

# Substance-Exposed Newborn Collaboration

DON LONG

## EXECUTIVE SUMMARY

Sonoma County and Santa Clara County both embarked upon collaborations with various child-serving agencies. This study examines lessons learned from Sonoma County's Substance Exposed Newborn Collaboration, the policy and practice changes that resulted from this collaboration of participating systems, and how grassroots community advocacy impacts policy development.

The overlap between parental substance abuse and child maltreatment is undeniable; therefore, it behooves local jurisdictions to examine better means of addressing this on a systems level. The benefits are great in successful collaborations, but any such undertaking needs to be tempered and moderated by a skilled facilitator. This study strongly recommends both counties continue their collaborative efforts to meet future challenges presented by the continued state fiscal impasse and/or realignment of services from state level to local jurisdictions.

Sonoma County's Substance Exposed Newborn Collaboration highlighted the need for better tracking and risk assessment by both the Public Health Department and the Family, Youth and Children Division (FY&C) of the Human Services Department in early identification and intervention of at-risk children from a health and safety standpoint. This resulted in policy and practice changes within FY&C, development of an assessment tool used by public health agencies, and monitoring of outcome metrics.

I recommend the Department of Family and Children Services leverage the existing Infant Mental Health Collaboration and assume a more prominent leadership role in discussions on substance exposed newborns. This would be aligned with the collaboration's goal of improving outcomes for children ages zero to three years old. This collaboration is already comprised of key community stakeholders; therefore, it does not require additional work to convene community forums.

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**Don Long, Social Worker III,**  
Department of Family and Children Services,  
Santa Clara County Social Services Agency



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## Introduction

Co-morbidity between parental substance abuse and child maltreatment is estimated at upwards of 80%, according to many estimates (Semidei, Radel and Nolan, 2001; Young Gardner and Dennis, 1998; the U.S. Department of Health and Human Services, 1999). The exact data are not available because of differences in reporting requirements by the Statewide Automated Child Welfare Information System and the Treatment Episode Data System. Further, California's Child Welfare System/Case Management System does not specifically code for parental substance abuse. Additionally, a lack of federal mandates to monitor for prenatal drug exposure or to monitor children and parents entering drug treatment programs has resulted in a lack of standardized methods across state information systems to capture information on families that utilize overlapping services. Despite this, growing bodies of evidence recognize the negative effects that prenatal parental substance abuse has on developing children.

At the core of the debate are the effects of substance use on prenatal development and the ethical and legal dilemma of what constitutes as child abuse. Epigenetics is a growing field of study that posits environmental factors not related to underlying changes to one's DNA can cause heritable changes in phenotype (or gene expression) in an individual. In fact, a child's brain development occurs well before birth, starting with the expression of the parents' genotype that is passed at the time of conception. It continues to develop through the environmental conditions inside the womb, and is influenced by the world the child experiences in early infancy, childhood and through early adulthood (National Scientific Council on the Developing Child, 2009).

Implications of in utero substance exposure predisposes newborns to lower IQ, mental retardation,

predisposition to mental health illnesses, sensory integration disorders, and health complications later in life. Additionally, there is a societal cost, ranging from a disproportionately higher cost of health care because of premature delivery and other complications to utilization of intensive early childhood intervention programs at the very least (Katz and Mason, 2007).

Further, statistical findings regarding child abuse suggests that the single most dangerous year of a child's life is the first year of life after birth; it is the year with the highest death rate due to abuse or neglect of 21.3 per 1000 deaths (Chu and Lieberman, 2010; U.S. Department of Health and Human Services, 2007). 14 percent of all children entering foster care are under the age of 1 year old.

Approximately 47 states, the District of Columbia and the Virgin Islands have some laws within their child welfare statutes to address parental substance abuse (Child Welfare Information Gateway, 2009). The Child Abuse Prevention and Treatment Act (CAPTA) and the California Senate Bill 2669 were responses to this growing trend. Under CAPTA, states were required to develop policies and procedures to notify Child Protective Services agencies of substance exposed newborns and to establish a plan of safe care for newborns identified as affected by prenatal drug exposure and/or experiencing withdrawal symptoms. Under SB2669 (1990), any indication of maternal substance abuse mandated health care providers or medical social workers to make an assessment of the mother and infant for needed services prior to discharge. While a positive toxicology screen at the time of delivery is not, in and of itself, grounds for report to the Child Protective Services (CPS), notification must take place in some form.

A lack of concrete data between these two systems prevents policymakers from adequately moni-

toring and developing policies to address the safety needs of society's most vulnerable population. It is apparent that systems can no longer afford to operate within silos and increased collaborations are necessary to problem-solve this critical issue.

This paper will explore Sonoma County's Substance Exposed Newborn Collaboration and their journey from a grassroots community movement into a working model of collaboration between the Foster Parent Association; the Department of Health Services, Alcohol and Other Drug Services and Public Health Services; the Family, Youth and Children (FY&C) Division of the Human Services Department; and other community partners and leaders.

