

## **DSS Policy and Procedure Guide**

Division 03: Child Welfare

Chapter 03: Initial Response/Detention

### Item 004: Drug Exposed Infant Protocol

Suggested changes send to: [DSS PSOA Mailbox](#)

Issued: February 26, 2021

References: Senate Bill 2669 (Presley Bill); [California DSS Division 31-135](#); [Welfare & Institutions Code 305](#); [Penal Code 11165.13](#); [Kirkpatrick v. County of Washoe ruling](#); [ACL 20-122](#)

Complete Revision

Replaces Issue: July 6, 2017

[Procedure](#) / [Plan of Safe Care](#) / [Referrals for Services](#) / [Creating a New Referral in CWS/CMS](#) / [Assessment by SW](#) / [Requesting a Protective Hold](#) / [Requesting a PCW](#) / [Prolonged Hospitalization](#)

### **Preamble**

Child Welfare Policy and Procedure Guides are meant to be used as tools to relay best practice and staff expectations. It is understood that specific case scenarios may not always align themselves with the stated practices and that at all times what is of paramount importance is the Safety and Well-being of the children we are charged to protect.

### **Policy**

Reports regarding substance affected infants shall be investigated by Department of Social Services (DSS) Child Welfare Emergency Response (ER) Social Workers (SW). DSS must document the number of infants referred to child welfare who are affected by substance abuse, whether a plan of safe care was developed, and whether a referral to services was made for the infant, parent, or other caregiver, both at intake (Hotline) and investigation (ER).

### **Purpose**

To inform DSS Social Work staff of roles, responsibilities, and general requirements for reports, referrals and assessment of substance affected infants.

### **Introduction**

Pursuant to Senate Bill (SB) 2669 and [Penal Code 11165.13](#), substance abuse, in and of itself, has been identified as a health issue and not automatically a child welfare issue. However, the birth of substance affected infants will be reported to child welfare when a healthcare provider has identified additional concerns including, but not limited to the following:

- The physical and emotional stability of the parents;
- The parents' ability to care for the infant as demonstrated by history with other children;
- The mother's bonding and interaction with the infant;

- The parents' preparedness for the infant as evidenced by the presence of adequate baby supplies.

## **Procedure**

### Reports for an Infant Affected by Substance Use at the Hotline

When a call is received at the child abuse hotline regarding a substance affected infant, the hotline SW will ask whether a plan of safe care (POSC) has been developed by a healthcare or other service provider and if so, collect information about the services to which the family was referred. The hotline SW will ask questions that help gather pertinent information, including, but not limited to:

- Did the infant test positive for a substance?
- Did the mother screen positive for a Substance Use Disorder (SUD)?
- Has a POSC been developed?
- Is the infant or parent already receiving services, or has the infant or mother been referred to services?
- What is the nature of those services [e.g., substance use treatment services, Medication Assisted Treatment (MAT), parenting services, home visiting services, etc.]?
- Are there any additional concerns about the well-being of the infant, including concerns about the well-being of the mother that may indirectly affect the infant?

The hotline SW will document in the Child Welfare Services/Case Management System (CWS/CMS) in the referral information section on the 'Contributing Factors' page for any infant, ages 0-12 months, if the infant is affected by 'Fetal Alcohol Disorder', 'Substance Abuse', 'Withdrawal Symptoms', or 'Other'. This same information will be collected by the ER SW in the investigation section of the 'Contributing Factors' page. Please note if a referral involves an infant where substance abuse is not a factor, or there are no concerns of abuse or neglect to the child, therefore the referral is being evaluated out, the hotline SW will mark 'None' and the field will be considered complete for both the intake and investigation portion.

- Special Observations:
  - Any known history of drug use by either parent, as well as mother's admission or denial of drug use, and any known or reported previous drug treatment and her compliance with those programs.
  - Mother's observed interactions with the infant and any other children.
  - Father's observed interactions with the infant and any other children.

- Parents' living situation, which includes the physical environment of their home as well as any preparations they have made for the infant.
- Parents' cooperation in addressing problems with medical staff, their psychiatric history (if any) and current functioning.
- Identified support systems for family.

