

Knowledge Base Article

Table of Contents

Overview	
Navigating to a Family Assessment	
Adding Participants	4
Completing the Substance Use Tab	6
Recording the Disposition	
Making the Final Case Decision	



Overview

This document provides step-by-step instruction for completing Substance Abuse and CARA information in the Family Assessment and Disposition.

Navigating to a Family Assessment

From the Ohio SACWIS home page:

- 1. Navigate to the Case Overview screen.
- 2. Click, Family Assessment in the navigation pane.

Home	Intake	Case	Provider	Financial	Administration
Workload Cou	rt Calendar Placeme	nt Requests			
<>					
Case Overview					
Activity Log	CASE NAME / ID:		Ongoing		HAZARD
Attorney Communication	Sacwis, Susie / 123456		Open (04/09/2021)		
Intake List					
Safety Assessment	ADDRESS:		CONTACT:		
Substance Abuse Screening	Test, Oh 12345				
Forms/Notices	ACENOV	•			
Category/Pathway Switch	Test County Children	Services Board			
Safety Plan	PRIMARY WORKER:	oornood bound	SUPERVISOR(S):		
Actuarial Risk Assessment	Test Worker		Test Supervisor		
Family Assessment	Assign Worker				
Ongoing Case A/I					

The Family Assessment grid appears.

3. Click, Add Family Assessment.

Family Assessment	Filter Criteria			
From Date:			To Date:	
Sort Results By:	Approval Date	e (Descending)	~	
Filter Clear Form				
Family Assessment				
Result(s) 1 to 5 of 5 / Page	1 of 1			
Family Assessment	Status	Approval Date	Final Case Decision	Agency
<u>view</u> report	Approved	06/14/2023	Transfer for Ongoing PCSA Services	County Children Services Board
Add Family Assess	ment			



The Family Assessment screen appears.

Important: An Intake must be linked to the Family Assessment to add substance abuse information.

4. Click, Add Child in the Children in the Family grid.

Par	ticipants	Safet	y Review	Strengths	& Needs	Risk Assessi	ment	Substance	e Use	Case A	nalysis
Case ID:	123456				Family Asse	ssment <u>ID</u> :					
Case Nam	e: Sacwis, Susie				Family Asse	ssment Status:		In Progress			
Particip	oant Information										
Intake	Information										
Intake	ID Decision Dat	e / Time	Intake Category	Intake Type(s)	Safety Assessment <u>II</u>	Safety D Response		Agency		Case Disposition	
<u>111111</u>	09/01/2023 PM	12:00 C	CA/N Report	Neglect			Test Cou Board	inty Children Se	rvices	<u>Unsubstantiated</u>	<u>delete</u>
Link	Intake										
	_										
Childr	en in the Family										
		Name			Role	DOB		Age		Gender	
					12/	30/2008		14	Male		<u>delete</u>
Add C	hild Add/Chan	ge Roles									

Adding Participants

The Participants screen appears.

- 1. Place a checkmark in the checkbox next to the name of the child(ren) in the **Available Participants** grid.
- 2. Make a selection from the drop-down menu in the **Role** column.
- 3. Click, Save.

Case ID: 123456	Family Assessment ID:			
Case Name: Sacwis, Susie	Family Assessment Status: In Progress			
Available Participants				
Child Name	Role	DOB	Age	Gender
Test, Child	`			Male
Sacwis, Susie	· · · · · · · · · · · · · · · · · · ·	02/06/2009	14	Male
Save Cancel				

The Family Assessment screen appears.



4. Click, Add Adult in the Adults in the Family grid.

Children in the Family							
Name	e	Role		DOB	Age	Gender	
Sacwis, Susie			12/30/200	В	14	Male	<u>delete</u>
Add Child Add/Change Ro	Add Child Add/Change Roles						
Adults in the Family							
Caregiver	Name		Role	DOB	Age	Gender	
Test, Adult 1				07/23/1985	38	Female	<u>delete</u>
Test, Adult 2				10/03/1990	33	Male	<u>delete</u>
Add Adult Add/Change Roles Relationships							

The **Participants** screen appears.

