

## — Substance Exposed Babies — Potentially, a Lifetime of Public Support

### 1. Summary

The 2004-2005 Orange County Grand Jury studied county efforts to improve the birth outcomes of substance-exposed newborns. A woman who uses substances (alcohol, tobacco, and/or drugs) places her unborn child at risk for developmental, mental, behavioral, and social handicaps. Therefore, an affected child may require a lifetime of public support.

During the past few decades, there has been an abundance of research, reports, and studies regarding pregnant women who use substances. In 1992, a California study was conducted to determine prevalence of substance use during pregnancy. The study estimated that 7.5% of Orange County pregnant women tested positive for alcohol and/or drugs. Toxicology tests for tobacco were not part of the study. However, the prevalence rate of self-reported tobacco use in Orange County was 5.9%.

Orange County agencies use this 13-year-old substance exposure data for planning and allocation of perinatal resources. There are two problems with using the old data: 1) the demographics of the county have changed, and 2) the drugs of choice have changed. Therefore, the applicability of the 1992 data is questionable. The current incidence of in-utero substance-exposed children is unknown.

The grand jury observed:

- There is a need for better collaboration and coordination between private and public health care providers.
- There is a need for a new study in Orange County to better estimate the current prevalence of substance-exposed infants.
- The staffing for prenatal and perinatal services in county facilities is inadequate for the current estimate of substance using mothers.

#### Some Acronyms and Abbreviations in this Report

<b>HCA</b>	Orange County Health Care Agency
<b>OC</b>	Orange County
<b>SEB</b>	Substance-Exposed Birth
<b>SSA</b>	Orange County Social Services Agency
<b>Substances</b>	Tobacco, Alcohol, and Drugs

See Section 9, Appendix, for more definitions.

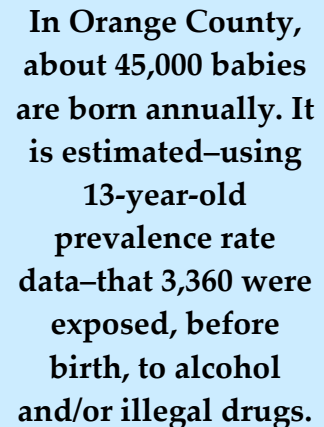
A mother can impair her child's future by using substances during pregnancy. Fortunately, a pregnant woman has a natural and compelling concern for her child. This motivating concern offers an excellent opportunity to provide services that could improve the outcome of her child.

## 2. Introduction and Purpose of Study

A mother who exposes her developing child to tobacco, alcohol, or drugs risks impairment that can result in a lifetime of public assistance. In 1991, the Model Needs Assessment Protocol was published by the State of California. The protocol was a framework for identifying risk to newborns and the corresponding level of intervention needed. <sup>(1)</sup>

In Orange County, about 45,000 babies are born annually. The 10th Annual Report on the Conditions of Children in Orange County, using 13 year old prevalence rate data, estimated 3,360 newborns were exposed to alcohol and/or illegal drugs in 2002. One hundred twenty of these children required emergency response services. There is no reported information of newborns whose risk assessment was not high enough to warrant intervention. <sup>(2)</sup>

The grand jury's preliminary examination of the county's existing perinatal resources revealed unmet needs for substance-using pregnant women. Therefore, the grand jury decided to launch a full study of the issue. The purpose of this report was to study county efforts to improve the birth outcome of substance-exposed newborns.



**In Orange County, about 45,000 babies are born annually. It is estimated—using 13-year-old prevalence rate data—that 3,360 were exposed, before birth, to alcohol and/or illegal drugs.**

## 3. Method of Study

The method of study adopted by the grand jury is as follows:

- Interviewed relevant hospital administration and staff, county agencies and departments, social workers, public nurses, non-profit health providers, judges, private physicians, recovering substance-using women, and state agencies.
- Visited relevant hospitals, perinatal clinics, county courts, jails, residential recovery homes, resource centers, and outpatient clinics.
- Attended relevant commission meetings, judicial proceedings, hearings, and conferences.
- Gathered and reviewed relevant articles from governmental, educational, and other authoritative sources.

## 4. Background

This section discusses pertinent legislation, studies, data, and interviews while studying the current county programs for substance-exposed newborns in Orange County.

