The Comprehensive Addiction & Recovery Act 2016 (CARA)
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.

Important Lessons Learned:
- Collaboration
- Training & Dissemination
- Sustainability
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
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.
Percent of Children with Terminated Parental Rights by Reason for Removal in the United States and Ohio, 2018

- **Neglect**: National 42.5%, Ohio 28.8%
- **Parent Alcohol or Drug Use**: National 0%, Ohio 0%
- **Parent Unable to Cope**: National 0%, Ohio 0%
- **Inadequate Housing**: National 0%, Ohio 0%
- **Physical Abuse**: National 0%, Ohio 0%
- **Parent Incarceration**: National 0%, Ohio 0%
- **Abandonment**: National 0%, Ohio 0%
- **Sexual Abuse**: National 0%, Ohio 0%
- **Child Behavior**: National 0%, Ohio 0%
- **Child Alcohol or Drug Use**: National 0%, Ohio 0%
- **Child Disability**: National 0%, Ohio 0%
- **Relinquishment**: National 0%, Ohio 0%
- **Parent Death**: National 0%, Ohio 0%

Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2018 v1
Incidence of Parental Alcohol or Other Drug Use as a Reason for Removal in the United States and Ohio, 2000 to 2018

Note: Estimates based on children who entered out of home care during these noted Fiscal Years

Source: AFCARS Data, 2000-2018
Why A Plan Of Safe Care??

Child Fatality Reviews 2013-2017

Reviews of Infant Sleep-Related Deaths = 691

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<tr>
<td>Total</td>
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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.
Definitions For Ohio

**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.
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
- SACWIS CARA Administrative Reports – can be pulled for history up to current date/time
- Enhancements continue
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 Reporter Action Steps

➔ Additional responsibilities of referents

Information Will Primarily Be Gathered From Delivering Hospitals

- Medical information on infant, parents, and/or caregivers of the identified infant (adults in home with substance misuse behaviors)
- 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 at the time of discharge (diagnoses, prescribed medications, substance use treatment plans and contact information for all service providers)
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 screened in for investigation if the above information is not available or not met.
The Child Welfare Referral & Screening Process

Referral Received By PCSA

Screen In
(Plan of Safe Care is NOT adequate) or information is not provided during referral.

Screen Out
(Plan of Safe Care meets need of infant and family members).

Case is opened for Assessment Investigation
(Family Assessment & Safety Assessment Completed)
- Safety Plan put into place if necessary
- Plan of Safe Care is created

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 is reviewed throughout the life of the case (Plan of Safe Care is included in the case plan). At the time of case closing all information regarding case plan goals (Plan of Safe Care) is required to be documented in detail.

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.
Steps We Need To Take Together
Identify Challenges

- Defining the target population
- Providing services for infants and families impacted by substance misuse
- Engaging health care providers
- Understanding the community provider role in implementing POSC
- Educating the community on POSC
- Addressing concerns about confidentiality
- Evaluation, Performance Monitoring, and Continuous Quality Improvement
Prenatal Substance Exposure

• Key Steps
  ✓ Include and implement on-going reviews of infants/families identified as meeting CARA. Important for the health and developmental progress of the infant.
  ✓ Identification of infants who may experience the effects of prenatal substance exposure, including NAS. Provide mother education on what to expect and resources available in the community (i.e., Medication Assisted Treatment).
  ✓ Collaboration of service providers prior to the delivery of the infant, (i.e., create the Plan of Safe Care prior to birth). This allows for the gathering of vital information which should be shared with child welfare when making a referral. Promotes better decision making regarding the need for child welfare involvement.
  ✓ Strengthening cross-system collaboration and formalizing a shared process is an important step in creating shared accountability.
CARA Supported Work/Initiatives

Practice & Policy Academy

Created in order to ensure Ohio is understanding, developing, implementing and monitoring Plans of Safe Care as required by CARA legislation.

The Academy is comprised of the following agencies/partners:

- Center for Children and Family Futures
- Ohio Department of Mental Health and Addiction Services
- Ohio Department of Job and Family Services
- Ohio Department of Developmental Disabilities
- Ohio Department of Health
- Ohio Department of Medicaid
- Ohio Hospital Association
- Ohio Perinatal Quality Collaborative
- Medical Hospitals (delivering hospitals)
- Quality Improvement Center Collaborative Community Court Teams
Practice & Policy Academy (Continued)

- Three Pilot Counties – Community of Support Grant Recipient
  - Lucas
  - Mahoning
  - Seneca

- Year long “training and education”
  - Monthly calls
  - Quarterly trainings
  - Resources & tools

- Providing technical support and assistance

- Creating a core team within county
  - Child welfare
  - Delivering hospitals
  - Courts
  - Help Me Grow
  - Treatment providers
  - Schools
  - Other community providers working with this identified population
QIC- CCCT - Initiative Specific to CARA

- QIC-CCCT – National Quality Improvement Center for Collaborative Community Court Teams
  - Three pilot counties – Coshocton, Fairfield, Trumbull – serve as mentors for the Practice & Policy Academy
- Three Goals for CARA Implementation:
  - Qualitative – Identify and describe models, strategies, supports and barriers to CARA implementation
  - Quantitative – Measure core child, family and court system outcomes
  - Capacity Building – Assess and enhance capability to collect, share and use data to monitor performance and engage in continuous quality improvement
- Core Team – Supreme Court of Ohio, Department of Job & Family Services, Mental Health and Addiction Services, Medicaid, Department of Health, Department of Developmental Disabilities
Information is Available!

- Link to ODJFS Website with CARA Information: [Office of Families and Children | Ohio Department of Job and Family Services](http://www.state.oh.us/forms/)
- Bold Beginnings Website – Governor’s Office
- [www.odjfs.state.oh.us/forms/](http://www.odjfs.state.oh.us/forms/)
  - JFS-08042 – Mother Brochure (English)
  - JFS-08043 – Reporter Brochure (English)
- Brochures are available in English, Somali, and Spanish

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Questions

• Thank You!!