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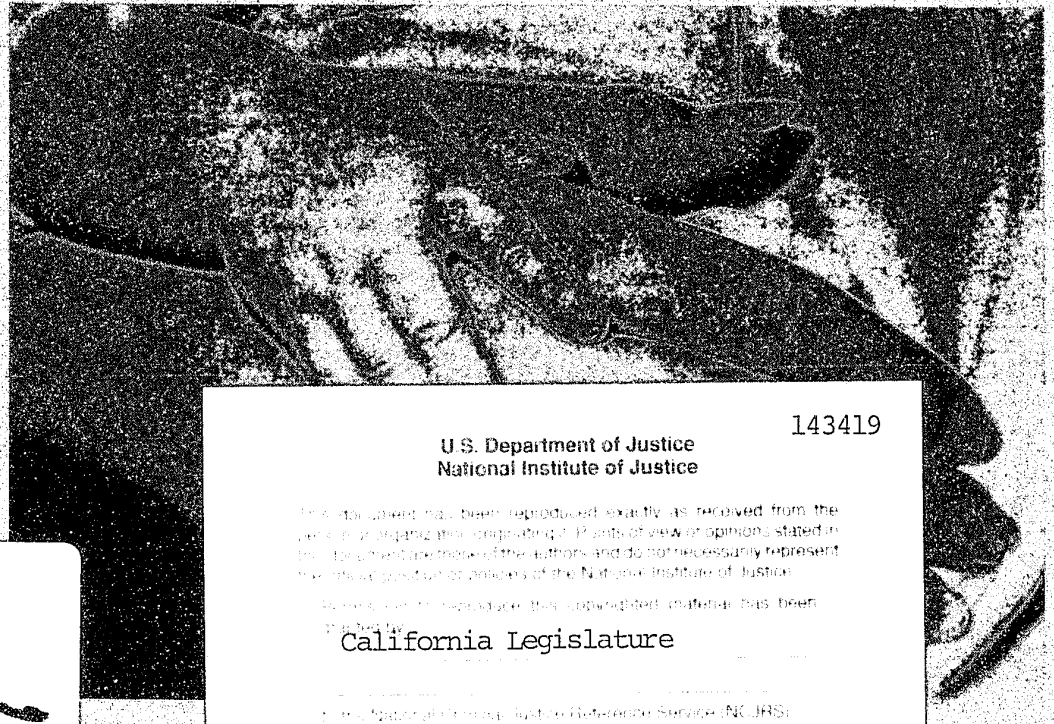
California's Drug-Exposed Babies

Undiscovered, Unreported, Underserved



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A Special Report Prepared for

Senator Diane Watson
by the
Senate Office of Research

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C A L I F O R N I A L E G I S L A T U R E

SENATE OFFICE OF RESEARCH

Elisabeth K. Kersten, Director

July 16, 1990

Honorable Diane Watson
Member of the Senate
State Capitol, Room 4040
Sacramento, California 95814

Dear Senator Watson:

The Senate Office of Research (SOR) has prepared the attached survey report on drug-exposed infants which summarizes responses from the survey of county welfare services agencies conducted in 1989. The survey was initiated at your request to develop new data on the number of drug-exposed infants referred to child welfare services agencies and to identify what happens to these infants once they are referred.

New estimates from the Department of Alcohol and Drug Abuse indicate that 72,000 births each year in California involve infants prenatally exposed to drug substances including alcohol.

The attached survey report provides important preliminary data about a subset of these infants - those who were referred to county Children's Protective Services in 1988-89. More specifically, this survey report provides information describing the:

- caseload of infants with positive toxicology screens referred to child welfare services agencies;
- services and the unmet need for services provided by counties to drug-exposed infants and their families;
- types of drug substances screened and/or reported by hospitals; and
- testing and reporting methods used by hospitals in screening women and/or their infants for drug substances.

1100 J STREET • SUITE 650 • SACRAMENTO, CALIFORNIA 95814 • (916) 445-1727

This report was prepared by Senior Consultant Kim Connor with assistance from Senior Consultant Sara McCarthy and Editor Rebecca LaVally. In addition, Kris Rogers, a graduate student intern with the Senate Office of Research, assisted in compiling data.

We wish to recognize the special assistance of Joyce Iseri and Jane Uitti of your Senate Health and Human Services Committee in developing the survey questionnaire and in advising us on this project. We would also like to acknowledge the very important help that Lee Kemper of the County Welfare Directors Association provided in developing the survey and in gaining the cooperation of counties.

We sincerely hope this new information will spur greater understanding and action directed to better serving drug-exposed infants and their families in California.

Sincerely,

Elisabeth Kersten

ELISABETH KERSTEN

EK:kcdt

CALIFORNIA'S DRUG-EXPOSED BABIES

Undiscovered, Unreported, Underserved

A County-by-County Survey

Compiled by:

Kim Connor, Senior Consultant

July 1990

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INTRODUCTION

Prevalence of Drug-Exposed Infants Significant and Growing in California

New estimates from the California Department of Alcohol and Drug Abuse indicate that 72,000 births in California during 1988 involved infants prenatally exposed to drug substances, including alcohol. This is significantly higher than earlier estimates and indicates a significant and growing problem.

Factors Prompting Survey Study

It was concern about the growing incidence of babies born drug-exposed and their fate that provided the impetus for this survey report. At the request of Senator Diane Watson, the Senate Office of Research initiated a research project to better identify the number of drug-exposed infants born annually in California, the growth of this population, and the way drug-exposed infants and their families and/or guardians are being identified and served by the child-welfare service system.

Preliminary investigations revealed that the state Department of Social Services did not collect data on the number of drug-exposed infants identified and served by local child-welfare services agencies. The absence of data makes it difficult for policymakers to make decisions about the prevention and treatment of prenatal drug exposure.

Research Process

This survey questionnaire was developed by the Senate Office of Research with assistance from the County Welfare Directors Association and the Senate Health and Human Services Committee. The survey questionnaire grew considerably in size and scope during the development period in 1989. Several factors prompted this decision. Most importantly, the need for state-level data was felt to be critical, and it became clear that no other source of statewide data would likely be developed in the near future.

With the cooperation of the County Welfare Directors Association, the survey questionnaire was presented to child welfare services agencies from 30 counties in March 1989. In the following two months, 22 counties returned their survey questionnaires. With some follow-up during the month of June, several more

counties returned their surveys. Given this impressive response rate, a decision was made to mail surveys to the remaining 28 counties and therefore to extend the survey to all 58 California counties through August 1989.

Outcomes of SOR Survey

A total of 41 counties responded to the survey. Together these counties represent 93 percent of the total live births in California in 1988 and cover diverse geographic regions —urban, suburban, and rural; northern, central and southern; as well as large and small counties.

In total, 35 counties were able to provide information about the number of referrals that were made to Children's Protective Services (CPS) units for babies born with positive toxicology screens. These 35 counties identified 6,358 referrals for babies born with positive toxicology screens in 1988/89. It would appear that 11 percent of the estimated 72,000 babies born prenatally drug-exposed in California are being referred to CPS units in counties. As such, these babies account for a small subset of the estimated population of babies born drug-exposed. However, it is this subset of babies that is the focus of the attached survey report.

Survey Report

The following report presents data and findings on drug-exposed infants from the survey of county welfare services agencies in California in 1989.

Data findings are highlighted in the following Summary of Major Findings. The attached survey report organizes data for every question on the survey questionnaire (Appendix A). For this reason, it is easy to refer to individual questions of interest to the reader.

Appendix E and Appendix G provide additional detail by county for Questions 1-4. If more detail is desired by the reader, such data can be requested from the Senate Office of Research. Requests should be directed to Kim Connor at (916) 445-1727.

SUMMARY OF MAJOR FINDINGS

Scope of the Problem

Thirty-five California counties, responding to a survey by the state Senate Office of Research, report that 6,358 drug-exposed newborns were referred in 1988-89 to county child-welfare services. This figure translates into 7,920 referrals for all 58 counties in 1988-89. But the state Department of Alcohol and Drug Abuse, based on the number of live births to women of childbearing age who abuse substances, estimates 72,000 babies were born in California in 1988 with prenatal exposure to drugs, including alcohol.

These figures indicate only an estimated 11 percent of the state's drug-exposed newborns are reported to social service agencies. Yet most counties say they are having great difficulty finding suitable care for the drug-exposed babies they are trying to serve.

Reflecting the scant data in this field, six counties were unable to provide any information on numbers of drug-exposed infants in their areas. Even counties that provided data acknowledged their numbers reflected only a fraction of the babies prenatally exposed to drugs in their jurisdictions.

Testing, Reporting Procedures are Spotty

Overall, survey responses demonstrated that testing and reporting procedures for drug-exposed infants are varied and spotty across the state. Many babies who test positive for drug exposure are not reported to county Children's Protective Services (CPS). Therefore, these babies and their mothers are not referred to county Child Welfare Services for social services such as risk assessment, crisis intervention, emergency shelter, case management, counseling or transportation. Other newborns exposed or suspected to be exposed to drugs simply are not tested.

Women who give birth in most California hospitals are screened for drug and/or alcohol use only when they are perceived by the hospitals as "high risk," the same criterion that applies to drug testing of newborns.

Hospital policies on drug testing vary within hospitals, among hospitals within counties and among counties in California. Children born drug-exposed may or may not be screened and detected. Whether they are tested may depend upon the differing policies of their doctors, the hospitals or the counties where they are born.

Once testing is done, hospital and county protocols on referring children to CPS may vary by hospital and by county. Only two-thirds of public hospitals and half of private hospitals report positive toxicology results to their counties' CPS.

A majority of hospitals do not seek a mother's consent for testing. Cocaine, methamphetamines, heroin, amphetamines and marijuana are the drugs most frequently detected by hospital toxicology screening tests. Ninety-one percent of the responding counties identified cocaine as the substance most often detected by testing. Seventy-five percent also cited the appearance of methamphetamines, 66 percent heroin, 53 percent amphetamines, 47 percent marijuana and 28 percent alcohol.

Most counties do not maintain data systems on the number of drug-exposed babies referred to CPS. Many counties offered only estimates. Some counties were better able to estimate than others, but could not track their cases through the system.

More Care Givers, Services Needed

Counties reported an overwhelming need for more foster-care parents, especially with training to handle the challenges of drug-exposed infants — and urged higher reimbursements for those care givers. They reported a need for better access to medical services, in particular more Medi-Cal providers willing to care for drug-exposed infants, and for substance-abuse treatment facilities able to accommodate mothers and children. In addition, counties cited a need for more supportive services for foster parents, including respite child care and transportation.

When asked to identify barriers that hinder placing drug-exposed babies at home, more than half of the counties cited an unwillingness by mothers to cooperate with treatment, lack of available drug-treatment services (especially residential-care facilities to keep families together), lack of transportation or other supportive services and housing problems.

*More than half of the counties also indicated that successful outcomes rely on placing highly motivated parents in **readily available** drug-treatment or counseling programs.*

Counties with long-term data showed a combined 167 percent increase in referrals of drug-exposed babies to CPS between 1985-86 and 1988-89. Some of the growth stemmed from changing policies and practices by physicians, hospitals and counties regarding testing for drug exposure and reporting babies with positive tests to CPS.

Twenty-two counties, representing 22 percent of live births statewide, tracked drug-exposed babies from CPS through placement. Of every 100 drug-exposed infants referred to CPS, an analysis indicates 27 are placed in family foster-care homes, in relatives' homes or other out-of-home placement. Seventy-three remain in their own homes with or without supportive services.

What Counties are Saying

Direct comments from the counties illustrate a pressing need for well-trained foster parents and expanded substance-abuse treatment facilities, while illuminating problems inherent in caring for babies born drug-exposed or addicted:

"The overall increase in infants in emergency shelter care (has) created enormous difficulty in having enough homes for these (drug-exposed) children. They require additional patience and care." —Alameda County

"Trained foster parents who are willing to handle these babies are always full, and because of the extra work required our 'burn-out' rate of these foster parents is very high." —Fresno County

"Homes are difficult to secure for these (drug-exposed) infants.... These infants are often difficult to comfort, cry excessively or have medical problems which require monitoring and frequent doctor or hospital visits." —Kern County

"(There are) problems related to the substance-abusing parent/foster-parent relationship, including the care givers' concerns for their own safety, which they may see as jeopardized if their home is open to people who are in the 'drug culture.' (There are) problems related to (the) baby's intensive care needs due to withdrawal symptoms, problems locating health-care providers that accept Medi-Cal; child-care needs of other youngsters when the infant goes to medical appointments." — Los Angeles County

"Foster parents need special training; they need respite; they have trouble dealing with medical professionals who themselves do not understand the needs/problems of drug-exposed infants." —Sacramento County

"We have problems finding homes for (drug-exposed) babies. (They are) more difficult to care for, more demanding of the caretaker and at greater risk for SIDS (Sudden Infant Death Syndrome)." —San Joaquin County

"(There is) insufficient funding to adequately compensate foster parents for the specialized care they are providing (to drug-exposed infants)." —Shasta County

"We need foster homes in which the mother and the baby can be placed together, which can also provide drug treatment, parenting-skills training, medical care, job training, etc. ... After birth of a drug-involved infant, most counties, including Marin, are finding that if the baby is not placed back with the mother almost immediately, the likelihood of that child ever being placed with that parent is quite low." — Marin County

"These children and parents are stressing the child-welfare system. Our county needs additional substance-abuse treatment ... and halfway-house service. Currently, high percentages of the dependencies (babies) do not result in reunification (with their families) and thus more adoption services are required. Worst of all, we do not know what long-term effects drug exposure will (have) on the development of these children." —Stanislaus County

SURVEY METHODOLOGY AND PARTICIPATION

The purpose of this Drug-Exposed Infant Survey was to find out how county child-welfare services agencies are responding to the numerous referrals of infants born drug-exposed.

