

VOLUNTARY SERVICE PLAN (VSP) REFERRAL PROTOCOL

<p>County Policy:</p> <p><u>Original Signature on File</u> CSN Executive Committee</p> <p><u>11/9/06</u> Date</p>	<p>Source: SB-2669 Presley Law (1990); Penal Code 11165.13; CA Welfare & Institutions Code Section 305; CA Health and Safety Code Section 123605; and Voluntary Service Plan Committee</p> <p>Background and Purpose: SB 2669 requires California counties to develop and disseminate an assessment and referral protocol for pregnant and postpartum substance abusing women. Pursuant to section 123605 of the CA Health and Safety Code, County health departments, county welfare departments, and all public and private hospitals in the county shall collaborate in the assessment and investigation. Any indication of maternal substance abuse shall lead to an assessment by hospital staff of the needs of the mother and child pursuant to Section 123605 of the Health and Safety Code. If other factors are present that indicate risk to a child, then a report shall be made to Child Welfare Services (CWS). Pursuant to section 11165.13 of the CA Penal Code, a report based on risk to a child which relates solely to the inability of the parent to provide the child with regular care due to the parent's substance abuse shall be made only to CWS, and not to a law enforcement agency.</p> <p>The protocol provides an opportunity for pregnant women who are at-risk of or who have delivered a substance-exposed infant to voluntarily accept a drug and alcohol assessment and to cooperate with a treatment plan. This voluntary acceptance is known as a Voluntary Service Plan (VSP) (Attachment B).</p> <p>Who: The Hospital Nurse, Hospital Social Worker, or other Hospital staff will conduct a Perinatal Substance Use Needs Assessment (Attachment C) in accordance with hospital policy and will engage with the mother to generate a Voluntary Service Plan (VSP).</p> <p>When: A positive toxicology screen at the time of the delivery of an infant is not, in of itself, a sufficient basis for reporting child abuse or neglect. However, per SB 2669, any indication of maternal substance abuse requires an assessment by hospital staff of the needs of the mother and child. Hospital staff must assess the mother prior to discharge in accordance with hospital protocol. This assessment may include, but is not limited to the following risk factors:</p> <ul style="list-style-type: none"> • Identified maternal history of substance use/abuse • Lack of prenatal care or poor compliance with prenatal care instructions <hr/> <ul style="list-style-type: none"> • The physical and emotional stability of the parents • Psychiatric history of the mother • The mother's bonding and interaction with the infant • The parents' preparedness for the infant as evidenced by the presence of adequate baby supplies • Teen mother with premature birth (recommend drug testing) • Unstable or homeless environment <p>Following completion of the Perinatal Substance Use Needs Assessment with the mother, hospital staff will call CWS Intake Hotline at 781- KIDS (5437) to report the birth of the drug exposed infant and conduct further assessment in collaboration with CWS. This assessment may include, but is not limited to the following:</p> <ul style="list-style-type: none"> • CWS case past or present • The parents' ability to care for the infant as demonstrated by history with other children (if applicable) • Determination if a Suspected Child Abuse Report (SCAR) form SS 8572 needs to be filed <p>Per outcome of the above assessments, hospital staff, in collaboration with CWS, can determine the need for a Voluntary Service Plan (VSP) and/or further involvement of CWS.</p>
<p>Referral Procedure:</p>	<p>1. Hospital staff calls the Child Welfare Services (CWS) Intake Hotline at 781- KIDS(5437) to determine if the family is known to CWS and what history is already documented.</p> <p>This information will assist in deciding whether to immediately file a Suspected Child</p>

[Abuse Report \(SCAR\)](#) and assess need for a [Voluntary Service Plan \(VSP\)](#).

- I. Assessment determines VSP not needed – client discharged home with referrals to community resources.
- II. Assessment determines too high risk for VSP. Hospital staff faxes or mails a written SCAR to CWS. CWS responds to referral.