- 5. Place a checkmark in the checkbox beside the name of the relevant adult(s).
- 6. Make a selection from the **Role** drop-down menu.
- 7. Click, Save.

Case ID: 123456	Family Assessment <u>ID</u> :			
Case Name: Sacwis, Susie	Family Assessment Status: In Progress			
Available Participants				
Adult Name	Role	DOB	Age	Gender
Test, Adult 1	•			Male
<u>Sacwis, Susie</u>		02/06/2009	14	Male
Save Cancel				

The Family Assessment screen appears.

- 1. Complete the **Safety Review**, **Strengths & Needs**, and **Risk Assessment** (if applicable) tabs as usual.
- 2. Click the **Substance Use** tab.

Note: Your changes will be saved as you move among the tabs.

Participants	Safety Review	Strengths & Needs	Risk Assessi	ment Substance Use	Case Analysis			
Case ID: 123456 Family Assessment ID:								
Case Name: Sacwis, Susie		Family A	ssessment Status:	In Progress				
Participant Information								
Intake Information								
Intake ID Decision Dat	e / Time Intake Category	Intake Type(s) Safety Assessme	Safety nt <u>ID</u> Response	Agency	Case Disposition			



The **Substance Use** grid appears.

Completing the Substance Use Tab

1. Place a checkmark(s) in the appropriate checkbox(es) under: **The following** substance use concerns have been identified (check all that apply).

Note: Once you have made a selection(s) from the **Substance Use** grid (other than "**None of the above**"), the grid expands, displaying a list of participants.

2. Click, edit, beside a Participant's name.

Participants	Safety Review	Strengths & Needs	Risk Assessment	Substance Use	Case Analysis
Case ID: 123456		Family Ass	essment <u>ID</u> :		
Case Name: Sacwis, Susie		Family Ass	essment Status:	In Progress	
Substance Use					
The following substance u	ise concerns have been i	dentified (check all that app	oly): 🕄		
Abuse of legal or illega	substances by any famil	y member			
□ An infant identified as a	ffected by legal or illegal	substance use (including p	ositive toxicology for any	substance at birth)	
An infant having withdr	awal symptoms resulting	from prenatal drug exposu	re (legal or illegal)		
☐ An infant diagnosed wi	th Fetal Alcohol Spectrum	Disorder			
None of the above					
edit	Sacwis, Susie / 123456	Rec	auires Review		
	Male 14, 12/30/2008				
	Substances Reported:				
	No Substance Use Con	cerns			
edit	Test, Adult	Req	uires Review		
	Female 38, 07/23/1985				

The Family Assessment Participant Details screen appears.

 The Approximate Age Category will be pre-populated if the Participant's birthdate is listed in the record. If the Approximate Age Category is not prepopulated, select one of the options.

Depending on your choice of Participant to edit (i.e., Infant or Child/Adult), the screen will expand with questions relevant to the selected participant.

The screen below is the screen that appears when an **Infant** Participant record has been selected for edit.

4. Select the Yes or No radio button under: Infant has been identified as being affected by or exposed to a legal or illegal substance.

Note: If you respond with an affirmative answer to the question above, the screen will expand for further detail.



- 5. Place a checkmark in the checkbox beside the appropriate option(s) under: Infant is experiencing the following (select all that apply).
- 6. Make a selection from the Add Characteristics drop-down menu.
- 7. Click, Add Characteristics.

Family Assessment Participant Details		
Family Assessment Participant Substance Use Information		
123456 - Sacwis, Susie (XXX-XX- XXXX) Male 14, 12/30/2008		
Approximate Age Category:		
ONone Selected		
Infant - Under 12 months		
Child/Adult - Over 12 months		
Infant has been identified as being affected by or exposed to a legal or illegal substance: Not Answered No Yes Substances Reported in Intake(s): None Substance Related Characteristics for this Person:		
Current Characteristics	Method	Date
Add Characteristics: Prenatal/Birth Add Characteristics		

The Characteristics screen appears.

- 8. Make a selection(s) from the **Available Characteristics** list in the Characteristics Details grid (this will activate the Add option).
- 9. Click, Add.
- 10. Click, Save.

