



Maryland Case Study: Substance-Exposed Newborns

A goal of Maryland’s three-branch initiative was to improve early identification of populations at high risk for SUD during pregnancy and provide appropriate services to decrease the impact of substance exposure on newborns. The initiative was led by the Maryland Department of Human Services (DHS); the core team included two staff members from Maryland DHS, two judges and two legislators.

Using the Three-Branch Approach

The core team met weekly to discuss project updates and troubleshoot challenges to implementing the strategic plan. The larger implementation team met monthly and included:

- Representatives from Maryland Department of Health.
- Additional legislators from the Maryland House of Delegates and Senate.
- A representative of county government.
- A representative from the Maryland Chapter, American Academy of Pediatrics (MDAAP).
- A data analyst from the university system.
- A representative from the home visiting program.
- A representative from the law school legal clinic.
- A representative from a major nonprofit child welfare provider.

Maryland often invited outside experts to present at core and implementation team meetings on issues relevant to their teams’ goals. In this way, core and implementation team members had the opportunity to learn together, building a shared sense of both the issue and the best strategies for moving forward. Team leads noted that legislators and judges remained involved in the core team but frequently attended and actively participated in implementation team meetings.

In developing its strategic plan, the teams identified several activities designed to improve early identification of high-risk populations and provide appropriate services to decrease the impact of substance exposure on newborns.

Activity	Branch Lead
Gather data related to substance-exposed newborns: <ul style="list-style-type: none"> • Frequency. • Number reported to child welfare. • Jurisdiction. • Current services provided to determine needs at each point on the child welfare continuum. 	Executive: Maryland Department of Health; University of Maryland, Baltimore (UMB); Maryland DHS; Maryland Children’s Health Program
Determine service array, capacity and funding sources of existing substance use services.	UMB
Expand the availability of evidence-based early intervention services that can be provided to pregnant women during the pre- and postnatal period.	Executive: Maryland Department of Health, Maryland DHS, Maryland State Department of Education
Review current policies on substance use, revise them as needed and explore requiring new or revised standards of practice in local Departments of Social Services (DSSs).	Executive: Maryland Department of Health, Maryland DHS

Activity	Branch Lead
Compare current legislative requirements to those set forth by amendments made through the Comprehensive Addiction and Recovery Act (CARA) to the Child Abuse Prevention and Treatment Act (CAPTA) regarding the development of plans of safe care and notification of child welfare agencies.	Legislative
Examine current judicial practice related to mandating referrals to child welfare for infants born affected by substances.	Judicial
Investigate current practice for weighing different drug addictions in family court proceedings.	Judicial

Outcomes

Maryland’s three-branch initiative created a lasting culture of collaboration and engagement among the three branches. In addition, the peer learning opportunities provided at the core and implementation team meetings helped members of each branch develop a more comprehensive understanding of best practices for serving substance-exposed newborns and their families. Representatives of each branch worked to advance and implement policy and practice changes to create better outcomes for children and families in the state of Maryland.

Executive branch outcomes included the following:

- Expanded the service array of evidence-based practices to help children and parents when substance misuse was detected.
- Launched a training program to help child welfare workers better understand SUD and how it intersects with child welfare while also implementing evidence-based practices to serve parents with SUD.
- Agency-wide changes provided training for child welfare, home visiting, and infant and toddler program frontline staff to better serve substance-exposed newborns and families affected by SUD in an interdisciplinary way.

Legislative branch outcomes included the following:

- Enacted 2018 House Bill 1744, Chapter 410, to bring the state into compliance with the CARA requirements for child welfare notification of a substance-exposed newborn.

Judicial branch outcomes included the following:

- Creation of judicial training opportunities for judges on parental substance abuse and substance-exposed newborns at annual conference and at other educational convenings.
- Developed a plan for consistently applying CARA requirements to the creation and monitoring of plans of safe care throughout the state.