During the spring and summer of 1989, the Senate Office of Research mailed a survey to all 58 county Departments of Social Services (Appendix A). In the past, we have had to rely upon data from individual hospitals and counties on drug-exposed infants and referrals. The data from this survey are intended to provide statewide information for the first time on the scope of this issue.

The survey questionnaire was developed with assistance from staff of the Senate Health and Human Services Committee, as well as significant assistance from the County Welfare Directors Association. This extensive survey provided 13 areas for each county to address:

- Number of referrals
- Outcome of referrals
- Outcome of dependency petitions filed
- Out-of-home placement outcomes
- Out-of-home placement problems
- Family reunification and maintenance
- Repeat referrals
- Drug-exposed babies reported (percentage)
- Positive toxicology referrals by hospitals
- Substances detected by toxicology screens
- Conditions for drug testing
- Confidentiality of drug testing
- General comments.

A total of 41 counties responded to the survey. Together these counties represent 93 percent of the total live births in California and cover diverse geographic regions — urban, suburban, rural; northern, central and southern; as well as large and small counties (Appendix B).

CHART A
COUNTIES THAT RESPONDED TO SURVEY

Alameda	Marin	San Luis Obispo
Amador	Mendocino	San Mateo
Calaveras	Merced	Santa Barbara
Colusa	Napa	Santa Clara
Contra Costa	Orange	Shasta
Del Norte	Placer	Sierra
El Dorado	Plumas	Siskiyou
Fresno	Riverside	Solano
Glenn	Sacramento	Stanislaus
Kern	San Benito	Sutter
Kings	San Bernardino	Tulare
Lake	San Diego	Tuolumne
Los Angeles	San Francisco	Yolo
Madera	San Joaquin	

Total Counties Responding = 41
Total Counties Not Responding = 17
Total California Counties = 58

The data presented in this report focus on 1988-89 figures. However, some historical data are provided which describe referrals to Child Protective Services (CPS) for babies born with positive toxicology screens (Question #1). Some counties were wholly unable to respond to quantitative questions about the number of drug-exposed infants and the disposition of their cases (Questions 1-4 and 7). However, these same counties were able to answer other questions (Questions 5-6 and 8-13) providing us narrative information on the problems and the successes in serving these babies and their families.

SUMMARY OF DATA

The data presented in this report are summarized in five general sections:

I. **Caseload and Case Flow**, which covers referrals to CPS and the disposition of cases.

II. **Services Provided by County Welfare Departments**, which covers the services provided to drug-exposed infants and their parent(s) as well as the need for additional services for this population.

III. **Drug-Use Patterns**, which includes information on the drugs of choice and the cases of repeat births to mothers of drug-exposed infants.

IV. **Drug-Testing Issues**, which provides information on testing policies and confidentiality issues.

V. **Overall Impact** of drug-exposed infants on the child-welfare system.

I. CASELOAD AND CASE FLOW

Numbers of Referrals

Question 1 - How many referrals to the Children's Protective Services (CPS) Emergency Response Program were made for babies born during the last few years who tested positive on a toxicology screen?

A total of 35 counties responded to this question; however, an additional six counties indicated that data was "not available" for their county. These 35 counties reported a total of **6,358 referrals** for babies born with positive toxicology screens. Together, these 35 counties account for approximately **80 percent** of live births in California (Appendix C). Of these referrals, **15 percent** are from public hospitals; **29 percent** are from private hospitals, and the remaining **56 percent** of respondents did not designate type of hospital.

The 6,358 referrals for babies born with positive toxicology screens reported by 35 counties translates into **7,920 referrals** for all 58 counties statewide.

Most of the 35 counties responding to this question were able to provide data for additional years prior to 1988-89. More specifically, 28 counties provided referral data for 1987-88, 18 counties provided data for 1986-87 and 14 counties provided data for 1985-86. This information is important because it provides some indication of the growth in referrals to CPS for babies born with positive toxicology screens.

As indicated by Table 1A, counties currently are better able to report data on the number of referrals to CPS for babies born with positive toxicology screens than they have been in the past. Less than half of the 35 counties which reported data for 1988-89 were able to report data for 1985-86.

TABLE 1A
Referrals From Hospitals to Children's Protective Services
As a Result of Positive Toxicology Screens

	1985/86	1986/87	1987/88	1988/89
Referral	1,016	2,055	4,157	6,358
Counties reporting	14	18	28	35

For those counties able to report data for 1985/86 through 1988/89, there is a clear increase in the number of referrals. Between 1985/86 and 1988/89 the number of reported referrals grew sixfold—from 1,016 to 6,358. Clearly, a significant portion of this increase is due to the additional counties reporting these data for more recent years.

However, as indicated by Table 1B, when this overall growth is adjusted to exclude those counties unable to report for a given time period, the growth is still significant. For example, for those 14 counties which provided data for four years, referrals grew 167 percent. For those 18 counties which provided data for three years, referrals grew 113 percent. For those 28 counties which provided data for two years, referrals grew 31 percent.

TABLE 1B
Referrals From Hospitals to Children's Protective Services As a Result of Positive Toxicology Screens

	1985/86	1986/87	1987/88	1988/89	Change
Four years CR = 14	1,016	1,498	2,186	2,712	+167%
Three years CR = 18	—	2,055	3,452	4,371	+113%
Two years CR = 28	—	—	4,157	5,343	+ 31%
One year CR = 35	—	—	—	6,358	—

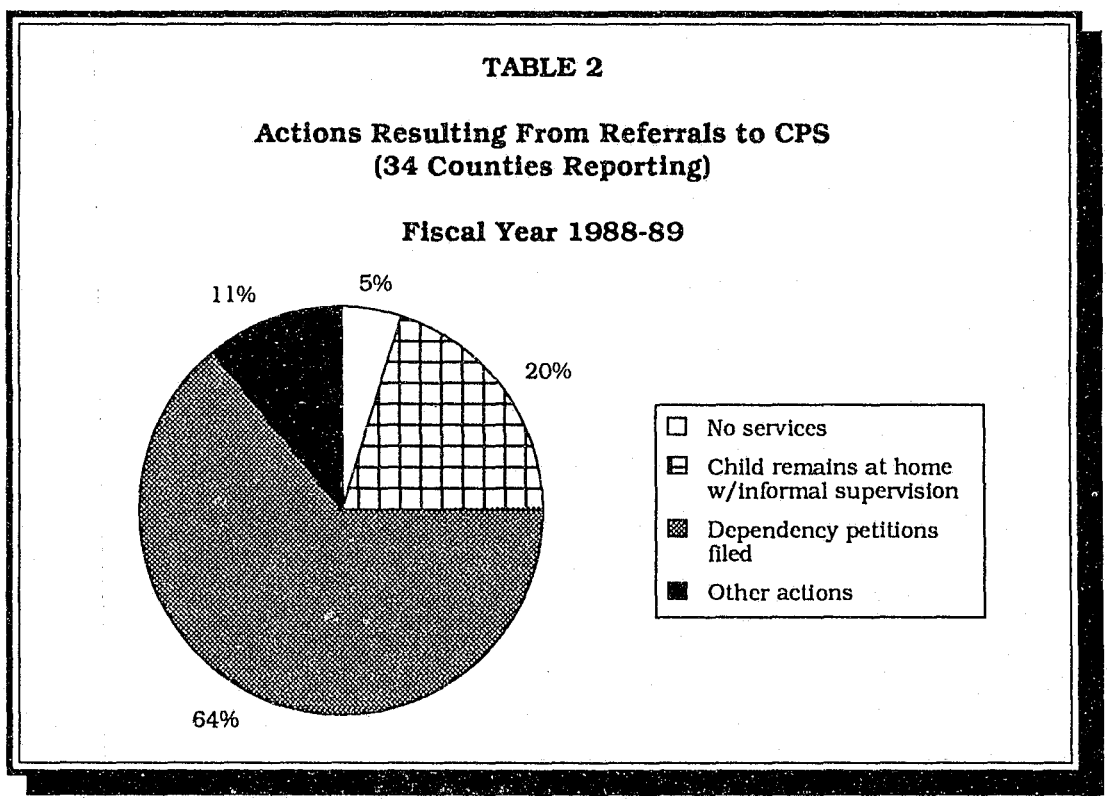
CR = Counties reporting

Appendix D provides detail reflecting the growth in referrals reported by individual counties. Despite significant differences in the numbers of referrals among counties, it is interesting to note very similar patterns of growth among those counties reporting.

Outcomes of Referrals

Question 2 - What actions resulted from the referrals under Question 1?

This question describes the actions that CPS units are taking when a referral is made because of a positive toxicology screen. **Thirty-four counties** responded to this question, providing information for **5,219** cases. The most typical action was the filing of a petition for dependency — petitions were filed for nearly two-thirds of the cases on which we have information (see Table 2). The second-most typical action was to allow the child to remain at home with informal supervision (approximately 20 percent of cases). "No Services" were provided for 5 percent of cases for which we have information.

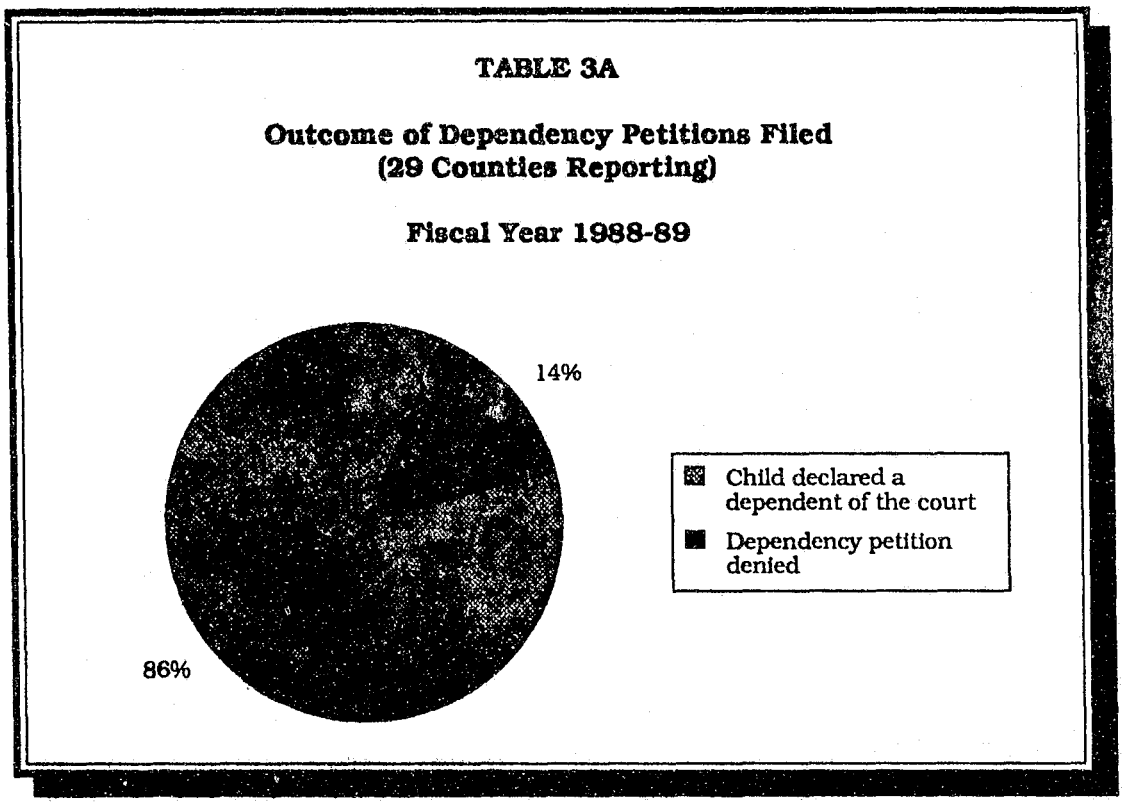


Outcome of Dependency Petitions Filed

Question 3A - What actions resulted from the above dependency petitions filed under Question 2?

