

HOUSE BILL 7

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2000 Regular Session
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(PRE-FILED)

By: **Delegates Taylor, Shriver, Hurson, Busch, Dewberry, Guns, Harrison,
Hixson, Howard, Kopp, Menes, Montague, Owings, Rawlings,
Rosenberg, Vallario, and Wood**

Requested: November 15, 1999

Introduced and read first time: January 12, 2000

Assigned to: Environmental Matters

A BILL ENTITLED

1 AN ACT concerning

2 **Child Welfare - Integration of Child Welfare and Substance Abuse Treatment**
3 **Services**

4 FOR the purpose of requiring the Secretary of Human Resources and the Secretary of
5 Health and Mental Hygiene, after consultation with certain persons, to develop
6 a statewide protocol for integrating child welfare and substance abuse
7 treatment services; specifying the elements to be included in the protocol;
8 requiring a court to order substance abuse testing under certain circumstances;
9 requiring the Secretary of Human Resources and the Secretary of Health and
10 Mental Hygiene to issue certain reports; requiring the Governor to include
11 certain amounts in the annual State budget in certain fiscal years for certain
12 purposes; requiring the Department of Health and Mental Hygiene to explore
13 the use of excess hospital beds to locate new substance abuse treatment
14 programs; requiring the Secretary of Human Resources and the Secretary of
15 Health and Mental Hygiene to enter into a memorandum of understanding for a
16 certain purpose; requiring the Department of Human Resources and the
17 Department of Health and Mental Hygiene to adopt certain regulations;
18 defining certain terms; and generally relating to the establishment of integrated
19 child welfare and substance abuse treatment services.

20 BY adding to
21 Article - Family Law
22 Section 5-1201 through 5-1209, inclusive, to be under the new subtitle "Subtitle
23 12. Integration of Child Welfare and Substance Abuse Treatment Services"
24 Annotated Code of Maryland
25 (1999 Replacement Volume and 1999 Supplement)

26 Preamble

27 WHEREAS, Substance abuse is a key factor fueling intensification of child
28 abuse and neglect in the 1990s; and

1 WHEREAS, 62 percent of children in Maryland (over 2,700 children) entering
2 out-of-home placement in 1999 had a parent with an identified substance abuse
3 problem; and

4 WHEREAS, The child welfare system in the United States spends an estimated
5 \$20 billion per year to care for abused and neglected children of drug- and
6 alcohol-abusing parents; and

7 WHEREAS, The projected cost of a child entering the foster care system in
8 Maryland is \$60,000 per episode; and

9 WHEREAS, Nearly one-third of substance abusers achieve sustained
10 abstinence in their first attempt at recovery and an additional one-third eventually
11 achieve long-term abstinence; and

12 WHEREAS, 44 percent of females in drug treatment report being in treatment
13 in order to retain or regain custody of their children; and

14 WHEREAS, 48 percent of the clients in residential treatment with their
15 children said they would not have been interested in treatment if they had not been
16 able to bring their children with them; and

17 WHEREAS, Women who complete residential treatment have significantly
18 higher abstinence, employment, and arrest-free rates than do noncompleters; and

19 WHEREAS, Victims of child abuse and neglect and children of
20 substance-abusing parents have increased risk of substance abuse problems; and

21 WHEREAS, Linking child welfare and substance abuse programs would make
22 both more effective; and

23 WHEREAS, The strict time limits placed for family reunification in the federal
24 Adoption and Safe Families Act make timely provision of quality substance abuse
25 treatment programs essential; now, therefore,

26 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
27 MARYLAND, That the Laws of Maryland read as follows:

28 **Article - Family Law**

29 **SUBTITLE 12. INTEGRATION OF CHILD WELFARE AND SUBSTANCE ABUSE**
30 **TREATMENT SERVICES.**

31 5-1201.

32 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
33 INDICATED.

34 (B) "AT-RISK PARENT" MEANS A PARENT OF A CHILD ENTERING
35 OUT-OF-HOME PLACEMENT OR AT RISK OF ENTERING OUT-OF-HOME PLACEMENT.

1 (C) "CHILD WELFARE PERSONNEL" MEANS PARAPROFESSIONALS,
2 CASEWORKERS, CASEWORK SUPERVISORS, AND ADMINISTRATORS WHO WORK IN
3 CHILD WELFARE PROGRAMS ADMINISTERED BY THE DEPARTMENT.

4 (D) "COURT" HAS THE MEANING STATED IN § 5-701 OF THIS TITLE.

5 (E) "CROSS-TRAINING" MEANS TRAINING OF BOTH CHILD WELFARE AND
6 SUBSTANCE ABUSE TREATMENT PERSONNEL, PROVIDED BY QUALIFIED TRAINERS
7 WITH AN APPROVED CURRICULUM IN ESSENTIAL AREAS, INCLUDING BOTH
8 SUBSTANCE ABUSE AND CHILD WELFARE PRACTICES, PROCEDURES, AND LAWS.

