Ohio | Department of Job and Family Services

Mike DeWine, Governor
Kimberly Hall, Director

Office of Families and Children

The Comprehensive Addiction & Recovery Act 2016 (CARA)

Deanna Herold, MS
ODJFS – Office of Families & Children
Policy Developer
Deanna.Herold@jfs.ohio.gov

Medical & Community Providers

What is CARA?

The Comprehensive Addiction and Recovery Act (CARA) was signed into law on July 22, 2016. The law establishes innovative strategies to address the nation's opioid epidemic, including coordinated care for individuals challenged by substance use disorders and their families.

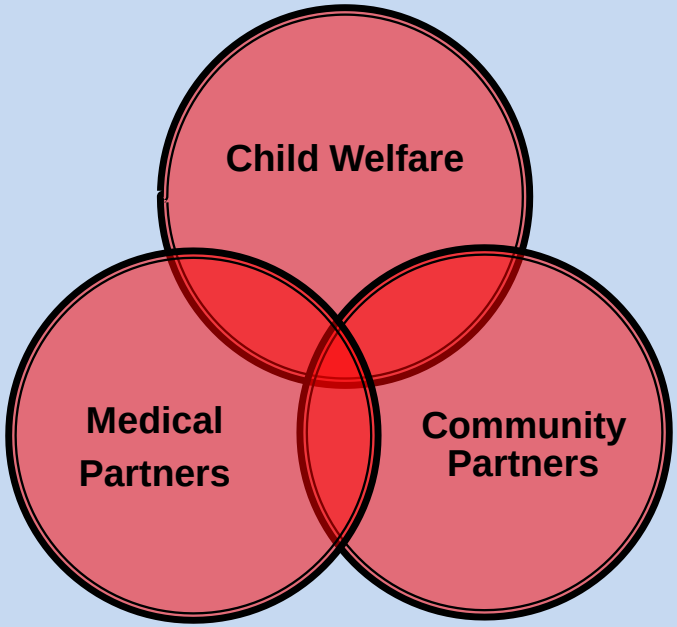
The 6 pillars of focus:

- Prevention
- Treatment
- Criminal Justice Reform
- Law Enforcement
- Recovery
- Overdose Reversal

CARA's Impact

Three Primary Systems

- Hospitals
  - OBGYN
  - Labor & Delivery
- Community Providers
  - Substance abuse treatment agencies
  - Mental health
  - Medical (primary, pediatricians, etc.)
- Child Welfare



Goal: Community partners to work together and expected to share in responsibility of ensuring the requirements of CARA are met.

WHAT IS A PLAN OF SAFE CARE??

Plan of Safe Care

- Federally required – signed into law on July 22, 2016
- Describes the services and supports needed to comprehensively address the needs of infants prenatally exposed to the abuse of substances (both legal and illegal) and their families.
  - Identification of **ALL** family members and caregivers health needs
  - Substance use disorder treatment services
  - Developmental intervention for the baby
  - Services and supports needed to promote **family** stability
- Incorporates all treatment plans developed by the multidisciplinary professionals serving the family
- Developed with the parents and all service providers
- **May or may not** require involvement of child welfare agencies

WHY A PLAN OF SAFE CARE??