This question describes the typical outcome of dependency petition hearings on dependency petitions filed. **Twenty-nine counties** responded to this question, which provided information on **3,685 dependency cases**. In the majority of cases (**86 percent** of cases for which we have information), the child is declared a

dependent of the court. Conversely, in approximately **14 percent** of cases a petition for dependency is denied by the court (see Table 3A).



Outcome of Dependency Declarations

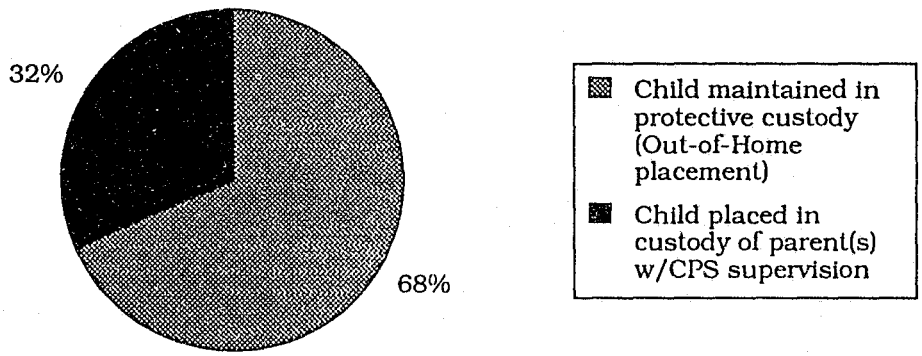
Question 3B - If the child is declared a dependent of the court, please indicate the placement outcomes for these children.

What happens once the child is declared a dependent of the court? **Twenty-six counties** provided information for this question describing **2,783** dependency cases. As shown in Table 3B below, at this stage approximately **68 percent** of the time the child is placed in an out-of-home placement (which can include placement with a relative). Approximately **32 percent** of the time the child is returned to the custody of the parents, presumably under the Family Maintenance Program. In a few counties, almost half of the children in these cases remain in one or both parents' custody.

TABLE 3B

Percentage of Children Declared Dependents of the Court Who Remain in Home or Out-of-Home Placements (26 Counties Reporting)

Fiscal Year 1988-89



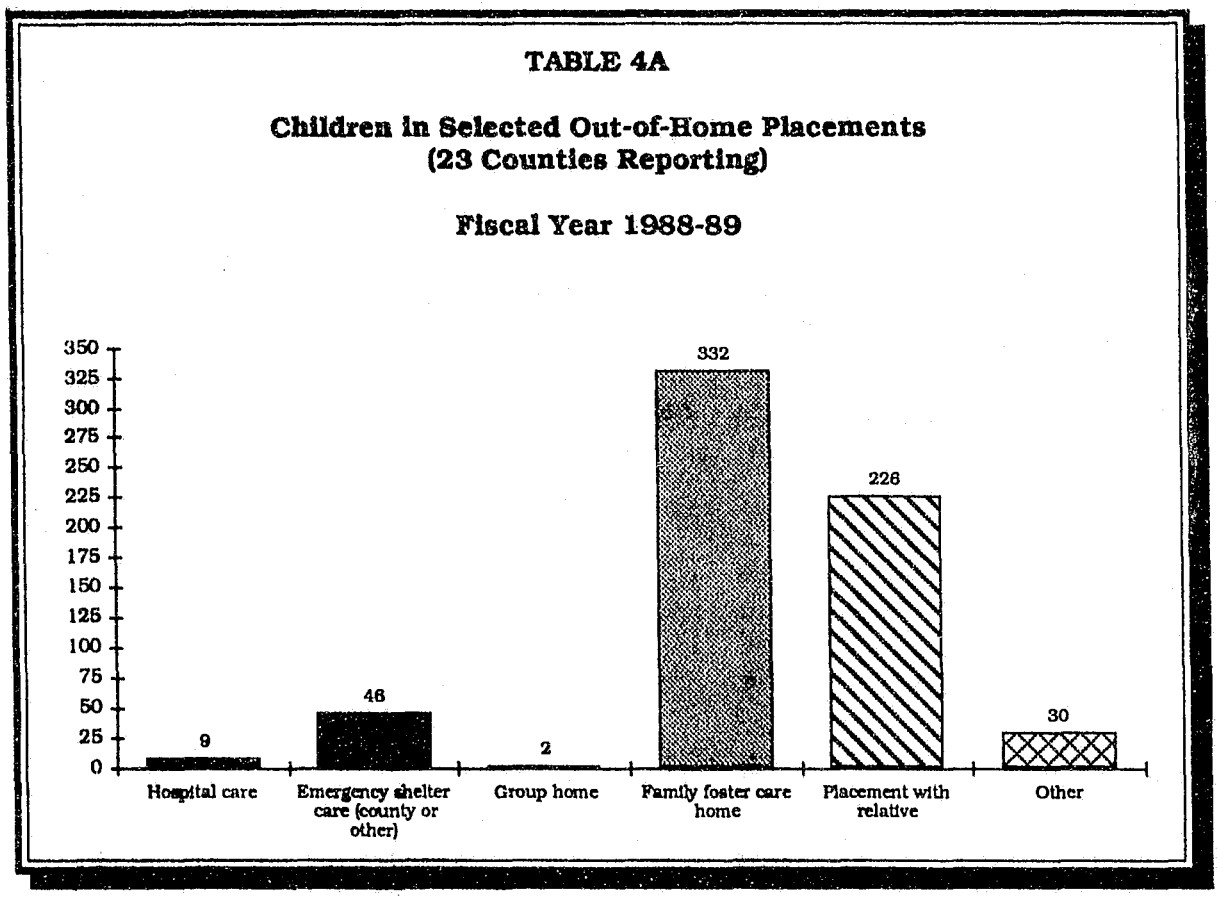
These overall statistics may obscure the variety of approaches reported by counties. While most counties seek dependency petitions in most cases, a few counties appear to be actively seeking to avoid dependency declarations. These counties are choosing to allow almost half of the children in these cases to remain at home. However, it also appears that these few counties have programs in place to provide some home-based services to the families, which remain under informal supervision.

Placement Subsequent to Dependency Petitions

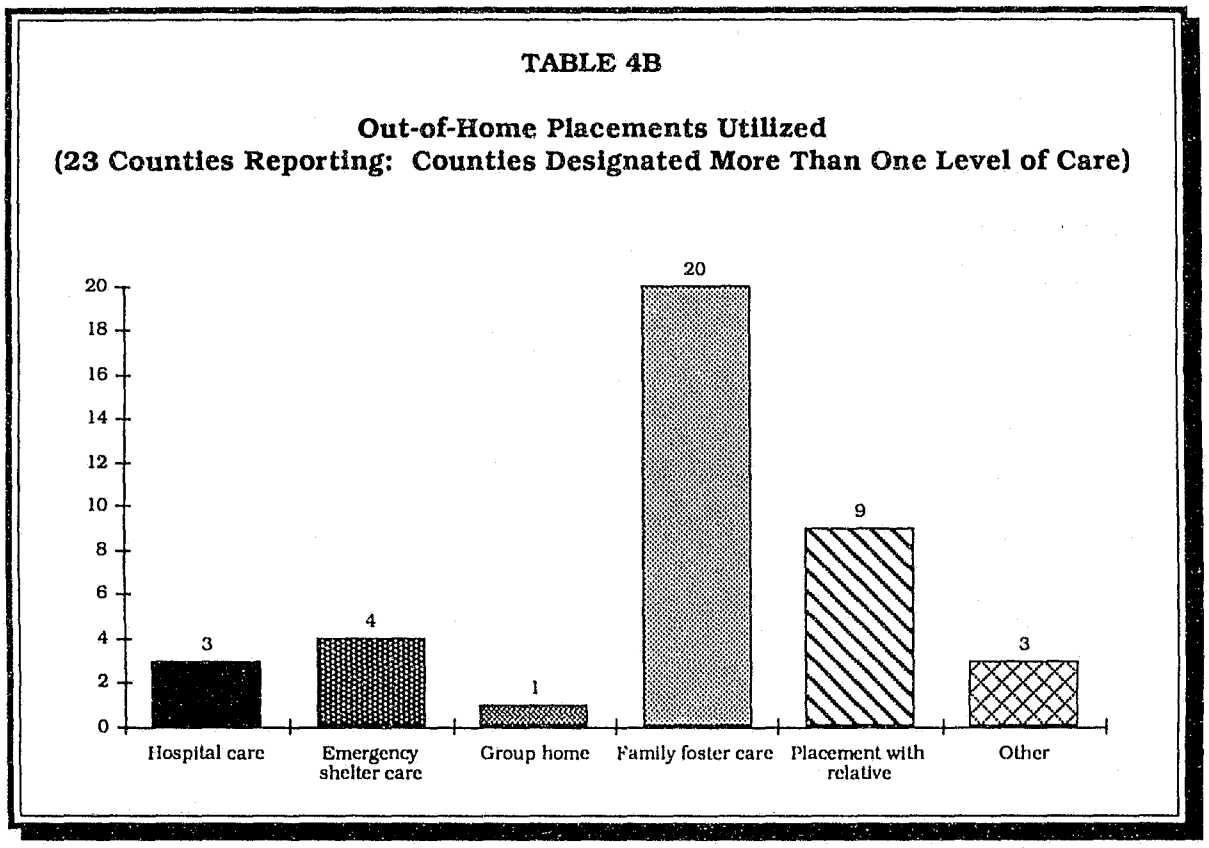
Question 4 - When a child has been placed in protective custody and out-of-home care has been required for the placement of the baby, what level of care has been utilized?

The most typical placement option cited by counties is the family foster care home (Table 4A). Such placements account for **51 percent** of placements for the **23 counties** reporting on this question. Placement with a relative is also a strong choice, representing 35 percent of placements. Other less frequent placements include emergency shelters, other placements (includes family adoptions), hospi-

tals and group homes. The choice of placement options may depend on the availability of the placement alternatives.



In addition, of the **23 counties** responding to this question, **20 counties (87 percent)** utilized family foster care placements. Less than half of these 20 counties utilized placement with relatives. Other levels of care were used much less frequently by counties responding (Table 4B).

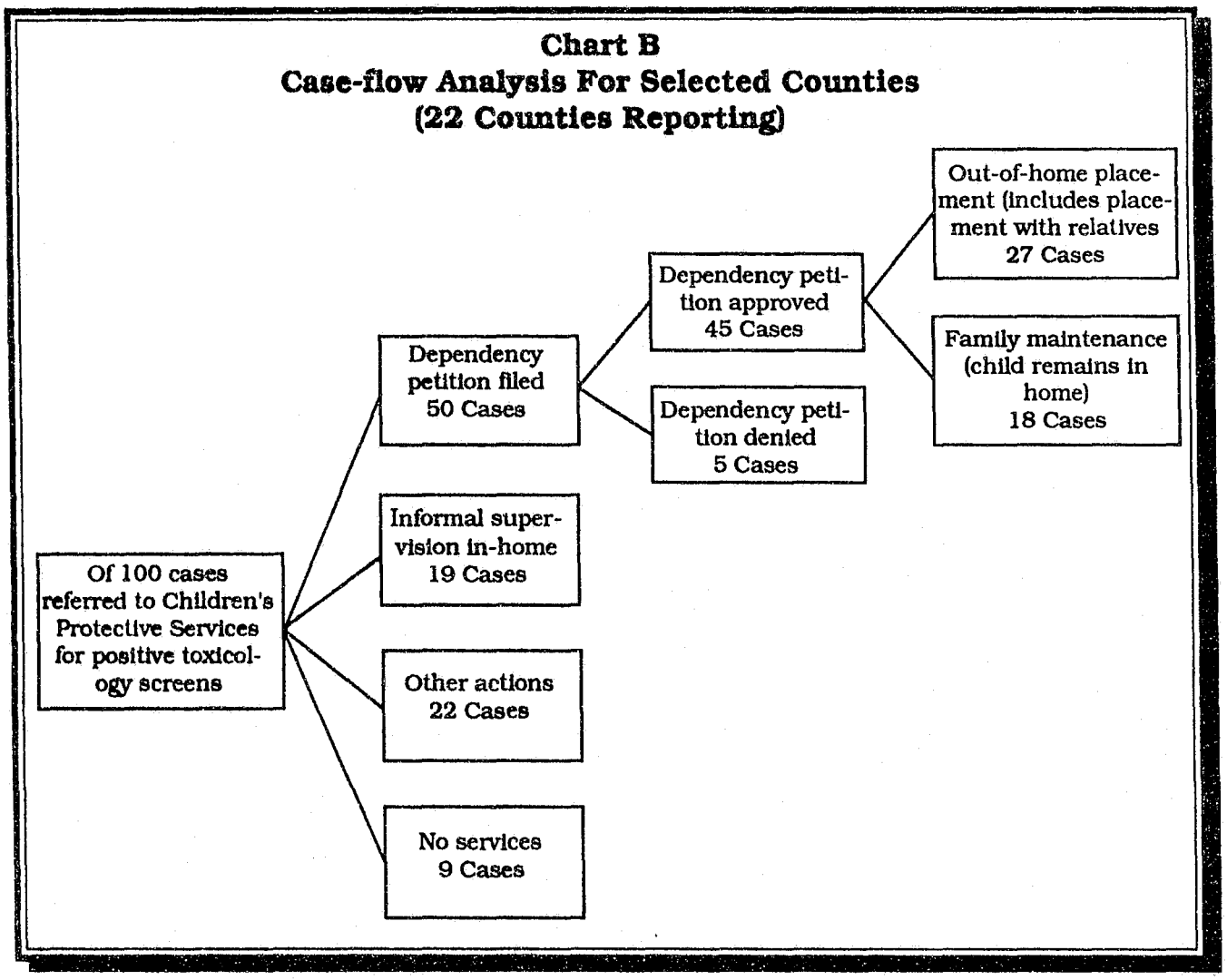


Case-Flow Analysis

The responses from the preceding questions 1-4 summarized information from **all** the counties responding to each question (Appendix E). However, these question-by-question responses do not provide information about what happens to referrals made to child-welfare services agencies in a given year. Many counties were not able to provide information for questions 1-4; and, therefore, it was impossible to provide information about the flow and disposition of drug-exposed infant cases through the child-welfare service system.