### 4.1 Proposition 10

In 1998, California voters passed The California Children and Families First Act (Proposition 10). Funding for the act is generated from a tax on tobacco products. The act, as stated in Section 130100 of the California Health and Safety Code, provides children— zero to five years— with a system of early childhood development services. The system is designed to help at-risk families with health care, child care, parent education, and effective intervention. The act is managed by a state commission that allocated nearly \$40 million per year, for three years, for statewide media and community outreach programs.

In addition, each county has a local commission (ours is the Children and Families Commission of Orange County) created by ordinance as a separate entity. County commissions receive 80% of the Proposition 10 revenue; Orange County’s allocation is about \$50 million, annually. Proposition 10 requires that counties use their funds:

- to create new programs
- to supplement or expand, but not replace, existing services
- to use outcome-based accountability to determine future expenditures

### 4.2 Perinatal Studies

Numerous studies have concluded that fetal development can be impaired by a mother who smokes, consumes alcohol, or uses drugs. This is not an isolated problem (see chart below).

Test Results	Source	– Pregnant Women – Use of Drugs, Tobacco, and Alcohol		
		Drugs	Tobacco	Alcohol
<b>National</b>	1992 National Institute on Drug Abuse	5%	20%	19%
<b>State of California</b>	1992 School of Public Health at the University of California, Berkeley (29,494 women)	11.4% used drugs and/or alcohol	8.82%	See “drugs” column
<b>Orange County</b>	1992 School of Public Health at the University of California, Berkeley	7.5% used drugs and/or alcohol	5.88%	See “drugs” column

A nation-wide survey (1992)<sup>(3)</sup> by the National Institute on Drug Abuse found that:

- 5% of pregnant women used illegal drugs;
- 20% smoked cigarettes, and
- 19% drank alcohol.

In 1992 a study<sup>(4)</sup> of the prevalence of substance use during pregnancy in the State of California was launched. This was a blind study (identity of donor unknown) conducted by the School of Public Health at the University of California, Berkeley. The study of 29,494 women who underwent anonymous urine toxicology screening in 202 birthing hospitals revealed:

- There was an 11.4% statewide prevalence of illegal drugs and/or alcohol, and 7.5% in Orange County.
- Additionally, self-reported tobacco use was at a rate of 8.82% statewide and at 5.88% in Orange County.

When a mother uses substances she may be placing her child at risk for public dependency. Children exposed in-utero to the substances may be at increased risk for the following:

- low birth weight
- learning disabilities
- developmental disabilities
- mental retardation or low IQ
- poor reasoning and judgment skills
- stillbirths
- spontaneous abortions
- SIDS (sudden infant death syndrome)

Multiple substance use is the rule rather than the exception. For example, most drug users drink alcohol and smoke cigarettes. Alcohol users often use tobacco, as well. Such behaviors serve to compound the deleterious affects to the fetus. Even though some of the abnormalities are not obvious at birth, the effects might not become apparent until the child has reached school age or adulthood.

### 4.3 Study Results

The 1992 study of substance use during pregnancy in the State of California resulted in an assessment of the needs for perinatal resources and treatment facilities in Orange County. In 1994, Orange County developed the Perinatal Substance Abuse Services Initiative (PSASI). A core element of PSASI is the Assessment and Coordination Team (ACT). ACT is a team of public health nurses (within HCA) who case manage prenatal and perinatal substance abusers. All women under the care of ACT nurses are case-managed through six-twelve months after delivery. Currently, there are 10 full time nurses and one part time nurse employed to care for substance-exposed babies and their mothers. PSASI was created to: 1) increase access of substance-

#### The "Parents" of PSASI/ACT

- HCA - OC Health Care Agency
- HCA's Substance Abuse Services Program
- SSA - OC Social Services Agency
- University of California, Irvine, Medical Center (UCIMC), Department of Obstetrics & Gynecology
- Maternal Outreach Management System (MOMS)

using pregnant women to perinatal care, and 2) improve the clinical outcomes of their pregnancies. In 2004, 95% of ACT’s case-managed clients delivered drug-free babies.

The table below illustrates findings from comparison studies of case-managed and non-case-managed pregnancies in Orange County in 1996. For pregnancies case-managed by ACT, only 11.8% of the SEB newborns tested positive for drugs (against 61.6% of the non-case-managed newborns). Further, the hospital cost for non-case-managed babies was significantly greater than for case-managed.

