MEMORANDUM

DATE: May 19, 2020

TO: Provider of health care as ascribed to it in NRS 629.031 and those who deliver or provide services to an infant affected by intrauterine substance exposure.

FROM: Division of Public and Behavioral Health

RE: CARA Plans of Care Reporting

Purpose

In accordance with the federal Child Abuse and Prevention Treatment Act (CAPTA, Pub. Law 93-247) and Comprehensive Addiction and Recovery Act (CARA, Pub..Law 114-198) which amended sections of CAPTA related to infants with prenatal substance exposure, Nevada Administrative Code (NAC) 449 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."*

This document provides clarification for health care providers in determining what population(s) of infants and families will be included in Nevada's approach to implementing CAPTA/CARA legislation.

Overview

The Division of Public and Behavioral Health (DPBH), and the Division of Child and Family Services (DCFS) have partnered together, in collaboration with the Nevada Perinatal Health Network to guide effective statewide implementation of CARA Plans of Care. The Nevada Perinatal Health Network was created to strengthen Nevada's system of care for pregnant/postpartum women and non-pregnant women of childbearing age, and to develop strategic approaches for outreach, identification, engagement, treatment, recovery support and care coordination. The stakeholders that comprise the Nevada Perinatal Health Network represent a public-private collaboration that includes health care providers, state agencies, managed care organizations, hospital administrators, and substance use treatment providers from across Nevada.

Determining who receives a CARA Plan of Care

It is important to understand that neither CAPTA nor Nevada Revised Statue require health providers to diagnose a (maternal) substance use disorder in order to offer and develop a CARA Plan of Care for the infant, mother and/or family member. The definition of "affected by" identifies criteria that includes, but is not limited to, scenarios where the infant's mother is receiving treatment for a substance use disorder or meets the criteria for a substance use disorder (SUD), but expressly avoids stipulating the

DSM Criteria in order to ensure that those completing (and documenting) CARA Plans of Care are not put in a position that may be at odds with their scope of practice.

As such CAPTA does not define "substance abuse" or "withdrawal symptoms resulting from prenatal drug exposure." States have flexibility to define the phrase, "infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure," so long as the state's policies and procedures address the needs of infants born affected by both legal and illegal substances. DPBH and DCFS, in collaboration with the Nevada Perinatal Health Network, have developed the following definition of an infant "affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure" to provide additional guidance in determining when and for whom a CARA Plan of Care is needed in Nevada. The following definition is effective immediately:

> 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."[i]
>
> 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;[ii] 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).

Please note that participation in a CARA Plan of Care is voluntary for a parent/caregiver however, when a CARA Plan of Care is completed, a report must be made to the local child welfare agency. If the parent/caregiver 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).
NRS 432B.220 requires a mandatory reporter "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" to make a report to Child Protective Services (CPS).

Please note that although a CPS notification is required, CPS is not required to intervene in every family. Refusal to participate in a CARA Plan of Care does not result in an automatic CPS investigation. CPS is separate from a CARA Plan of Care. The role of CPS is to determine if there any child safety issues that require CPS intervention. There may be circumstances where CPS does not become involved, however, the family and infant may have a CARA Plan of Care to address their service needs.

For additional questions about child welfare and child protective services please visit the state website, http://dcfs.nv.gov/Programs/CWS/. For contact information on your local CPS office please visit: http://dcfs.nv.gov/Programs/CWS/CWS-PhoneDirectory/ .

Additional Notes

DBPH and the Nevada Perinatal Health Network invite you to participate in a quality improvement project for the purpose of improving CAPTA/CARA implementation protocols and identifying additional training/education resources for providers, parents/caregivers, and family and community members that might be needed to support implementation. If you would like to provide feedback regarding the definition and/or the CARA form itself, please visit this link CARA Implementation Survey and take our quick survey which will be available through July 2020. The feedback provided will be used to better understand the target populations identified as benefiting from Plans of Care and the training and resources needed to support staff in effectively engaging mothers and caregivers in completing Plans of Care. Your participation can be anonymous.

Additionally, if you are interested in joining the Nevada Perinatal Health Network, please reach out directly to nevadaperinatalhealth@gmail.com for additional information. For questions on CARA Plans of Care, reporting or submissions please feel free to contact Aundrea Ogushi, Perinatal Substance Use Treatment Network and Women's Services Coordinator with DPBH via e-mail at aogushi@health.nv.gov.

Some helpful links have also been provided below for more information about substance use disorder during pregnancy and other resources available statewide. More materials and resources are to be disseminated in the summer of 2020.

In Nevada, pregnant women receive priority admissions at state-funded substance use treatment centers. If your patient is seeking treatment or emergency placement please visit the Crisis Support Services of Nevada https://cssnv.org/ for immediate assistance.

For additional guidance an available resources in our state please visit:

- https://sobermomshealthybabies.org/
- https://questreno.com/nas-program
- https://www.dignityhealth.org/las-vegas/about-us/press/press-center/EMPOWERED%20Program%20Launch
- https://www.southernnevadahealthdistrict.org/community-health-center/helping-first-time-parents-succeed/
- Clinical GuidanceSubstance Use During Pregnancy Provider Toolkit
- https://youtube/ Recognition and Prevention
- https://youtube/Infant Treatment Options
- http://dpbh.nv.gov/Programs/ClinicalSAPTA/Womens_Substance_Use_Prevention_and_Treatment/Women_s_Substance_Use_Prevention_and_Treatment/

[i] See https://www.samhsa.gov/find-help/disorders

[ii] Although, the symptoms depend on factors, such as the type of substance used and the length that the substance was used, generally, symptoms include: Blotchy skin coloring (mottling); Diarrhea; Excessive crying or high-pitched crying; Excessive sucking; Fever; Hyperactive reflexes; Increased muscle tone; Irritability; Poor feeding; Rapid breathing; Seizures; Sleep problems; Slow weight gain; Stuffy nose, sneezing; Sweating; Trembling (tremors) or Vomiting. This is not an exhaustive list; other symptoms of withdrawal may also be considered.