However, 22 counties were able to provide data which tracked individual cases from referral through placement. These counties represent 22 percent of the live births statewide (Appendix F). An analysis of the data provided by these 22 counties for questions 1-4 (Appendix G) yields the following scenario for cases of babies with positive toxicology screens referred to CPS:

Of every 100 referrals, 27 will result in out-of-home placements and 73 will remain in homes with some or no services (Chart B). For those 27 cases which result in out-of-home placements, the overwhelming majority (87 percent) will be placed in family foster care homes or in relatives' homes (Appendix G, Table 4).



Repeat Referrals and Petitions

Question 7A and 7B - Please indicate the number of referrals/ petitions that reflect repeat positive toxicology births for the mother.

In question #7A, counties were asked to report the incidence of repeat referrals for positive toxicology screens, i.e., the number of times a report has been filed with CPS which concerns a mother who has previously been reported to CPS as a result

of giving birth to a drug-exposed infant. This same question was asked by 7B regarding dependency petitions filed.

Unfortunately, **most counties could not answer either of these questions because they do not maintain data on repeat referrals or petitions.** In fact, only **12 counties** in total provided information for Questions 7A and 7B. These counties were mostly smaller counties whose smaller caseloads might have been more conducive to this type of analysis. Another three counties reported that this was a serious problem even though they could not provide data. One county reported "Anecdotically, many petitions we do file on drug babies were filed because this is a second or third pregnancy involving positive drug screens or the mother is a long-term drug user resulting in CPS intervention and removal of older siblings. We believe this is a common pattern."

The data from the 12 counties able to provide it are presented in Table 7. **For approximately half of the counties reporting** on each question, the incidence of repeat referrals or repeat dependency petitions filed represented **less than 10 percent** of the overall caseload. However, **for the remaining counties reporting**, the incidence of repeat referrals or petitions filed reached **between 10 and 40 percent** of the caseload.

TABLE 7

Repeat Referrals and Dependency Petitions Filed For Mother (12 Counties Reporting to Either 7A or 7B)

	Number of Counties Reporting	
Percent of All Cases	**Repeat Referrals (7A)**	**Dependency Petitions Filed (7B)**
0 to 9 percent	6	4
10 to 19 percent	2	2
20 to 39 percent	3	3
Total counties responding to each question	11	9

II. SERVICES PROVIDED BY COUNTY WELFARE DEPARTMENTS

Out-of-Home Placement Problems

Question 5A - What problems are experienced by counties in placing drug-exposed infants in out-of-home care?

Thirty-two counties answered this question. **Twenty-eight counties** cited barriers to out-of-home placement, while four reported experiencing no problems with such placements. Table 5A below illustrates some of the problems faced by the 28 counties. Over **71 percent (20 of the 28)** which reported problems **identified the need for specialized foster care homes as the major barrier to out-of-home placement.**

The following table lists the specific problems relating to foster care which were identified by the counties. (These add to more than 28 because some counties identified more than one problem area.)

TABLE 5A
Problems With Foster Care Resources
(28 Counties Reporting)

	Number of Counties Identifying Problem	Percent of Counties Identifying Problem
Need for specialized foster care homes for drug-exposed infants	20	71 percent
General shortage of foster care homes	12	43 percent
Insufficient support services for foster care parents (respite care, training in care of drug-exposed infants)	11	39 percent
Reluctance of foster care parents to take in children at risk of SIDS (Sudden Infant Death Syndrome) and/or AIDS	5	18 percent
Visitation for birth parent difficult due to concerns of foster parent	5	18 percent
Fear of SIDS or AIDS among foster parents	5	18 percent
Medi-Cal payment or treatment restrictions	4	14 percent

Other issues raised by a few counties included insufficient payment rates for foster-care parents; high "burn out" rate of foster-care parents caring for drug-exposed infants; and the need for training of social workers in the special needs of drug-exposed infants.

Larger urban counties reported greater difficulty in placing drug-exposed infants due to shortage of foster care homes. Several small counties reported that they had not had a problem placing their one or two drug-exposed infants. Several other small counties reported difficulty in locating appropriate foster care homes for children who require more specialized care.

Five counties noted that visitation by the natural mother with children in foster care homes is hindered by the foster parents' unwillingness to allow the parents' visit at their home. Foster parents are "uncomfortable" or reluctant to allow substance-abusing parents into their homes.

Question 5B - What out-of-home resources are needed by counties in serving drug-exposed infants?

As can be seen from Table 5B, **the overwhelming need identified by the 32 counties responding is the need for more foster parents or more specialized foster family homes where the caretakers have received training in the care of drug-exposed infants.** This training would encompass many things, but especially the medical aspects of caring for the children, such as including cardiopulmonary resuscitation (CPR). One county reported: "A foster parent trained as a nurse would be ideal."

The second frequently identified need is for support services for foster-care families. Specifically, counties identified a strong need for respite care for foster parents. Counties also noted that the frequent medical/therapy visits required for the child place a transportation burden on the foster parents as well as create a need for additional child care (care of the other children in the home while the caretaker is away at medical appointments). In addition, in-home supportive services are lacking, in particular, access to specialized medical equipment in the home is sometimes a problem.

Several counties noted a need for more medical care. In particular, counties noted a lack of doctors willing to provide care for Medi-Cal rates of reimbursement creates a problem in obtaining needed medical care for the infants. Also, counties indicated that drug-exposed infants have a need for medical/developmental assessments and services and that these needs are often unmet.

A significant percentage of counties (28%) reported a great **need for residential drug- and or alcohol-treatment programs where the mother and child can stay together**. For example, one county stated:

> "We need foster homes in which the mother and the baby can be placed together, which can also provide drug treatment, parenting-skills training, medical care, job training, etc. In other words, we need a treatment facility for moms and babies. Additionally, for those babies that cannot be placed with the moms and for those babies who can go home with the moms with special services, we need day treatment programs which bring together services for the drug addiction - for the parent and for the developing child."

TABLE 5B

Resources Needed for Out-of-Home Placements (32 counties responding)

	Number of Counties Reporting This Need	Percentage of Counties Reporting This Need
More trained foster-care parents or specialized foster homes	22	69 percent
More support services for foster parents (respite care, transportation, access to medical resources)	12	38 percent
Better access to medical care for child — especially more Medi-Cal providers	9	28 percent
Residential drug/alcohol treatment facilities where mother and baby can stay together	7	22 percent
Higher payment rates for foster parents caring for drug-exposed infants	7	22 percent
More foster care homes in general	5	16 percent
More access to public health nurses	5	16 percent
Other: including more long-term placements and adoptive homes, more visitation with natural mother, and more support services for natural mother	3	9 percent

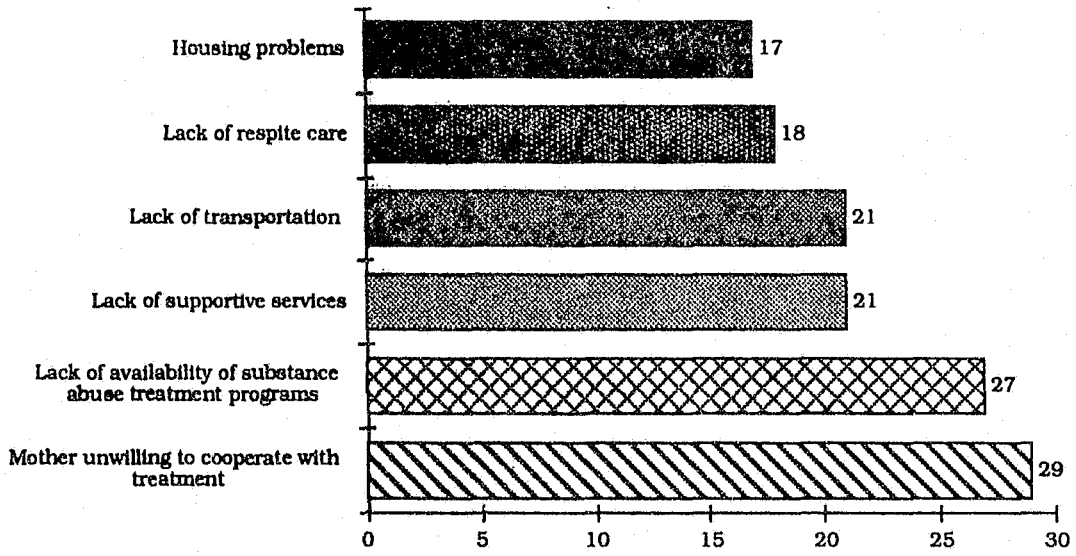
Family Reunification and Maintenance

Question 6A - What barriers are experienced by counties in reunifying or maintaining drug-exposed infants in the home?

More than 50 percent of the **33 counties** responding to this question listed the same six major barriers to reunifying or maintaining drug-exposed infants in their own homes (see Table 6A below). **More than 80 percent of counties reported the mother's unwillingness to cooperate with treatment and the lack of available substance-abuse treatment programs** as barriers to reunification or maintenance. The four other most frequently cited barriers included **lack of supportive services** (64 percent); **lack of transportation** (64 percent); **lack of respite care** (55 percent); and **housing problems** (52 percent).

TABLE 6A

Barriers to Family Maintenance or Reunification (33 Counties Reporting)

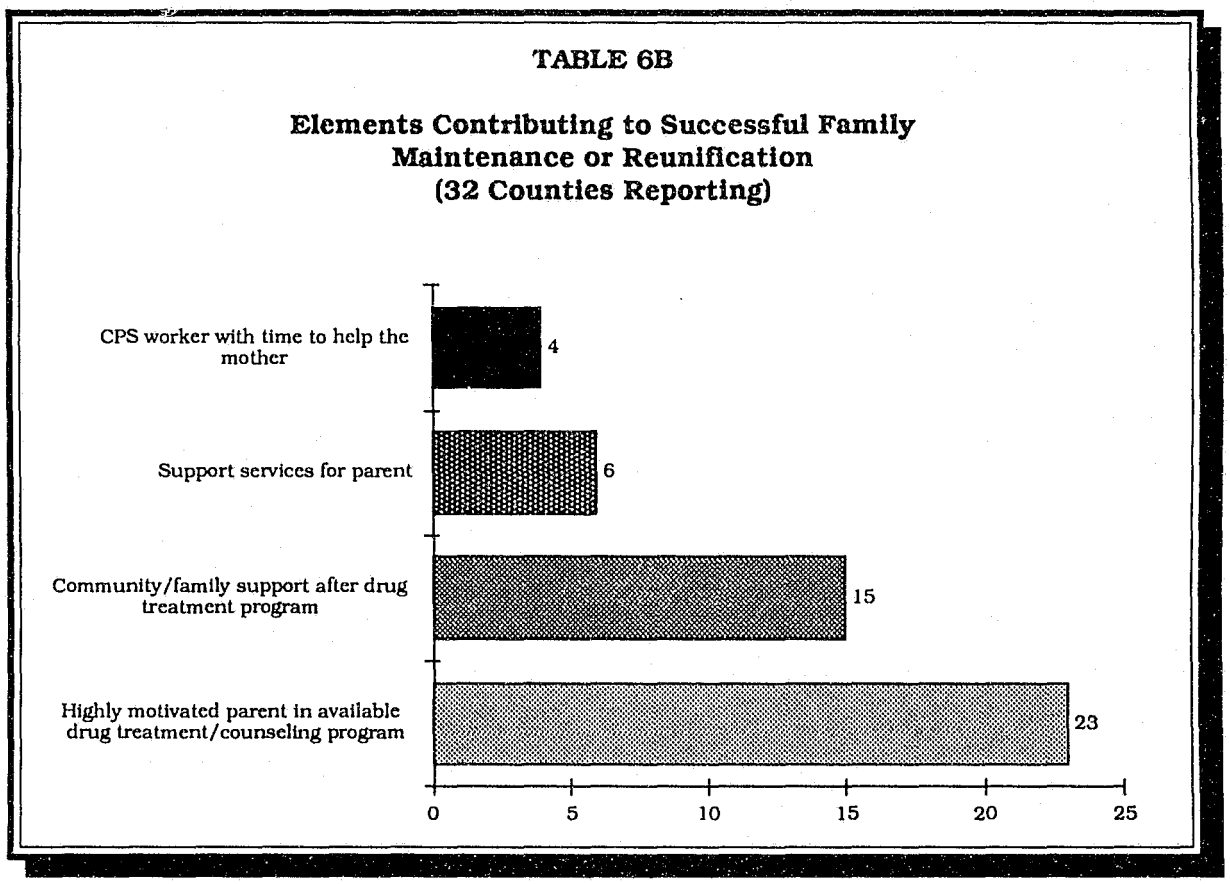


Question 6B - What makes family maintenance or reunification successful?

