Overview of CARA and Substance Abuse Functionality Webinar
April 17, 2018
Questions and Answers

If your Agency has questions pertaining to documentation of Substance Abuse concerns and CARA information, please contact the SACWIS Help Desk at 1-800-586- 1580 (option 3 then option 5).

Webinar presenters: Deanna Herold/*CPS Policy*, Michele Lidle/*SACWIS*, and Melissa Palmer/*SACWIS*

Question: *Who does the initial plan of safe care?*

I just want to clarify that the delivering hospital staff are responsible for creating the Plan of Safe Care?

Answer: The plan of safe care is a collaborative effort between the hospital, drug/alcohol treatment facilities, any medical professionals working with the family. If there is an open PCSA case, the PCSA must also work to establish the plan of safe care. There is no one agency that is fully responsible for creating the plan of safe care. Ideally, the plan of safe care would be established at the hospital by the social workers working closely with the drug and alcohol agencies involved in the mother's care.

The requirements and guidelines for mandated reporters has not changed because of CARA. Infants who exhibit withdrawal symptoms, are diagnosed with FAS or have a positive toxicology result have always been referred to PCSAs. The only change is the amount of information needed at time of screening. PCSAs need to ask the referral source to gather sufficient information so the PCSA can determine whether there is an adequate plan of safe care and make an informed screening decision. If all the infant's needs and the parent/caregiver's needs will be met upon going home, the mother is linked to services and actively participating, and there aren't any other factors that would otherwise indicate a screen-in, those cases don't necessarily need to be opened.

Question: *If a plan of safe care is needed, how do you proceed if a parent/caregiver refuses to cooperate or sign a release of information?*

Answer: This scenario would be handled the same as any other report. If parents aren't cooperating, and the baby is withdrawing and there are concerns, then we would screen those in for assessment/investigation.

Question: *Have community partners attended training already on the plan of safe care?*

Are hospitals being given this same information, as often we get very limited information from hospital social workers. They don't gather a lot of the information that we need now.

Answer: ODJFS and the major collaborating agencies are working together currently through the Neonatal Abstinence Workgroup. Ohio State, Children's Hospital, Mental Health, drug and alcohol agencies, Department of Health, Medicaid, etc. are involved. The group is working on establishing a consistent way to gather the information that is needed to make a referral to the PCSA. PCSAs should request that hospitals and other agencies provide the information.

The CARA Collaboration Guide has information that has been shared with major agencies throughout the state, outlining the information needed to evaluate whether a plan of safe care is adequate.

Question: *Does this include all substances, even positive THC (marijuana) babies?*

Does marijuana fall into the CARA Act?

If the mother is in the care of a physician, and the infant is born affected, would CARA apply?

Can you speak to if this applies to babies who are impacted by prescribed medications? We have lots of babies that have withdrawal symptoms from prescriptions- sometimes subutex, suboxone, methadone, etc.

Answer: CARA includes abuse of any legal or illegal substance, which includes marijuana. With respect to medication, the question is whether the medication is being taken as prescribed. If it can be verified that the medication is being used as directed, then it is not considered substance abuse, and would not fall under CARA. If a prescribed medication is being abused, then CARA applies.

Question: *Is the agency expected to determine, from the reporter, that the mother is taking the prescribed meds as prescribed?*

Answer: If the reporter is not a medical or treatment team professional who can verify this information, then the PCSA cannot determine that the medication is being used as prescribed. If sufficient information is not available, further assessment would be needed.

Question: *The definition of "substance exposed" that you outlined is different from what was already sent through in rule 5101:2-1-01. Has there been a change?*

Answer: Yes, there has been a change to the definition of substance exposed in the final rule. Substance exposed means a child under age of 12 months who has been subjected to legal or illegal substance abuse while in utero.

Question: *Are you saying the PCSA should make collateral calls before making a screening decision?*

Answer: No, OAC 5101:2-36-01 addresses intake and screening procedures and the information that should be gathered from the referent/reporter. If more information is needed, then the PCSA should request the referent to gather and provide the additional requested information.

Question: *Are there any OAC rules relevant to CARA for other entities outside of ODJFS?*

Answer: Collateral agencies are also expected to implement requirements with respect to CARA, but we cannot speak to their rules and procedures.

