HEALTH AND SAFETY CODE - HSC

DIVISION 10.5. ALCOHOL AND DRUG PROGRAMS [11750 - 11975] *(Heading of Division 10.5 amended by Stats. 2013, Ch. 22, Sec. 18.)*

PART 1. CREATION OF DUTIES [11750 - 11759.5] *(Heading of Part 1 amended by Stats. 1984, Ch. 1328, Sec. 1.)*

CHAPTER 2. Alcohol and Drug Affected Mothers and Infants [11757.50 - 11757.61] *(Chapter 2 added by Stats. 1990, Ch. 1688, Sec. 1.)*

11757.50. This chapter shall be known and may be cited as the Alcohol and Drug Affected Mothers and Infants Act of 1990.

(Added by Stats. 1990, Ch. 1688, Sec. 1. Effective September 30, 1990.)

11757.51. The Legislature finds and declares the following:

(a) Many infants affected by alcohol or other drugs require neonatal intensive care because of low birth weight, prematurity, withdrawal symptoms, serious birth defects, and other medical problems. Alcohol or other drug affected infants are increasingly being placed in neonatal intensive care units and this care is very expensive.

(b) Alcohol and other drug affected infants result in increased need for resources and additional costs for the foster care system, regional centers, the public and private health care systems, and the public school system.

(c) The appropriate response to this crisis is prevention, through expanded resources for recovery from alcohol and other drug dependency. The only sure effective means of protecting the health of these infants is to provide the services needed by mothers to address a problem that is the result of a medical condition, not chosen.

(d) California has women of childbearing age who use alcohol or other drugs. Current resources are not adequate to meet the treatment needs of these women. California cannot delay addressing the serious need in this area. California taxpayers and health care consumers currently offset costs related to care of alcohol and other drug affected infants and those costs can only be contained through expansion of treatment services for women who have an alcohol or other drug dependency and prevention services for women at risk of developing an alcohol or other drug dependency.

(e) Comprehensive prevention and treatment services for both mothers and infants need to be provided in a multidisciplinary, multispecialist, and multiagency fashion, necessitating coordination by both state and local governments.

(f) Intervention strategies for women at risk of developing an alcohol or other drug dependency have proven effective and programs are currently operating that can be expanded and modified to meet the critical need in this area.

(Amended by Stats. 2024, Ch. 847, Sec. 3. (AB 2995) Effective January 1, 2025.)

11757.53. (a) The Office of Perinatal Substance Abuse is hereby established within the State Department of Health Care Services. For purposes of this chapter, “office” means the Office of Perinatal Substance Abuse.

(b) The office may do any of the following:

(1) Coordinate pilot projects and planning projects funded by the state which are related to perinatal substance use.

(2) Provide technical assistance to counties, public entities, and private entities that are attempting to address the problem of perinatal substance use.

(3) Serve as a clearinghouse of information regarding strategies and programs that address perinatal substance use.

(4) Encourage innovative responses by public and private entities that are attempting to address the problem of perinatal substance use.

(5) Review proposals of, and develop proposals for, state agencies regarding the funding of programs relating to perinatal substance use.

(c) The office shall adopt, amend, or repeal any reasonable rules, regulations, or standards as necessary or proper to carry out the purposes and intent of this chapter and to enable the office and the department to exercise the powers and perform the duties conferred upon it by this chapter.

(Amended by Stats. 2024, Ch. 847, Sec. 4. (AB 2995) Effective January 1, 2025.)

11757.57. (a) The office may provide or contract for training regarding alcohol and other drug dependency to providers of health, social, educational, and support services to women of childbearing age and their children.

(b) The purpose of any training provided pursuant to subdivision (a) may be to facilitate the taking of appropriate and thorough medical and social histories of women of childbearing age in order to identify those in special need of alcohol or other drug treatment services and to identify skills for providing case management services to women using alcohol and other drugs and their infants. Additional training topics may be covered, including, but not limited to, how to develop procedures for referring those in need of alcohol and other drug treatment services and how to provide appropriate social and emotional support to, as well as developmental monitoring of, drug affected infants and children and their families.

(Amended by Stats. 2024, Ch. 847, Sec. 5. (AB 2995) Effective January 1, 2025.)

11757.59. (a) Funds distributed under this chapter shall be used by counties to fund residential and nonresidential alcohol and other drug treatment programs for pregnant women, postpartum women, and their children and to fund other support services directed at bringing pregnant and postpartum women into treatment and caring for alcohol and other drug exposed infants. Funds may also be used to provide case management services to women using alcohol and other drugs and their children and special recruitment, training, and support services for foster care parents of substance exposed infants.

(b) In carrying out its responsibilities under this chapter, the office may include in its guidelines the special needs of pregnant women and postpartum women who are chemically dependent and who are in need of treatment services. These special needs include, but are not limited to, the following:

(1) Provision for medical services, which may include, but are not limited to, the following:

(A) Low-risk and high-risk prenatal care.

(B) Pediatric followup care, including preventive infant health care.

(C) Developmental followup care.

(D) Nutrition counseling.

(E) Methadone.

(F) Testing and counseling relating to AIDS.

(G) Monthly visits with a physician and surgeon who specializes in treating persons with chemical dependencies.

(2) Provision for nonmedical services, which may include, but are not limited to, the following:

(A) Case management.

(B) Individual or group counseling sessions, which occur at least once a week.

(C) Family counseling, including, but not limited to, counseling services for partners and children of the women.

(D) Health education services, including perinatal chemical dependency classes, addressing topics that include, but are not limited to, the effects of drugs on infants, AIDS, addiction in the family, child development, nutrition, self-esteem, and responsible decisionmaking.

(E) Parenting classes.

(F) Adequate childcare for participating women.

(G) Encouragement of active participation and support by spouses, domestic partners, family members, and friends.

(H) Opportunities for a women-only treatment environment.

(I) Transportation to outpatient treatment programs.

(J) Followup services, which may include, but are not limited to, assistance with transition into housing in a drug-free environment.

(K) Child development services.

(L) Educational and vocational services for women.

(M) Weekly urine testing.

(N) Special recruitment, training, and support services for foster care parents of substance exposed infants.

(O) Outreach that reflects the cultural and ethnic diversity of the population served.

(Amended by Stats. 2024, Ch. 847, Sec. 6. (AB 2995) Effective January 1, 2025.)

11757.61. (a) A county that receives funds distributed under this chapter may establish a perinatal coordinating council that consists of persons who are experts in the areas of alcohol and other drug treatment, client outreach and intervention with women using alcohol and other drugs, child welfare services, maternal and child health services, and developmental services, and representatives from other community-based organizations.

(b) The coordination efforts provided through the council may include the following:

(1) The identification of the extent of the perinatal alcohol and other drug problem in the county based on existing data.

(2) The development of coordinated responses by county health and social service agencies and departments, which responses shall address the problem of perinatal alcohol and other drug use in the county.

(3) The definition of the elements of an integrated alcohol and other drug use recovery system for pregnant women, postpartum women, and their children.

(4) The identification of essential support services to be included in the integrated recovery system defined pursuant to paragraph (3).

(5) The promotion of communitywide understanding of the perinatal alcohol and other drug use problem in the county and appropriate responses to the problem.

(6) The communication with policymakers at both the state and federal level about prevention and treatment needs for pregnant women, postpartum women, and their children for alcohol and other drug use that need to be addressed.

(7) The utilization of services that emphasize coordination of treatment services with other health, child welfare, child development, and education services.

(Amended by Stats. 2024, Ch. 847, Sec. 7. (AB 2995) Effective January 1, 2025.)