Studies in Orange County and Baltimore, Maryland, comparing case-managed versus non-case-managed indicated that significant cost savings can occur.<sup>(8)</sup> See chart, at right.

	<b>Babies Testing Positive for Drugs at time of Delivery (1996)</b> <small>(5) (7)</small>	<b>Approximate Cost of Care for Substance-Using Women and their Newborns (1996)</b> <small>(7)</small>
<b>Case-Managed Pregnancies</b>	11.8%	\$22,928
<b>Non-Case-Managed Pregnancies</b>	61.6%	\$31,301

Grand Jury chart 2005

Across all social and economic strata of our society, there are, however, obstacles to treatment for substance-using pregnant women:

- low self-esteem
- fear of having baby taken after delivery
- dependence (physiological and psychological) on drugs
- family disapproval
- no health insurance
- societal stigma of being identified as a drug user
- reluctance of some physicians and nurses to report a patient’s substance dependence

All the above can be barriers to obtaining perinatal assistance and treatment.

The grand jury discovered there is insufficient information regarding the prevalence of substance use by pregnant and birthing mothers in Orange County. The jury gained insight as to the dissemination of information, the cooperative interplay between agencies, and how well the coordination of resources is managed.

Data retrieved from the Orange County Social Services Agency (SSA) indicate that in 2004, the Child Abuse Registry (CAR) received 200 referrals involving newborns exposed to illegal substances. The breakdown is listed, below, page 6:

In view of the previous statistics, out of an estimated 3,400 substance-exposed children, 200 were referred to the Child Abuse Registry and about 3,200 were either not identified, were identified and referred to a perinatal service agency, or the prevalence has changed. Such an agency is the PSASI/ACT team, public health nurses with the OC Health Care

Agency. In 2004, PSASI/ACT serviced 556 referrals. This leaves an estimated balance of 2,644 children who did not meet the protocol referral criteria or who were not identified.

There are several programs that provide perinatal assistance to pregnant women: Orange County’s ACT program, MOMS, Mariposa, and Heritage House. The programs cater to pregnant women who are identified as substance users. The focus is on giving rehabilitation and parenting support to women so their babies will not be adversely affected. Prevention, treatment, and support—rather than punishment—is the commitment of these programs.

In addition, there are a variety of county and community programs administered by OC’s Social Services Agency, Health Care Agency, law enforcement, Child Welfare Services, community-based organizations, and the judicial system that make contact with, and identify, substance-using pregnant women. These women may be identified as using illicit drugs but are not necessarily referred for services such as case management. The grand jury could not find a sufficiently coordinated effort to ensure that referrals are made and services are provided. Although the aforementioned programs are directed toward the same goal, an organized, collaborative effort was not evident.

Supplementary information gathered from OC’s Social Services Agency concerning the type of substances found in the mothers’ systems is listed, at right:

Reporting Entity*	Newborns Referred to CAR*
Western Medical Center	34
UCI Medical Center	24
St. Joseph Hospital	21
Anaheim Memorial Hospital	19
Fountain Valley Hospital	19
Garden Grove Hospital	11
Hoag Hospital	9
Mission Hospital	9
Anaheim General Hospital	8
St. Jude Hospital	7
La Palma Intercommunity Hospital	5
Saddleback Memorial Hospital	5
Orange Coast Memorial Hospital	4
Mandated Reporter	3
Coastal Communities Hospital	3
Kaiser Hospital	3
County of Orange SSA	2
LA County DCFS	2
Los Alamitos Medical Center	2
Placentia Linda Hospital	2
CHOC	1
Irvine Regional Hospital	1
Norwalk Community Hospital	1
Riverside CPS	1
Riverside Medical	1
San Diego County CPS	1
St. Bernardine’s Hospital	1
Whittier Hospital Medical Center	1
<b>2004 TOTAL</b>	<b>200</b>

\* CAR = Child Abuse Registry  
Grand Jury chart of 2005 information supplied by OC Social Services Agency

Substance	Number of Mothers
Methamphetamines	92
Amphetamines	50
Cocaine	20
Cannabinoids	15
Opiates	13
Benzodiazepines	4
Barbiturates	3
Methadone	3
<b>2004 TOTAL</b>	<b>200</b>