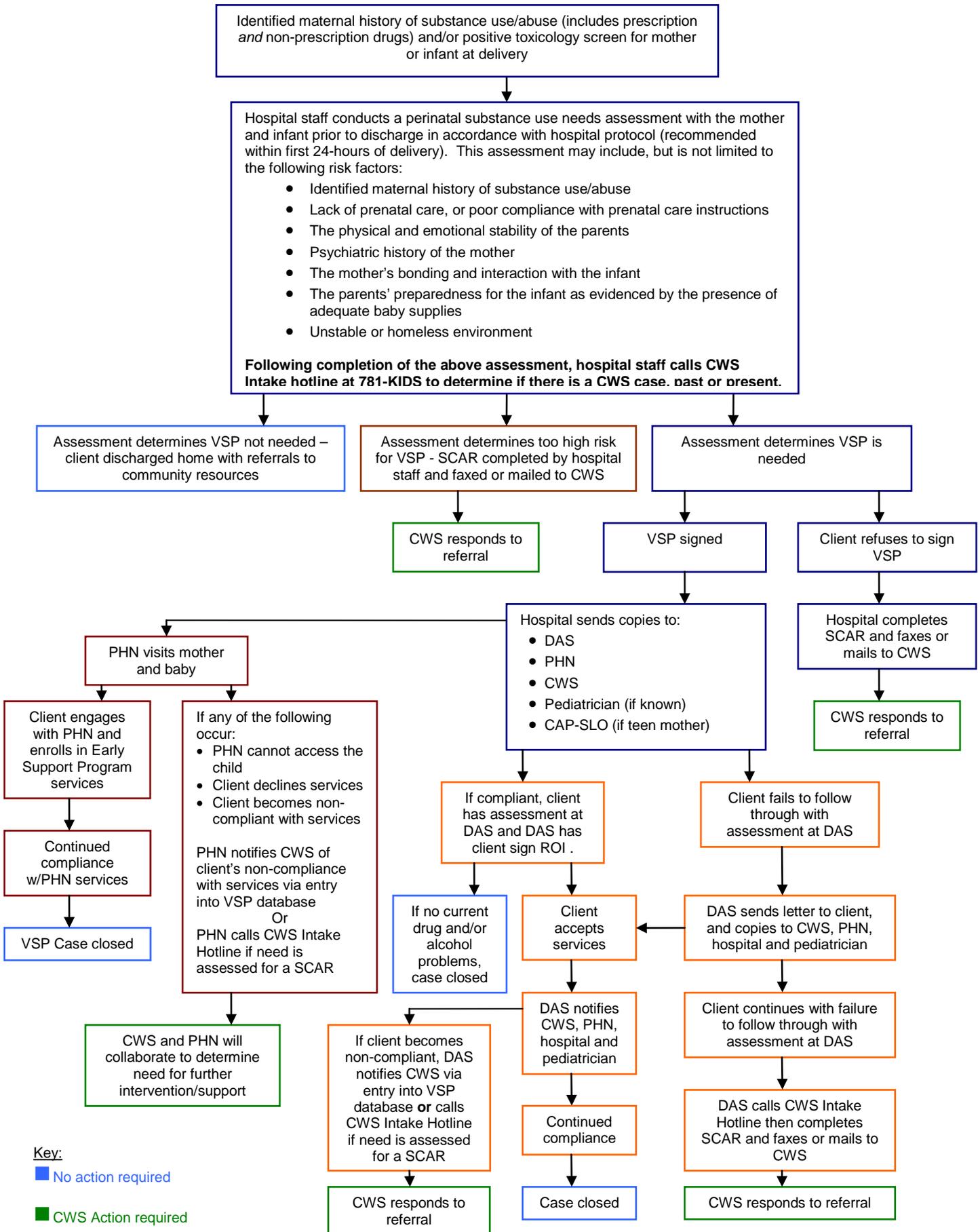
*Note: If mother is under the influence at the time of delivery and refuses to sign a VSP, the Hospital staff will call CWS Intake Hotline at 781-KIDS (5437) and then faxes or mails a written SCAR to CWS. CWS will assign this as an Immediate status referral and respond within 24 hours. Hospital staff will also make a Public Health Nurse (PHN) referral.