Question: *How does this work for infants who are already home?*

Answer: The referral would be evaluated the same as any other. Most CARA referrals will likely come from the hospitals at time of delivery, dealing with withdrawal symptoms, etc. Some information, such as toxicology reports, prescriptions, etc. may not be available right away. Fetal alcohol syndrome, for example, may not be diagnosed until later, and then would be referred and counted for CARA at that time.

Question: *How is this all supposed to be done (info gathered) within the time frame of screening? I'm assuming that because of HIPPA, there will not be immediate access to parental medical and/or AOD providers.*

Answer: In working with partner agencies, the goal is that mandated reporters will learn what information should be gathered prior to making the report to a PCSA. If the information is not available or cannot be obtained, then the PCSA must make a screening decision based on the available information. The PCSA has 24 hours to make the screening decision, and may use that time to request additional information from the referent.

Question: *Are PCSAs the only organization that must document Plans of Safe Care?*

Answer: No, PCSAs are not the only agencies responsible. If the PCSA is not involved in the case, then the hospitals, medical providers, drug and alcohol treatment providers, etc. are also responsible for documenting plans of safe care. There is not a specific tool for the plan of safe care. The plan of safe care for the PCSA is essentially documented at intake, in the assessment tools, and in the case plan.

Question: *Will these plans be required for infants already opened and being served retroactively?*

Answer: No, this will be the practice going forward.

Question: *Is "affected" limited to medical or physical issues? What about environmental issues?*

Answer: "Substance affected" is not about environmental issues, but rather what that infant looks like as far as medical issues, physical, developmental, cognitive, or emotional delay or harm associated with parent/guardian/custodian's substance abuse. The focus is on withdrawal symptoms and the medical care of the infant after discharge from the hospital.

Question: *Just to be clear, if a hospital calls in and a baby is born positive for heroin but the parent has a plan of safe care in place, that would still be a physical abuse screen in, correct?*

If there is substance abuse, it does meet the level of Physical Abuse and would be a screen in?

Answer: Correct, the screening guidelines have not changed.

When we are talking about babies withdrawing and possible screen outs, we are talking more about medically assisted treatment for those mothers who are working closely with drug/alcohol treatment providers. If a mother tests positive for heroin, or other illegal drugs, or a prescribed substance that she is abusing, those need to be screened in, since the mother is not following the treatment plan.

Question: *If we have an active, open case with a case plan and mom has another child with exposure to substances, would we have to do a plan of safe care if we already have a case plan to which we can add the new child?*

Answer: No, the plan of safe care is not a separate tool to be completed. Rather, the information would be documented within the intake, assessment, and case plan, as applicable.

Question: *If CARA is for those in treatment activity, how would anyone meet the definition of substance exposed, abuse occurring?*

Answer: A substance exposed infant is an infant under the age of 12 months who was exposed to substance abuse while in utero. If a parent is following MAT (medication-assisted treatment) guidelines and the mother and infant tested positive only for the prescribed medication used in her treatment or any other prescribed drug, the infant would not fit under CARA. Exposure in utero of any legal or illegal substance which is being abused fits under CARA.

Question: *How is "family member" being defined when answering the substance use concerns question in the intake?*

Answer: Family member includes any intake participant residing in the home and/or having care of the child.

Question: *What if there is more than one reporter stating there was substance abuse by the parent and one reporter observed the use and the other saw a positive toxicology.*

Answer: Answer this question based on the first reporter, or if the reports are received together, you may use the most definitive response. When a second reporter is being added after screening decision, you would not answer the question again. Information from each referent should be added to the same intake if the information comes within the first four

working days of the first report and prior to the assessment of safety. Otherwise, a new intake must be created and a decision made on the second report. The second report can be assessed/investigated at the same time as the concerns within the first report are being assessed/investigated.

Question: *If we have a report and a parent is alleged to be using drugs and there is a child in the home under 12 months of age, we would not mark check the box indicating an adult in the home is using drugs as it is not under the definition of CARA?*

Answer: All substance abuse concerns should be documented in the intake, whether there is an infant in the home or not. The CARA definitions of Substance Affected and Substance Exposed Infant are provided in the information icon next to the field to assist the user. However, the goal is to document all substance abuse concerns, regardless of CARA. Caretaking of each child in the home regardless of age should be assessed to ensure safety needs are being met if there is a report of a parent using drugs. What does the caretaking of this child look like? Who is responsible for the care of the infant/child? The expectation remains as it always has been, CARA is only an enhancement of current practice.

