
**ORANGE COUNTY SOCIAL SERVICES AGENCY
CFS OPERATIONS MANUAL**

Effective Date: December 15, 1988
Revised: December 7, 2006

Number: D-0605

Substance Exposed Infants

PURPOSE

To provide guidelines for assessing risk factors for substance exposed infants, providing services to substance exposed infants and their caregivers, and assessing a parent's parenting capabilities during the substance abuse recovery process.

Approved

This policy was approved by Michael Riley, Ph.D., Director of CFS, on December 7, 2006. *Signature on file.*

Background

Children and Family Services (CFS) is the responding agency when a health practitioner or hospital social worker submits a Child Abuse Registry (CAR) report regarding a substance exposed infant born in Orange County. CFS will complete an investigation to assess the level of risk to a substance exposed infant and determine the least restrictive intervention required to ensure the infant's safety, protection, and physical and emotional well being.

When protective custody is necessary for an infant confirmed to be substance exposed, CFS will ensure that the infant receives regular medical care, health and developmental assessments, and any required specialized care. CFS will ensure that the out-of-home caregiver receives the information, support services, and education necessary to provide for the child's physical, cognitive, and emotional well being and functioning. CFS will conduct an ongoing assessment of the infant's parent to determine what services are appropriate to assist the parent reunify with the child and what level of visitation the parent should receive.

Substance exposed infants are susceptible to withdrawal symptoms, developmental delays, and medical complications at birth and throughout their lives. The type of substance ingested by the mother during pregnancy as well as the frequency of use and amount of the

drug(s) or alcohol consumed may result in medical and/or developmental complications upon the child's birth. Symptoms related to drug exposure while in utero may appear immediately, develop gradually, or never appear. Some infants suddenly demonstrate symptoms after a period of time during which no symptoms were exhibited.

The types of symptoms a drug exposed infant suffers may include: vomiting, watery stools, poor sleep patterns, marked tremors, poor feeding, a high pitched cry, seizures, and lethargy. One, some, or all of these symptoms may be present at any time after birth. Hospitals often utilize scoring measures called Finnegan Scales to measure the severity of the withdrawal symptoms.

Infants born with in utero exposure to maternal alcohol abuse may be diagnosed by the presence of a combination of physical and mental birth defects. These disorders may include: low birth weight, facial abnormalities, poor coordination, hyperactivity, and developmental delays.

The infant's parent may function at an impaired level due to drug or alcohol abuse and psychosocial deficiencies, such as: instability in employment, housing, money management, and family relationships. These factors compound the challenge of meeting the special care needs of these infants.

Consult the following CFS Policies and Procedures for further information regarding case management issues related to substance exposed infants:

- [Abuse Investigations-Practice Guidelines Policy and Procedure \(A-0412\)](#)
- [Dependency Intake \(A-0502\)](#)
- [HIV/AIDS Case Management Policy and Procedure \(D-0602\)](#)
- [Health and Education Passport \(I-0403\)](#)

Legal Mandates [Health and Safety Code \(H&S\) Section 123605](#) provides the legal mandate for use of the Maternal Substance Abuse Assessment Protocol (Form F0912-25-251); the form provided to all hospitals in the county for the purpose of "...an assessment of the needs of, and a referral for, a substance exposed infant to a county welfare department...."

[Penal Code \(PC\) Section 11165.13](#) provides the legal mandate that additional risk factors other than "...a positive toxicology screen at

the time of the delivery of an infant” must be present to file a CAR report. Further, “...any indication of maternal substance abuse shall lead to an assessment of the needs of the mother and the child pursuant to Section 123605 of the Health and Safety Code.”

Miscellaneous Order 701.5 of the Juvenile Court of California, Orange County, provides the legal basis for the assigned Senior Social Worker (SSW) to sign a consent for an HIV test on behalf of a substance exposed infant for whom a Hospital Hold has been placed when the infant’s parent refuses to consent, if specific criteria are met.