Note: Only Substance-related person characteristics will display on the Family Assessment Participant Substance Use Information page.



Characteri	stics Details			
Characterist	ic Group: Prenata	ıl/Birth		
	Available Characteristics:		Selected Characteristics: *	
	Q Add		Remove Q	
	Low birth weight	î		
	Drug Addiction at Birth - Bupre (Suboxone)	norphine		
	Drug Addiction at Birth - Heroir	1		
	Drug Addiction at Birth - Metha	done		
	La ALL'S CASSA MAL	·*		
Method:	Unknown	Self Reported	Observed	Clinically Diagnosed
Additional Ir	formation:			
Spell Chec	k Clear 4000			
Created Date	e:		Created By:	
Modified Dat	te:		Modified By:	

Save Cancel

The Family Assessment Participant Details screen appears.

- 1. Select, Yes or No, under: Infant has been identified as being affected by or exposed to a legal or illegal substance?
- 2. Select, **Yes** or **No** from the drop-down menu under: **Have there been any** service referrals made on behalf of the infant and/or the parent/caregiver?

Note: If you respond affirmatively to the question above, select all that apply.

- 3. Select, **Completed**, from the drop-down menu under: **Substance Use Information Reviewed/Updated**.
- 4. Click, Save.

Note: The Family Assessment Participant Details screen appears below when a Child/Adult Participant record has been selected for edit.



Important: If you respond affirmatively to: "Are there current concerns for any of the following for this participant...", then you will need to Add Characteristics. Once you are finished adding characteristics, select Completed from the Substance Use Information Reviewed/Updated drop-down menu; then, click, Save.

Family Assessment Participant Substance Use Information		
Male 14, 12/30/2008		
Approximate Age Category:		
O None Selected		
Infant - Under 12 months		
O Child/Adult - Over 12 months		
Infant has been identified as being affected by or exposed to a legal or illegal substance:		
<pre>®No</pre>		
Ves		
Substances Reported in Intake(s):		
NOTE		
Substance Related Characteristics for this Person:		
Current Characteristics	Method	Date
Add Characteristics		
Add Characteristics		
Have there been any service referrals made on behalf of the infant and/or the parent/caregiver?		
No V		
Substance Use Information Reviewed / Updated:		
Completed V		

Previous Next Save Cancel

The Family Assessment screen appears.

- 1. Complete the edit process for each Participant listed in the **Substance Use** grid.
- 2. Click the Case Analysis tab.

Participants	Safety Review	Strengths & Needs	Risk Assessment	Substance Use	Case Analysis				
Case ID: 123456		Family Ass	sessment ID:						
Case Name: Sacwis, Susie		Family Ass	sessment Status:	In Progress					
Substance Use									
The following substance u	The following substance use concerns have been identified (check all that apply): 0								
Abuse of legal or illegal substances by any family member									
An infant identified as affected by legal or illegal substance use (including positive toxicology for any substance at birth)									
□ An infant having withdr	awal symptoms resulting	g from prenatal drug exposu	ure <mark>(legal or illegal</mark>)						
□ An infant diagnosed wit	th Fetal Alcohol Spectrur	n Disorder							
None of the above									
edit		_(XXX-XX-XXXX)							
	 Male 14, 12/30/2008								
	Observation interaction	E - J.							
	Characteristics identi	ned:							
	None								



Recording the Disposition

The Family Assessment screen appears, displaying the Case Analysis page.

1. Click, **Record Disposition** in the **Case Decision** grid.

Note: For an Alternative Response Family Assessment, **Record Disposition** must be accessed from the **Case Intake List** link.

Participants	Safety Review	Strengths & Needs	Risk Assessment	Substance Use	Case Analysis
Case Decision Service Plann	ling				
Case ID: 123456		Family As	sessment <u>ID</u> :		
Case Name: Sacwis, Susie		Family As:	sessment Status:	In Progress	
Case Decision					
[Record Disposition]					
Preliminary Matrix-Indic	ated Case Decision				
Preliminary Matrix-Indicat	ed Case Decision:				
Disposition:					

The Intake Dispositions grid appears.