Of the **32 counties** responding to this question, **23 counties (72 percent)** reported that a **highly motivated parent in an available drug treatment/counseling program** is the most important element contributing to successful family maintenance or reunification. These counties indicated successful family maintenance

or reunification when there was a highly motivated parent willing to admit drug problems and undergo drug treatment and counseling. Furthermore, drug treatment programs must be easily accessible and **readily available** without waiting lists.

Ongoing community and/or family supportive services after drug treatment was cited by 15 counties as an important element associated with successful family maintenance or reunification.



III. DRUG-USE PATTERNS

Substances Detected by Toxicology Screens

Question 10A - Of positive toxicology screens being used by hospitals that make referrals, which drug substances do the screens detect?

Among the 27 counties that responded to this question, many drugs appear to be detected. Twenty different drug substances were listed as substances detected by hospital toxicology screens (see Table 10A).

Four drug substances — cocaine, methamphetamines, amphetamines, and heroin — were listed as the drug substances most frequently detected. Seventy-five percent of the counties reported that hospital toxicology screens detected these substances.

TABLE 10A

Substances Detected by Toxicology Screens

Substance	Counties	Percentage of Counties Reporting
Cocaine	25	93%
Methamphetamines	24	89%
Amphetamines	22	81%
Heroin	22	81%
Marijuana	18	67%
Alcohol	16	59%
Barbiturates	16	59%
Codeine	15	56%
Opiates	15	56%
PCP	15	56%
Methadone	14	52%
Morphine	13	48%
Phenobarbital	13	48%
Demerol	11	41%
Sedatives	10	37%
Metabolites	9	33%
Valium	8	30%
Benzo	7	26%
Thorazine	7	26%
Lidocaine	6	22%
Other	4	15%
TOTAL COUNTIES RESPONDING	27	100%

More than 50 percent of the counties reported seven other drug substances were detected by hospital toxicology screens. These drugs included marijuana, alcohol, barbiturates, codeine, opiates, PCP and methadone.

Question 10B - What substances are most often reported as the reason for positive toxicology screen referrals to county welfare departments?

With a total of 32 counties responding to this question, we can say that there are many drugs which are being reported in conjunction with positive toxicology screens. In all, 18 different drugs were identified by counties as drugs which were listed as the reason for the positive toxicology screens.

More specifically, 91 percent of the counties listed cocaine as the substance most often reported as the reason for a positive toxicology screen. Also, 75 percent of counties identified methamphetamines, 66 percent mentioned heroin, 53 percent amphetamines, 47 percent marijuana and 28 percent mentioned alcohol.

Clearly many drugs are being reported in conjunction with positive toxicology screens. However, there is some variation by county in the type and prevalence of each drug. For example, San Diego County reported that 52 percent of its positive toxicology screen referrals are related to amphetamines and methamphetamines, and 27 percent to cocaine. Los Angeles County, by contrast, reported that 70 percent of referrals are related to cocaine, and only 1 percent related to amphetamines and methamphetamines. Santa Clara County listed PCP as its second-most popular drug of choice — behind cocaine — and Orange County listed opiates, including heroin, as its second-most popular drug.

TABLE 10B

Substances Reported by Toxicology Screens

Substance	Counties	Percentage of Counties Reporting
Cocaine	29	91%
Methamphetamines	24	75%
Heroin	21	66%
Amphetamines	17	53%
Marijuana	15	47%
Alcohol	9	28%
PCP	8	25%
Opiates	7	22%
Methadone	4	13%
Morphine	4	13%
Valium	3	9%
Barbiturates	2	6%
Benzo	2	6%
Codeine	2	6%
Demerol	1	3%
Phenobarbital	1	3%
Thorazine	1	3%
Other	1	3%
TOTAL COUNTIES RESPONDING	32	100%

Question 10C - What percentage of referrals and petitions to CPS for positive toxicology screens reflect abuse of more than one drug substance?

With regard to referrals, **23 counties** responded. While these counties indicated a range of 3-100 percent, the **majority of counties (70 percent)** reported that more than 50 percent of all referrals for positive toxicology screens reflected more than one drug substance. Seven counties reported that 100 percent of the referrals to CPS reflect abuse of more than one drug.

TABLE 10 C-1

Percentage Referrals Due to More Than One Drug Substance

County	Percentage
Amador	100%
Calaveras	85%
Contra Costa	75%
Del Norte	100%
El Dorado	90%
Glenn	100%
Kings	75%
Lake	100%
Los Angeles	100%
Marin	25%
Mendocino	100%
Napa	20%
Placer	90%
San Bernardino	70%
San Diego	41%
San Francisco	10%
San Mateo	24%
Santa Barbara	3%
Shasta	85%
Siskiyou	100%
Stanislaus	90%
Sutter	50%
Tulare	27%
TOTAL COUNTIES RESPONDING	23

With regard to dependency petitions, **18 counties** responded. The counties reported a range of 1-100 percent of the dependency petitions filed for positive toxicology screen referrals reflected abuse of more than one substance. However, **most counties (61 percent)** reported that more than 50 percent of the petitions reflected abuse of more than one drug substance. Five counties reported that 100 percent of the dependency petitions reflected abuse of more than one drug.

TABLE 10 C-2

Percentage Petitions Due to More Than One Drug Substance

County	Percentage
Amador	100%
Calaveras	85%
Contra Costa	75%
El Dorado	10%
Glenn	100%
Kings	50%
Los Angeles	100%
Marin	25%
Mendocino	100%
Napa	80%
Orange	28%
San Francisco	15%
San Mateo	24%
Santa Barbara	1%
Shasta	85%
Siskiyou	100%
Stanislaus	90%
Tulare	27%
Total Counties Responding	18

It appears from the responses to this question that counties were able to characterize information regarding drug use better from referrals than dependency petitions. The question was asked about drug use from both referrals and petitions to secure the greatest possible response to this question. In comparing the average response from both questions, the numbers are close — on average, counties reported that 68 percent of the referrals for positive toxicology screens reflect abuse of more than one drug substance; 61 percent of the petitions reflect abuse of more than one drug substance.

TABLE 10 C-3

Percentage Referrals Due to More Than One Drug Substance

Range	3-100%
Most Frequent Response	100%
Average	68%

TABLE 10 C-4

Percentage Petitions Due to More Than One Drug Substance

Range	1-100%
Most Frequent Response	100%
Average	61%

IV. DRUG-TESTING ISSUES

Drug-Exposed Babies Reported

Question 8 - What percentage of all drug-exposed babies born monthly in your county do you estimate are being reported (referred) to CPS?

This question was intended to gather any information about the overall incidence of babies born drug-exposed apart from just those babies being reported to CPS.

A total of **34 counties** responded to this question. Twenty-one counties **(62 percent)** were able to provide some estimate of the proportion of babies being reported to CPS. **Three counties** indicated that none of the babies being born drug-exposed were being reported to CPS. An additional **15 counties** estimated that **between 1 and 50 percent** of the babies born drug-exposed were being reported to CPS and **3 counties** estimated that **between 51 and 100 percent** of these babies were being reported. Overall, most counties responding to this question estimate that fewer than half of all the babies born drug-exposed are being reported to CPS.

TABLE 8

Estimated Number of Infants Born Drug-Exposed Reported to County Child Protective Services (34 Counties Reporting)

Range of Percents	Number of Counties Estimating This Percent Of All Cases Are Reported	Percent of Counties Reporting This Range
0 percent	3 Counties	9%
1 to 50 percent	15 Counties	44%
51 to 100 percent	3 Counties	9%
Don't know/no way to estimate	13 Counties	38%

However, as illustrated by Table 8, **13 counties (38 percent)** of the 34 counties responding to this question did not know or were unable to estimate the answer to this question. However, some of these counties provided comments which indicated that while they could not estimate they felt that a "small percentage" of babies born drug-exposed in their counties were being reported to CPS.

Many counties responding to this question provided a number of reasons which describe the difficulty in estimating the number of babies born drug-exposed in their county. These reasons include:

- the variation among hospitals in the drugs for which toxicology screens are administered;
- the time frame of drug testing;
- variations in protocols for testing women at different hospitals; and
- the different policies among hospitals in reporting babies born with positive toxicology screens.

Positive Toxicology Referrals by Hospitals

Question 9A - Number of public hospitals now reporting positive toxicology screens?

Twenty-five counties responded to this question; however, a few counties provided more than one response. **Sixty-eight percent** of the counties reported that public hospitals reported all positive toxicology screens. **Twenty-eight percent** of these **25 counties** said public hospitals reported positive toxicology screens if other evidence was present, and 24 percent said that public hospitals were not reporting positive toxicology screens. According to their responses, it would appear most public hospitals (more than **two-thirds**) are reporting all positive toxicology screens.

TABLE 9

Hospital Policies on Reporting of Infants with Positive Toxicology Screens to Children's Protective Services (CPS)

	Public Hospitals, Number of Counties	Percentage	Private Hospitals, Number of Counties	Percentage
Reporting all positive toxicology screens	17	68%	13	52%
Reporting only if positive toxicology screen and other evidence present	7	28%	11	44%
Not reporting positive toxicology screens	6	24%	6	24%
Total	30	100%	30	100%

Question 9B - Number of private hospitals now reporting positive toxicology screens.

Twenty-three counties responded to this question. As was the case in Question 9A, a few counties indicated more than one response. In summarizing the responses for private hospitals in Table 9, **52 percent** of the counties indicate that private hospitals report all positive toxicology screens; **44 percent** indicate that private hospitals report only if the positive toxicology screen is present with other evidence; and **24 percent** indicate that private hospitals do not report positive toxicology screens.

In assessing the responses from both Question 9A and 9B, it would appear that a few counties were able to check more than one response in conjunction with the same hospital making reports to their counties. In other cases, this variation clearly indicated different policies among hospitals reporting to their counties.

This response pattern would indicate the variation among hospitals and within hospitals in reporting positive toxicology screens only in each county.

In assessing the differences between public and private hospitals, public hospitals are more likely than private hospitals to report all positive toxicology screens and less likely to report positive toxicology screens if other evidence is present.

For those hospitals reporting only when a positive toxicology screen is accompanied by other evidence of risk to the infant, the county was asked whether the other criteria (or protocol) were developed with the assistance of CPS staff. Approximately one-third (30 percent) of the time CPS was involved in the development of the protocol or criteria for reporting these cases.

Conditions for Drug Testing

Question 11 - Typically, under what conditions do hospitals provide testing of the woman or infant for substance abuse?

Of the **34 counties** that responded, **23 counties (68 percent)** reported that hospitals tested for substance abuse when the mother was perceived as "high-risk" and 22 counties (65 percent) reported that hospitals tested for substance abuse when the baby was perceived as "high-risk." Therefore, it appears that in most cases hospitals test women and/or babies when they are perceived by the hospital as "high risk." Nearly half of the counties reported that conditions for testing women or infants differed from hospital to hospital. (Hospitals do not appear to be testing all women and/or babies. Not a single county reported that hospitals typically test for "all women" or "all babies.") (Table 11)

TABLE 11

Conditions Under Which Hospitals Test Women And/Or Infants (34 Counties Reporting)

	Number of Counties	Percent of Counties
Women perceived as high-risk	23 Counties	68%
Babies perceived as high-risk	22 Counties	65%
Differs from hospital to hospital	16 Counties	47%
Other	5 Counties	15%
All women	0 Counties	0%
All babies	0 Counties	0%

(Thirty-four counties responded; however, some counties indicated more than one response.)

