

	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL			
	Chapter:	(3) Intake	Effective Date:	August 2017
	Policy Title:	Intakes Involving Substance Use or Abuse, Prenatal Exposure or Prenatal Abuse or Fetal Alcohol Spectrum Disorder		
	Policy Number:	3.7	Previous Policy #:	4.1

CODES/REFERENCES

O.C.G.A. §15-11-2 Definition
 O.C.G.A. §16-13-21 Controlled Substance
 O.C.G.A. §19-7-5 Reporting of Child Abuse
 Child Abuse and Prevention Treatment Act (CAPTA) (Public Law 111-320)
 Comprehensive Addiction and Recovery Act of 2016 (Public Law 114-198)

REQUIREMENTS

- The Division of Family and Children Services (DFCS) shall:
1. Receive intake reports involving:
 - a. Substance Use or Abuse: Alleges child maltreatment involving the caregiver’s substance/alcohol use or abuse and the caregiver’s ability to meet the needs of his/her children.
 - b. Prenatal Exposure: Infants identified as being affected by substance abuse (illegal and/or legal), or withdrawal symptoms resulting from prenatal drug exposure; or a Fetal Alcohol Spectrum Disorder (FASD).
 - i. Prenatal Abuse: Alleges child maltreatment involving Infants who, while in the womb, are exposed to chronic or severe use of alcohol or the unlawful use of any controlled substance which results in symptoms of withdrawal in a newborn; or the presence of a controlled substance or a metabolite thereof in a newborn’s body, blood, urine or meconium that is not the result of medical treatment; or medically diagnosed and harmful effects in a newborn's physical appearance or functioning.
 - ii. Prenatal Exposure: No allegation of Prenatal Abuse.
 2. Screen in and assign to Initial Safety Assessment (ISA) when the intake report indicates allegation(s) of child maltreatment.
 3. Assign as a Courtesy Interview, Non-Incident Type, when the report involves prenatal exposure and there are no allegations of prenatal abuse (see policy [3.17 Intake: Non-Incident Request Types](#) for further information considerations for assignment).

PROCEDURES

- The CPS Intake Communications Center (CICC) Social Services Case Manager (SSCM) will:
1. Complete the Intake Assessment information gathering process with the reporter as outlined in policy [3.1 Intake: Receiving Intake Reports](#).

2. In addition to the areas of family functioning outlined in policy [19.13 Case Management: Family Functioning Assessment](#), collect the following information:
 - a. Type of substance used, addicted to or abused.
 - b. Was the drug prescribed or non-prescribed to the caregiver?
 - c. What drugs were administered to the caregiver during labor and delivery?
 - d. If prescribed, is the level within normal limits of prescribed use?
 - e. What is the level of the substance in the caregiver's and/or child's blood or urine?
 - f. Medical reports/test results, if applicable.
 - g. What is the frequency of use?
 - h. What were the location(s), the caregiver was using the substances?
 - i. Are there drugs (legal or illegal) in the home? If so, where are they located?
 - j. How the caregiver's use, abuse, addiction impact his/her ability to protect a child and to ensure the well-being needs of a child are being met.
 - k. Is the caregiver functioning appropriately despite substance use/abuse?
 - l. What is the caregiver's plan to address the substance use, abuse or addiction including plans to ensure the child's well-being?
 - m. Is there a relapse plan in place?
 - n. Has the caregiver ever experienced black outs?
 - o. Does the caregiver make impulsive decisions that place the children in unsafe situations due to substance abuse addiction?
 - p. Is the caregiver currently intoxicated and unable to perform basic parental duties?
 - q. Is the caregiver functioning appropriately despite using substances?
 - r. Are the victim children aware of the substance abuse/use?
 - s. Do the children have access to the drugs?
 - t. Were the children present when/where the caregiver was using the substances?
 - u. How well are the children supervised? Are they left alone for extended period?
 - v. Medical diagnoses of the mother.
 - w. Behavioral description of withdrawal symptoms the infant may be experiencing related to prenatal drug exposure or indications of FASD.
 - x. A description of any facial abnormalities, growth deficiencies, skeletal deformities, organ deformities, or central nervous system handicaps that may accompany a diagnosis of FASD.
 - y. Are there other children in the home, and if so, are they aware of the substance abuse/use or impacted by the substance use, abuse or addiction?
3. Screen case participants in accordance with [19.9 Case Management: Safety Screenings](#).
4. Assess all information gathered to make an intake decision in accordance with policy [3.2 Intake: Making an Intake Decision](#).