Question: *Have reports been created to capture this information and who is using what substance?*

Answer: The information has been added to the intake and family assessment reports. An administrative report to gather CARA data will be developed in the future. If you have specific reporting needs, please reach out to the SACWIS Help Desk or our reporting team.

Question: *Would you select "not applicable" if it is a child who may have ingested drugs and not exposed prenatally?*

If I am entering the information for a 3-year-old, is there an indication that it is for an accidental overdose/ingestion or is that assumed due to the child's age?

Answer: **Please note that changes to the Substance Use information page for a child/adult, and the related guidance which follows were implemented after the webinar** If a family member is abusing substances, or if any of the infant circumstances applies, mark the checkbox on the Basic tab. When completing the person specific information for the child in this scenario, you would mark "No" for the substance abuse concerns question. When a child has been environmentally exposed, or ingested a substance, the details will be captured at time of disposition by selecting the specific harm descriptions that apply. A child over the age of 12 months does not fit under CARA, however, this referral would still be screened in for physical abuse and/or neglect due to a substance being ingested and within reach of this child. Screening guidelines have not changed.

Question: *If any of these questions are answered "No" will the system force the referral to be screened-in?*

Answer: No, the system will not prevent the user from screening out a report. If CARA applies, and the intake is being screened out due to "no allegations…" or "does not meet criteria….," and there is not an adequate plan of safe care, a warning message will display on the screen. Should the agency choose to proceed with screening out the report, the rationale is required to be documented in the decision comments narrative box.

Question: *Often, in our county, cord blood test results come after the initial referral. The mother's tests are available at the time of the report and/or disclosures by the mother. In the boxes as to "infant is experiencing the following" will we mark "not applicable" at the time of the intake?*

How would you answer the infant question if mom is positive and infant tests negative?

Answer: At the screening level, answer the questions to the best of your ability based on the information available. After assessment, the worker will update the information within the family assessment and disposition. Mandated reporters are

obligated to call a PCSA if they receive a positive toxicology, regardless of when they receive the results. This could be some time after delivery if the testing of the meconium is necessary.

If baby tests negative and mom tests positive for a substance at the time of delivery and this was a substance which she abused, the referral will need to be screened in due to the infant being exposed while in utero. This infant would meet the definition of substance exposed infant.

If both test negative at the time of delivery, the report can be screened out. If meconium results come in later and are positive for a substance which is not prescribed, the report will need to be screened in as mother was abusing a substance while pregnant, thus fitting the substance exposed infant definition.

Question: *Do you have to have the specific levels of the mother to say that the prescription is being used as prescribed?*

Answer: That would have to be determined by the medical professional/prescribing doctor. If there is not sufficient information at time of referral, you cannot say the prescription is verified. Document based on the available information. Through the assessment process, the worker can gather additional information and update the findings. If during the assessment/investigation it is found that the mother is using as prescribed and is not abusing the substance, this case can be closed at assessment/investigation and not referred to ongoing. This case then would not be identified as a CARA case.

Question: *For clarity on the "Not Answered" category - Is that going to be an option throughout the intake? And when should that be utilized?*

Answer: "Not Answered" is the default value for required radio button questions that have not yet been recorded. If the user does not select another value, there will be a validation message upon marking the intake complete.

Question: *Would a boyfriend/girlfriend to parent count as a family member if they are living in the home?*

Answer: Yes, if that person is living in the home and possibly participating in the care of the child, then his/her substance abuse would impact the safety of the child and should be documented.

Question: *Will entering drug information then automatically add that in the persons characteristics tab?*

Answer: The system will not automatically create person characteristics, due to the level of information needed to record those records. However, substance related person characteristics will be pulled into the Family Assessment, and new functionality enables the user to add and edit the characteristics directly from that work item. For Family Assessment participants with a substance abuse concern documented, at least one substance related person characteristic will be required for completion of the Family Assessment.

