Understanding Differences between the CARA Plan of Care and Child Protective Services Process

Frequent Questions	CARA Plan of Care	Child Protective Services (CPS) Report/Notification
What is Nevada's regulatory authority and requirement?	**Nevada Administrative Code** NAC 449.947 requires a "provider of health care who delivers or provides medical services to an infant in a medical facility and who, in his or her professional capacity, knows or has reasonable cause to believe that the infant was born with a fetal alcohol spectrum disorder, is affected by prenatal substance abuse or is experiencing symptoms of withdrawal from a substance as a result of exposure to the substance in utero, shall ensure that a CARA Plan of Care is established for the infant before the infant is discharged from the medical facility." In accordance with NAC 449.948(2) "the Division shall…provide a copy of a CARA Plan of Care in the possession of the Division to an agency which provides child welfare services upon request. Except as otherwise provided in this section and NRS 239.0115, each CARA Plan of Care in the possession of the Division or an agency which provides child welfare services and any information associated with such a CARA Plan of Care is confidential, not subject to subpoena or discovery and not subject to inspection by the general public.	**Nevada Revised Statute (NRS)** 432B.220 requires "any person who is described in paragraph (a) of subsection 4 who delivers or provides medical services to a newborn infant and who, in his or her professional or occupational capacity, knows or has reasonable cause to believe that the newborn infant has been affected by a fetal alcohol spectrum disorder or prenatal substance use disorder or has withdrawal symptoms resulting from prenatal substance exposure shall, as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the newborn infant is so affected or has such symptoms, notify an agency which provides child welfare services of the condition of the infant and refer each person who is responsible for the welfare of the infant to an agency which provides child welfare services for appropriate counseling, training or other services. A notification and referral to an agency which provides child welfare services pursuant to this subsection shall not be construed to require prosecution for any illegal action."
What is the primary purpose?	The purpose of the CARA Plan of Care is to identify the health, development and well-being needs of the infant and family members and connect infants and their families with supportive services that meet identified needs. CARA Plans of Care are developed to ensure that infants identified as being prenatally affected by substances ***receive a coordinated response from public health and child welfare agencies*** to meet the service and treatment needs of the affected children and their families. The goal of CARA is not to remove children or punish birthing people for substance use, but to support pregnant and birthing people, infants and other family members during pregnancy, delivery, safe transition home and in parenting.	The purpose of CPS is to promote the safety, permanency, and well-being of Nevada's children through partnership with families, communities, and other agencies. This could include an investigation of child abuse and neglect when required and/or referring families for appropriate services to address a serious and imminent safety concern for the child, while preserving the family unit. The CPS case plan ensures that the parent(s) have a concrete plan and consistent support to assure the child's safety. NOTE: CPS Case Plans should incorporate any supports or referrals identified in the CARA Plan of Care.

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Who is responsible for monitoring to assure compliance?	The **Nevada Division of Public and Behavioral Health** (DBPH) is responsible for monitoring implementation of CARA Plan of Cares and providing aggregated data to DCFS to support compliance with Federal reporting requirements in accordance with the Child Abuse Prevention and Treatment Act (CAPTA).	The **Nevada Division of Child and Family Services** (DCFS) is the authority for child welfare services in Nevada, which are administered regionally by Clark County, Washoe County, and the Rural Region.
How does the process work?	The CARA Plan of Care is developed collaboratively with the birthing person and other caregivers to identify and reinforce existing strengths and supports, and to coordinate referrals to new services. Ideally the CARA Plan of Care is developed prenatally, and should continue to support the birthing person, baby and family after hospital discharge and during the early period of the baby's life. Key elements of a facilitated referral include: • Helping the family with provider's referral and/or application process (e.g., forms, scheduling intakes, etc.); • "Warm handoffs": Making an individualized, person-to-person connection between referral source, service provider, and family; • Closing-the-loop: coordinating with provider agency/resource to help them connect with the family; • Barrier busting: Helping the family overcome barriers and adapt referral to their needs. Best practice suggests that the CARA Plan of Care be introduced early, often, and if possible, with all pregnant and recently delivered people to reduce stigma and help infants and families stay safe and connected during the pregnancy and after delivery. While this may not be possible or felt needed in every scenario, a discussion about current supports, goals and other services and supports needed could help introduce the CARA Plan of Care with every pregnant woman. There are many effective ways to introduce the Plan of Care using supportive, non-judgmental language to emphasize birthing parents as crucial partners in their babies' care.	A CPS report allows the child welfare agency to review the information provided and make several determinations: 1. Is there an allegation of child maltreatment and is an investigation required? 2. If not, would this family benefit from services provided by the agency or other community providers? Prenatal substance exposure does not constitute maltreatment. CPS will determine whether child protection is needed based on assessment of multiple risk factors, including immediate safety concerns, the birthing person's attentiveness to the infant in the hospital setting, mental health history, birthing person's participation in substance use treatment, prior CPS reports on the family, ability to meet the infant's basic, medical and developmental needs, support system and willingness to engage in services that address the well-being and safety of the infant. CPS will determine the type of response that is appropriate. This could include: - No response and the report is screened as "Information Only" - The CPS agency refers the family to voluntary services without opening an investigation. - The CPS agency determines an investigation is required and assigns the report to a caseworker. *CPS practice may have slight variations by county and services available to families may vary by county.