[Welfare and Institutions Code Section 361.5\(b\)](#) defines the conditions under which Family Reunification services need not be provided to a parent or guardian.

Policy

Maternal Substance Abuse Assessment Protocol

Pursuant to H&S 123605, the Maternal Substance Abuse Assessment Protocol is to be used by a health practitioner or hospital social worker to identify services that would assist a mother to care for and maintain her child at her home. Further, the health practitioner or hospital social worker is to assess the level of risk to the newborn due to risk factors related to maternal substance abuse and the child’s exposure to substance abuse while in utero and consider “...services and intervention necessary to protect the newborn’s health and safety, including filing a [Child Abuse Report]....”

Child Abuse Registry (CAR)

The CAR SSW will review the risk factor(s) identified by the reporting party to determine whether there are risk factors other than a positive toxicology screen, which would necessitate a child abuse investigation. If indicated, an Immediate Response referral will be assigned to an Emergency Response (ER) SSW for investigation.

The CAR Senior Social Services Supervisor (SSSS) will place a memo on the referral, notifying CAR Control to provide Specialized Family Services (SFS) with a copy of the referral.

If the information provided by the reporting party indicates a low-level of risk that does not warrant an in-person response by an ER SSW, the CAR SSW will encourage the reporting party to direct the family to community resources.

ER Investigation, Intervention, and Dependency Intake

The ER investigation of a referral regarding a substance-exposed infant will be completed pursuant to the Abuse Investigations-Practice Guidelines P&P (A-0412).

The guidelines for placing a Hospital Hold outlined in the Abuse Investigations-Protective Interventions P&P (A-0414) are to be followed when placing a Hospital Hold on a substance exposed infant.

It is best practice for the ER SSW to notify the SFS Intake SSW upon being assigned a referral regarding a substance exposed infant. Regardless of whether this is done, the ER SSW will notify the SFS Intake SSW upon placing a Hospital Hold on a substance exposed infant.

The guidelines for filing a Detention Hearing Report and petition outlined in the Dependency Intake P&P (A-0502) are to be followed when filing an Intake regarding a substance exposed infant.

Prior to filing a Detention Hearing Report and petition on behalf of a substance exposed infant, the Dependency Intake SSSS will contact the SFS SSSS to assess whether the case will be assigned to SFS Investigations. SFS will accept a case for the infant and his siblings when the infant has a positive toxicology screening at birth, the mother has a positive toxicology screening upon the child's birth, and/or the child's mother has a history of drug use during pregnancy.

Consent for HIV Testing

The ER SSW will review the Parent/Guardian Consent for HIV Testing and Disclosure form (F063-25-327) with the child's parent when a Hospital Hold is placed on the infant. If the parent refuses to sign the consent form, the ER SSW is to decide whether it is appropriate to sign the HIV Consent Form upon placing the Hospital Hold, pursuant to the conditions set forth in Miscellaneous Order 701.5. For example, consideration should be given to signing the consent for an HIV test when the parent engaged in high-risk behaviors such as multiple sexual partners or use of hypodermic needles, had a blood transfusion between 1978 and 1985, or has exhibited medical symptomatology of HIV infection.

If the ER SSW consents to an HIV test for the substance-exposed infant, he or she will follow up with hospital staff to ensure that a physician orders the test.

Refer to the HIV/AIDS Case Management P&P (D-0602) regarding guidelines for case management of children who are infected with Human Immunodeficiency Virus (HIV) or test positive for its antibodies.

**Investigations-
Recommendation
in
Jurisdiction-
Disposition
Hearing Report
– No
Reunification
Services**

Pursuant to WIC§ 361.5(b) the assigned Investigations SSW may recommend **no** Family Reunification services when the parent of a substance exposed infant has:

A. “A history of extensive, abusive, and chronic use of drugs or alcohol and has resisted prior court-ordered treatment for this problem during a three-year period immediately prior to the filing of the petition that brought that child to the [C]ourt's attention” **OR**

“Failed or refused to comply with a program of drug or alcohol treatment described in the case plan required by [WIC] Section 358.1 on at least two prior occasions, even though the programs identified were available and accessible.” [WIC 361.5(b)(13).]