Child Fatality Reviews 2013-2017

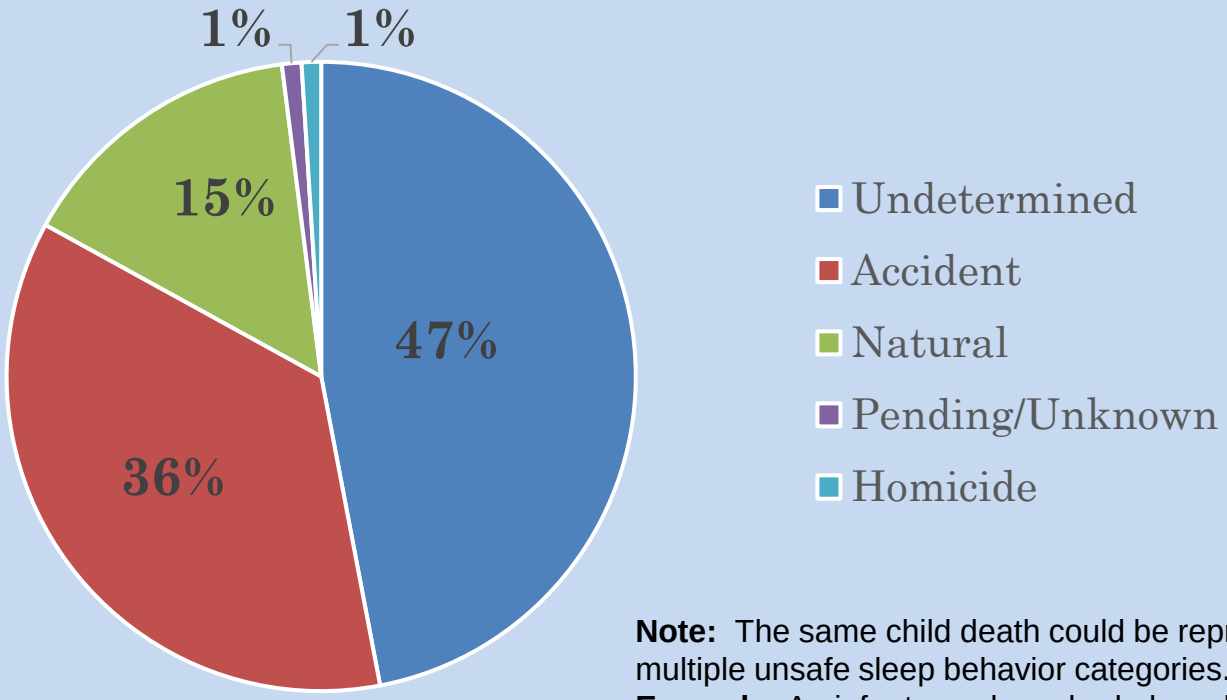
Reviews of Infant Sleep-Related Deaths = 691

Bed Sharing	Number	Percentage
Yes	361	52%
No	263	38%
Unknown	58	8%
Missing	9	1%
Total	691	100%

WHY A PLAN OF SAFE CARE??

Child Fatality Reviews 2013-2017

Reviews of Infant Sleep-Related Deaths by Manner = 691



Note: The same child death could be represented in multiple unsafe sleep behavior categories.
Example: An infant may have bed-shared and put to sleep on their side.

WHY A PLAN OF SAFE CARE??

Child Fatality Reviews 2013-2017
Reviews with Indicated Bed-Sharing
361 Reviews completed

These bed-sharing incidents occurred with:

- **An adult only (69%)**
- **An adult and another child (15%)**
- **Another child (6%)**

Of the 361 bed-sharing cases reviewed:

- **43% of the supervising adult/s were impaired at the time of the incident:**
  - **83% being impaired by sleep**
  - **11% by alcohol and/or drugs**

Of the 691 Infant-Sleep Related Deaths

- **71% were found to be preventable**
- **21% preventability could not be determined**
- **7% Probably not preventable**

CARA's Impact on Child Welfare

- The state is required to apply policies and procedures to address infants affected by all substance abuse – **not just illegal** as was the requirement prior to this change.
  - The rules have been updated to include CARA requirements – Ohio Administrative Code 5101:2-36 Screening and Investigation

- Additional requirements are to:
  - ✓ Ensure the safety and well-being upon release from the care of health care providers (hospitals, clinics, maternal wards, etc.)
  - ✓ Address the health and substance use disorder treatment needs of the infant and affected family or caregiver.
  - ✓ Monitor plans to determine whether and how local entities are making referrals and delivering appropriate services to the infant and the family or caregiver.
  - ✓ Develop the **Plan of Safe Care** for any infant affected by all substance abuse (**illegal and legal**).

CARA's Impact On Child Welfare

- Requires the following data to be reported to the National Child Abuse and Neglect Data System (NCANDS):
  - ✓ The number of infants identified as being affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder
  - ✓ The number of infants for whom a Plan of Safe Care was developed
  - ✓ The number of infants for whom referrals were made for appropriate services – including services for the affected family or caregiver

- Further clarified the population requiring a Plan of Safe Care
  - ✓ "infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug **exposure**, or a Fetal Alcohol Spectrum Disorder". The word "illegal" was intentionally removed from this sentence – CARA addresses both the legal and illegal abuse of substances.

CAPTA

CARA amended the Child Abuse Prevention and Treatment Act (CAPTA)

- Requires a plan of safe care to be in place at the time of discharge from the hospital for the following:
  - Infants 12 months and younger if:
    - Prenatally exposed to substances
    - Demonstrating symptoms of withdrawal
    - Diagnosed with Fetal Alcohol Spectrum (FAS)

In addition, CAPTA requires child welfare agencies to document the existence of the plan of safe care.