\* Grand Jury chart, 2005, of information supplied by SSA

Note the absence of alcohol or tobacco as non-reportable substances identified in referrals to the Child Abuse Registry. And yet the grand jury was told by a medical professional, “For the outcome of a fetus, tobacco and alcohol are more damaging than heroine, cocaine, or methamphetamine.”<sup>(11)</sup>

#### **4.3.1 Tobacco Is Dangerous, Too!**

Tobacco exposure has been associated with fetal growth retardation and low birth weight.<sup>(6)</sup> Screening for tobacco use was never addressed by any interviewees. In the 1991 Model Needs Assessment Protocol (SB 2669), the incidence of tobacco use is self-reported by birthing mothers. The veracity of this self-reporting is in doubt. The effects of tobacco on a developing fetus are well known and documented.

Carbon monoxide, nicotine, and other chemicals in tobacco smoke enter the mother's bloodstream and pass into the baby's body. This keeps the baby from getting nurturing amounts of food and oxygen. Therefore, a common effect of smoking during pregnancy is low birth weight of the infant.

#### **4.3.2 Alcohol Is Dangerous, Too!**

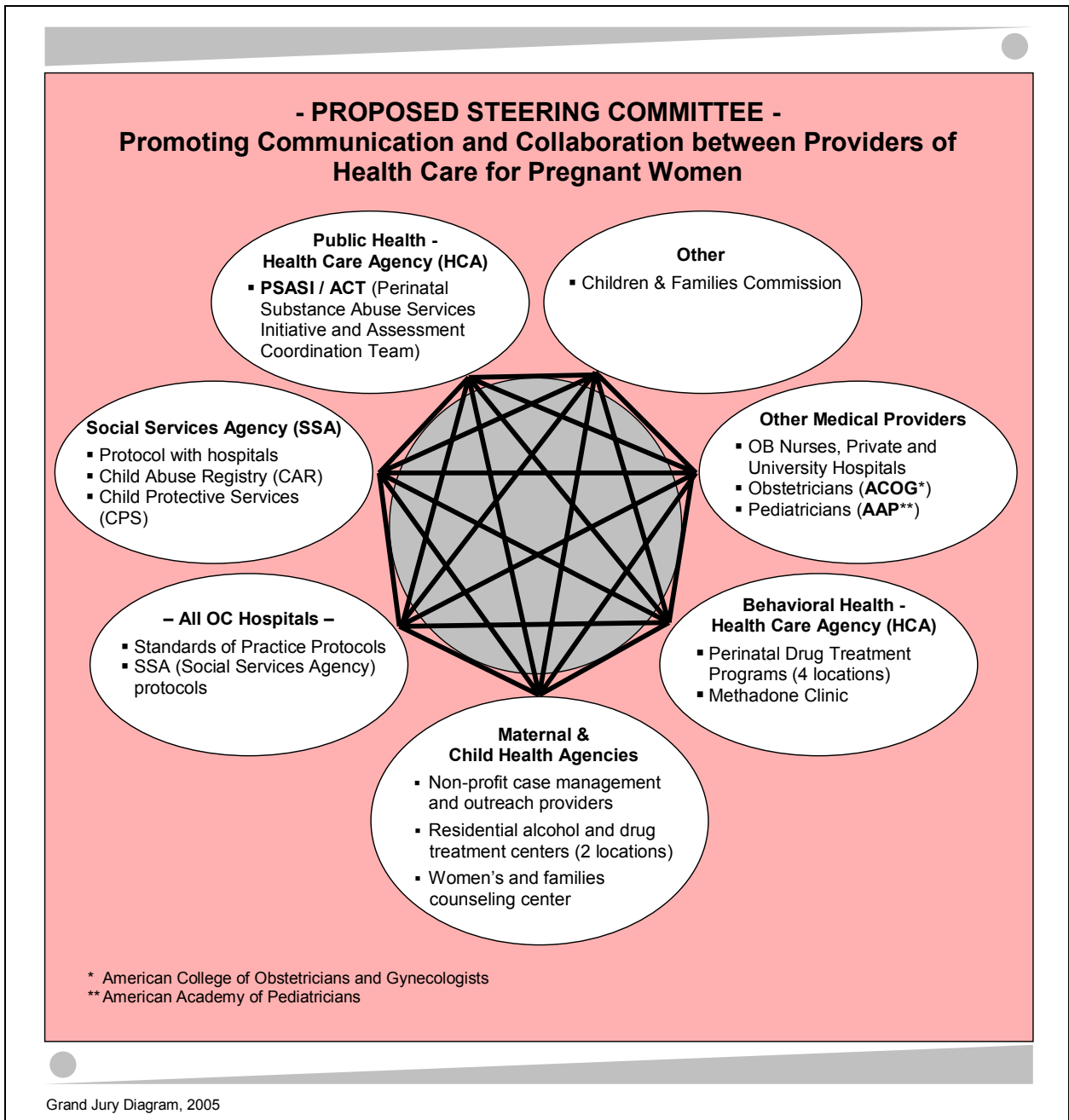
Alcohol exposure can cause permanent damage to a fetus. “Fetal alcohol syndrome (FAS) is almost certainly the most common known cause of mental retardation in the United States, but its actual prevalence is uncertain.”<sup>(10)</sup> There is a urine test for alcohol, but the substance traces disappear within 48 hours. The 1992 Berkeley study did test for the presence of alcohol.