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Is the process voluntary?	Yes. If the birthing person declines to participate in the development of a CARA Plan of Care, this should be noted on the form that is submitted to DPBH. A notification to CPS will need to be made when an infant is identified by the medical provider as substance-affected in accordance with 432B.220. No notification is required by law when a CARA Plan of Care is offered prenatally.	CPS may offer voluntarily services (NRS 432B.360) or the Agency may seek court involvement. If the family willingly cooperates with CPS in participating in the services, the matter may be handled informally through the provision of voluntary services. However, court oversight may be sought when the family concerns are not expected to resolve quickly or if the assessed risk to the child requires placement into protective custody pursuant to NRS 432B.390. CPS involved families, both voluntary and court involved, will develop a Case Plan and Service Agreement which incorporates services identified in the CARA Plan of Care and other services to meet the needs of the child and family.
What is the role of the parent or caregiver?	While the CARA Plan of Care may address the immediate safety, health, and developmental needs of the affected infant, it also must address the health and substance use disorder treatment needs of the affected parents or caregivers. It is best practice that the CARA Plan of Care be developed with input from the parents and caregivers and in collaboration with the health-care team and other professionals and agencies involved in serving the affected infant and family.	As part of the assessment conducted to ensure child safety, the CPS worker and family will develop a plan to address any problems that have been identified. If a family does not want services but a child is deemed to be unsafe, the social worker may ask the court to order the family to participate in services. It is important for families to engage in the process by asking questions, sharing concerns, and providing input about what services they think would be helpful.

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Does a CARA Plan of Care get offered and a notification to CPS get made for every infant and/or birthing parent that has a positive toxicology test result?	No. The pathways for developing and implementing a CARA Plan of Care should take into consideration the characteristics of the three populations of pregnant and postpartum people for whom they are intended: 1. On opioid medication for chronic pain or on medication (e.g., benzodiazepines) that can result in a withdrawal syndrome and is **not known to have a substance use disorder** – *depending on other factors, risk to infant safety is low/unknown.* 2. Receiving medication assisted treatment for an opioid use disorder and/or is **actively engaged in treatment** for a substance use disorder – *depending on other factors, risk to infant safety is low/unknown.* 3. Misusing prescription drugs, or is using legal or illegal drugs, **meets criteria for a substance use disorder**, not actively engaged in a treatment program – *depending on other factors, risk to infant safety may be high*. These requirements support a public health approach to addressing familial risk and needs related to maternal substance use and care of exposed infants and are not intended to advance child welfare or justice system involvement.	The Federal Child Abuse Prevention and Treatment Act (CAPTA) specifically states that a CARA Plan of Care is not a definitive finding of child abuse and neglect. A CARA Plan of Care is established to assure that the infant affected by substance use and family member(s) are assisted in accessing appropriate treatment and supportive services. While the text of CAPTA uses the terms "referring", "notifying", and "reporting" interchangeably, the intention is to promote the need for an appropriate, individualized response for each family that is non-punitive. However, states retain ultimate legal authority to define substance use during pregnancy as a form of abuse/neglect. The state of Nevada does not consider prenatal substance use as abuse or neglect (NRS 432B.330), therefore Plans of Care offered prenatally do not require a notification to CPS. Please refer to the mandated reporting requirements listed above as cited from NRS432B.220.
What privacy protections are applicable?	The CARA Plan of Care contains protected health information (PHI) and is subject to privacy protection regulations, including HIPAA and 42CFR Part 2. The CARA Plan of Care should be treated like other PHI that is protected from unauthorized disclosure.	CPS may request the CARA Plan of Care directly from the health care provider that is making the report, pursuant to NRS 432B.230.
State and Regional Points of Contact	**Nevada DPBH**: Abigail Hatefi, Substance Abuse Prevention and Treatment Agency (SAPTA), ahatefi@health.nv.gov	**Clark County Department of Family Services:** (702) 399-0081 **Washoe County Human Services Agency**: (833) 900-SAFE (7233) **Rural Region**: (833) 571-1041 Afterhours, weekends, holidays: (833) 803-1183