2. Click, edit, beside the Intake ID number.

CASE NAME / ID: Sacwis, Susie / 123456 Ongoing / Open (04/09/2021)					
Intal	ke Dispositions				
	Intake ID	Decision Date <u>&</u> Time	Category	Type(s)	
edit	123456	04/22/2022 09:31 AM	CA/N Report	Physical Abuse	clear

The Allegation Details grid appears.

3. Click, edit, beside the name of the ACV/CSR.

Disposition	Information		Contributing Factors				
CASE NAME / ID: Sacwis, Susie / 123456		Ongoing / Ope	n (04/09/2021)			
Allegation Details	Inta	ke Category:	CA/N Report		Screening Decision Date:	04/22/20)22
ACV/CSR	Allegation Disposition	AP/A SR	Se	verity of Harm	Harm Description	Substance(s)	Incident Date
edit Sacwis, Susie / 123456	Physical Abuse	Test, Adult / 121212					

The **Disposition Information** screen appears.

4. Complete the required information (designated with a red asterisk) in the **Disposition Details** grid.



- 5. Select all relevant options from the **Available Harm Descriptions** list in the **Harm Descriptions** grid.
- 6. Click, Add.
- 7. Select all relevant options from the **Available Substances** list in the **Substances** grid, if any.

Note: When any selected Harm Description is a substance-related value, such as "**Access to drugs**" or "**Child affected by substance abuse**," at least one substance must be selected. Otherwise, Selected Substances field is optional.

- 8. Click, Add.
- 9. Click, Save.

sition Details				
→ I <u>D</u> :	Intake Category:	CA/N Report	Screening D	lecision Date: 04/22/2022
ed Child Victim / Child Subject of Report: Sacwis, Sr	usie / 123456			
ed Perpetrator / Adult Subject of Report: Test, Adu	lt / 121212			
ation: Physical Abuse				
did the alleged Physical e happen (Incident ?: • •	Date Estimated			
rt Disposition: *	~			
ity of Harm: * 1	~			
Descriptions (a)				
ord Harm Description(s) as a result of this abuse or negl	ect allegation.			
Available Harm Descriptions		Selected Harm Descri	iptions	
Q Add		Remove	Q	
Abandonment	*			
Access to drugs	1			
Blindness				
Bone Fracture				
Brain Damage/Skull Fracture				
Burns/Scalds				
Child affected by substance abuse				
Dirty/Unsafe Environment	-			
ances t substance(s) pertinent to this abuse/neglect allegation Available Substances:		Selected Substances		
Q Add		Remove	٩	
Alcohol				
Amphetamines	1			
Barbiturates				
Benzodiazepines				
Buprenorphine (Suboxone)				
-				
Cocaine				
Cocaine Codeine				

Save Cancel



The **Allegation Details** grid appears.

1. Click, **Contributing Factors**.

Disposition I	nformation		Contributing Factors				
CASE NAME / ID: Sacwis, Susie / 123456			Ongoing / Op	oen (04/09/2021)		
Allegation Details	Inta	ke Category:	CA/N Report		Screening Decision Date:	04/22/20)22
ACV/CSR	Allegation Disposition	AP/ASR	S	Severity of Harm	Harm Description	Substance(s)	Incident Date
edit Sacwis, Susie / 123456	Physical Abuse	Test, Adult / 121212					

The **Contributing Factors** grid appears.

- 2. Place a checkmark(s) in the appropriate checkbox(es) beside the relevant issues in the **Contributing Factors** list.
- 3. Place a checkmark in the checkbox beside: **Disposition Complete**.
- 4. Enter the **Disposition Date**.
- 5. Click, Save.

CASE NAME / ID: Sacwis, Susie / 123456 Contributing Factors		Ongoing / Open (04/09/2	021)	
Contributing Factors				
Intake <u>ID</u> : 123456	Intake Category:	CA/N Report	Screening Decision Date:	04/22/2022
Select all that apply: Caretaker was an Abused Child Medical/Physical Disability of Caretaker Medical/Physical Disability of Child Economic Difficulties Other Family Violence Illness/Death of Family Member Mental/Emotional Problem of Child				
Mental/Emotional Problem of Caretaker Intellectual/ Developmental Disability of Caregiv Intellectual/ Developmental Disability of Child No Contributing Factors Apply Physical Living Conditions Single Head of Household Substance Abuse TANF Benefit Ineligible TANF Sanction	er			
Disposition Complete	Disposition Date:			



The Intake Dispositions grid appears.