## History

From approximately 2004 through 2006, a dedicated group of foster parents in Sonoma County observed a slight decline in the number of substance exposed newborns entering the child welfare system and an increase in a few older infants entering care with severe injuries that were believed to be attributable to drugs. This coincided with law enforcement no longer placing newborns born drug-exposed into protective custody without documentable exigency. This led to a grassroots movement by the community to develop new policies and procedures to address this concern and bridge gaps in service delivery to the county's most vulnerable children.

A community forum convened on May 13, 2009, with representatives from the Foster Parent Association, Public Health, Child Protective Services, Law Enforcement and California Parenting Institute Executive Director Robin Bowen who gave Introductions, with the following goals:

- 1 To create a common understanding of the issues and challenges of supporting substance exposed newborns in Sonoma County,
- 2 To provide a forum where the range of views and perspectives could be heard on this issue,
- 3 To inform the Prevent Child Abuse Steering Committee as they developed a plan to respond.

Early challenges experienced during the formation of the Substance Exposed Newborns (SEN) Collaboration included a lack of shared common language, a lack of understanding of the legal parameters each system operates within, and philosophical differences. Shared visions included: a common desire to address the issue; critical safety net interventions for this vulnerable population; development of a common language; and development of policies and procedures in each system. This collaborative effort was refined as a result of a grant provided by First 5 Sonoma to hire a facilitator. One point of contention was that an estimated 600 newborns test positive for substance exposure. This figure was based on a 20-year national study, a 1992 California study, and local data from the Sonoma County Drug Free Babies Program. It was used to determine the need for education, prevention and intervention programs for the community, and not intended as an indicator of parental or infant addiction. In 2009, the actual numbers of referrals received included 59 reports of suspected child abuse or neglect of infants less than 30 days of age, of which 24 tested positive for drugs or alcohol at birth (Weber, 2010).

The actual number of children born substance-exposed in Santa Clara County is unknown; however, according to the UC Berkeley Center for Social Research, there were 73 (18.5%) referrals made for children between the age of 0 to 1 years old by a medical professional out of a total of 393 referrals coded as general neglect and/or severe general neglect from October 1, 2009 through September 30, 2010. Of the 55 referrals made by medical professionals, 35 (63%) referrals were substantiated. There were 55 (18%) referrals received for general neglect and/or severe general neglect out of a total of 307 made by medical professionals for the period between October 1, 2004 and September 30, 2005. Of the 55 referrals received, 44 (80%) were substantiated for general neglect and/or severe neglect.

## Implications

A child born testing positive for substance exposure in and of itself, absent other risk factors, is not re-

portable to Child Protective Services. The difference in the number of actual reports made and the estimated number of children born testing positive for substances reflects the lack of documentable risk and safety factors. Despite this, prenatal drug exposure predisposes children to complications later in life with far-ranging implications, as discussed in the Introduction.

With state and local jurisdictions continuing to struggle with consecutive year budget deficits, cuts to safety net programs and reorganization of operations with policy and practice changes are becoming annual occurrences. Prenatal substance exposure to newborns exacts tremendous tolls on the children, family and community as a whole. The cost impact is tremendous when considering that a substance exposed newborn can incur higher immediate medical costs and future financial impacts on systems including high ancillary services such as special education, mental health intervention, juvenile dependency court, the juvenile justice system, parental inpatient and outpatient services, law enforcement, the adult criminal justice system, an increase in utilization of safety net programs, and the cost of lost production that would otherwise be contributed by gainfully-employed citizens.

Local jurisdictions are faced with two possible scenarios as a result of the state fiscal impasse:

- 1 Additional cuts estimated at \$13 to \$15 billion in state-funded programs, or
- 2 Realignment of services to local jurisdictions, assuming passage of increased Vehicle License Fees.

With either prospect, all local jurisdictions, not just Sonoma and Santa Clara Counties, will be even more hard-pressed to meet the community's needs and to protect vulnerable children. It is therefore critical that all jurisdictions deconstruct the silo effect and leverage existing services to maximize limited resources. Further, providing appropriate prevention and intervention services to substance exposed newborns and their parents will improve overall outcome measures, as it will reduce future impacts on other systems.

## Results

This collaboration remains a work in progress, but tremendous progress has been made. Out of this process, an Infant Risk Assessment tool was developed for medical professionals to assess for risk factors other than a positive toxicology screen to establish criteria for CPS intervention. FY&C developed new policies and procedures that required child abuse and neglect screening social workers to consult with their immediate supervisor whenever receiving a report from medical professionals regarding substance exposed newborns. The consultation was used to determine an emergency response time, usually within 24 hours. They also implemented a new evidence-based assessment model called Structured Decision Making (SDM). SDM addressed prenatal substance abuse as:

*“Positive toxicology finding for a newborn infant or his/her mother or other credible information that there was prenatal substance abuse by the mother; and an 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.”*

FY&C also developed data-tracking and outcome metrics to capture all referrals coded as substance exposed newborns for further analysis and evaluation. Lastly, FY&C hosted an Open House forum for social workers from all of the area hospitals within Sonoma County to network and to build working relationships between the medical system and child protective services.