### **4.4 Proposed Steering Committee**

The grand jury would like to see the county reinstate a steering committee, headed by the OC Health Care Agency and including those entities illustrated in the chart below (page 8). The steering committee would:

- Provide ongoing collaboration, coordination, and feedback among all public and private providers of health care to pregnant women
- Initiate and support a new prevalence study
- Discuss proposing a change in the standard of care for pregnant women, to include substance testing and/or counseling

At one time, Orange County had such a steering committee. It achieved its goals and was disbanded. The professionals interviewed believed a steering committee would keep caregivers focused on the needs of pregnant women and provide a central clearinghouse for information and standards of care.



#### 4.5 Finding Prenatal Care

There are impediments to finding prenatal care in Orange County:

**Websites:** The grand jury found deficiencies in HCA and SSA websites; it is difficult to find information related to agency assistance. Websites should be redesigned to make them friendly to clients who are seeking services, not organizations.

**Transportation:** Once healthcare has been found, transportation to a clinic becomes a problem in Orange County.

**Lack of Resources:** Orange County does not have sufficient county clinics, especially in south county.

**Lack of Awareness:** Many private practice healthcare providers (doctors, nurses, hospitals) told the grand jury that they are not provided information by HCA and SSA about where to refer their substance-using patients.

#### 4.6 Interviews

All personnel interviewed—social, medical, law enforcement, agency management and staff—supported the formation of a study to determine the number of substance-exposed babies born in Orange County. All agreed that the study should not be used to criminalize or to punish the mothers. Helping mothers have healthy babies is the goal.

To reach the goal:

- **First** identify the extent of the problem.
- **Second** improve the quality of data available to physicians and other care providers.
- **Third** improve coordination and collaboration among providers of care for pregnant women.
- **Fourth** improve access to care.

In fact, no one knows the prevalence rate for newborn substance exposure. All data and current predictions are based on a single 13-year-old study. This year, Monterey County launched its own study; Orange County should, also.

- The grand jury interviewed three former substance-using mothers. Each had a child under the auspices of ACT and, during the interview, described a life of drug abuse, incarceration, and despair. All of the women were grateful for the dogged effort by the ACT nurses, and all attributed their eventual break from drug dependence to the direct intervention of the nurses. Even so, the existing prenatal programs are woefully inadequate because of underfunding and understaffing.
- Residential treatment typically has a 2-3 week waiting list. While waiting for placement, a pregnant substance-user remains untreated.
- Public health nurses have large and rising caseloads (see table, below).

<b>Annual Rates</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
<b>Active caseloads – substance-using pregnant women</b>	489	550	631
<b>Referrals – substance-using pregnant women</b>	359	435	556
<b>Deliveries of babies</b>	188	283	365
<b>Average caseload per public healthcare nurse</b>	49	55	63

Grand Jury chart, 2005, of information supplied by PSASI/ACT

Although the current needs of the county are not met, the PSASI/ACT initiative has provided the core focus on the critical issue of substance-using mothers. The initiative has reported a positive cost/benefit ratio and should be expanded.<sup>(7)</sup>

When a pregnant mother presents for delivery, hospital nurses complete a hospital-specific assessment questionnaire modeled after the county's assessment protocol. The questionnaire is designed to obtain self-reported information regarding the mother's social behavior and use of tobacco, alcohol, illegal drugs, and prescription drugs. A county-developed assessment is then used to determine if the mother meets the criteria for intervention by the county. Penal Code 11165.13 states, in part, that a positive toxicology screen on a pregnant mother is not, of itself, a sufficient basis to report child abuse. The state is moving away from penalizing substance-using mothers and toward providing resources and referrals to assist the mother in becoming independent of substances.