6. Click, Close.

	Intake ID	Decision Date & Time	Category	Type(s)	
<u>edit</u>		04/22/2022 09:31 AM	CA/N Report	Physical Abuse	clear

The Family Assessment screen appears.

Making the Final Case Decision

1. Make a selection from the drop-down menu beside: Should the Preliminary matrix-Indiated Case Decision be Overridden? (Disrectionary Override Information grid).

Important: If you respond affirmatively to the override question, you will need to make a selection from the, **Select Discretionary Reasons** drop-down menu.

- 2. Enter narrative in the **Describe Reasons** text box in the **Discretionary Override Information** grid.
- 3. Enter narrative in the **Evaluation** text box in the **Final Case Decision** grid.
- 4. Make a selection from the **Final Case Decision** drop-down menu.

Important: If the information in the Family Assessment indicates that an infant has been substance affected/exposed and CARA applies, and you select Close/Close and Refer as the Final Case Decision, you will be requested to answer the following question: "Does the plan of safe care meet the safety needs of the infant(s) as well as the health and substance use disorder treatment needs of the affected family or caregiver as required per CARA?" There is a hyperlink icon beside the CARA acronymn that will take you to the CARA Collaboration Guide 2-2018 (CARA Collaboration Guide 2-2018 CPS).

5. Click, Service Planning near the top of the screen.



Partic	cipants	Safety Review	Strengths & Needs	Risk Assessment	Substance Use	Case Analysis
Case Decision	Service Planning					
Case ID:	123456		Family Asses	sment ID:		
Case Name:	Sacwis, Susie		Family Assess	sment Status:	In Progress	
Case Decision			2			
IRecord Dispos	sition1					
Preliminary N	Matrix-Indicated Case	e Decision				
Preliminary M	atrix-Indicated Case	Decision:				
Disposition:						
Final Risk Lev	vel:		Uncalculated			
Discretionary	Override Informatio	on				
Should the P	reliminary Matrix-Inc	dicated Case Decision be Overrid	iden? 🗸 🗸 🗸			
If Yes, Select	Discretionary Reas	ons:			~	
Describe Rea	isons:					
(expand tull	screen)					
Final Case De	ecision					
To support the vulnerability,	ne basis for the case child harm, risk cor	decision, evaluate the following ntributors and the final level of rise	assessment variables and their re sk, child and family strengths and	levance and importance to the case d needs, family history, and family perce	ecision: active safety threats, protec eptions.	tive capabilities, child
Evaluation:						
(expand full	screen)					
Final Case D	ecision:		~			

The Service Planning grid appears.

6. Place a checkmark in the checkbox beside the appropriate situation.

Note: Once you select the appropriate situation, the screen will expand for you to provide further information.

7. Process the Family Assessment for approval as usual.

Participants	Safety Review	Strengths & Needs	Risk Assessment	Substance U	se Case Analysis				
Case Decision Service Planning									
Case ID: 123456		Family Assess	ment <u>JD</u> :						
Case Name: Sacwis, Susie		Family Assess	ment Status:	In Progress					
Service Planning									
Services Related to Family	Assessment								
Case Member Name(s)	Service Category / Type	Service Classi	fication	Effective Dates				
Associate Service	Associate Service								
■ Family in Need of <u>P.C.SA</u> Se	a Family in Need of RCSA Services - Likelihood of future maltreatment warrants continued agency involvement.								
E Pamily in Need of <u>PCSA</u> S	ervices - Services are	not provided for one or more of	f the following reasons:						
Validate for Approval Proces	s Approval								
Apply Save Cancel									



If you need additional information or assistance, please contact the OFC Automated Systems Help Desk at <u>sacwis help desk@childrenandyouth.ohio.gov</u>.