- III. Assessment determines VSP is needed.
 - a. Client refuses to sign VSP - Hospital staff calls CWS Intake Hotline at 781-KIDS (5437) and then faxes or mails a written SCAR to CWS. CWS responds to referral.
- Or
- b. Client signs VSP and Hospital staff sends copies of the VSP to:
 - Drug and Alcohol Services (DAS) - who manages follow-up regarding the mother attending the intake appointment
 - Public Health Nurse Supervisor - who assigns to PHN
 - CWS - who enters it into system for tracking purposes as an “evaluated out” referral
 - Pediatrician of record, if known
 - If teen mother, copy to Community Action Partnership of San Luis Obispo County (CAP-SLO) for screening of specific services available to teen parents.

2. Client is compliant with VSP and has a drug and alcohol assessment:
 - a. If no current drug and/or alcohol problems, case can be closed until further need is established.
 - b. Client accepts services:
 - DAS notifies CWS, PHN, hospital, and pediatrician (if known) that the client accepted services and what the treatment recommendations are. Treatment recommendations may include: linking with community resources, parenting classes, outpatient treatment, residential treatment and/or drug testing.
 - Client continues to comply with services until case closed
 - If client becomes non-compliant, DAS calls CWS Intake Hotline at 781-KIDS (5437) and then faxes or mails a written SCAR to CWS. CWS responds to referral.
3. Client fails to follow-through with agreed upon assessment date on the VSP (assessment date is typically within 2 weeks of referral):
 - I. DAS sends first reminder letter to the client and sends copies of letter to CWS, PHN, hospital, and pediatrician (if known).
 - II. If client does not follow-through by the second DAS reminder letter (typically sent within 4 weeks of referral date), then DAS will attach a SCAR with staff name to the copy of the final letter and fax or mail to CWS. CWS responds to referral.
4. PHN – Following receipt of VSP from Hospital staff, PHN visits mother and baby.
 - a. Mother engages with PHN and enrolls in Early Support Services program.
 - b. If any of the following occur, PHN will call CWS Intake Hotline at 781-KIDS (5437):
 - PHN can not access the child
 - Mother declines services
 - Mother becomes non-compliant with services

	PHN will collaborate with CWS to determine need for a joint home visit to encourage compliance with services.
Contacts:	<ul style="list-style-type: none"> • Jennifer Finocchio, Child Welfare Services Intake Supervisor - phone: 781-1764 • Colin Quennell, Drug and Alcohol Services (DAS) - phone: 473-7004; fax: 473-7188 <ul style="list-style-type: none"> ○ DAS Assessment Coordinator phone numbers: <ul style="list-style-type: none"> ▪ Atascadero: 461-6158 ▪ Grover Beach: 473-7185 ▪ San Luis Obispo: 781-4304 • Public Health - phone: 788-2063; fax: 781-1372 • Melinda Sokolowski, Community Action Partnership of San Luis Obispo County (CAP-SLO) - phone: 544-4355; fax: 549-8388
References:	<p>SB-2669 Presley Law (1990) California Penal Code Section 11165.13 California Health and Safety Code Section 123605 Voluntary Service Plan Committee Vulnerable Families Voluntary Service Plan (VSP) Suspected Child Abuse Report (SCAR)</p>
Attachments:	<p>Attachment A: VSP Referral Flowchart Attachment B: Voluntary Service Plan (VSP) Attachment C: Perinatal Substance Use Needs Assessment Attachment D: Fax Cover Sheet</p>

VOLUNTARY SERVICE PLAN (VSP) REFERRAL PROTOCOL FLOWCHART



Key:
■ No action required
■ CWS Action required

VOLUNTARY SERVICE PLAN (VSP)

Mother _____ D.O.B. _____ Home Address: _____

Baby _____ D.O.B. _____ Mailing Address: _____

Male Female Twins Phone #: _____

Homeless Yes No CAP-SLO Case Manager _____

I, _____, understand that I have been identified as using _____ during my pregnancy, as has been discussed with me. It has been explained to me, and I understand, that any use of drugs or alcohol, including use while breastfeeding or driving, can cause physical harm to my baby and me.