#### **4.7 Protocols**

The 1991 Model Needs Assessment Protocol (SB 2669) established by the state is a suggested protocol. Counties are free to either adopt this model or use it as an example for developing their own protocols. The protocol is a tool for assessing the need of pregnant and birthing women and/or infants for services related to substance exposure and/or substance abuse problems. <sup>(1)</sup>In 1992 and 1994, the Western Consortium for Public Health evaluated the effectiveness of the implementation of SB 2669. They found that almost all counties and hospitals develop their own protocols, but the majority reported that use of the protocols was inconsistent. Some of the reasons mentioned were lack of funds, liability concerns, and resistance from some private physicians.

In 1994, hospital perinatal nurse managers and county social and health services personnel were surveyed. The findings confirmed earlier results of irregular application of protocols. Approximately two-thirds of the responding counties had protocols that would identify perinatal substance exposure; only one-third of the counties indicated their hospitals routinely followed the protocol guidelines. It also indicated that about half of the hospital nurse-managers believed that substance abuse treatment resources were not available for women giving birth in their communities. The study indicated that screening and assessment is more thorough in public hospitals than in private hospitals. <sup>(9)</sup>

The 2004-2005 Grand Jury's observations were consistent with the findings of the 1994 Western Consortium for Public Health (as indicated above). In other words, the inconsistent use of protocols still exists.

### **5. Observations**

**5.1** Healthcare providers are required to notify CPS of infants identified as substance exposed (Keeping Children and Families Safe Act of 2003).

**5.2** The California Penal Code (11165.13) states, in part, that a positive toxicology screen on a pregnant mother is not, of itself, a sufficient basis to report child abuse. The state is moving away from penalizing substance-abusing mothers and toward

providing resources and referrals to assist the mother in becoming independent of drugs, alcohol, and tobacco.

- 5.3** Studies that rely on one-time toxicological assessments reveal insufficient evidence about the overall pattern of substance use. Self-reports about such behavior lack reliability.
- 5.4** The grand jury has found that no one has an accurate assessment as to the current amount of substance-exposed births in Orange County. During the last assessment in 1992, many doctors were surprised to know that 7.5% of the mothers studied were found to have drugs or alcohol in their system. A clear assessment of the extent of the issue cannot be made until an accurate measurement is taken of the number of substance-exposed births there are in the county.
- 5.5** Many healthcare providers have expressed the belief that most substance-abusing mothers want to become “clean” in order to have a healthy baby.
- 5.6** There is a lack of county prenatal and perinatal resources for substance users in south Orange County (5<sup>th</sup> District).
- 5.7** In 2005, Monterey County’s Health Department is conducting a Perinatal Substance Abuse Prevalence Study of 1,672 pregnant women giving birth at that county’s hospitals. Blind urine samples will be taken from each pregnant woman as part of her hospital admittance protocol. Tests of each urine sample will reveal the level of substances (alcohol and illegal drugs) ingested by each pregnant woman. Monterey County is seeking to find the prevalence of SEB babies so they can develop programs for care and prevention.

The funds for the urine tests were obtained through a grant application for Proposition 10 (Tobacco), “First Five” money. The grant application was written by Monterey County’s Health Department. Projected costs (considered to be at the high end of estimation) are:

<b>Cost: Study of 1,672 samples</b>	<b>Service</b>
\$14,000	Epidemiologist, Monterey County Health Department
13,000	Technical design, marketing, training of hospital personnel
15,300	Hospital stipends @ \$9.15 per patient participant
7,500	@ \$6 per specimen for screening and confirmatory testing
7,200	Travel and participation in Dr. Ira Chasnoff’s training academy
8,000	Data entry (costs will be lower if done in-house)
<b>\$65,000</b>	

\* Grand Jury chart, 2005, from Monterey Health Department 2005 information

## 6. Commendation

The grand jury commends the ACT public nurses for their dedication and relentless efforts to assist expectant mothers to deliver healthy babies.