## **POSC**

A hospital or medical professional making a report to child welfare may inform the agency of the steps they took to complete a provider initiated POSC and if any services were provided. When it is determined that child welfare intervention is necessary in response to a referral, the SW shall develop a safety plan, as appropriate, that incorporates the POSC for the family, including existing services. If the referral is promoted to a case, a case plan must be created in order to ensure all needs of the family and child(ren) are met. A POSC initiated by a provider is not a reason in and of itself for child welfare intervention and the hotline SW should assess whether or not an investigation or other interventions, such as a Differential Response referral, Public Health Nursing (PHN) referral, etc., are needed for the family.

A safety plan or case plan that incorporates a POSC for a substance affected infant must address the immediate needs in relation to the effects of substance use on the infant and the treatment needs of the mother, father, or parent in addition to any needed services for both. The following service categories for a POSC will be identified within the child's safety or case plan:

- Primary, obstetrics and gynecology care for the mother;
- SUD and behavioral health prevention, recovery, and treatment services;
- Parenting and Family Support services (home visitation, services, cultural brokers, etc.);
- Children's health services;
- Child development and early intervention supports and services [for court-ordered cases this will be accomplished through the Child Focus Team, for all others this may be accomplished through referrals to community-based resources such as Exceptional Parents Unlimited, PHN, Central Valley Regional Center (CVRC), etc.]

## **Referrals for Services**

The Comprehensive Addiction and Recovery Act (CARA) requires that both the infant and the parent/caregiver receive support and referrals for services to address any health and treatment needs, which will be captured in the 'Contributing Factors' page in CWS/CMS. If a POSC was developed as recorded in the intake section in CWS/CMS, the SW must complete the 'Referral Made on Behalf of' by selecting from the following:

- Infant

- Caregiver
- Parent

The hotline SW will select all applicable fields to adequately document the family's services if the POSC was developed by a healthcare or service provider prior to intake. The same information must be captured and entered in the investigation section of this screen if during the investigation, it indicates a POSC was created.

### **Creating a New Referral in CWS/CMS**

The information reported will be documented in a new referral created in CWS/CMS with an allegation of General Neglect.

A Substance affected Infant is defined as an infant from and identified as affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure (including both illegal and legal drugs), or a Fetal Alcohol Spectrum Disorder, specifically those who are reported to child welfare by a healthcare provider.

Referrals meeting the definitions above will be identified as Drug Exposed Infant (DEI) referrals. The SW shall respond according to the Structured Decision Making (SDM) response decision tree.

### **Assessment by a SW**

The assigned ER SW will assess the risk to the drug exposed infant and the family's need, if any, for a safety plan. This will include obtaining any relevant additional information that was not obtained from the reporting party (RP).

The SW shall take the following actions:

- Review any available records and history of prior CPS involvement with the parents and other adults known to reside in the home or anticipated to be secondary caregivers.
- Contact the following collateral people:
  - The reporting party to provide the name of the responding SW, a response timeframe, and any other history the RP may have discovered since making the original referral.
  - Hospital staff to obtain information regarding the infant's current and ongoing medical needs and the infant's prognosis.
  - Any other collateral people involved with the family, including the PHN, substance abuse counselors, therapists, and teachers.
  - The family's identified circle of support.
- Obtain identifying information about the infant's father or individuals alleged to be the father. Ask hospital staff if a Declaration of Paternity has been signed.

- Conduct a criminal record check on the parent(s), other adults in the home, and/or any adults who are part of a safety plan.
- Conduct a face-to-face interview with the mother, the infant's father, the mother's partner if other than the infant's father, and other available family members, if available.
- Obtain documentation from the hospital from both the mother and infant's patient records including:
  - Toxicology results;
  - The infant's birth weight, length of gestation, Appearance, Pulse, Grimace, Activity, Response (APGAR) scores, physical condition, medical needs;
  - Hospital staff's observations of parent/infant interaction and parents' statements to hospital staff relevant to the assessment of the parents' ability to properly care for the child, and
  - Narratives from the hospital's SW, nursing/progress notes, and any statements or reports from doctors relevant to the assessment.
- Complete a home visit to assess the housing, family support system, and resources. The SW will assess the parent's preparation for the infant, availability of food, total home environment, and the financial means of support for the infant.
- Assess the parents' ability to parent the infant and any other children in the home.