DEFINITIONS

Infant:

A child under the age of 12 months.

Substance Affected Infant:

A child **under the age of 12 months** who has any detectable physical, developmental, cognitive, or emotional delay or harm which is associated with a parent, guardian or custodian's abuse of a legal or illegal substance; excluding the use of a substance by the parent, guardian, or custodian as prescribed.

Substance Exposed Infant:

A child **under the age of 12 months** who has been subjected to legal or illegal substance abuse while in utero.

EXPECTATIONS OF MANDATED REPORTERS

The **requirements for mandated reporters have not changed** – Per Ohio Administrative Code & Ohio Revised Code all mandated reporters shall make a referral to a PCSA when an infant is impacted by the abuse of legal or illegal substances when:

- ✓ Infant is exhibiting signs of withdrawal;
- ✓ Mother abused legal or illegal substances during pregnancy;
- ✓ Infant has a positive toxicology result; and/or
- ✓ Infant is diagnosed with Fetal Alcohol Syndrome

- ✓ **CPS is the decision maker** – if the above is known, reported or observed – it is a **required referral** to the local CPS agency.

The majority of the referrals will come from hospitals at the time delivery:

- ➔ Mandated Report & Plan of Safe Care Notification Guide
- ➔ Medical & Community Partners Flyer

MANDATED REPORTER ACTION STEPS

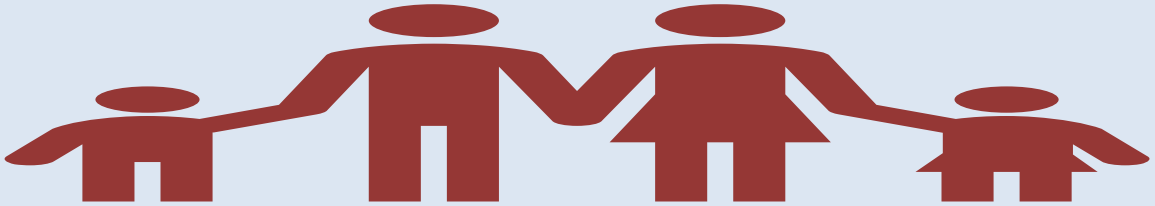
Responsibilities of the delivering hospitals

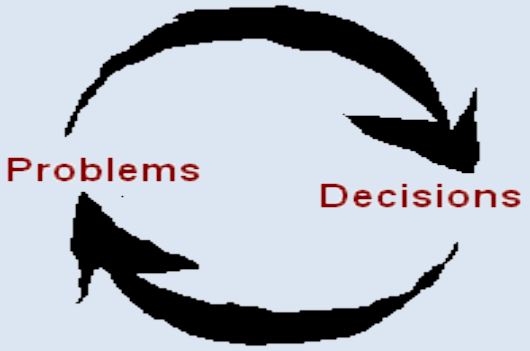
- Medical information on infant, parents, and/or caregivers of the identified infant
- Toxicology results, withdrawal information & medical treatment plan (medications prescribed, therapies and detailed medical discharge plan) of the infant
- Health & substance use history of mother, father, and caregiver/s residing in the home where the identified infant will be residing (diagnoses, prescribed medications, substance use treatment plans and contact information for all service providers.