## 7. Findings

Under California Penal Code Sections 933 and 933.05, responses are required to all Findings. The 2004-2005 Orange County Grand Jury has arrived at the following findings:

- 7.1 Coordinated Effort:** The grand jury could not find an overall coordinated effort to ensure that referrals are made and services are provided to pregnant women. Although public and private programs are directed toward the same goal, an organized, collaborative effort was not evident.
- 7.2 13-Year-Old Data (1992):** Orange County agencies use 13-year-old prevalence rate data (1992) for planning and allocation of prenatal and perinatal resources. The applicability of the prevalence data is now questionable because of changed prevalence rates, changed demographics, and changed substances of choice.
- 7.3 Staff and Resources for Substance Users Are Insufficient:** The prenatal and perinatal staff and resources are insufficient for current caseloads and referrals. Therefore, many substance-using mothers go unattended.
- 7.4 South Orange County Healthcare:** For its 18 communities, south Orange County has only one county healthcare facility serving substance abusing pregnant women. Compounding the problem, public transportation to north county healthcare providers is lengthy, inconvenient, and tiring.
- 7.5 Websites:** The HCA and SSA websites are difficult to navigate. The sites are agency-oriented, not services-oriented.

**Responses to Findings 7.3 and 7.4 are required from the Orange County Board of Supervisors.**

**Responses to Findings 7.1 through 7.4 are requested from the Orange County Health Care Agency.**

**Responses to Findings 7.3 and 7.5 are requested from the Orange County Health Care Agency and the Orange County Social Services Agency.**

## 8. Recommendations

In accordance with California Penal Code Sections 933 and 933.05, each recommendation will be responded to by the government entity to which it is addressed. The responses are to be submitted to the presiding officer of the Superior Court. Based on the findings, the 2004-2005 Orange County Grand Jury makes the following recommendations:

- 8.1** *Coordinated Effort*: Recommend HCA initiate and support an ongoing steering committee to direct the focus and activities and promote collaboration of all agencies, departments, and contract firms to the same goal. See illustration of committee make-up in Section 4.6 (see Finding 7.1).
- 8.2** *13-Year-Old Data (1992)*: Recommend Orange County design, develop, and undertake a new prevalence study headed by HCA and supported by active participation from the recommended steering committee (see Finding 7.2).
- 8.3** *Staff and Resources for Substance Users Are Insufficient*: Recommend the county increase prenatal and perinatal staffing and resources for the Orange County Health Care Agency and the Orange County Social Services Agency (see Finding 7.3).
- 8.4** *South Orange County Healthcare*: Recommend the county consider providing healthcare facilities for substance-using pregnant women in south Orange County (see Finding 7.4).
- 8.5** *Websites*: Recommend HCA and SSA design websites that are client friendly by listing services, rather than organization (see Finding 7.5).

**Responses to Recommendations 8.3 and 8.4 are required from the Orange County Board of Supervisors.**

**Responses to Recommendations 8.1 through 8.5 are requested from the Orange County Health Care Agency.**

**Responses to Recommendations 8.3 and 8.5 are requested from the Orange County Social Services Agency.**

## 9. Appendix

Following are brief descriptions of agencies involved in prenatal and perinatal care and offerings for substance-abusing pregnant women.

**ACT** — Assessment & Coordination Team. An HCA healthcare program offering free support to pregnant women who are HIV positive, have a history of drugs/alcohol use, or currently use drugs/alcohol. Services include: Home visits by public health nurses, prenatal teaching, referral and resources for socioeconomic needs, transportation, and case coordination with the involved programs and providers. See **HCA**, below.

**CalOptima** — A case-managing agency authorized by state and federal law to administer MediCal (Medicaid) benefits in Orange County. CalOptima is funded by the State of California on a capitation plan. It manages caseloads and administers health care contracts with two HMOs and nine PHC-Physician/Hospital Consortia. There are 290,000 members enrolled in MediCal; 30,000 are children, managed by CalOptima. So they can receive medical care, CalOptima gives conditional waivers to undocumented women who are pregnant and needing health care. CalOptima refers all addicted mothers to MOMS.