The Social Services Supervisor (SSS) will:

1. Evaluate and make an approval decision on the Intake Assessment as outlined in policy [3.2 Intake: Making an Intake Decision](#).
2. Stage progress the Intake Assessment to the ISA stage in Georgia SHINES when the report has allegations of child maltreatment.
3. Assign as a Courtesy Interview, Non-Incident Type, when the report involves prenatal exposure and there are no allegations of prenatal abuse (see policy [3.17 Intake: Non-Incident Request Types](#)).

4. Assign to the County Department.

PRACTICE GUIDANCE

Prenatally Exposed Infants are infants identified as affected by substance abuse (illegal or legal), or withdrawal symptoms resulting from prenatal drug or Fetal Alcohol Spectrum Disorder. Affected means that healthcare provider has identified the infant as experiencing symptoms of withdrawal as a result of the mother's use of a substance or alcohol during pregnancy; OR the infant has tested positive for the presence of a substance or a metabolite thereof in his/her body, blood, urine or meconium. Affected also applies if healthcare provider has identified the infant as exhibiting harmful effects in his/her physical appearance or functioning that is attributed to the mother's substance or alcohol use.

The Child Abuse Prevention and Treatment Act (CAPTA) requires that healthcare providers identify and make referrals to DFCS of infants affected by prenatal drug exposure or FASD and that "plans for safe care" (safety, family and case plans that promote health and well-being) be developed for newborns and children affected by prenatal drug exposure or FASD.

Prenatal Abuse infants who, while in the womb, are exposed to chronic or severe use of alcohol or the unlawful use of any controlled substance which results in symptoms of withdrawal in a newborn; or the presence of a controlled substance or a metabolite thereof in a newborn's body, blood, urine or meconium that is not the result of medical treatment; or medically diagnosed and harmful effects in a newborn's physical appearance or functioning

When there is an allegation that the mother has/is using misuse or abuse of substances (legal and illegal) and the healthcare provider has not identified the infant as being affected, always consider the areas of Family Functioning including an analysis of DFCS history to assist in making an intake decision regarding whether allegations of maltreatment exist and if there are indications of present or impending danger.

Controlled Substance

A controlled substance is generally a drug or chemical whose manufacture, possession, or use is regulated by a government. Controlled substances are substances that are the subject of legislative control. This may include illegal drugs and prescription medications. It is also a drug which has been declared by federal or state law to be illegal for sale or use, but may be dispensed under a physician's prescription. The basis for control and regulation is the danger of addiction, abuse, physical and mental harm (including death), the trafficking by illegal means, and the dangers from actions of those who have used the substances.

Fetal Alcohol Syndrome Disorder (FASD)

FASD diagnostic conditions include:

- Type I: Fetal Alcohol Syndrome with confirmed maternal exposure.
- Type II: FAS without confirmed maternal exposure.
- Type III: Alcohol-related birth defects (ARBD).
- Type IV: Alcohol-related neurodevelopmental disorder (ARND).

Symptoms of FASD can include facial abnormalities, growth deficiencies, skeletal deformities, organ deformities, central nervous system handicaps, and behavioral problems. These symptoms can have lifelong implications for children who were exposed to alcohol in the womb; however, some FASD children who receive special education and adequate social services are more likely to reach their developmental and educational potential than those who do not receive those services.

FORMS AND TOOLS

N/A