With the above information, the SW shall:

- Complete the SDM Safety Assessment and, if the allegation has been determined to be inconclusive or substantiated, the SDM Risk Assessment shall also be completed. The SW shall use these tools when making subsequent decisions. Reference PPG 03-03-002: Use of Structured Decision Making in Emergency Response.
- If it is determined that the infant is unsafe, analyze the nature of the behavior (s) that make the child unsafe.
- Identify the support systems/services, which might mitigate any safety threats and reduce the risk to the infant.
- Ensure that the family understands the nature of the safety plan/services offered and why they are being offered.
  - All participants in the safety plan must have the willingness, confidence and capability to perform the action steps delineated in the safety plan.

- Determine the degree of intervention necessary to protect the infant. The SW must determine if a protective hold or a Protective Custody Warrant (PCW) is necessary or if, with a safety plan and/or services, the infant's safety can be ensured.

The following factors shall be considered when deciding whether a Protective Hold or PCW is necessary:

- The infant has a positive toxicology screening result, is in clinical withdrawal, has been diagnosed as having Fetal Alcohol Spectrum Disorder, or has special health care needs.
- Mother admits to, or is exhibiting behavior suggestive of, current drug usage including positive urine tests.
- Mother shows limited attachment to infant, exhibits minimal bonding behavior, or has problems taking care of the infant while in the hospital.
- Mother had no or limited prenatal care and the parents have made no preparations for the infant such as adequate housing and appropriate infant items.
- There is child welfare history and older siblings are, or have been, in a child welfare case (Court Ordered or Voluntary Family Maintenance).
- Previous child welfare involvement has not ameliorated the safety concerns.
- Lack of family support system that can assist the parent(s).
- A support system that does not demonstrate the willingness, confidence or capability to be protective of the infant and other children in the home.
- Mother denies drug usage and has not involved herself in drug rehabilitation, or there is poor compliance, such as a history of providing positive drug tests.
- Mother is involved with a drug-sharing partner and drug culture.
- History of parental drug related criminal arrests and convictions.
- Parent(s) refuse medical follow-up services for the infant, case management services, or safety plan, if recommended.

### **Requesting a Protective Hold**

When the infant is ready for discharge or there is concern that a parent will flee with the child, and the decision is made that a protective hold and out-of-home placement are needed, the SW must:

- Verify that all necessary documentation has been obtained.
- Assess any relatives or mentors that come forward for placement.

- If no relatives or mentors are available and/or appropriate for placement, submit an Initial Request for Placement (form 6252 located in CWS/CMS) to request a resource family home that can meet the infant's needs.
- In accordance with Welfare and Institutions Code (WIC) 305(b), contact law enforcement to request a joint assessment to determine if placing a Protective Hold is necessary. The SW shall explain the reasons the baby is at not safe with the parent(s).

**Note: The law enforcement agency responsible for the area around the family's home, not the hospital, should be contacted.**

- Be present at discharge, meet the care providers, and sign the placement paperwork.
- Ensure that the care providers understand all discharge instructions. If needed, ask for assistance from hospital or PHN staff.
- If the infant is discharged after hours or on the weekend and placed by Standby staff, the following actions are to be completed by the assigned SW:
  - Follow policies and procedures for protective holds including arranging for a Team Decision Making (TDM) meeting, completing the foster care eligibility packet, and arranging for the Child Packet (JV-225 Child's Health and Education form, Parental Notification of Indian Status) to be completed as soon as possible.
- A TDM shall be held for all placement decisions including if the infant has already been discharged from the hospital at the time a decision is made to place the infant in protective custody.

### **Requesting a PCW**

When the infant is ready for discharge and law enforcement will not place a protective hold:

- Contact the Court Specialist Social Work Supervisor (SWS) to request a PCW (Refer to PPG 03-03-041 Protective Custody Warrants).

### **Prolonged Hospitalization**

When the infant will be hospitalized for a prolonged amount of time:

- If there is concern a parent will flee with the infant, placing the infant in harm, follow the procedure above for contacting law enforcement to place a Protective Hold.
- If there is no or little concern that a parent will flee with the infant, continue to assess the family. Once the assessment is complete and safety concerns remain about the infant, contact the Court Specialist SWS to request a PCW.