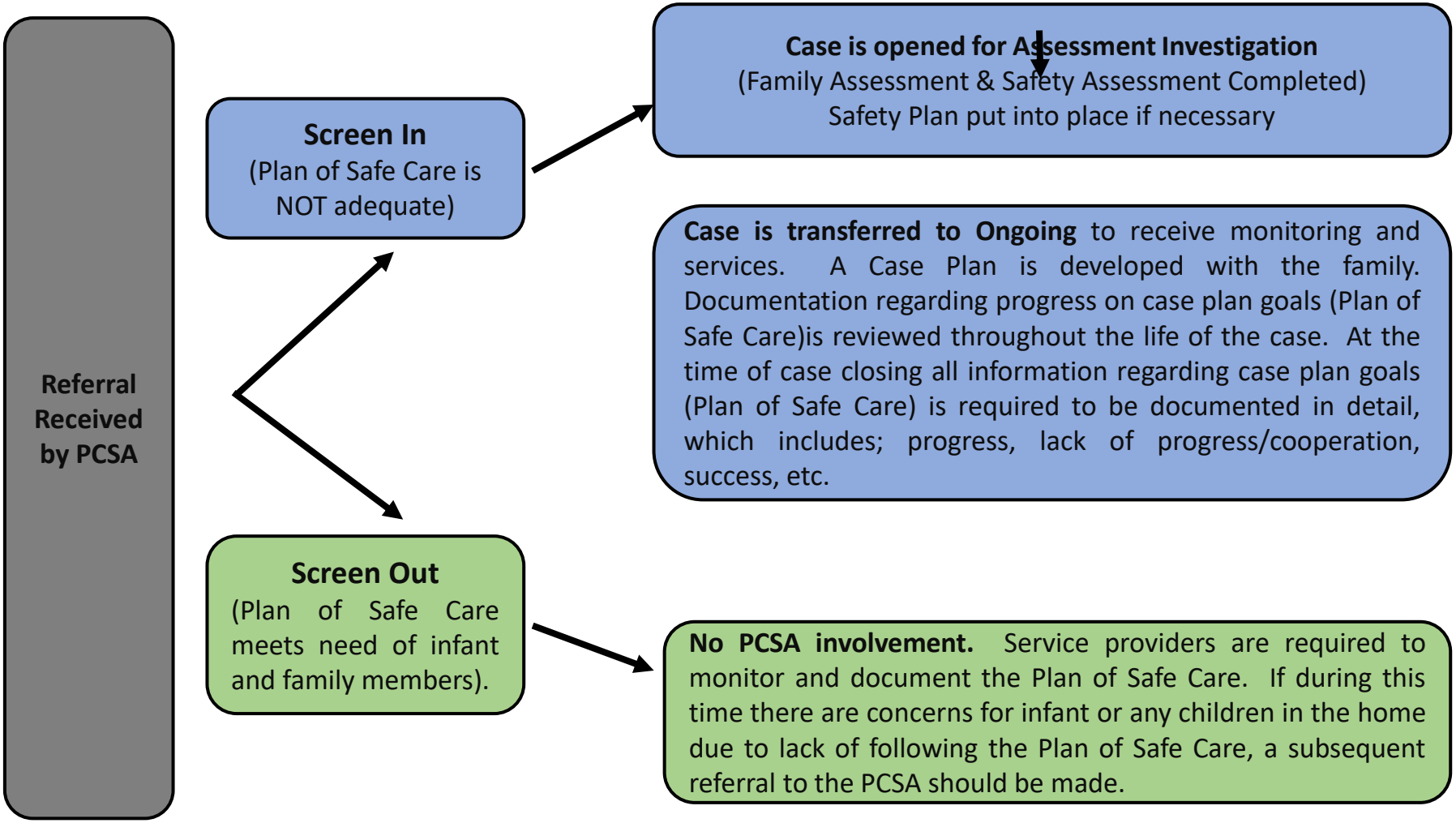
SCREENING EXPECTATIONS

- CPS agencies are required to collect the following information on all referrals involving an infant who has been identified as being substance exposed:
  - ✓ Ensure a Plan of Safe Care has been established.
  - ✓ Ensure the Plan of Safe Care addresses the safety needs of the infant.
  - ✓ Ensure the Plan of Safe Care addresses the health and substance use disorder treatment needs of the affected family or caregiver(s).

NOTE: The referral should be <u>screened in</u> for investigation if the above information is not available or not met.






Referral Received by PCSA
Screen In
(Plan of Safe Care is NOT adequate)
Case is opened for Assessment Investigation
(Family Assessment & Safety Assessment Completed)
Safety Plan put into place if necessary
Case is transferred to Ongoing to receive monitoring and services. A Case Plan is developed with the family. Documentation regarding progress on case plan goals (Plan of Safe Care)is reviewed throughout the life of the case. At the time of case closing all information regarding case plan goals (Plan of Safe Care) is required to be documented in detail, which includes; progress, lack of progress/cooperation, success, etc.
Screen Out
(Plan of Safe Care meets need of infant and family members).
No PCSA involvement. Service providers are required to monitor and document the Plan of Safe Care. If during this time there are concerns for infant or any children in the home due to lack of following the Plan of Safe Care, a subsequent referral to the PCSA should be made.