9 (F) "LOCAL DEPARTMENT" MEANS A LOCAL DEPARTMENT OF SOCIAL
10 SERVICES FOR A COUNTY.

11 (G) "OUT-OF-HOME PLACEMENT" MEANS PLACEMENT OF A CHILD INTO
12 FOSTER CARE, KINSHIP CARE, GROUP CARE, OR RESIDENTIAL TREATMENT CARE.

13 (H) "QUALIFIED ADDICTIONS SPECIALIST" MEANS AN INDIVIDUAL WHO
14 MEETS THE QUALIFICATIONS FOR SUBSTANCE ABUSE COUNSELING AND
15 SCREENING ESTABLISHED BY THE DEPARTMENT OF HEALTH AND MENTAL
16 HYGIENE.

17 (I) "SUBSTANCE ABUSE TESTING" MEANS TESTING THAT IS PERFORMED BY
18 URINALYSIS, BREATHALYZER, DIP STICK, BLOOD TESTING, OR HAIR ANALYSIS TO
19 DETERMINE IF AN INDIVIDUAL HAS USED EITHER DRUGS OR ALCOHOL.

20 (J) "SUBSTANCE ABUSE TREATMENT" MEANS A PROGRAM THAT PROVIDES
21 THE INTENSITY AND TYPE OF TREATMENT NEEDED FOR PARENTS AND THEIR
22 CHILDREN TO ACHIEVE LONG-TERM ABSTINENCE, INCLUDING DETOXIFICATION,
23 INTENSIVE OUTPATIENT TREATMENT, INTERMEDIATE CARE AND OTHER
24 RESIDENTIAL TREATMENT (INCLUDING PROGRAMS IN WHICH PARENTS AND THEIR
25 CHILDREN CAN LIVE AND RECEIVE TREATMENT TOGETHER), AND AFTERCARE
26 PROGRAMS SUCH AS TRANSITIONAL HOUSING.

27 (K) "SUBSTANCE ABUSE TREATMENT PERSONNEL" MEANS PERSONNEL WHO
28 WORK IN A SUBSTANCE ABUSE TREATMENT PROGRAM.

29 5-1202.

30 ON OR BEFORE DECEMBER 1, 2000, THE SECRETARY OF HUMAN RESOURCES
31 AND THE SECRETARY OF HEALTH AND MENTAL HYGIENE SHALL, AFTER
32 CONSULTATION WITH A BROAD RANGE OF CHILD WELFARE PROFESSIONALS,
33 SUBSTANCE ABUSE EXPERTS, JUDGES, ATTORNEYS, MANAGED CARE
34 ORGANIZATIONS, HEALTH CARE PROVIDERS, LOCAL DEPARTMENTS, LOCAL HEALTH
35 DEPARTMENTS, AND CHILD ADVOCATES, DEVELOP A STATEWIDE PROTOCOL FOR
36 INTEGRATING CHILD WELFARE AND SUBSTANCE TREATMENT SERVICES THAT
37 INCLUDES AT A MINIMUM THE FOLLOWING:

38 (1) REQUIRING CROSS-TRAINING FOR ALL CHILD WELFARE AND
39 SUBSTANCE ABUSE TREATMENT PERSONNEL;

1 (2) DEVELOPING AN APPROVED CURRICULUM FOR THE
2 CROSS-TRAINING AND CRITERIA FOR QUALIFIED TRAINERS USING BEST PRACTICES
3 FROM OTHER STATES;

4 (3) PROVIDING FINANCIAL INCENTIVES, INCLUDING A BONUS FOR
5 COMPLETION OF THE CROSS-TRAINING AND AN INCREASE IN PAY, FOR CHILD
6 WELFARE PERSONNEL TO BECOME QUALIFIED ADDICTIONS SPECIALISTS;

7 (4) PLACING QUALIFIED ADDICTIONS SPECIALISTS IN ALL CHILD
8 WELFARE OFFICES, BASED ON A CASELOAD FORMULA DEVELOPED BY THE
9 DEPARTMENT;

10 (5) IN ALL CASES ACCEPTED FOR CHILD ABUSE AND NEGLECT
11 INVESTIGATION OR OUT-OF-HOME PLACEMENT, ASSURING THAT PARENTS ARE
12 SCREENED FOR SUBSTANCE ABUSE AND, WHERE THERE IS ANY REASONABLE
13 SUSPICION OF SUBSTANCE ABUSE, ASSURING THAT QUALIFIED ADDICTION
14 SPECIALISTS HAVE THE OPPORTUNITY TO CONSULT;

15 (6) REQUIRING THAT A LOCAL DEPARTMENT INCLUDE IN ITS PETITION
16 FOR A CHILD IN NEED OF ASSISTANCE UNDER TITLE 3, SUBTITLE 8 OF THE COURTS
17 ARTICLE A REQUEST THAT THE COURT ORDER DRUG AND ALCOHOL TESTING IN ANY
18 CASE IN WHICH THERE IS A REASONABLE SUSPICION OF SUBSTANCE ABUSE;

19 (7) ESTABLISHING A PROCEDURE FOR NOTIFYING THE LOCAL
20 DEPARTMENT OF THE RESULTS OF SUBSTANCE ABUSE TESTING;

21 (8) ESTABLISHING A PROCEDURE FOR NOTIFYING AN AT-RISK PARENT
22 OF THE AVAILABILITY OF SUBSTANCE ABUSE TREATMENT; AND

23 (9) DEVELOPING PROCEDURES FOR ROUTINE CONSULTATION AND
24 REEVALUATION OF PROGRESS IN SUBSTANCE ABUSE TREATMENT AT EVERY STEP AS
25 A CHILD WELFARE CASE PROCEEDS.

