

Practice Guidelines for CARA Plan of Care

The Comprehensive Addiction and Recovery Act (CARA) of 2016

1. The need for CARA.
 - a. The federal Comprehensive Addiction and Recovery Act (CARA) was enacted in 2016. CARA is in response to the national opioid epidemic which includes an increase of the incidence of Neonatal Abstinence Syndrome(withdrawal). CARA legislation requires each state to address the needs of infants born with and identified as being affected by all substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder through a “Plan of Safe Care,” which Nevada refers to as CARA Plan of Care. The plan addresses the ongoing health, development and well-being needs of the infant and the parent.
2. How NV meets the requirements of CARA.
 - a. The Division of Public and Behavioral Health (DPBH) partnered with the Division of Child and Family Services (DCFS) to create a process for CARA Plans of Care to be implemented statewide by requiring healthcare providers to complete CARA Plans of CARE.
 - b. Chapter 449 of NAC was amended to meet the requirements of CARA. The regulation requires a provider of health care who delivers or provides services to an infant born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder in a medical facility to establish a CARA Plan of Care for the infant and prescribes the required contents of a CARA Plan of Care. It also requires a medical facility to provide a copy of the CARA Plan of Care to the parents or legal guardian of the infant and the DPBH. The regulation requires DBPH to: (1) monitor the implementation of each CARA Plan of Care to ensure that the infant and his or her family are receiving appropriate services; and (2) provide a copy of a CARA Plan of Care to an agency which provides child welfare services upon request. Additionally, the regulation provides for the confidentiality and safe maintenance of a CARA Plan of Care and any associated information.
 - c. NRS 432B.220, which outlines abuse or neglect reporting requirements was revised in 2017. This law previously required a report be made to DCFS when an infant was identified as affected by prenatal exposure to *illegal* substances. The law now requires prenatal exposure to *all* substances, whether legal or illegal, be reported to DCFS when an infant is identified as affected by this exposure.
3. How the CARA Plan of Care impacts your job in Child Welfare
 - a. The CARA Plan of Care will be the created with families prior to an infant’s discharge from the hospital; this plan will be provided to the family. In cases that warrant investigation due to abuse and neglect, the CARA Plan of Care will also be provided to the Child Welfare Agency upon request.
 - b. Prenatal substance exposure in and of itself is not abuse or neglect. Understanding the impact substance use has on caregivers and prenatal exposure has on infant development and care needs is important. This knowledge will support your ability to conduct thorough assessments, develop sufficient safety plans and create case plans that will meet the needs of families.

Substance Use and Infants

1. Defining substance exposed and affected.
 - a. Social workers must rely on medical providers to identify whether an infant is drug and/or alcohol affected. The worker must also rely on the medical provider to assess whether an infant is experiencing withdrawal symptoms, the severity of those symptoms and the course of treatment. The following information is provided so that social workers are able to communicate with medical providers and understand the medical providers diagnosis and recommendations for treatment.

Specific drugs often pose specific problems in infants

1. The following are examples of possible effects of in utero substance exposure.
 - Heroin and other opiates (including methadone): significant withdrawal, sometimes lasting four (4) to six (6) months. Seizures may occur from methadone withdrawal.
 - Amphetamines: low birthweight; premature birth.
 - Cocaine: poor fetal growth; developmental delays; learning disabilities; and lower IQ.
 - Marijuana: lower birthweights, smaller head circumference, decreased cognitive function and decreased attention.
 - Alcohol: slow growth during pregnancy and after birth; deformities of the head and face; heart defects; and intellectual disabilities.
 - Cigarettes: smaller babies than non-smokers; increased risk for premature birth and stillbirth.

