	1	BEFORE THE
	2	COMMISSION ON STATE MANDATES STATE OF CALIFORNIA
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	5	Claim of: No. CSM-4397
	6	County of Fresno) Health and Safety Code Sections 10900, 10901, 10902
	7) Penal Code Sections 11165.13, 11166 Claimant) Chapter 1603, Statutes of 1990
	8) State Health and Welfare Agency) Model Needs Assessment Protocol
	9) <u>Perinatal Services</u>
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	11	PROPOSED STATEMENT OF DECISION
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	13	This claim was heard by the Commission on State Mandates
	14	(Commission) on February 25, 1993, in Sacramento, California,
	15	during a regularly scheduled hearing.
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	17	Ms. Pamela S-tone and Ms. Merelyn Boren, representing the County of
	18	Fresno, and Mr. Jim Apps, representing the Department of Finance,
	19	introduced themselves.
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	21	Evidence both oral and documentary having been introduced, the
	22	matter submitted, and vote taken, the Commission finds:
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;	24	<u>ISSUE</u>
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	26	Do the provisions of Health and Safety Code sections 10900, 10901,
	27	and 10902, and of Penal Code sections 11165.13 and 11166, as added
	28	or amended by Chapter 1603, Statutes of 1990 (Chapter 1603/90),

together with the 1991 model needs assessment protocol provided by the State Health and Welfare Agency require local agencies to implement a new program or a higher level of service in an existing program within the meaning of Government Code section 17514 and section 6, article XIIIB of the California Constitution?

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BACKGROUND AND FINDINGS OF FACT

The test claim was filed with the Commission on July 15, 1991, by County of Santa Clara, which became a co-claimant with County of Fresno on December 2, 1991.

The elements for filing a test claim, as specified in section 1983 of Title 2 of the California Code of Regulations, were satisfied.

The claimant alleged that the addition of Wealth and Safety Code sections 10900, 10901, and 10902, and of Penal Code section 11165.13 and the amendment of Penal Code section 11166 by Chapter 1603/90, together with the 1991 model needs assessment protocol provided by the State Health and Welfare Agency, impose state requirements regarding establishment of protocols and application of assessment procedures for maternal substance abuse and for intervention activities on behalf of a substance exposed infant which result in a reimbursable state mandated program upon local agencies.

The Department of Finance (DOF) determined that Chapter 1603/90 requires every county to establish specified protocols between county health departments, welfare departments, and all public and private hospitals in the county, regarding assessment of the needs of and referral for a substance-exposed infant to a county welfare department.

The Department of Social Services (DSS) asserted that the program activities of Health and Safety Code section 10901, subsection (a), meet the standards of Government Code section 17514, but recommended denial of other portions of the test claim. DSS concluded that responsibility for screening and referral. procedures have always existed and continue to exist, and are reflected in hospital procedures to provide child welfare services and to avoid

The Commission found that no statewide standard for perinatal substance abuse assessment and referral existed before enactment of Chapter 1603/90.

medical liability against child abuse suits,

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The Commission found that the language of Health and Safety Code section 10900 directs the State Health and Welfare Agency, and not local agencies, to develop and disseminate a model needs assessment protocol. The Commission further noted that the State Health and Welfare Agency's model needs assessment protocol was created in response to section 10900. The Commission also noted that the

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protocol was made available to local agencies, thereby providing them with a standard for their use in completing the activities required of them under Health and Safety Code section 10901.

Regarding Health and Safety Code section 10901, subdivision (a), the Commission found that this language instructs county departments and hospitals to establish protocols between public and private care providers for the application and use of a needs assessment and referral of a substance exposed infant,

In addition, the Commission found that establishing such protocols would result in one-time-only costs.

The Commission found that the statutory language of Health and Safety Code section 10901, subdivision (b), clearly obligates specified medical practitioners to perform a needs assessment in a specified time frame and in conformance with the standards set by the county and hospital under Health and Safety Code section 10901, subdivision (a). Further, the Commission found that the needs assessment must be performed on women entering the hospital for delivery or postpartum, that the needs assessment must be assigned to one of a number of practitioners, and must be completed before release of a substance exposed infant from the hospital.

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The Commission found that the provisions of Health and safety Code section 10901, subdivision (c), direct that the needs assessment include identification of needed services, determination of risks, and, as appropriate, referrals for protection, and information gathering.

The Commission found the language of Health and Safety Code section 10902 merely states the Legislature% intent that the funding for this legislation be provided in the annual Budget Act.

Regarding Penal Code section 11165.13, the Commission observed that this language provides that a positive toxicology screen is no longer sufficient as a sole indicator to prompt a report of child abuse to law enforcement and notes exemptions to reporting requirements. Instead, a positive toxicology screen would prompt a needs assessment, pursuant to Health and Safety Code section 10901.

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With respect to Penal Code section 11166, the Commission found that this section simply clarifies procedural responsibilities. This is done by specifically exempting reports made pursuant to Penal Code section 11165.13 from certain reporting requirements. That is, section 11166 defines cases for referral to the county welfare department or to law enforcement, and notes exemptions to those reporting requirements.

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The Commission noted that under prior law the duty to report resulted in cross filing of child abuse reports [excluding general neglect] between county welfare departments and law enforcement agencies.

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The Commission found that Penal Code sections 11165.13 and 11166 have little or no effect on local agency staffing or activity levels because reports once filed with two agencies may now be filed only with one. Also, the Commission found that the Penal Code is being revised to provide conforming language for the activities set forth in Health and Safety Code section 10901.

APPLICABLE LAW RELEVANT TO THE DETERMINATION OF A REIMBURSABLE STATE MANDATED PROGRAM

Government Code section 17500 and following, and section 6, article XIIIB of the California Constitution and related case law.

CONCLUSION

The Commission determines that it has the authority to decide this claim under the **provisions** of Government Code sections 17500 and 17551, subdivision (a).

The Commission concludes that the provisions of Health and Safety Code sections 10900 and 10902, and Penal Code sections 11165.13 and 11166, as added or amended by Chapter 1603/90, together with the 1991 model needs assessment protocol provided by the State Health

and Welfare Agency do not impose a new program or a higher level of service in an existing program upon local agencies.

The Commission further concludes that the provisions of Health and Safety Code section 10901, subdivisions (a), (b), and (c), do impose upon local agencies requirements regarding establishment of protocols and application of assessment procedures for maternal substance abuse and for intervention activities on behalf of a substance exposed infant within the meaning of Government Code section 1753.4 and section 6, article XIIIB of the California Constitution.

Therefore, the claimant is directed to submit parameters and guidelines, pursuant to Government Code section 17557 and Title 2, California Code of Regulations, section 1183.1, to the Commission for its consideration.

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The foregoing determination pertaining to Health and Safety Code section 10901, subdivisions (a), (b), and (c), is subject to the following conditions:

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The determination of a reimbursable state mandated program does not mean that all increased costs claimed will be reimbursed. Reimbursement, if any, is subject to Commission approval of parameters and guidelines for reimbursement of the mandated program; approval of a statewide cost estimate; a specific legislative appropriation for such purpose; a timely-filed claim for

reimbursement; and subsequent review of the claim by the State Controller's Office.

If the statewide cost estimate for this mandate does not exceed one million dollars (\$1,000,000) during the first twelve (12) month period following the operative date of the mandate, the Commission shall certify such estimated amount to the State Controller's Office, and the State Controller shall receive, review, and pay claims from the State Mandates Claims Fund as claims are received, (Government Code section 17610)