Defender, Government Relations Division.

HB833 Testimony.pdf

Uploaded by: Nicole Williams

Position: FAV

NICOLE A. WILLIAMS, ESQ.
Legislative District 22
Prince George's County

Judiciary Committee

Chair, Public Safety Subcommittee

Vice Chair, Democratic Caucus

Chair, Prince George's
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THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

February 15, 2024

The Honorable Luke Clippinger

Chair of the House Judiciary Committee

6 Bladen Street, Room 101

Annapolis, Maryland 21401

House Bill 833

Good afternoon, Chair Clippinger, Vice Chair Bartlett, and the members of the House Judiciary Committee. I am Delegate Nicole Williams, and I will testify in favor of House Bill 833, also known as **Children in Need of Assistance - Parents in Substance Use Disorder Treatment**. This bill would allow children to be placed with their parents or guardians while they receive specific substance use disorder treatment. Proper placement would be done when a child's parent demonstrates the child's best interest, the child gets proper care and attention, and there is no emergency. This bill also requires social services to file a report with a court if the child is not placed with the parent, describing the difficulties experienced and the efforts taken to find a placement for the child.

When parents are removed from caring for their children, even for as short as three weeks during the postpartum period, parents can develop a sense of detachment from their children. This causes parents not to understand the proper way to treat and care for their babies, which they would have developed if they had been placed together from the moment of birth or if separated after birth. The sense of love and emotional attachment for their child may unintentionally decrease tremendously. The children involved do not deserve to suffer from separation from their parents because the parents and guardians are trying their best to ensure they can show up for their children when they are at their healthiest and to provide their kids with a nourishing future. Keeping children with their parents and guardians, even while undergoing specific substance abuse treatments, will ensure that the detachment feeling does not take place, overall benefitting the child and the parent.

NICOLE A. WILLIAMS, ESQ.
Legislative District 22
Prince George's County

Judiciary Committee

Chair, Public Safety Subcommittee

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THE MARYLAND HOUSE OF DELEGATES
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Additionally, children who are separated from their mothers at any time within the first two years of their lives show higher signs of aggressive behavior. Because children unintentionally do not receive the same emotional resources from their parents, they can demonstrate signs of aggression starting at the age of three. This negatively affects children's futures as they could then begin to engage in other unhealthy behaviors.

Passing this legislation would be in the best interest of all individuals involved, parents and children. Parents are benefited by being able to remain with their children while they overcome their struggles. Having an individual to care for incentivizes parents to better themselves and provide for their youth. Moreover, while this displacement may be a short period, it will benefit children in the long run as they will grow up constantly experiencing the healthy love of their parents.

For these reasons, I urge this committee to give a favorable report on House Bill 833.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Nicole Williams', with a long horizontal flourish extending to the right.

Delegate Nicole A. Williams, Esq.

Written Testimony - HB833-Trivedi.pdf

Uploaded by: Shanta Trivedi

Position: FAV

Support HB 833

Children in Need of Assistance – Parents in Substance Use Disorder Treatment
Testimony of Shanta Trivedi, Esq.
Tuesday, February 13, 2024
House Judiciary Committee

Delegate Clippinger, Vice-Chair Bartlett and Members of the Committee:

I am an Assistant Professor at the University of Baltimore School of Law where I teach courses on Family Law and the Child Welfare System and write on child welfare issues, particularly as it affects low-income, minority and otherwise marginalized parents. I have also represented parents in the child welfare system, who were trying to prevent the removal of their children or were fighting to reunify. In addition, I serve as the Faculty Director of the Sayra and Neil Meyerhoff Center for Families, Children, and the Courts (CFCC). CFCC envisions communities where children and families thrive without unnecessary involvement in the legal system. We engage communities in all that we do to work towards transforming systems that create barriers to family well-being. **We urge you to support HB0833.**

This bill establishes a presumption in favor of placing children with their parents undergoing substance use disorder (SUD) treatment, recognizing that such placement is in the best interest of the child. It acknowledges that familial bonds are crucial to child well-being in most cases and creates an exception when an emergency situation prevents the possibility of the child remaining with the parent. Further, it recognizes that parents struggling with addiction who are trying to recover, are presumptively capable of providing proper care and attention to their child. Finally, it requires the agency to report to the court when the parent and child are not able to be placed together and to explain why.

HB0833 reflects a deep understanding that the separation of children from their parents, particularly in the delicate context of SUD recovery, can have profoundly detrimental effects.¹ Particularly for newborns, the postpartum period is critical for bonding and attachment. During this time, the presence of a parent is indispensable for the newborn's emotional and cognitive development². Furthermore, newborns suffering from neonatal abstinence syndrome (NAS) face unique challenges. Contrary to our current approach of separation, research demonstrates that keeping babies with their parents helps newborns to recover faster than they do when treated pharmacologically.³ Thus HB0833 champions a research-based approach that prioritizes keeping children with their parents in treatment, an approach that is proven to mitigate the adverse impacts of NAS.

HB0833 is also what is best for parents struggling with addiction. Studies show that removing children from parents who suffer from substance use disorder can make it even harder for them to recover. Parents suffer from grief and depression after the removal of their children which may lead them to turn to substances to cope. This makes it difficult for parents to engage in treatment or other recommended services and as a result, reunification can be hindered or even permanently stalled.⁴

¹ See Generally, Shanta Trivedi, *The Harm of Child Removal*, 43 N.Y.U. Rev. L. & Soc. Change 523 (2019).

² Robert Siegel & Joshua Sharfstein, *For Newborns Exposed to Opioids, Health Issues May Be the Least of Their Problems*, NAT'L PUB. RADIO (June 30, 2017, 4:00 PM), <https://www.npr.org/sections/health-shots/2017/06/30/534911289/for-newborns-exposed-to-opioids-health-issues-may-be-the-least-of-their-problems> [https://perma.cc/W9QQ-7BKD].

³ Newman AI, Mauer-Vakil D, Coe H, Newton L, Wilkerson E, McKnight S, Brogly SB. *Rooming-in for Infants at Risk for Neonatal Abstinence Syndrome: Outcomes 5 Years following Its Introduction as the Standard of Care at One Hospital*. 39 Am J Perinatol 897 (2020)

⁴ Kathi L.H. Harp, Carrie B. Oser, *A Longitudinal Analysis of the Impact of Child Custody Loss on Drug Use and Crime Among a Sample of African American Mothers*, 77 Child Abuse & Neglect 1 (2018).

Finally, HB0833 requires the Department of Social Services to be accountable to the court when parents and children are not able to be placed together. This is an important enforcement mechanism that would ensure that the Department make the necessary efforts are made to comply with this law, if passed.

HBB0833 is a data-driven, scientifically-backed response to an ongoing health crisis in our community. Because this bill acknowledges the importance of keeping families together during the challenging journey of SUD treatment, thereby supporting not just the recovery of the individual, but the holistic health of the entire family unit, we urge you to **issue a favorable report on HB833.**