Confidentiality of Drug Testing

Question 12A - Under what conditions of confidentiality are women or infants tested?

Twenty-eight counties responded. More than half reported they tested mandatorily without the mother's consent. Approximately one-third of the counties reported they tested only with consent of the mother or tested using other protocols.

TABLE 12A

Conditions of Drug Testing for Women and/or Infants (28 Counties Reporting)

	Number of Counties	Percent of Counties
Tested mandatorily without mother's consent	15	54
Tested only with consent of mother	10	36
Other protocols	9	32
Tested anonymously	2	7

(Twenty-eight counties responded to this question; however, some counties reported more than one condition of confidentiality surrounding the testing of women or infants within their county.)

Question 12B - Does the protocol differ from hospital to hospital?

Twenty-three counties responded. Nearly three-quarters of the counties responded that protocols for drug testing differed among hospitals within their county. In contrast, only one quarter of the counties reported that drug-testing protocols did not differ among hospitals within their counties. These six counties included four small rural counties, but also one medium-sized county and one large county. Overall, it appears that hospitals within most of the counties responding to this question utilize different protocols for testing women and infants.

TABLE 12B

Different Protocols for Drug Testing (23 Counties Reporting)

	Number of Counties	Percent
Yes	17	74
No	6	26
TOTAL	23	100

V. OVERALL IMPACT

Question 13 - Please provide any additional or other data which you believe documents or describes the impact of drug-exposed infants on the child-welfare system.

Sixteen counties provided additional detail describing the impact of drug-exposed infants on their county's child-welfare system. Some of these comments have been summarized below.

Data

Several counties indicated they did not keep data or records on drug-exposed babies. One county reported that it does "not keep separate statistics on drug-exposed cases so these numbers rely on caseload lists. It is possible our actual case numbers are somewhat higher." Another county reported it "did not maintain any records on positive toxicology screen babies, therefore we cannot provide any information on those referrals" for the time period requested. One other county reported that "while our statistics do not reflect great numbers of infants, most of our current cases have substance-abuse issues."

A couple of counties mentioned the need for long-term data which follows children through the system. More specifically, one county reported the "need for (a) way to track these children over (an) extended period of time (i.e. computer) in order to document/provide for their increased needs." On a somewhat related issue, one county reported that "worst of all, we do not know what long-term effects drug exposure will be on the development of these children."

Service/Program Needs and Impact

One county reported the primary impact of drug-exposed infants on the system is to increase developmental and medical problems. One other large county reported that 50 percent of the babies born drug-exposed have medical problems requiring specialized care at birth.

Several counties indicated concern about the increase in the number of cases of drug-exposed infants. One county stated that "rapid increase (of referrals) causes concern about future impact" and that "75 percent (of referrals for drug-exposed infants) enter our system compared to 5 percent of general referrals." Another

county reported that of their drug-exposed infant referrals, a "high percentage enter (the) costly foster care system."

One county reported that the "foremost cause for the unprecedented increase in dependency adjudications we are experiencing has been the increases in referrals of drug-exposed infants (all of whom our Juvenile Court has been adjudicating). From 1985-1988, there has been a 151 percent increase in adjudications."

Another county reported that a "high percentage of the dependencies do not result in reunification and thus more adoption services are required." Similarly, this county found that "many family maintenance outcomes are not positive." Another county reported that "after the birth of a drug-involved infant, most counties, including (this one), are finding that—if the baby is not placed back with the mother almost immediately—the likelihood of that child ever being placed with that parent is quite low." Another county reported that "98 percent of parents refuse the offer of voluntary services. This, even after second or third infant with positive toxicological screen."

Testing

A few counties highlighted issues surrounding the testing of drug-exposed women or infants. These comments reflect the diversity of approaches among counties, within counties and within hospitals. One county reported "our hospital's policy (is) to not test mothers or babies." Another county reported that three hospitals "use a standard protocol for identifying infants at-risk for being exposed in utero." One other county reported it was "now trying to set up protocol for drug testing. Right now it appears to differ depending on the doctor." Another small county was unsure about whether drug tests were performed or not.

Unmet Need for Service

The comments below were provided by one large county which developed a thorough list of service gaps for drug-exposed infants and their families. Many of the service gaps identified by this county were also mentioned by several other counties. While counties assigned different priorities to these areas of unmet need, the following list provides a representative summary of comments from all counties.

Needs at Community Level

- Sufficient and appropriate rehabilitation programs geared toward women
- Residential treatment programs that allow mothers and babies to remain together during the course of the mother's treatment
- Free and available testing facilities
- Child care
- Comprehensive program that address supportive needs in addition to the drug rehabilitation
- Respite care
- Community education and other preventive services
- Sufficient funding to establish and maintain successful program models
- More programs focused on the infant and school-aged child to meet their special educational needs
- Sufficient, affordable and accessible prenatal care for all pregnant women
- Special recruitment and training of a large pool of foster parents specifically equipped to deal with substance-exposed babies (and their families)
- Transportation
- Support groups for siblings of drug-exposed infants
- Support systems for care-giving relatives of substance-exposed infants
- Use of public health nurse/social worker teams as a way to ensure appropriate medical follow-up and in-home care for infants.

Needs at State Level

- Policies regarding hospital referrals of substance exposed/addicted infants to local child protective agencies
- Guidelines governing the exchange of information between agencies and hospitals
- Prevention and early intervention services
- Supplemental foster-care rates for placement providers
- Training for foster-care providers
- Public education
- Additional drug-treatment programs specifically geared toward mothers and their babies
- Prenatal care that is accessible and available.

APPENDIX A

Agency: _____
Address: _____
_____

Date: _____
Contact Name: _____
Title: _____
Phone Number: _____

DRUG-EXPOSED INFANT SURVEY
(Social Services)

In an attempt to document and describe the extent of the drug-exposed infant problem in the state of California, the Senate Office of Research is surveying several counties. The following questions are designed to detect these data. If data are not available, please indicate NA (not available). **Please complete this survey and submit to Senate Office of Research no later than Friday, March 31st.**

1. ***Referrals***

How many referrals to the Child Protective Services Emergency Response Program were made for babies born during the last few years who tested positive on a toxicology screen?

	1985-86*	1986-87*	1987-88*	1988-89* (July-Jan)
Public Hospitals				
Private Hospitals				
Other Sources				
Total				

2. ***Outcome of Referrals***

What actions resulted from the above referrals under #1?

	1985-86*	1986-87*	1987-88*	1988-89* (July-Jan)
No Services				
Child Remains at Home w/Informal Supervision (WIC §330)				
Dependency Petitions Filed				
Other Actions				
Total				

3. ***Outcome of Dependency Petitions Filed***

A. What actions resulted from the above dependency petitions filed under #2?

	1985-86*	1986-87*	1987-88*	1988-89* (July-Jan)
Child Declared A Dependent of the Court				
Dependency Petition Denied				
Total				

* Please indicate monthly or annually.

B. If the child is declared a Dependent of the Court, please indicate the placement outcomes for these children.

	1985-86*	1986-87*	1987-88*	1988-89* (July-Jan)
Child Maintained in Protective Custody (Out-of-Home Placement)				
Child Placed in Custody of Parent(s) w/CPS Supervision				
Total				

4. ***Out-of-Home Placement Outcomes***

When a child has been placed in protective custody and out-of-home care has been required for the placement of the baby, what level of care has been utilized?

	1985-86*	1986-87*	1987-88*	1988-89* (July-Jan)
Hospital Care				
County Operated Emergency Shelter Care				
Other Emergency Shelter				
Group Home				
Family Foster Care Home				
Placement With Relative				
Other				
Total				

5. ***Out-of-Home Placement Problems***

A. What types of problems does the county experience in its efforts to place positive toxicology screen babies in out-of-home care? (Please describe problems.)

_____

_____

_____

_____

_____

B. What types of out-of-home resources does the county need for these babies? (Please list resources.)

_____

_____

_____

_____

_____

*Please indicate monthly or annually.

6. ***Family Reunification and Maintenance***

A. What barriers typically exist to either reunify or maintain the baby in the home? (Please check.)

_____ Mother unwilling to cooperate with treatment
_____ Lack of supportive services
_____ Lack of availability of substance abuse treatment programs
_____ Lack of transportation
_____ Lack of respite care
_____ Housing problems
_____ Other

B. When family maintenance or reunification has been successful, what elements have made that successful? (Please list elements.)

_____

_____

_____

_____

_____

7. ***Repeat Referrals and Petitions Due to Substance Abuse***

Please indicate the number of referrals/petitions that reflect repeat positive toxicology births for the mother.

A.	Referrals Made Due To Positive Tox. Screen (From #1)	Repeat Referrals Due To Positive Tox. Screen
1985-6*		
1986-7*		
1987-8*		
1988-9* (July-Jan)		

B.	Dependency Petitions Filed Due To Positive Tox. Screen (From #2)	Repeat Petitions Due To Positive Tox. Screen
1985-6*		
1986-7*		
1987-8*		
1988-9* (July-Jan)		

8. ***Drug Exposed Babies Reported***

What percentage of all drug-exposed babies born monthly in your county do you estimate are being reported (referred) to CPS?

_____ Percentage drug-exposed babies reported to CPS monthly

Comments: _____

_____

*Please indicate monthly or annually.

9. ***Positive Toxicology Referrals By Hospitals***

A. Number of public hospitals now reporting:

_____ All positive toxicology screens
_____ Only those positive toxicology screens that meet "high-risk" protocols*. Was the protocol developed jointly with CPS?
Yes _____ No _____
_____ Not reporting positive toxicology screens.

Comments: _____

_____

_____

B. Number of private hospitals now reporting:

_____ All positive toxicology screens
_____ Only those reporting toxicology screens
_____ Not reporting toxicology screens

Comments: _____

_____

_____

10. ***Substances Detected By Toxicology Screens***

A. Of positive toxicology screens being used by hospitals that make referrals, which drug substances do the screens detect? (Please check substances.)

__ Alcohol	__ Lidocaine	__ Phenobarbital
__ Amphetamines	__ Marijuana	__ Preens
__ Barbiturates	__ Metabolites	__ Sedatives
__ Benzo	__ Methadone	__ Thorazine
__ Cocaine	__ Methamphetamines	__ Unknown
__ Codeine	__ Morphine	__ Valium
__ Demerol	__ Opiates	__ Other
__ Heroin	__ PCP	

B. What substances are most often reported as the reason for the positive toxicology screen referrals? (Please check substance.)

__ Alcohol	__ Lidocaine	__ Phenobarbital
__ Amphetamines	__ Marijuana	__ Preens
__ Barbiturates	__ Metabolites	__ Sedatives
__ Benzo	__ Methadone	__ Thorazine
__ Cocaine	__ Methamphetamines	__ Unknown
__ Codeine	__ Morphine	__ Valium
__ Demerol	__ Opiates	__ Other
__ Heroin	__ PCP	

C. What percentages of referrals and petitions to CPS for positive toxicology screens reflect abuse of more than one drug substance?

_____ Percentage referrals due to more than one drug substance.

_____ Percentage petitions due to more than one drug substance.

11. *Conditions for Drug Testing*

Typically, under what conditions do hospitals provide testing of the woman or infant for substance abuse? (Please check conditions.)