Lets Review A Referral to better understand expectations from both the referent and child welfare perspective

- **Example:**
- Mother is positive for marijuana at birth. Pending umbilical cord results for baby which should be returned within 3 days. Mother reported she used THC the last two days prior to delivery. She did not indicate why she was using THC or if she was going to continue usage. Mother denied any other drug usage.
- Baby was born at 37 weeks, 4 days, vaginal birth. She weighed 7 lbs, 7 oz, APCARS were 8 and 9. Mother had inter-uterine growth restriction resulting in an induction on 4/29/19. Mother was late in starting prenatal care. She had five visits throughout her pregnancy, starting 1/22/19.
- RS does not have concerns with mother/baby interaction. Mother has baby supplies. She has Medicaid, support system, and transportation. Mother is working.
- RS denied mother having any type of MH.
- Mother and baby could possibly be discharged on 5/1/19.
- No SACWIS history found for the family.

- Mother is positive for marijuana at birth. Pending umbilical cord results for baby which should be returned within 3 days. Mother reported she used THC the last two days prior to delivery. She did not indicate why she was using THC or if she was going to continue usage. Mother denied any other drug usage. No sign of withdrawal symptoms currently. No health concerns noted for baby or mother.
- Baby was born at 37 weeks, 4 days, vaginal birth. She weighed 7 lbs, 7 oz, APCARS were 8 and 9. Mother had inter-uterine growth restriction resulting in an induction on 4/29/19. Mother was late in starting prenatal care. She had five visits throughout her pregnancy, starting 1/22/19. Pediatrician has been chosen and first appointment made for XX/XX/XX with Dr. Stone, phone number XXX-XXX-XXXX. This is mother's first baby. She is 19 years old.
- RS does not have concerns with mother/baby interaction. Mother has had baby in the room with her entire time, is bottling feeding baby and waking up with baby during night. Her mother and older sister have spent most of time at hospital with mother.
- Grandmother has stated baby and mother will be living with her upon release from hospital. Only other adult who will be living in the home is mother's oldest sister, who has no history of substance abuse per both grandmother and mother. Baby will be cared for by grandmother while mother is working and home has all baby supplies needed, including car seat for discharge.
- WIC and Medicaid are in place and mother has her own car for transportation needs. Maryhaven is linked and will provide services on an outpatient basis. This was verified by social worker at hospital as release of information was provided and signed by mom.
- Father of baby is not involved, no contact since told of pregnancy.
- RS denied mother having any type of MH.
- Mother and baby will be discharged.
- No SACWIS history found for the family, including mother as a child.

Steps We Need To Take Together

- Establish guidelines and standards for treatment which includes preparing mothers for the birth of their infant who may experience withdrawal syndrome and potential involvement with Child Protective Services (CPS).
- Provide pregnant women access to comprehensive medication assisted treatment.
- **Beginning the development of a Plan of Safe Care prior to the birth event**.
- **Timely information sharing and monitoring of infants and families across multiple systems.**
- Consistent notifications to CPS.
- Develop a set of questions and responses that will help CPS hotline workers determine if a case should be opened in order to assess the risk and protective factors and safety concerns for the infant and mother.
- Provide comprehensive assessments of the infant's physical health and the mother's parenting capacity, physical, social and emotional health.
- Develop a thorough discharge plan that provides a multi-disciplinary Plan of Safe Care.

CHANGES FOR DATA REPORTING

- Changes in the Statewide Automated Child Welfare Information System (SACWIS) were put in production as of May 1st, 2018. A Substance Use Tab has been added to each case as well as additional questions at the Screening/Intake level. The following are the major changes which have been made to meet CARA data reporting and tracking requirements:
  - Cases involving infants under 12 months meeting criteria for CARA will be flagged and followed for reporting purposes.
  - Identification of substance impacting infant
  - Identification of substance/drug impacting each active participant
  - Service referrals provided to the infant and any person in a caregiving role (parent, paramour, relative, etc.)
  - Decision comments for all screened out intakes and the reason for the screen out if the case meets criteria for CARA
  - Plan of Safe Care information
  - Enhancements continue

What is Going On Around Ohio?

- Practice & Policy Academy
- Maternal Opiate Medical Supports Project (MOMS)
- Ohio START (Sobriety, Treatment, and Reducing Trauma)
- OMNI – Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative
- Statewide System Implementation Program (SSIP)
- QIC-CCCT – National Quality Improvement Center for Collaborative Community Court Teams
- Adverse Childhood Experiences Advisory Group & Addiction Evidence Project

If interested in having a CARA presentation at your agency

Deanna Herold, MS
Deanna.Herold@jfs.ohio.gov

Renee Lupi, Esq
Renee.Lupi@jfs.ohio.gov

Thank You!!