



**Ohio Senate Health Committee**  
**Jill Kingston**  
**House Bill 33 Proponent Testimony**  
**May 10, 2023**

Chairman Huffman, Vice-Chair Johnson, Ranking Member Antonio, and members of the Senate Health Committee, thank you for the opportunity to provide testimony on House Bill 33. My name is Jill Kingston, and I am the Founder and President of Brigid's Path.

I am speaking today in support of the creation of the KID Department of Children and Youth in HB 33. Additionally, I ask that you maintain the 4 million dollars allocated from the Infant Vitality line of the new department's proposed budget to support the infant and maternal health programs at Brigid's Path that improve health outcomes for infants who are born substance-exposed, support family resiliency, and prevent placements in the child welfare system. Importantly, I ask that you also support language in HB 33 that directs the Ohio Department of Medicaid to implement the CRIB Act, an existing federal law that provides coverage and reimbursement for health care and medical services provided to substance-exposed infants in Residential Infant Care Centers. HB 33 also directs the KID Department of Children and Youth to establish a bundle of funding for the non-medical maternal and child health programmatic services provided by Residential Infant Care Centers serving infants born substance-exposed and their families. The intention of this language is to provide a permanent Residential Infant Care Center funding mechanism and reimbursement model for fiscal year 2026 and beyond using Medicaid and existing funding sources available to the Department of Children and Youth.

Brigid's Path is a newborn recovery center where babies born substance exposed can withdraw in a home-like setting with inpatient level high-quality medical care. We provide strengths-based supportive and life skill-building services to the families of babies we serve, and we encourage moms and dads to participate in their babies' lives, which is critical to bonding and long-term family success. Since our doors opened in 2017, we have cared for over 200 babies and their families. Because of our unique non-hospital setting, innovative clinical care, and wraparound services for families, 85% of the babies we've served have stayed out of the foster care system and are now living in safe and happy homes, oftentimes with their own families. This level of family maintenance and foster care avoidance is unheard of.

Unlike a hospital neonatal intensive care unit where babies with neonatal abstinence syndrome ("NAS") typically withdraw, Brigid's Path can keep the baby until the parents or caregivers are ready to take baby home, or until a suitable kinship or foster care placement has been arranged. Our primary goal at Brigid's Path is to ensure the wellbeing of the babies we serve and their families. We want to keep families intact whenever possible. We know this is in the best interest of the baby and the parents. We want the best placement for baby the first time (ideally with mom, dad, or another biological family member), and long-term success for the child/parent relationship. We know that keeping baby with its family, when appropriate, has a lasting positive impact on both the child and the family, including improved health outcomes, lower incidence of relapse, and a greater likelihood of long-lasting success for the entire family.

Brigid's Path is licensed by the Ohio Department of Job and Family Services as a Residential Infant Care Center, the first of its kind. Our facility was built with the specific needs of babies with NAS in mind – low lighting and quiet, home-like spaces that allow moms, dads and other caregivers to rock, change and feed their babies at all times of day and night. Volunteer cuddlers who rock babies are vetted and trained to care for babies with NAS and work with family members. Our medical director is a neonatologist, and our clinical director is a board-certified PhD-level High-Risk Neonatal Nurse, Neonatal Nurse Practitioner and a national leader in the NAS clinical community.

I want to thank you for your continued support of Brigid's Path over the years. Because of that support, we have been able to create a new licensing type that better reflects our services and enables us to continue to provide services to the most vulnerable in our community. We have been striving over the past several years to establish a permanent state-supported program and funding stream not just for Brigid's Path, but to allow our successful model to be sustainable and replicable. We know that we can provide more comprehensive care for substance-exposed babies and their families than NICUs, and we can do it for less state dollars than a hospital. We provide not only immediate medical care to our babies, but also crucial wraparound supports to the babies and families, including comprehensive newborn and NAS education, trauma informed care for the whole family, a prenatal program, a postnatal follow-up and home visits, housing assistance, and connections to community partners. This robust package of services is the special sauce that keeps babies out of foster care and, oftentimes, their families in treatment.


I want to thank the House for including language in the House-passed version of HB 33 that provides 2 million dollars each fiscal year as part of the Infant Vitality line item in the budget for the new KID Department of Children and Youth. I am asking you today to maintain the 4 million dollar allocation in the Infant Vitality line item to help Brigid's Path continue to serve babies and families. We are working with the Department of Medicaid on the implementation of the Crib Act and communicate regularly with others in the Administration around the opportunities in this budget that direct ODM to implement the federal CRIB Act, which we helped pass to allow residential infant care centers like us to receive Medicaid reimbursement. 100% of babies that come to Brigid's Path are Medicaid eligible due to their involvement with child welfare. Therefore, implementing the CRIB Act will create a sustainable funding stream for the medical portion of our care, which is the first part of a baby's stay with us.