Question: *Does "family members" include the father or alleged father who does not live in the home?*

Answer: All available information should be documented. Fathers are often included in the intake when the information is available. Particularly when the father is participating in the care of the child, any substance abuse concerns for him would impact child safety and risk and should be documented.

Question: *Will these fields in the disposition auto populate characteristics for the infant?*

Answer: No, the system will not automatically create person characteristics, due to the level of information needed to record those records. However, substance related person characteristics will be pulled into the Family Assessment, and new functionality enables the user to add and edit the characteristics directly from that work item. For any substance

affected/exposed infant, at least one substance related person characteristic will be required for completion of the Family Assessment.

Question: *If you have a mother that tests positive for marijuana and the baby does not and is not experiencing withdrawals, does CARA apply, and would this require a plan of safe care?*

Answer: Marijuana is illegal in Ohio and screening and case decisions need to be based on this fact.

Question: *Are the hospitals and other providers beings educated on this change?*

Answer: Yes, ODJFS will continue to partner with community providers to educate them with the goal of consistency across systems. ODJFS is working with other state agencies on a committee which has developed the CARA Collaboration Guide, including mandated reporter guidelines.

Question: *Does this also apply to Prenatal exposure?*

Answer: Prenatal exposure to a substance which is being abused fits into the CARA category. If the infant is experiencing withdrawal symptoms, was diagnosed with FAS or has a positive toxicology result, this infant would meet the definition of both the substance exposed infant and the substance affected infant.

Question: *Does "ingestion" also pertain to teen-age use?*

Answer: If there is a child or teen in the home who is abusing substances, this should be documented in the same way as for an adult. You would check the box on the Intake Basic tab for abuse of substances by any member of the family, and on the participant Substance Use Information page, mark Yes for concerns, then select the applicable substances. The same is true when completing the Family Assessment Substance Use information.

Question: *The information is being recorded in the intake module, but we often discover drug use after the case is being investigated or opened. Is there/will there be a place within the case where this same information can be recorded for the members?*

Answer: Yes, the information will also be recorded in the Family Assessment, whether there were known substance abuse concerns at the time of the referral or not.

Question: *If mother is positive for heroin but baby is not or results are pending, would that still fall under substance exposed infant?*

We receive reports of positive mothers at delivery of the child, however, they do not always have meconium results. These I know are normally screened in, but sometimes the meconium is negative for the infant.

What do you check under "infant is experiencing the following" if no toxicology screen was taken on the baby, however we are aware of mother using during pregnancy and the infant is still being monitored for withdrawal?

Answer: Complete the intake based on the information available. If it is known that the mother was abusing substances during pregnancy, that would meet the definition of Substance Exposed infant. For “infant is experiencing the following,” you would mark Not Applicable, if no withdrawal symptoms have been identified and there is not a positive toxicology.

Question: *Sometimes the referral source is not sure which drug is being used or they just say "pills." Is there an option to indicate unknown substance?*

Answer: Yes, "Unknown to Referral Source" is an option available for selection in the intake. "Other" is also available, with a text box to specify.

Question: *You're "working on" a partnership; when will this be addressed with hospital staff especially in rural areas? Since this will be in our build in May 2018, how long of a time do you expect hospitals to be on same page?*

Answer: ODFJS has been and will continue to educate PCSAs, hospitals, and any identified community partners. If there are specific agencies or hospitals which PCSAs would like ODJFS to contact to share this information, please provide their contact information and ODJFS will reach out to discuss how they would like to receive CARA specific information (e-mail sharing, conference call, discussion, presentation, etc.)

Question: *I noticed the report (in the webinar example) is opened in Alternative Response (AR). Do you have any guidance or recommendations as to whether these drug cases should be open AR or Traditional Response (TR)? Our county opens all drug babies TR.*

Answer: There are no new recommendations around screening decisions and pathway assignment. OAC 5101:2-36-01 addresses reports that shall be assigned to the traditional pathway.

Question: *With these changes, without creating a new tool, how will the state be able to gather and track details regarding Plans of Safe Care?*

Answer: NCANDS (National Child Abuse and Neglect Data System) does not require the specifics of the plan of safe care, only the number of substance affected and substance exposed infants, the number of those infants with plans of safe care, and the number of referrals made for the infant and parent/caregiver. Beyond the requirements of NCANDS, data can also be derived from case plans, case services, etc.