_____ All women
_____ All babies
_____ Women perceived by the hospital as being at high-risk of substance abuse
_____ Babies perceived by the hospital as being at high-risk of substance abuse
_____ Differs from hospital to hospital
_____ Other:

12. *Confidentiality of Drug Testing*

A. Under what conditions of confidentiality are women or infants tested? (Please check conditions.)

_____ Tested anonymously
_____ Tested mandatorily without mother's consent
_____ Tested only with consent of mother
_____ Other protocols:

B. Does protocol differ from hospital to hospital in your county?

Yes _____ No _____

13. *Comments:*

Please provide any additional or other data which you believe documents or describes the impact of drug-exposed infants on the Child Welfare System.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

If you have any questions or need more information, please call:

Kim Connor
Senate Office of Research
1100 J Street, Suite 650
Sacramento, CA 95814
(916) 445-1727

APPENDIX B

APPENDIX B

Counties Responding to Survey Questions

Counties	1988 Live Births
Alameda	21,862
Amador	234
Calaveras	336
Colusa	292
Contra Costa	12,065
Del Norte	342
El Dorado	1,752
Fresno	13,091
Glenn	428
Kern	11,076
Kings	2,028
Lake	721
Los Angeles	175,293
Madera	1,530
Marin	2,796
Mendocino	1,160
Merced	3,769
Napa	1,372
Orange	42,212
Placer	2,290
Plumas	195
Riverside	19,849
Sacramento	17,332
San Benito	692
San Bernardino	28,013
San Diego	44,152
San Francisco	10,032
San Joaquin	8,974
San Luis Obispo	2,807
San Mateo	9,858
Santa Barbara	5,884
Santa Clara	26,274
Shasta	2,180
Sierra	18
Siskiyou	596
Solano	5,748
Stanislaus	6,589
Sutter	1,084
Tulare	6,073
Tuolumne	565
Yolo	2,215
TOTAL	493,779

Live Births Statewide = 532,708
Percent of Live Births = 92.7%
Total Counties = 41

APPENDIX C

APPENDIX C

Counties Reporting Referrals 1988/89

	1988/89 Referrals	1988 Live Births
Alameda	NA	--
Alpine	--	--
Amador	1	234
Butte	--	--
Calaveras	10	336
Colusa	1	292
Contra Costa	468	12,065
Del Norte	4	342
El Dorado	10	1,752
Fresno	NA	--
Glenn	4	428
Humboldt	--	--
Imperial	--	--
Inyo	--	--
Kern	150	11,076
Kings	5	2,028
Lake	12	721
Lassen	--	--
Los Angeles	2,226	175,293
Madera	NA	--
Marin	27	2,796
Mariposa	--	--
Mendocino	42	1,160
Merced	22	3,769
Modoc	--	--
Mono	--	--
Monterey	--	--
Napa	10	1,372
Nevada	--	--
Orange	228	42,212
Placer	106	2,290
Plumas	0	195
Riverside	248	19,849
Sacramento	558	17,332
San Benito	3	692
San Bernardino	150	28,013
San Diego	792	44,152
San Francisco	284	10,032
San Joaquin	217	8,974
San Luis Obispo	NA	--
San Mateo	116	9,858
Santa Barbara	272	5,884
Santa Clara	NA	--
Santa Cruz	--	--
Shasta	57	2,180
Sierra	0	18
Siskiyou	16	596
Solano	138	5,748
Sonoma	--	--
Stanislaus	72	6,589
Sutter	10	1,084
Tehama	--	--
Trinity	--	--
Tulare	66	6,073
Tuolumne	NA	--
Ventura	--	--
Yolo	33	2,215
Yuba	--	--
TOTAL:	6,358	427,650

Live Births Statewide = 532,708
Percent of Live Births = 80.28%
Total Counties = 35

APPENDIX D

APPENDIX D

Counties Reporting Referrals 1985/86 - 1988/89

	1985-86 CR* = 14	1986-87 CR* = 18	1987-88 CR* = 28	1988-89 CR* = 35
Alameda	NA	NA	NA	NA
Alpine	--	--	--	--
Amador	0	0	1	1
Butte	--	--	--	--
Calaveras	1	0	2	10
Colusa	--	--	1	1
Contra Costa	--	--	312	468
Del Norte	1	1	6	4
El Dorado	4	4	7	10
Fresno	NA	NA	NA	NA
Glenn	NA	NA	0	4
Humboldt	--	--	--	--
Imperial	--	--	--	--
Inyo	--	--	--	--
Kern	NA	NA	NA	150
Kings	1	2	5	5
Lake	0	0	0	12
Lassen	--	--	--	--
Los Angeles**	915	1,335	1,891	2,226
Madera	NA	NA	NA	NA
Marin	--	16	26	27
Mariposa	--	--	--	--
Mendocino	--	--	27	42
Merced	--	--	3	22
Modoc	--	--	--	--
Mono	--	--	--	--
Monterey	--	--	--	--
Napa	NA	NA	16	10
Nevada	--	--	--	--
Orange	--	--	144	228
Placer	--	--	60	106
Plumas	0	0	0	0
Riverside	--	--	--	248
Sacramento	NA	79	354	558
San Benito	--	--	--	3
San Bernardino	NA	NA	NA	150
San Diego	NA	360	700	792
San Francisco	NA	NA	NA	284
San Joaquin	53	95	132	217
San Luis Obispo	NA	NA	NA	NA
San Mateo	30	43	85	116
Santa Barbara	NA	102	186	272
Santa Clara	NA	NA	NA	NA
Santa Cruz	--	--	--	--
Shasta	NA	NA	NA	57
Sierra	0	0	0	0
Siskiyou	0	0	3	16
Solano	NA	NA	118	138
Sonoma	--	--	--	--
Stanislaus	9	15	44	72
Sutter	--	--	--	10
Tehama	--	--	--	--
Trinity	--	--	--	--
Tulare	NA	NA	24	66
Tuolumne	NA	NA	NA	NA
Ventura	--	--	--	--
Yolo	2	3	10	33
Yuba	--	--	--	--
TOTAL	1,016	2,055	4,157	6,358

* CR = Counties Reporting

** Calendar year used for fiscal years

APPENDIX E

APPENDIX E, TABLE1

Number and Source of Referrals: FY 1988-89

	Public	Private	Other	No Breakdown Information	Total	Live Births By County
Alameda	NA	NA	NA	NA	NA	--
Alpine	--	--	--	--	--	--
Amador	1	0	0	0	1	234
Butte	--	--	--	--	--	--
Calaveras	2	4	4	0	10	336
Colusa	1	0	0	0	1	292
Contra Costa	0	0	0	468	468	12,065
Del Norte	4	0	0	0	4	342
El Dorado	3	4	3	0	10	1,752
Fresno	NA	NA	NA	NA	NA	--
Glenn	0	4	0	0	4	428
Humboldt	--	--	--	--	--	--
Imperial	--	--	--	--	--	--
Inyo	--	--	--	--	--	--
Kern	112	10	28	0	150	11,076
Kings	5	0	0	0	5	2,028
Lake	12	0	0	0	12	721
Lassen	--	--	--	--	--	--
Los Angeles	NA	NA	NA	2,226	2,226	175,293
Madera	NA	NA	NA	NA	NA	--
Marin	0	27	0	0	27	2,796
Mariposa	--	--	--	--	--	--
Mendocino	0	36	6	0	42	1,160
Merced	22	0	0	0	22	3,769
Modoc	--	--	--	--	--	--
Mono	--	--	--	--	--	--
Monterey	--	--	--	--	--	--
Napa	2	8	0	0	10	1,372
Nevada	--	--	--	--	--	--
Orange	0	228	0	0	228	42,212
Placer	98	8	0	0	106	2,290
Plumas	0	0	0	0	0	195
Riverside	174	70	4	0	248	19,849
Sacramento	340	218	0	0	558	17,332
San Benito	2	1	0	0	3	692
San Bernardino	NA	NA	NA	150	150	28,013
San Diego	0	792	0	0	792	44,152
San Francisco	NA	NA	NA	284	284	10,032
San Joaquin	NA	NA	NA	217	217	8,974
San Luis Obispo	NA	NA	NA	NA	NA	--
San Mateo	10	106	0	0	116	9,858
Santa Barbara	0	256	16	0	272	5,884
Santa Clara	NA	NA	NA	NA	NA	--
Santa Cruz	--	--	--	--	--	--
Shasta	0	57	0	0	57	2,180
Sierra	0	0	0	0	0	18
Siskiyou	0	14	2	0	16	596
Solano	NA	NA	NA	138	138	5,748
Sonoma	--	--	--	--	--	--
Stanislaus	68	4	0	0	72	6,589
Sutter	10	0	0	0	10	1,084
Tehama	--	--	--	--	--	--
Trinity	--	--	--	--	--	--
Tulare	62	4	0	0	66	6,073
Tuolumne	NA	NA	NA	NA	NA	--
Ventura	--	--	--	--	--	--
Yolo	33	0	0	0	33	2,215
Yuba	--	--	--	--	--	--
TOTAL	**961**	**1,851**	**63**	**3,483**	**6,358**	**427,650**
PERCENTAGE	**15.11%**	**29.11%**	**0.99%**	**54.78%**	**100.00%**	

*1987-88 data used as a proxy.
(35 Counties Responded)

APPENDIX E, TABLE 2

Outcome of Referrals for FY 1988-89

	No Services	Informal Supervision	Dependency Petition	Other Action	Total
Alameda	0	220	1,264	0	1,484
Alpine	--	--	--	--	--
Amador	0	0	1	0	1
Butte	--	--	--	--	--
Calaveras	0	0	10	0	10
Colusa	0	0	1	0	1
Contra Costa	0	0	421	47	468
Del Norte	0	0	0	4	4
El Dorado	1	1	8	0	10
Fresno	NA	NA	NA	NA	NA
Glenn	1	0	1	2	4
Humboldt	--	--	--	--	--
Imperial	--	--	--	--	--
Inyo	--	--	--	--	--
Kern	NA	NA	NA	NA	NA
Kings	0	1	3	1	5
Lake	0	0	4	0	4
Lassen	--	--	--	--	--
Los Angeles	NA	NA	NA	NA	NA
Madera	NA	NA	NA	NA	NA
Marin	0	0	21	6	27
Mariposa	--	--	--	--	--
Mendocino	0	4	38	0	42
Merced	0	0	22	0	22
Modoc	--	--	--	--	--
Mono	--	--	--	--	--
Monterey	--	--	--	--	--
Napa	0	0	8	2	10
Nevada	--	--	--	--	--
Orange	--	9	219	--	228
Placer	NA	NA	8	--	8
Plumas	0	0	0	0	0
Riverside	88	58	76	30	252
Sacramento	28	370	132	28	558
San Benito	1	0	2	0	3
San Bernardino	NA	NA	13	NA	13
San Diego	NA	190	349	253	792
San Francisco	NA	NA	284	NA	284
San Joaquin	NA	NA	195	22	217
San Luis Obispo	NA	NA	NA	NA	NA
San Mateo	32	0	84	0	116
Santa Barbara	0	80	70	122	272
Santa Clara	NA	NA	NA	NA	NA
Santa Cruz	--	--	--	--	--
Shasta	0	38	13	6	57
Sierra	0	0	0	0	0
Siskiyou	0	4	4	0	8
Solano	100	0	4	34	138
Sonoma	--	--	--	--	--
Stanislaus	23	30	19	0	72
Sutter	0	10	0	0	10
Tehama	--	--	--	--	--
Trinity	--	--	--	--	--
Tulare	0	0	66	0	66
Tuolumne	NA	NA	NA	NA	NA
Ventura	--	--	--	--	--
Yolo	0	8	25	0	33
Yuba	--	--	--	--	--
TOTAL	**274**	**1,023**	**3,365**	**557**	**5,219**
PERCENTAGE	**5.25%**	**19.60%**	**64.48%**	**10.67%**	**100.00%**

(34 Counties Responded)

APPENDIX E, TABLE 3A

Results of Dependency Petitions

	Dep. Pet Approved	Dep. Pet. Denied	Total	Percent Approved
Alameda	1,638	340	1,978	83%
Alpine	0	0	--	--
Amador	1	0	1	100%
Butte	0	0	--	--
Calaveras	10	0	10	100%
Colusa	1	0	1	100%
Contra Costa	351	117	468	75%
Del Norte	NA	NA	NA	NA
El Dorado	1	0	1	100%
Fresno	NA	NA	NA	NA
Glenn	1	0	1	100%
Humboldt	0	0	--	--
Imperial	0	0	--	--
Inyo	0	0	--	--
Kern	NA	NA	NA	NA
Kings	3	0	3	100%
Lake	4	0	4	100%
Lassen	0	0	--	--
Los Angeles	NA	NA	NA	NA
Madera	NA	NA	NA	NA
Marin	6	3	9	67%
Mariposa	0	0	--	--
Mendocino	38	0	38	100%
Merced	22	0	22	100%
Modoc	0	0	--	--
Mono	0	0	--	--
Monterey	0	0	--	--
Napa	10	0	10	100%
Nevada	0	0	--	--
Orange	187	41	228	82%
Placer	6	2	8	75%
Plumas	NA	NA	NA	NA
Riverside	68	4	72	94%
Sacramento	NA	NA	NA	NA
San Benito	2	0	2	100%
San Bernardino	NA	NA	NA	NA
San Diego	349	0	349	100%
San Francisco	NA	NA	NA	NA
San Joaquin	195	0	195	100%
San Luis Obispo	NA	NA	NA	NA
San Mateo	84	0	84	100%
Santa Barbara	64	6	70	91%
Santa Clara	NA	NA	NA	NA
Santa Cruz	0	0	--	--
Shasta	13	0	13	100%
Sierra	0	0	0	NA
Siskiyou	4	0	4	100%
Solano	4	0	4	100%
Sonoma	0	0	--	--
Stanislaus	19	0	19	100%
Sutter	0	0	0	0%
Tehama	0	0	--	--
Trinity	0	0	--	--
Tulare	66	0	66	100%
Tuolumne	NA	NA	NA	NA
Ventura	0	0	--	--
Yolo	25	0	25	100%
Yuba	0	--	--	--
TOTAL	**3,172**	**513**	**3,685**	**86%**
PERCENTAGE	**86.08%**	**13.92%**	**100.00%**	

