



Ohio Senate Health Committee
Jill Kingston
House Bill 265 Proponent Testimony
November 17, 2021

Chair Huffman, Vice-Chair Antani, Ranking Member Antonio and members of the Senate Health committee, thank you for the opportunity to provide proponent testimony on House Bill 265. My name is Jill Kingston and I am the Founder and Executive Director of Brigid's Path. I am speaking today in support of HB 265, a bill that I have worked on with members of the General Assembly and other stakeholders for the past two years to create a better way to license facilities like Brigid's Path to allow them to best serve their communities.

Brigid's Path is a newborn recovery center that allows babies born substance-exposed to 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 100 babies and their families. Out of these babies, 81 percent have been able to stay out of the foster care system and are now living in safe and happy homes with their own families.

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.

Our clinical services are second-to-none, provided by neonatologists from Dayton Children's Hospital and registered nurses, many of whom also practiced in local NICUs. We have transfer agreements with every hospital in the Miami Valley region that allow babies born with NAS to be transferred to Brigid's Path once the baby has received their newborn screens, and an agreement with Dayton Children's Hospital to transport babies from each hospital to Brigid's Path. Our medical director is a neonatologist and our clinical director is a board-certified High-Risk Neonatal Nurse, Neonatal Nurse Practitioner and a leader Neonatal Abstinence Syndrome clinical community. We have our DEA license and are regulated by the Ohio Board of Pharmacy. In Ohio, we are currently licensed by the Ohio Department of Job and Family Services as a Children's Crisis Care Facility. 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 come into rock babies are vetted and go through training to care for the babies and work with family members.

Like all Children's Crisis Care Facilities, we help families when they are in crisis. Like all Children's Crisis Care Facilities, we work with families who are struggling to meet their baby's basic needs; require medical, mental health, or substance use disorder treatment; are homeless; or are fleeing domestic violence. *Unlike* the other Children's Crisis Care Facilities, we care only for infants who were prenatally substance exposed and their families.

The babies and mothers we serve are successful because our model of caring for them is different than a hospital. Not only do we serve the clinical needs of babies experiencing withdrawal, we support the family. We do this by assessing gaps in services for parents and children and connecting them to resources and community partners so they can succeed. We provide parent education; specialized,

intensive case management; and advocacy for each family. We employ Strengths-Based Family Advocates. This critically important service is entirely absent from care delivered in a hospital NICU, where parents of babies with NAS report feeling unwelcome and judged, which dissuades them from visiting their baby.

We have been able to achieve great success so far under our Children's Crisis Care Facility license. However, there are certain rules and limitations within the children's crisis care facility license that do not allow Brigid's Path to best, and most efficiently serve our babies and families. House Bill 265 seeks to make those changes by creating another license type, called a Residential Infant Care Center (RICC). RICCs will provide residential services specifically for infants affected by addiction and strive to preserve families through infant (a child under one year old) foster care diversion practices and programs.

For example, where a crisis care facility may need to provide items like toilets and potty chairs for each resident, this is an unnecessary expense and obstacle for RICCs when our infant residents will be discharged long before diapers are no longer needed. Additionally, under our current crisis care facility license we are required to follow ODJFS rules regulating the use of physical restraint and isolation of a child by child care staff. RICCs will not ever utilize physical restraint or isolation of an infant and will instead be required to develop a plan of safe care for each infant in accordance with the Comprehensive Addiction and Recovery Act of 2016 and Follow the Ohio Department of Health's Safe Sleep Education Program recommendations.

Additionally, House Bill 265 expands the ability for us, and future RICCs, to care for infants for up to 90 days no matter who holds custody. The infant may be placed in Brigid's Path by a parent, guardian, public children services agency, or private child placing agency. Further, the new RICC language supports the development of a mother baby dyad by making it easier for mothers to "room in" with their baby while they are at Brigid's Path. It is critically important to allow mothers of babies with NAS to learn safe parenting behaviors in a supportive, non-judgmental environment. This helps reduce the likelihood that a baby will enter the foster care system and contributes to positive health outcomes for the baby.

So far, Brigid's Path is still a unique facility in Ohio because the current licensing regulations make it difficult for other facilities to replicate our model. I believe that passing House Bill 265 will be a large step in the right direction for Ohio. It will allow Brigid's Path to continue care for some of our neediest infants in a safe, supportive, and calm environment without any unnecessarily restrictive guidelines. It will also provide a path for other facilities like Brigid's Path to develop, further helping to alleviate the strain on Ohio's foster care system.

In closing, I have worked with other crisis care facility providers, state agencies, state representatives, and others on the development of this legislation for over two years. The sub bill that was accepted by the committee today, which was largely comprised of technical and nomenclature changes, is reflective of the crisis care field and continued work by the proponents of this important legislation. HB 265 passed out of the House 92-0 and received extensive stakeholder engagement throughout the committee process.

I look forward to the Senate's continued work on these important measures and doing what is in the best interest of our babies and families. I ask for your support on this bill today and thank you for the opportunity to testify on this critical legislation. I am happy to answer any questions you may have.

Thank you


Jill Kingston
Executive Director