Question: *What about Plan of Safe Care details on Screen Outs? Services won't work.*

Answer: If the PCSA decides to screen out a report, any service referrals documented on the participant details substance use information page and documentation about the presence or absence of a plan of safe care are data elements that can be counted. The specifics of the plan and how it is meeting the needs of the infant and family should be documented in the decision comments of the intake.

Question: *Will policy staff be developing documentation guidance?*

Answer: Policy staff is working with the collaborating professionals around the state to establish some consistency in documentation. For more information, refer to the interagency CARA Collaboration Guide which is available on the SACWIS Knowledge Base and via a hyperlink from within SACWIS. The guide includes information mandated reporters should try to gather to make a referral. It is not necessary for all the questions to be answered to determine the plan of safe care. If additional information or guidance comes out of the workgroup, it will be shared. If more information about CARA is needed, CPS Policy staff is available to provide technical assistance.

Question: I*f you take two different reports on the family regarding drug use, on the participants tab, will it keep a running history of drug use on the participant?*

Answer: The intake participants tab will not display the substance abuse information gathered in prior intakes. The page is designed to gather the information being reported by the referent with respect to substance abuse concerns. In the future, reports may be developed to show substance abuse information per person over time. For NCANDS reporting, even if there are multiple reports, each infant will be counted only once.

Please note that in the family assessment, data from all the linked intakes will be pulled into the participant substance use information page. Based on recommendations from the CAPMIS Evaluation, a future goal is to redesign the assessment tools in such a way as to enable the worker to access and view historical information while completing the current assessment.

Question: *When you document service referrals, is that specific to PCSA referrals? Or can it be referrals from other entities as well?*

Answer: In both the intake and family assessment, all service referrals should be documented, whether made by the PCSA or another entity.

Question: *Is the completion of characteristics mandatory to save the family assessment?*

Do you get an error message if the characteristics are not completed and does the error message contain a hyperlink to the error?

Answer: In the Family Assessment, at least one substance-related characteristic must be documented for each child/adult participant with a documented substance abuse concern, and for each infant identified as substance affected/exposed to complete the Family Assessment. The validation message is received on the page when the user attempts to mark the Substance Use Information complete. For any participants that do not have completed substance use information, a person specific message with a hyperlink to the Substance Use tab will display in the Unresolved Topics list on validating for approval.

Question: *Can mental health characteristics be added using this process if the person is not using substances?*

Answer: The worker will only complete the substance use information page when there is a substance abuse concern for the family. From this page, the user may add non-substance-related mental health characteristics, but these values will not display on the substance use information page.

Question: *Our IV-E Court staff completes the Family Assessment outside of SACWIS and they are entered into the system later. Will there be an updated template for them to fill in that has this new piece on it? Where can I find that?*

Answer: There is not a JFS 01400 form template available that includes the information. Most of the information needed would already be gathered as part of the comprehensive family assessment. Workers should become familiar with the additional SACWIS fields pertaining to infants so they are prepared to gather information about diagnoses, positive toxicology, withdrawal symptoms, and service referrals in the event there is a substance exposed or substance affected infant in the family.

Question: *Will there be any changes to the safety assessment due to CARA?*

Answer: No changes have been made to the safety assessment.

Question: *What are the estimated time frames for the CAPMIS redesign?*

Answer: This work has not yet been scheduled.

Question: *If baby tests positive for marijuana at birth and mom says she occasionally uses and does not feel she needs treatment and her plan of safe care is not to use around the baby is that sufficient? If there are no other concerns being reported?*

Answer: Marijuana is an illegal substance in Ohio. Therefore, this infant would meet the definitions under CARA and the PCSA would need to ensure an adequate plan of safe care.

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Question: *Are you able to send the link to the CARA requirements?*

Answer: Please follow this link to the CARA Collaboration Guide.

Question: *Who is it that is willing to come to the counties to speak about CARA?*

Answer: Deanna Herold, CPS Policy, may be contacted at Deanna.Herold@jfs.ohio.gov to request technical assistance.