**I. OVERVIEW**

California law (SB 2669, Chapter 1603, Statutes of 1990) specifies that a positive toxicology screen at the time of delivery of an infant is not, in and of itself, a sufficient basis for reporting child abuse or neglect. However, any indication of maternal substance abuse shall lead to an assessment by a health practitioner or medical social worker of the needs of the mother and the child. If there are other factors present that indicate risk to a child, then a report shall be made to a county welfare department. In Contra Costa County, the Centralized Screening Unit is responsible for receiving hospital reports involving substance-exposed infants and making a determination as to the appropriate response. “Substance-exposed” includes:

1. Infants with a positive toxicology screen for drugs/alcohol
2. Infants exhibiting withdrawal symptoms
3. The mother had a positive toxicology screen for drugs/alcohol at delivery or attending hospital reports that the mother used drugs prior to delivery

This section describes the policy and procedures regarding reports involving substance-exposed infants.

**II. REFERENCES**

Division 31 Manual of Policies and Procedures, Chapter 31-100. Senate Bill 2669 (Presley, Chapter 1603, Statutes of 1990). Penal Code Section 11165.13. California Health & Safety Code Section 123505. SDM 3.0 Structured Decision Making Policy and Procedures Manuel.

**III. POLICY**

 All referrals involving a substance-exposed infant will be assumed to be a threat of neglect and completion of the SDM Hotline Tool will be used to determine the priority of response.

Threat of neglect is present when there is a positive toxicology finding for a newborn infant or his/her mother OR other credible information that there was prenatal substance abuse by the mother (e.g., witnessed use, self-admission);

AND

There is indication that the mother will continue to use substances rendering her unable to fulfill the basic needs of the infant upon discharge from the hospital. Indicators may include, but are not limited to,

* the type of drug (the more addictive the drug, the more likely there will be continued use)
* pattern of past drug use
* behavior during hospitalization
* statements by the mother or others regarding use

 AND

Willingness/ability to care for infant. Willingness/ability to provide care may be indicated by observation of the mother’s preparation for care of a newborn, her engagement in prenatal care, appropriate food, lodging, clothing, past safe care of children, engagement in substance abuse treatment services, availability of and willingness to use a support network, etc.

**IV. PROCEDURES**

1. **Gather Pertinent Information and Complete Referral Information Document (RID):**

1. When a report involving a substance-exposed infant is received, the screener should gather as much of the following additional pertinent information as is available:

a. Prenatal care

b. Gestational age, delivery date, and birth weight

c. APGAR scores

d. Toxicology results for mother and child, and substance for which mother and/or child tested positive, if applicable

e. Mother and/or father’s drug/alcohol history (per own admission or per existing records)

1. Baby’s current health, including withdrawal symptoms, special medical and/or physical problems, and special care needs.
2. Discharge needs and date
3. Planned pediatrician
4. Mother and/or father’s responsiveness to infant, attachment, parenting skills
5. Preparation for infant’s arrival (i.e. clothing, crib, food, diapers, housing)
6. Other children to be cared for in the household
7. Mother and/or father’s level of cooperation (i.e. willingness to undergo drug/alcohol treatment, accept referrals to physician/public health nurse)
8. Presence of drug sharing partner
9. Mother and/or father’s psychological history
10. Mother’s plans to breastfeed
11. Familial or other support networks
12. Known environmental risks in the home
13. Any known family strengths or supports

**B. Complete SDM Hotline Tool to Determine Response Priority**

**1. Immediate Response**

1. All referrals involving an infant with a positive toxicology will be considered as an immediate per SDM neglect tree **if one** of the following is true:

Child requires immediate medical/mental health evaluation or care

Child’s physical living conditions are immediately hazardous to health or safety

Child is currently unsupervised and in need of supervision

Substance-exposed newborn will be discharged within 10 days AND no caregiver appears willing and able to provide for the infant upon discharge

* + - 1. Consult with Supervisor for approval
			2. Advise hospital staff not to release the infant and to notify CFS if child ready to be released sooner than expected.
			3. Notify the District ER Supervisor of situation regarding expected release date.
			4. Document the above on Location of the Children and Screener Narrative.
* Please Note: The Division Manager, weighing other factors, can override the response priority and determine that a 10-day response is appropriate.

**2. Ten-Day Response.**

a. Referrals involving substance abuse by the mother where the infant had a negative toxicology or tested positive, but does not have any criteria selected under Immediate Response through the neglect tree, will be assigned for a 10-day response, unless there are other factors that lead the screener to believe that an immediate response is required, or priority should be given to the referral. For example:

1. Significant CPS history, including siblings currently in placement
2. Risk of flight, homelessness or questions about the mother’s residence
3. Hospital staff has specific concerns about the mother and/or father’s ability to care for the child
4. Baby displays withdrawal symptoms or symptoms of toxicity or is medically fragile

CONTACT PERSON: First-line Supervisors and above may contact the Program

Analyst with questions concerning this Department Manual Section.