



Fact Sheet:



Substance-Exposed Infants (Senate Bill 2669)

Senate Bill (SB) 2669 (Presley, Chapter 1603, Statutes of 1990) accomplished the following:

- Added Section 11165.13 and amended Section 11166 of the California Penal Code specifying 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.

A report based on risk to a child related solely to the inability of the parent to provide the child with regular care due to the parent's substance abuse shall be made only to county welfare departments and not to law enforcement agencies.

- Added Section 123605 to the California Health and Safety Code mandating that:

Counties establish protocols among health and welfare departments and all public and private hospitals in the county to assess the need of all pregnant and birthing women and/or infants for services related to substance exposure and/or substance abuse problems.

The State develop and disseminate a model needs assessment protocol to assist in determining the level of risk to, and intervention needed for, a substance-exposed infant and to identify services needed by the mother, child, or family.

- In 1991, the *SB 2669 Model Needs Assessment Protocol* was published. It was developed by a committee of representatives from the California Departments of Alcohol and Drug Programs, Developmental Services, Health Services, and Social Services, and from the areas of hospital administration, public health, substance abuse prevention and treatment, and child welfare. In addition to providing guidance in identifying needed services to assist the mother in caring for her child, the protocol offers a framework for determining the level of risk to the newborn upon release to the home and the corresponding level of services and intervention needed to protect the infant's health and safety.
- Counties could either adopt the model needs assessment protocol in its entirety or use it as a blueprint for developing their own protocols. Because no funds were provided for the activities required by SB 2669, many counties have filed claims and have been reimbursed by the Commission on State Mandates for the development and dissemination of their county's protocol.
- In 1992 and 1994, the Western Consortium for Public Health evaluated the effectiveness of the implementation of SB 2669 and found a number of critical shortcomings.
- In 1992, 34 of 49 counties surveyed had completed the development of protocols; however, the majority of counties responded that protocol implementation

by hospitals was inconsistent. Lack of funds, liability concerns, and resistance among private physicians whose clientele are primarily white and middle-class were some of the reasons mentioned. Most counties reported that referrals to child protective services and alcohol and other drug treatment services had either remained the same or had increased since SB 2669 went into effect.

- In 1994, hospital perinatal nurse-managers were surveyed, as well as county social and health services personnel. The findings confirmed earlier results of irregular utilization of protocols. While 69 percent of the responding counties had protocols that would identify perinatal substance exposure, only 33 percent of the counties indicated their hospitals routinely followed the protocol guidelines. It also indicated that 50 percent of hospital nurse-managers believed that substance abuse treatment resources were not available for women giving birth in their communities. In addition, the study indicated that screening and assessment is more thorough and consistent in public hospitals than in private.