A key part of our model of care is that we can allow babies to stay with us up to 90 days, well past when a hospital would have to discharge a newborn based on medical necessity. In order to support the care that we provide past the medical stay, the Infant Vitality funding would also require the new KID Department for Children and Youth, in coordination with the Ohio Department of Medicaid's support of clinical care, to support the nonmedical services residential infant care centers provide to avoid foster care placement.

Taken all together, the \$4 million allocated in HB33 will allow Brigid's Path to create a permanent funding stream for both our medical and nonmedical services that should eliminate the need to request additional one-time funding in the future. With continued investment from the Senate, Brigid's Path can remain available to offer medical and supportive services to infants born exposed to an addictive substance and their families.

Chairman Huffman, Vice-Chair Johnson, Ranking Member Antonio, and members of the Senate Health Committee, thank you for your continued dedication for babies and moms in need in the state of Ohio. I am available for any questions you may have.

Thank you


  
Jill Kingston  
President and Founder



# Residential Infant Care Center Program for Maternal and Infant Vitality



\*Cost based on 60 babies. \$6331/day/baby in a hospital. Assumes typical clinical acuity and complexity of child welfare case. This cost could be much higher depending on social variables, including additional related costs to public systems. Example: net cost to state \$82,000/year for a child who needs congregate residential treatment care. Additionally, the state incurs an annual cost for each baby who enters the foster care system (i.e., at least \$24,000/year).

	 BRIGID'S PATH	Hospital NICU
<b>Included Services:</b>		
• All medically necessary services <sup>1</sup>	✓	✓
• 24/7 room and board for baby and mom <sup>2</sup>	✓	✓
• Specialized nonpharmacologic care for NAS <sup>3</sup>	✓	
• Specially designed environment for NAS <sup>4</sup>	✓	
• Comprehensive newborn and NAS education	✓	
• Plan of Safe Care <sup>5</sup>	✓	
• Prolonged focus on mom/baby bonding & attachment	✓	
• Trauma Informed Care for whole family	✓	
• Length of stay up to 90 days <sup>6</sup>	✓	
• Strength Based Family Advocacy for all family members	✓	
• Individualized children's services advocacy	✓	
• Prenatal program	✓	
• Postnatal follow-up and home visits	✓	
• Connection to community programs	✓	
• Housing assistance	✓	
• Referrals to mental health & substance abuse treatment	✓	
• Strong community partnerships for continuum of care	✓	
• Life skills education and community building	✓	

1. Includes but is not limited to individualized medical plan, pharmacologic care as needed, care from neonatologists, neonatal nurse practitioners, registered nurses, patient care assistants.

2. Moms rooming in must be substance free other than MAT and subscription medications. If mom is actively using unprescribed substances, she can be with her baby at Brigid's Path from 6 AM - 10 PM.

3. On-demand response to a baby's individualized needs, including but not limited to feeding, diaper changing, rocking, cuddling, and baby massage.

4. A homelike setting with individual nurseries, low lighting, and quiet spaces. Trauma-informed space with a nonjudgmental care for the families.

5. A federal requirement through the Child Abuse Prevention and Treatment Act (CAPTA) designed to ensure the safety and well-being of an infant with prenatal substance exposure following his or her release from the care of a healthcare provider by addressing the health and substance use treatment needs of the infant and affected family or caregiver. (<https://www.childwelfare.gov/>)

6. In Ohio, RICCs allow infants to stay up to 90 days for medical care and social support. This allows RICCs to work closely with children's services to find the best placement for the babies with a focus on family preservation.

### **More facts about Brigid's Path:**

- As Ohio's first newborn recovery center, we provide high-quality, inpatient-level medical care in a home-like setting for babies born exposed to addictive substances. Since December 2017, we have cared for over 200 babies.
- Over the past five years, 85% of our babies went home with their families and avoided foster care placement.
- Offering medical and wraparound care immediately after a baby is born, we provide a safe place for babies to withdraw and families to get the support they need. Babies can stay at Brigid's Path after medical necessity ends while families are building skills and need a little more time to ensure a proper placement can be found.
- 100% of Brigid's Path's babies are Medicaid eligible due to child welfare involvement.
- Our unique, non-hospital, holistic approach saves tax dollars by avoiding hospital stays and unnecessary foster care placements.
- We are recognized nationally for finding a better way to care for newborn babies and mothers impacted by addiction.
- We work one-on-one with moms to help them get the support they need to succeed and thrive.
- All babies receive 24/7 care from skilled medical staff and trained volunteers.
- Brigid's Path is partnered with 10 Ohio public children's services agencies – and counting!