**CAPTA** — Child Abuse Prevention and Treatment Act, as amended by “The Keeping Children and Families Safe Act of 2003,” June 25, 2003

**Child Abuse Registry** — (714) 940-1000, (800) 207-4464

**Community Clinics** — There are 11 community clinics providing perinatal services. The clinics offer low cost health care to low-income patients. They are located in Anaheim, Costa Mesa, Fullerton, Garden Grove, Huntington Beach, Laguna Beach, La Habra, Orange and Westminster.

**HCA** — The Orange County Health Care Agency, among its other county healthcare responsibilities, supports the four UCI prenatal clinics: Anaheim, Aliso Viejo, Santa Ana, and Westminster. See **ACT**, above. For a complete description of HCA functions, visit their website: <http://www.ochealthinfo.com>.

**Heritage House** — A six-month residential alcohol and drug abuse recovery program for pregnant/parenting women and their small children. Services are provided on a sliding fee scale and are funded partially by the County of Orange. No one is turned away for lack of funds. (714) 687-0077 – North, (949) 646-2271 – South

**Mariposa** — Mariposa Women’s & Family Counseling Center (714) 547-6494  
Mariposa is an outpatient-counseling center offering a variety of programs and resource options for women, children, and families. Services include individual/group counseling, parenting and educational classes, child therapy, occupational therapy, and childcare.

**MOMS** — Maternal Outreach Management System  
MOMS provides access to prenatal medical care and community-based case management of pregnancy through the infant’s first year of life. MOMS, under contract with

CalOptima, interviews each CalOptima pregnant woman to assess her needs for care. No care is provided to the patient without the MOMS needs assessment. Therefore, if a woman wants the care but has no means of her own to get it, she must comply with the ground rules set down by MOMS. Such ground rules might include psychiatric counseling, scheduled prenatal medical attention, ACT monitoring, drug and alcohol addiction programs for rehabilitation, etc.

**Perinatal Drug Treatment Programs** — An outpatient four-phase program for pregnant and parenting women that can be completed in approximately 9-12 months. In addition to weekly education and focus groups, a client will meet with a therapist individually on a monthly basis. Clients are required to submit random drug tests. Childcare is provided. See **HCA**, above. (714) 480-6660 – Santa Ana, (714) 934-4600 – Westminster, (714) 643-6930 – Aliso Viejo, (714) 517-6175 – Anaheim

**Presley Bill** — SB 2669 (a/k/a Presley Bill), “Substance Abuse in Perinatal Services: A Model Needs-Assessment Protocol,” Health and Welfare Agency, State of California, July 1991.

**UCI Family Health Centers** — The UCI Family Health Center operates four perinatal clinics in Anaheim, Irvine, Santa Ana, and Westminster.

## 10. Bibliography

Following are sources studied by the grand jury and referenced within this report.

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8. *Perinatal Substance Exposure*, National Abandoned Infant Assistance Resource Center, University of California, Berkeley, Family Welfare Research Group, February, 2004

9. *An Analysis of California's Emerging Systems for Assessing the Needs of and Intervening with Substance-Using Perinatal Women*, Western Consortium for Public Health, Dorie Klein, D. Crim., Elaine Zahnd, Ph.D., August 1994
10. *Alcohol Before Birth*, Harvard Mental Health Letter, Vol. 21, No. 3, September 2004
11. Confidential medical professional

## **11. Acronyms, Abbreviations, and Definitions in This Report**

AAP	American Academy of Pediatrics
ACOG	American College of Obstetrics and Gynecology
ACT	Assessment and Coordination Team (A free service for pregnant substance-abusing or HIV-positive women)
CalOptima	Managing agency of California's MediCal system
CAR	Child Abuse Registry (714) 940-1000, (800) 207-4464
CHOC	Children's Hospital of Orange County
CPS	Child Protective Services
DCFS	Department of Children and Family Services (Los Angeles County)
FAS	Fetal alcohol syndrome
HCA	Health Care Agency, Orange County
MMT	Methadone maintenance treatment
MOMS	Maternal Outreach Management System
NIDA	National Institute on Drug Abuse
PSASI	Perinatal Substance Abuse Services Initiative
SEB	Substance-exposed birth
SIDS	Sudden infant death syndrome
SSA	Social Services Agency, Orange County
UCI	University of California, Irvine