COMPREHENSIVE ADDICTION AND RECOVERY ACT (CARA)

A FACT SHEET FOR HEALTH CARE PROVIDERS

WHAT IS CARA?

The federal government passed the Comprehensive Addiction and Recovery Act of 2016, (CARA) which added requirements for states through the Child Abuse Prevention and Treatment Act (CAPTA), to focus on the effects of substance abuse on infants, children and families.

CARA requires a CARA Plan of Care to be developed when an infant has been identified by a health care provider as affected by substance abuse or as having withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder (FASD). **The purpose of the CARA Plan of Care is to identify the needs and services for the infant and family.**

In Nevada, health care providers who deliver or provide medical services to an infant in a medical facility and who identify the infant as being substance affected are responsible for ensuring a CARA Plan of Care is established for the infant before the infant is discharged from the medical facility pursuant to Nevada Administrative Code (NAC) 449.

The goal of CARA is not to remove children or punish mothers for substance use, but to ensure child safety and address the health and substance use disorder treatment needs of both the affected infant and family or caregiver.

HOW IS NEVADA DEFINING A SUBSTANCE AFFECTED INFANT?

A parent will be offered a CARA Plan of Care when an infant, defined as a child less than one year of age, has been determined to be affected by a legal or illegal substance and/or whose mother has a substance use disorder. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), "substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school or home."

The consensus definition of a **"substance affected infant"** is an infant:

- Whose mother is receiving medication assisted treatment for a substance use disorder and/or is actively engaged in treatment for a substance use disorder; or
- Whose mother is misusing prescription drugs, or is using legal or illegal drugs, and meets criteria for a substance use disorder, but is not actively engaged in a treatment program; or
- Who is experiencing symptoms of withdrawal; or is likely to experience symptoms of withdrawal, based on chronic, habitual, regular or recurrent use of a controlled substance by the mother during pregnancy; or
- Who displays the effects of a Fetal Alcohol Spectrum Disorder (FASD).

WHO DECIDES IF AN INFANT IS AFFECTED?

A qualified health care provider will determine if an infant is substance affected and should use the definition above to guide them in making the determination.

DO HOSPITALS COMPLETE A CARA PLAN OF CARE WHEN ONLY THE MOTHER'S URINE DRUG SCREEN IS POSITIVE AND THE INFANT'S SCREEN IS NEGATIVE, WITH NO WITHDRAWAL SYMPTOMS OR SIGNS OF FASD?

A CARA Plan of Care is completed when the health care provider determines if the infant is substance affected as defined above.

IF A POSITIVE DRUG TEST (MECONIUM, CORD BLOOD) IS RECEIVED AFTER THE MOTHER AND INFANT ARE DISCHARGED HOME, IS THE HOSPITAL STAFF RESPONSIBLE FOR CONTACTING THE FAMILY POST-DISCHARGE TO COMPLETE THE CARA PLAN OF CARE?

The hospital is responsible for completion of the CARA Plan of Care prior to discharge for all infants who are identified as substance affected. A positive toxicology result is not required to establish a CARA Plan of Care. The CARA Plan of Care's purpose is to provide appropriate services that aid the health, development and safety needs of the infant, the mother and family members; it is distinct from Child Protective Services (CPS) role.

WHAT ABOUT LEGAL SUBSTANCES (E.G, MARIJUANA, PRESCRIBED MEDICATION, ALCOHOL, ETC)?

Specific substances are not included or excluded in the definition of a substance affected infant. The definition should be used as guidance when determining if an infant is substance affected by any substance, whether legal or illegal. If an infant is determined to be substance affected by any substance, a CARA Plan of Care is required to be offered.

WHAT IF THE MOTHER REFUSES THE CARA PLAN OF CARE?

The CARA Plan of Care is voluntary. If the mother refuses to participate in the development of a CARA Plan of Care, this should be noted on the form that is submitted to the Department of Public and Behavioral Health (DPBH). A notification to CPS will still need to be made as the infant was identified as substance affected.

WHEN DOES THE CARA PLAN OF CARE NEED TO BE SUBMITTED BY HOSPITAL STAFF?

The CARA Plan of Care needs to be completed prior to discharge and is required to be given to the caregiver prior to the infant being discharged from the hospital. The plan must then be submitted to DPBH upon discharge but not later than 24 hours following discharge.

DOES THE HOSPITAL UPLOAD POSITIVE TOXICOLOGY REPORTS ON THE MOTHER AND BABY?

No. Only the CARA Plan of Care form needs to be uploaded.

HOW DOES CARA IMPACT MY MANDATED REPORTING OBLIGATION?

When an infant is determined to be substance affected a notification to CPS is required. Nevada Revised Statute (NRS) 432B.220 outlines abuse or neglect reporting requirements for persons who deliver or provide medical services to newborn infants. The health care provider is responsible for both completion of the CARA Plan of Care and notification to CPS. A CARA Plan of Care is not the same as a notification to CPS nor does the completion of a CARA Plan of Care negate the mandated reporting obligation to CPS. A notification to CPS may also be made if a health care provider has any concerns about the family or safety of the infant, regardless if the infant was determined to be substance affected.

DO I NEED TO NOTIFY CPS BEFORE A BABY IS BORN?

No, CPS is notified after a child is born.

WILL CPS INVESTIGATE EVERY NOTIFICATION?

No. Prenatal substance exposure, in and of itself, does not constitute maltreatment. CPS will take into consideration many risk factors to determine if an assessment should be initiated. Risk factors may include, immediate safety concerns, mother's attentiveness to infant in the hospital setting, mental health history, mother'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.

DOES THE HOSPITAL PROVIDE CPS WITH THE CARA PLAN OF CARE?

CPS may request it directly from the health care provider pursuant to NRS 432B.230 , NRS 432B.270 and NAC 449.

DO I NEED TO CREATE AN INFANT PLAN OF CARE IF THE INFANT IS DISCHARGED DIRECTLY TO CPS CUSTODY?

Yes. Even when CPS assumes custody of the infant, there must be a CARA Plan of Care in place prior to the infant's discharge. The CARA Plan of Care is provided to the family as well as CPS when there is an open case.

FOR MORE INFORMATION AND RESOURCES RELATED TO THE CARA PLAN OF CARE, PLEASE VISIT:

Department of Public and Behavioral Health – Perinatal Substance Use Treatment Network