My goal is to discontinue my use of drugs and/or alcohol for the benefit of my baby and me. I **voluntarily** agree to cooperate with the plan recommended below:

- 1. Contact Drug and Alcohol Services Assessment Coordinator in your location, for a drug and alcohol assessment **within 2 weeks** of today, and to cooperate with all treatment/services and recommendations.

San Luis Obispo
 2180 Johnson Ave
 781-4304
 Mondays 9-11:30 or 2:30-5:30

Atascadero
 3556 El Camino Real
 461-6158
 Tuesdays 9-11:30 or 2:30-5:30

Grover Beach
 1523 Longbranch Ave.
 473-7185
 Mondays 9-11:30 or 2:30-5:30

- 2. To cooperate with treatment/service recommendations and ongoing assessments by the San Luis Obispo County Public Health Nurse, 2191 Johnson Ave., San Luis Obispo, CA 805-781-5500.

- 3. To make and keep all recommended medical appointments for my baby, and to follow the recommendations of my baby's pediatrician.

Doctor: _____ Phone#: _____

- 4. Other _____

I have read and understand this agreement and I authorize (name of hospital) _____ personnel to provide Child Welfare Services, Drug & Alcohol Services, Public Health and the pediatrician stated above my medical documents and my baby's medical documents which may include my prenatal chart, laboratory or other pertinent test results, as they pertain to addressing the need stated above so that these agencies may better assist me. I also authorize hospital personnel to receive reports from these agencies. **I understand that a copy of this agreement and the VSP Needs Assessment will be sent to, or kept with, these stated agencies. If I do not follow through as I have agreed, these agencies will send a follow-up report to Child Welfare Services about my failure to comply.**

Mother Date Witness

Send this form, along with a copy of the VSP Needs Assessment to:

Drug and Alcohol Services: Fax: 473-7188
 Public Health: Fax: 781-1372
 Child Welfare Services: Fax: 781-1803
 Pediatrician

VSP Committee Perinatal Substance Use Needs Assessment Form

(***) Highly recommended to be completed **within first 12 hours of delivery** (***)

FACTOR	N/A	MOTHER
1. PRENATAL CARE		
2. EMOTIONAL AND MENTAL FUNCTIONING		
3. DELAY IN SEEKING CARE		
4. PREGNANCY COMPLICATIONS RELATED TO DRUG USE		
5. ATTACHMENT/BONDING		
6. PARENTING SKILLS		
7. PLANNING/PREPARATION FOR INFANT'S BIRTH/DC.		
8. BEHAVIOR ASSOCIATED WITH SUBSTANCE ABUSE		
9. POSITIVE TOX. SCREEN		
FACTOR	N/A	INFANT
10. POSITIVE TOX SCREEN		
11. S/S OR WITHDRAWAL		
12. SPECIAL HEALTH CARE NEEDS		
FACTOR	N/A	ENVIRONMENT
13. HX CHILD ABUSE AND/OR NEGLECT IN FAMILY Call Child Welfare Services (CWS) at 781-KIDS to inquire if a CWS history exists for mother.		
14. STRENGTH OF FAMILY SUPPORT SYSTEM		
15. SIBLING ASSESSMENT		
16. ENVIRONMENTAL CONDITION OF HOME		
17. DOMESTIC VIOLENCE/UNSAFE HOME		
COMMENTS		
<hr/>		
<input type="checkbox"/> French Hospital Medical Center <input type="checkbox"/> Sierra Vista Regional Medical Center <input type="checkbox"/> Twin Cities Community Hospital <input type="checkbox"/> Marian Regional Medical Center <input type="checkbox"/> Other: (please specify) _____		<u>ADDRESSOGRAPH</u>
Name (please print): _____		Signature: _____