B. That the court ordered termination of reunification services for any siblings of the child because the parent failed to reunify with the sibling after the sibling had been removed pursuant to Section 361 AND has not subsequently made a reasonable effort to treat the problems that led to removal of the sibling of that child from the parent. [WIC 361.5(b)(10).]

C. That the parental rights of a parent over any sibling of the child had been permanently severed AND the parent has not subsequently made a reasonable effort to treat the problems that led to removal of the sibling of that child from the parent. [WIC 361.5(b)(11).]

Services

The assigned SSW will ensure that the child receives the medical and developmental services he requires and provide referrals for such services when necessary.

The assigned SSW will provide services and obtain regular updates from the child's caregiver and service providers regarding the child's medical and developmental status from the date of the ER investigation until child dependency proceedings are terminated.

All medical information will be maintained in the Health and Education Passport pursuant to the Health and Education Passport P&P (I-0403).

Information for Substitute Care Providers

The child's out-of-home caregiver is to be provided with full disclosure regarding the child having been exposed to maternal substance abuse while in utero. This includes information regarding the history of the symptoms the child has exhibited throughout his life, information on special handling and feeding care, projections regarding services the child may require in the future, and information regarding the services the child is receiving.

Disclosure of a child's positive HIV status to an out-of-home caregiver will be provided upon receipt of parental consent and/or pursuant to Miscellaneous Order 701.5. [Refer to the HIV/AIDS Case Management Policy and Procedure (D-0602) regarding guidelines for case management of children who are infected with Human Immunodeficiency Virus (HIV) or test positive for its antibodies.]

Assessment of Parent

The assigned SSW will conduct an ongoing assessment of the parent's compliance with her Court-ordered substance abuse recovery program until Family Reunification services or child dependency proceedings are terminated.

The liberalization of visits, granting of trial visits and, ultimately, reunification may only be considered when there is clear evidence that the parent is complying with the substance abuse recovery program, including submitting for toxicology screenings on a consistent basis and with consistently negative toxicology screenings.

Further, the parent must be assessed for demonstration of increased insight to the triggers, which cause her to engage in drug related behavior and understand the impact of how her abuse of drugs and/or alcohol impact her ability to parent her child. Further, the parent must have stabilized her life through demonstration of the following:

- A. Safe, stable housing.
- B. A financial means for supporting herself and her child.
- C. A support system.

- D. An ability to provide for the child's care, including any specialized medical and/or developmental services to address issues related to the child having been a substance exposed infant.

Dependency Drug Court (DDC)

A parent of a substance exposed infant may be referred to the Dependency Drug Court (DDC) pursuant to the guidelines outlined in the [Orange County Dependency Drug Court Standards Manual \(Attachment 1\)](#). As defined in the DDC Standards Manual, "The Dependency Drug Court is a Court that has been specifically designated and staffed to supervise parents of children where a petition has been filed alleging current alcohol and/or other drug (AOD) abuse problems and who have been referred to a comprehensive and judicially monitored program of drug treatment and rehabilitation services."

The process of assessing the parent is done by a team, which includes: the Judiciary, Court Administration, the County Counsel, the Public Defender's Office, a conflict counsel representative from the Juvenile Defender's Office or panel, Harold La Flamme's Office, SSA, and Health Care Agency (HCA).

The factors considered in assessing the parent's recovery process and ability to work towards reunification with the child are the same as those outlined above in the "Assessment of Parent" section of this P&P.

Required Forms

Hard Copy Forms

Required forms listed below must be completed in hard copy (including multi-copy NCR forms), and must be obtained in the CFS forms rooms. ***For reference purposes only***, links are provided to view these hard copy forms, where available.

Form Name	Form Number
Parent/Guardian Consent for HIV Testing and Disclosure (Child)	F063-25-327