26 5-1203.

27 AT AN ADJUDICATORY HEARING ON A PETITION FOR A CHILD IN NEED OF
28 ASSISTANCE UNDER TITLE 3, SUBTITLE 8 OF THE COURTS ARTICLE, IF A LOCAL
29 DEPARTMENT REQUESTS SUBSTANCE ABUSE TESTING FOR A PARENT, THE COURT
30 SHALL ORDER THE TESTING UNLESS THE COURT FINDS COMPELLING REASONS NOT
31 TO ORDER SUCH TESTING AND PROVIDES SUCH REASONS IN WRITING.

32 5-1204.

33 THE GOVERNOR SHALL INCLUDE IN THE BUDGET FOR FISCAL YEAR 2002 AND
34 ALL SUCCEEDING YEARS SUFFICIENT FUNDS TO ENSURE THAT:

35 (1) EACH AT-RISK PARENT RECEIVES SUBSTANCE ABUSE TREATMENT
36 WHEN THE AT-RISK PARENT INDICATES A DESIRE TO ENTER SUBSTANCE ABUSE
37 TREATMENT OR AS SOON THEREAFTER AS POSSIBLE; AND

1 (2) EACH CHILD OF AN AT-RISK PARENT RECEIVES NECESSARY
2 TREATMENT TO REMEDIATE THE HARM CAUSED BY THE PARENT'S SUBSTANCE
3 ABUSE.

4 5-1205.

5 THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE SHALL EXPLORE THE
6 USE OF EXCESS HOSPITAL BEDS TO LOCATE NEW SUBSTANCE ABUSE TREATMENT
7 PROGRAMS.

8 5-1206.

9 (A) ON OR BEFORE DECEMBER 15, 2000, AND EVERY 6 MONTHS THEREAFTER
10 UNTIL DECEMBER 15, 2004, THE SECRETARY OF HUMAN RESOURCES AND THE
11 SECRETARY OF HEALTH AND MENTAL HYGIENE SHALL REPORT TO THE GOVERNOR
12 AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL
13 ASSEMBLY, ON THEIR PROGRESS IN COMPLYING WITH THE PROVISIONS OF THIS
14 SUBTITLE.

15 (B) THE REPORT SHALL COMPARE THE AVAILABILITY OF SUBSTANCE ABUSE
16 TREATMENT SLOTS FOR AT-RISK PARENTS AND THEIR CHILDREN RELATIVE TO
17 ACTUAL DEMAND AND ESTIMATED NEED.

18 5-1207.

19 ON OR BEFORE JUNE 30, 2001, THE SECRETARY OF HUMAN RESOURCES AND
20 THE SECRETARY OF HEALTH AND MENTAL HYGIENE SHALL ENTER INTO A
21 MEMORANDUM OF UNDERSTANDING SETTING FORTH THE RESPONSIBILITIES OF
22 EACH DEPARTMENT TO IMPLEMENT THE PROVISIONS OF THIS SUBTITLE.

23 5-1208.

24 THE DEPARTMENT OF HUMAN RESOURCES AND THE DEPARTMENT OF HEALTH
25 AND MENTAL HYGIENE SHALL ADOPT REGULATIONS TO CARRY OUT THIS SUBTITLE.
26 5-1209.

27 THIS SUBTITLE MAY BE REFERRED TO AS "THE INTEGRATION OF CHILD
28 WELFARE AND SUBSTANCE ABUSE TREATMENT ACT".

29 SECTION 2. AND BE IT FURTHER ENACTED, That the Governor shall
30 include in the budget for fiscal year 2002 and every year thereafter:

31 (1) At least \$10 million for substance abuse testing and creation of additional
32 substance abuse treatment slots for at-risk parents;

33 (2) At least \$5 million for coordinated services for at-risk parents' children for
34 prevention and treatment of substance abuse; and

35 (3) At least \$1 million for incentives for child welfare personnel to become
36 Qualified Addictions Specialists.

1 SECTION 3. AND BE IT FURTHER ENACTED, That the Governor shall
2 include in the budget for the fiscal year 2004 \$500,000 for an independent
3 results-based evaluation of the integration of substance abuse treatment and child
4 welfare services in the State. The evaluation shall be included in the report required
5 by this Act on or before December 15, 2004.

6 SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect
7 July 1, 2000.