

**Cuyahoga County Division of Children and Family Services
(CCDCFS)
Policy Statement**

Policy Chapter: Referrals
Policy Number: 2.01.10
Policy Name: Children Born Exposed to Drugs

Original Effective Date: 07/28/2008
Revision Date(s): 07/01/2015
Current Revision Date: 01/01/2022
Approved By: Cynthia G. Weiskittel

PURPOSE: To ensure the safety of any child born exposed to drugs.

SCOPE: This policy applies to all Cuyahoga County Division of Children and Family Services (DCFS) staff. References to “drugs” include any and all “illegal drugs” and mood-altering substances, including alcohol and prescription drugs, which are being used by the parent. References to “illegal drugs” can be found in the list of “Schedules of Controlled Substances” pursuant to O.R.C. 3719.41. References to “detrimental impact” mean some measurable harmful or damaging outcome to the child.

POLICY

Children born exposed to drugs are at a higher risk for abuse and neglect, and this risk increases when his/her caregiver is using drugs and/or alcohol. Prenatal exposure to drugs/alcohol can cause birth defects, low birth weight, premature birth, fetal alcohol affect or syndrome, and withdraw symptoms. Drug exposed/addicted infants need consistent, patient, and sober caregiving to meet their needs.

The Child Protection Specialist (CPS) is responsible for helping caregivers understand the impact that his/her substance use/abuse has on his/her ability to provide care to a substance exposed/addicted newborn and the unique needs that substance exposed newborns may have. DCFS staff are also responsible for ensuring that caregivers understand the potential consequences substance use has on their ability to provide a safe environment for their child(ren).

It is essential that the CPS consider all the above information, as well as the caregivers’ motivation/readiness to change, as safety and risk is assessed in these situations.

PROCEDURES

- A. Upon receipt of a positive toxicology referral on mother and / or child which includes all illegal drugs, illegally used drugs, or mood-altering substances which are being abused by the mother or other adult responsible for the care of the child, the following steps will be completed:
1. The CPS develops a safe plan of care, addressing the safety needs of the infant and substance use disorder treatment needs of the caregiver(s) in all the following circumstances:
 - a. When a child tests positive for illegal drugs or mood-altering substances abused by the mother at the time of birth.
 - b. The infant exhibits evidence of injury due to exposure to drugs, even when the child is not tested or does not test positive for drugs at the time of birth (e.g., hospital records which document withdrawal symptoms, birth defects or injuries because of prenatal exposure to substances or diagnoses of fetal alcohol affect/syndrome).
 - c. When a child is not tested or does not test positive for drugs and the mother either admits to using during her pregnancy or tests positive for illegal drugs or mood-altering substances at the time of birth.
 2. The child is presumed to be an abused child when the child tests positive for illegal drugs or mood-altering substances at birth and/or if the child exhibits evidence of an injury/birth defect due to prenatal exposure to drugs, even if the child is not tested or tests negative for drugs at birth.
 3. When a mother tests positive for drugs during her 2nd or 3rd trimester DCFS assesses both safety and risk prior to the child's birth, when possible, if siblings reside at the home; and if the siblings are in custody, then DCFS assesses both safety and risk within two weeks prior to the child's birth. Upon identifying a detrimental impact to the child, DCFS may file a complaint in Juvenile Court, develop a safety plan [O.A.C. 5101:2-36-03], or utilize community interventions.
 4. The CPS or designee contacts a drug treatment provider to provide an assessment. CPS or designee completes the appropriate referral form for the assessment. The CPS or designee transports the parent to the assessment or provides transportation, such as bus passes, if the parent is unable to secure transportation on their own.
 5. Based on the client needs, the CPS or designee accompanies the parent to the assessment to fully share information with the assessor and to ensure that accurate, complete information is provided.
 6. After the assessment is completed and a recommendation for treatment is made, the CPS ensures the client knows the treatment provider's name, location, time, and date of the intake appointment for treatment, and has transportation to the appointment.

7. Staffing requirements for cases with infants born drug exposed: CCDCFS assesses both safety and risk and ensure safety interventions are in place prior to the drug exposed infant's scheduled medical discharge or as soon as CCDCFS becomes aware of the discharge.

When a safety threat is identified or an ongoing pattern of risk is not alleviated, a staffing is held. The purpose of this meeting is to make an immediate decision regarding the child's custody and placement. The team identifies and discusses all current safety threats, family strengths and needs, and possible outcomes prior to making this decision. CCDCFS may file a complaint in Juvenile court, develop a safety plan, or utilize other community interventions to ensure safety.

8. CCDCFS requires a TDM for all drug exposed infant cases except when **all** the following apply:
 - a. Safety interventions are in place.
 - b. Mother tested negative throughout the third (3rd) trimester.
 - c. Family team meeting is scheduled within one week of child's medical discharge to address ongoing safety concerns and services to parent.
9. If the CPS determines that removal of the child need not be considered, the CPS develops a Safety Plan, which follows the guidelines described in the most recent memorandum or policy / procedure regarding Safety Plans.
10. The CPS informs the parents / guardian / custodian at the TDM, that if there is a failure to comply with the Safety Plan then DCFS will re-assess safety and risk and consider other options to keep the child safe.

SEE ALSO:

Ohio Administrative Code

5101:2-36-03

Ohio Revised Codes

3719.41, 2151.011 (B) (1), 2151.031

Cuyahoga County Division of Children and Family Services Policies and Procedures Manual

Policy 5.02.01 – TDM / Staffings

Policy 2.03.00 – Investigations and Assessments

Policy 5.01.03 – Family Cases Involving Substance Use

Policy 5.01.04 – Family Team Meetings