Sonoma County's Public Health Department continued community needs assessments to identify critical needs and worked collaboratively with Family, Youth and Children Services. The Department of Public Health also applied for grants to facilitate interdisciplinary collaboration and to deconstruct silo effects between systems, without which this collaboration would not have been as successful.

Alcohol and Other Drug Services enhanced their service delivery by centralizing coordination

services through a centralized assessment and placement process for perinatal clients so that participation in treatment has been arranged upon the mother's discharge.

## Conclusions

As the actual numbers of substance exposed newborns are unknown in Santa Clara County, and with the recognition that prenatal development is influenced by exposure to substances, toxins, and conditions within the womb that predispose children to lifelong challenges, it is recommended that Santa Clara County's Department of Family and Children Services review its policies and procedures, make appropriate practice changes, and assume a more prominent leadership role within existing collaborations.

As Sonoma County's FY&C has demonstrated, policy and practice changes can be made with minimal disruption to daily operations while enhancing service delivery to the community. Further, multidisciplinary collaborations can be achieved through a shared common vision, development of common language, cross-trainings, and regular systems communication.

Deconstructing the silo effects among child-serving agencies and forging new collaborations are critical to addressing the most pressing societal issues in the 21st century. With the implications of drastic budget reductions and/or realignment of services, local jurisdictions must find meaningful ways to leverage existing safety net services so that the impact to the community is minimized. As demonstrated by Sonoma County's SEN Collaboration, enhanced coordination of service delivery can be achieved within existing systems by developing new policies and changing practices within each system.

## Recommendations for Santa Clara County and Sonoma Counties

Santa Clara and Sonoma Counties are unique unto themselves, and duplication of practices is not feasible in scope or practice. Each county has extensive arrays of collaborations and initiatives that can be shared and adapted to meet each county's needs. For in-

stance, Santa Clara County would benefit from further exploring Sonoma County's Substance Exposed Newborn Collaboration and developing protocols to better address, track, and coordinate services for this population. This can be achieved through existing collaborations, such as the Infant Mental Health Collaboration that already includes key stakeholders, including: the Department of Mental Health Services, Department of Public Health, Office of Education, San Andreas Regional Center, First 5 Santa Clara, Catholic Charities, Department of Family and Children Services (DFCS) and other community-based organizations. DFCS has the Expanded Differential Response Program (EDR) Path I and II that provides community-based services to families that do not meet the criteria for CPS involvement but who would benefit from services.

Likewise, substance exposed newborns and their parent(s) would benefit from coordinated services between DFCS, the Public Health Nurses program and Drug and Alcohol Services. Santa Clara County is rich in perinatal substance abuse services and enhanced coordination would establish better tracking and monitoring of needs to ensure that substance exposed newborns are protected and interventions are appropriate. Further, DFCS has one supervisor, two EDR Coordinator IIs, and a front-end staff who graduated from the Infant Family Early Mental Health Certification Program last year. The Child Abuse and Neglect Center Supervisor and another front-end social worker are expected to graduate from the certification program this year. DFCS should utilize these staffs' expertise to help further collaborative work with existing partners and to explore a new protocol for tracking substance exposed newborns.

According to the United States Department of Health and Human Services 2009 Child Maltreatment Report, California is not utilizing the Title XX of the Social Security Act [42 U.S.C. 1379 et seq.] Social Services Block Grant. Under this grant, states may use funds for preventative services, such as child daycare, child protective services, information and referral, counseling and foster care, as well as other services that meet the goal of preventing or remedy-

ing neglect, abuse or exploitation of children. This may be a possible source of funding to expand services within the Expanded Differential Response programs.

Sonoma County could benefit from an examination of the various existing collaborations and service delivery systems within Santa Clara County. Regarding Sonoma County's SEN Collaboration, I highly recommend continuing to build momentum via existing mechanisms, such as the Ice Breaker meetings between foster parents and birth parents, so there is a shared parenting experience. This allows birth parents to develop security to engage in their case plans successfully with less anxiety. It is also important that FY&C provide increased training opportunities for foster parents to enhance their care and supervision of high needs children and to develop professional foster parent homes.

Further, Sonoma County's Board of Supervisors is considering making funding decisions based on programs that demonstrate they are outcome- and evidence-based; therefore, specific recommendations for the SEN Collaboration may be premature at this point given the SEN Collaboration is beginning its evaluation and developing outcome measures from this collaboration.

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