(29 Counties Responded)

APPENDIX E, TABLE 3B

Placement Outcomes for Children Declared Court Dependent

	Out-Of-Home Placement	In-Home Placement	Total
Alameda	1,222	416	1,638
Alpine	--	--	--
Amador	1	0	1
Butte	--	--	--
Calaveras	4	6	10
Colusa	1	0	1
Contra Costa	141	210	351
Del Norte	NA	NA	NA
El Dorado	1	1	2
Fresno	NA	NA	NA
Glenn	1	0	1
Humboldt	--	--	--
Imperial	--	--	--
Inyo	--	--	--
Kern	NA	NA	NA
Kings	3	0	3
Lake	0	4	4
Lassen	--	--	--
Los Angeles	NA	NA	NA
Madera	NA	NA	NA
Marin	6	0	6
Mariposa	--	--	--
Mendocino	30	8	38
Merced	18	4	22
Modoc	--	--	--
Mono	--	--	--
Monterey	--	--	--
Napa	4	6	10
Nevada	--	--	--
Orange	NA	NA	NA
Placer	NA	NA	NA
Plumas	NA	NA	NA
Riverside	46	20	66
Sacramento	NA	NA	NA
San Benito	2	0	2
San Bernardino	NA	NA	NA
San Diego	244	105	349
San Francisco	NA	NA	NA
San Joaquin	NA	NA	NA
San Luis Obispo	NA	NA	NA
San Mateo	34	50	84
Santa Barbara	42	22	64
Santa Clara	NA	NA	NA
Santa Cruz	--	--	--
Shasta	9	4	13
Sierra	0	0	--
Siskiyou	3	1	4
Solano	4	0	4
Sonoma	--	--	--
Stanislaus	18	1	19
Sutter	0	0	0
Tehama	--	--	--
Trinity	--	--	--
Tulare	52	14	66
Tuolumne	NA	NA	NA
Ventura	--	--	--
Yolo	18	7	25
Yuba	--	--	--
TOTAL	**1,904**	**879**	**2,783**
PERCENTAGE	**68.42%**	**31.58%**	**100.00%**

(26 Counties Responded)

APPENDIX E, TABLE 4

Placement for Options for Child Removed From Home for FY 1988-89 (All Responses)

	Hospital CR = 3	Emergency Shelter CR = 4	Group Homes CR = 1	Family Foster Care Home CR = 20	Relative CR = 9	Other CR = 3	Total CR = 23
Alameda	NA	NA	NA	NA	NA	NA	NA
Alpine	--	--	--	--	--	--	--
Amador	0	0	0	1	0	0	1
Butte	--	--	--	--	--	--	--
Calaveras	0	0	0	4	0	0	4
Colusa	0	0	0	1	0	0	1
Contra Costa	0	35	0	74	32	0	141
Del Norte	NA	NA	NA	NA	NA	NA	NA
El Dorado	0	1	0	1	0	0	2
Fresno	NA	NA	NA	NA	NA	NA	NA
Glenn	0	0	0	1	0	0	1
Humboldt	--	--	--	--	--	--	--
Imperial	--	--	--	--	--	--	--
Inyo	--	---	--	--	--	--	--
Kern	NA	NA	NA	NA	NA	NA	NA
Kings	0	0	0	3	0	0	3
Lake	0	0	0	0	0	0	0
Lassen	--	--	--	--	--	--	--
Los Angeles	NA	NA	NA	NA	NA	NA	NA
Madera	NA	NA	NA	NA	NA	NA	NA
Marin	0	0	0	6	0	0	6
Mariposa	--	--	--	--	--	--	--
Mendocino	0	0	0	15	15	0	30
Merced	NA	NA	NA	NA	NA	NA	NA
Modoc	--	--	--	--	--	--	--
Mono	--	--	--	--	--	--	--
Monterey	--	--	--	--	--	--	--
Napa	0	0	0	3	1	0	4
Nevada	--	--	--	--	--	--	--
Orange	NA	NA	NA	NA	NA	NA	NA
Placer	NA	NA	NA	NA	NA	NA	NA
Plumas	NA	NA	NA	NA	NA	NA	NA
Riverside	0	2	0	12	30	2	46
Sacramento	NA	NA	NA	NA	NA	NA	NA
San Benito	1	0	0	1	0	0	2
San Bernardino	NA	NA	NA	NA	NA	NA	NA
San Diego	0	0	0	125	95	24	244
San Francisco	NA	NA	NA	NA	NA	NA	NA
San Joaquin	NA	NA	NA	NA	NA	NA	NA
San Luis Obispo	NA	NA	NA	NA	NA	NA	NA
San Mateo	NA	NA	NA	NA	NA	NA	NA
Santa Barbara	4	8	2	14	14	0	42
Santa Clara	NA	NA	NA	NA	NA	NA	NA
Santa Cruz	--	--	--	--	--	--	--
Shasta	0	0	0	2	7	0	9
Sierra	0	0	0	0	0	0	0
Siskiyou	0	0	0	3	0		3
Solano	0	0	0	4	0	0	4
Sonoma	--	--	--	--	--	--	--
Stanislaus	4	0	0	12	2	0	18
Sutter	0	0	0	0	0	0	0
Tehama	--	--	--	--	--	--	--
Trinity	--	--	--	--	--	--	--
Tulare	0	0	0	32	30	4	66
Tuolumne	NA	NA	NA	NA	NA	NA	NA
Ventura	--	--	--	--	--	--	--
Yolo	0	0	0	18	0	0	18
Yuba	--	--	--	--	--	--	--
TOTAL	**9**	**46**	**2**	**332**	**226**	**30**	**645**
PERCENTAGE	**1.40%**	**7.13%**	**0.31%**	**51.47%**	**35.04%**	**4.65%**	**100.00%**

(23 Counties Responded)

APPENDIX F

APPENDIX F

Counties Included in Case Flow Analysis

County	1988 Live Births
Amador	234
Calaveras	336
Colusa	292
Contra Costa	12,065
El Dorado	1,752
Glenn	428
Kings	2,028
Lake	721
Marin	2,796
Mendocino	1,160
Napa	1,372
Riverside	19,849
San Benito	692
San Diego	44,152
Santa Barbara	5,884
Shasta	2,180
Siskiyou	596
Solano	5,748
Stanislaus	6,589
Sutter	1,084
Tulare	6,073
Yolo	2,215
TOTAL:	118,246

Live Births Statewide = 532,708
Percent Live Births = 22.20%
Total Counties = 22

APPENDIX G

APPENDIX G, TABLE 1

Number and Source of Referrals, FY 1988-89 (All Responses)

	Public	Private	Other	No Breakdown Information	Total	Live Births By County
Amador	1	0	0	0	1	234
Calaveras	2	4	4	0	10	336
Colusa	1	0	0	0	1	292
Contra Costa	0	0	0	468	468	12,065
El Dorado	3	4	3	0	10	1,752
Glenn	0	4	0	0	4	428
Kings	5	0	0	0	5	2,028
Lake	12	0	0	0	12	721
Marin	0	27	0	0	27	2,796
Mendocino	0	36	6	0	42	1,160
Napa	2	8	0	0	10	1,372
Riverside	174	70	4	0	248	19,849
San Benito	2	1	0	0	3	692
San Diego	0	792	0	0	792	44,152
Santa Barbara	0	256	16	0	272	5,884
Shasta	0	57	0	0	57	2,180
Siskiyou	0	14	2	0	16	596
Solano	NA	NA	NA	138	138	5,748
Stanislaus	68	4	0	0	72	6,589
Sutter	10	0	0	0	10	1,084
Tulare	62	4	0	0	66	6,073
Yolo	33	0	0	0	33	2,215
TOTAL	**375**	**1,281**	**35**	**606**	**2,297**	**118,246**
PERCENTAGE	**16.33%**	**55.77%**	**1.52%**	**26.38%**	**100.00%**	

*1987-88 data used as a proxy.
(22 Counties Responded)

APPENDIX G, TABLE 2

Outcome of Referrals for FY 1988-89

	No Services	Informal Supervision	Dependency Petition	Other Action	Total
Amador	0	0	1	0	1
Calaveras	0	0	10	0	10
Colusa	0	0	1	0	1
Contra Costa	0	0	421	47	468
El Dorado	1	1	8	0	10
Glenn	1	0	1	2	4
Kings	0	1	3	1	5
Lake	0	0	4	0	4
Marin	0	0	21	6	27
Mendocino	0	4	38	0	42
Napa	0	0	8	2	10
Riverside	88	58	76	30	252
San Benito	1	0	2	0	3
San Diego	NA	190	349	253	792
Santa Barbara	0	80	70	122	272
Shasta	0	38	13	6	57
Siskiyou	0	4	4	0	8
Solano	100	0	4	34	138
Stanislaus	23	30	19	0	72
Sutter	0	10	0	0	10
Tulare	0	0	66	0	66
Yolo	0	8	25	0	33
TOTAL	**214**	**424**	**1,144**	**503**	**2,285**
PERCENTAGE	**9.37%**	**18.56%**	**50.07%**	**22.01%**	**100.00%**

(34 Counties Responded)

APPENDIX G, TABLE 3A

Results of Dependency Petitions

	Dep. Pet. Approved	Dep. Pet. Denied	Total	Percent Approved
Amador	1	0	1	100%
Calaveras	10	0	10	100%
Colusa	1	0	1	100%
Contra Costa	351	117	468	75%
El Dorado	1	0	1	100%
Glenn	1	0	1	100%
Kings	3	0	3	100%
Lake	4	0	4	100%
Marin	6	3	9	67%
Mendocino	38	0	38	100%
Napa	10	0	10	100%
Riverside	68	4	72	94%
San Benito	2	0	2	100%
San Diego	349	0	349	100%
Santa Barbara	64	6	70	91%
Shasta	13	0	13	100%
Siskiyou	4	0	4	100%
Solano	4	0	4	100%
Stanislaus	19	0	19	100%
Sutter	0	0	0	0%
Tulare	66	0	66	100%
Yolo	25	0	25	100%
TOTAL	**1,040**	**130**	**1,170**	**89%**
PERCENTAGE	**88.89%**	**11.11%**	**100.00%**	

(29 Counties Responded)

APPENDIX G, TABLE 3B

Placement Outcomes for Children Declared Court Dependent

	Out-Of-Home Placement	In-Home Placement	Total
Amador	1	0	1
Calaveras	4	6	10
Colusa	1	0	1
Contra Costa	141	210	351
El Dorado	1	1	2
Glenn	1	0	1
Kings	3	0	3
Lake	0	4	4
Marin	6	0	6
Mendocino	30	8	38
Napa	4	6	10
Riverside	46	20	66
San Benito	2	0	2
San Diego	244	105	349
Santa Barbara	42	22	64
Shasta	9	4	13
Siskiyou	3	1	4
Solano	4	0	4
Stanislaus	18	1	19
Sutter	0	0	0
Tulare	52	14	66
Yolo	18	7	25
TOTAL	**630**	**409**	**1,039**
PERCENTAGE	**60.64%**	**39.36%**	**100.00%**

(26 Counties Responded)

APPENDIX G, TABLE 4

Placement Options for Child Removed From Home for FY 1988-89 (All Responses)

	Hospital CR = 3	Emergency Shelter CR = 4	Group Homes CR = 1	Family Foster Care Home CR = 20	Relative CR = 9	Other CR = 3	Total CR = 23
Amador	0	0	0	1	0	0	1
Calaveras	0	0	0	4	0	0	4
Colusa	0	0	0	1	0	0	1
Contra Costa	0	35	0	74	32	0	141
El Dorado	0	1	0	1	0	0	2
Glenn	0	0	0	1	0	0	1
Kings	0	0	0	3	0	0	3
Lake	0	0	0	0	0	0	0
Marin	0	0	0	6	0	0	6
Mendocino	0	0	0	15	15	0	30
Napa	0	0	0	3	1	0	4
Riverside	0	2	0	12	30	2	46
San Benito	1	0	0	1	0	0	2
San Diego	0	0	0	125	95	24	244
Santa Barbara	4	8	2	14	14	0	42
Shasta	0	0	0	2	7	0	9
Siskiyou	0	0	0	3	0		3
Solano	0	0	0	4	0	0	4
Stanislaus	4	0	0	12	2	0	18
Sutter	0	0	0	0	0	0	0
Tulare	0	0	0	32	30	4	66
Yolo	0	0	0	18	0	0	18
TOTAL	**9**	**46**	**2**	**332**	**226**	**30**	**645**
PERCENTAGE	**1.40%**	**7.13%**	**0.31%**	**51.47%**	**35.04%**	**4.65%**	**100.00%**

(23 Counties Responded)