Neonatal Abstinence Syndrome (NAS)

1. What is Neonatal Abstinence Syndrome (NAS)?
 - a. NAS is a group of problems that occur in a newborn as a result of sudden discontinuation of addictive opioids, licit or illicit, to which the newborn was exposed while in the mother's womb.
2. What causes NAS?
 - a. Almost all drugs pass through the placenta and into the fetus when the mother is pregnant and can cause the fetus to become dependent. At birth, the baby's dependence on that drug continues, however, since the drug is no longer available the baby's central nervous system becomes overstimulated causing symptoms of withdrawal.
 - b. Infants born to mothers participating in medication assisted treatment (MAT) programs are likely to present with NAS; yet MAT is an Evidence Based Practice (EBP) for pregnant women that results in better outcomes for mothers with opioid use disorders and her infants (workers need to understand it is better for mom and baby both to be on MAT)
3. Why is NAS a concern?
 - a. When a mother uses illicit substances, she places her baby at risk for many problems. Mothers who use drugs are less likely to seek prenatal care, which can increase risks to her and the baby. Women who use drugs are more likely to use more than one drug, which can complicate the treatment.
 - b. Additionally, specific difficulties of withdrawal after birth may include, but are not limited to: poor intrauterine growth; premature birth; seizures; and birth defects.
4. What are the symptoms of NAS?
 - a. Symptoms may vary depending on the type of substance used and the last time it was used. Symptoms of withdrawal may begin as early as 24-48 hours after birth or as late as five (5)

- to ten (10) days.
- b. The following are the most common symptoms:
 - Tremors (trembling).
 - Irritability (excessive crying).
 - Sleep problems.
 - High-pitched crying.
 - Tight muscle tone.
 - Hyperactive reflexes.
 - Seizures.
 - Yawning, stuffy nose and sneezing.
 - Poor feeding and sucking.
 - Vomiting.
 - Diarrhea.
 - Dehydration.
 - Sweating.
 - Fever or unstable temperature.
5. How is NAS diagnosed?
- a. An accurate report of the mother's drug usage is important, including the time of the last drug taken. A neonatal abstinence scoring system may be used to help diagnose and grade the severity of the withdrawal.
6. How is NAS treated?
- a. Infants suffering from withdrawal are irritable and often have a difficult time being comforted. Swaddling or snugly wrapping the baby in a blanket may help comfort the baby. (*See Tips for Caregivers on Caring for Substance Affected Infants*) Babies may also need extra calories because of their increased activity and may need a higher calorie formula. Intravenous fluids are sometimes needed if the baby becomes dehydrated or has severe vomiting or diarrhea.
 - b. Some babies may need medications to treat severe withdrawal symptoms, such as seizures and to help relieve the discomfort and problems of withdrawal. The treatment drug is usually in the same family of drugs as the substances the baby is withdrawing from. Once the signs of withdrawal are controlled, the dosage is gradually decreased to help wean the baby off the drug. The results of the scoring system are used in conjunction with an assessment of other factors, including the infant's gestational age, overall health, medical history, exposure to other substances, and tolerance or response to medications, to determine the course of treatment.

Opioid Use Disorder and Medically Assisted Treatment (MAT)

1. Opioid Use Disorder is defined by The American Congress of Obstetricians and Gynecologists (ACOG) as a pattern of opioid use characterized by tolerance, craving, inability to control use, and continued use despite adverse consequences. Opioid use disorder is a chronic, treatable disease which can be managed successfully by combining medications with behavioral therapy and recovery support.
2. Some parents may be engaged in Medically Assisted Treatment (MAT) to control an opioid addiction. The MAT program should include the use of medications, such as Methadone or Buprenorphine, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of the parent/caregiver substance abuse disorder.

3. To determine if a parent/caregiver is appropriately engaged in MAT, ask the parent/caregiver to sign a Release of Information with their provider. Talk to the provider to find out:
 - a. How long has the parent/caregiver been engaged in MAT?
 - b. Does the parent/caregiver's treatment plan include counseling and behavioral therapies to address their substance use disorder?
 - c. Is the parent/caregiver compliant with their treatment plan and are they consistently participating in the program?
 - d. Does the parent/caregiver receive random urinalysis testing?
 - e. Is the parent/caregiver receiving regular dosages of their medication?
 - f. Can the Provider share a monthly progress report of the parent/caregiver's participation or ask the parent to sign a release to do so.

Assessment

Child Welfare workers can utilize the CARA Plan of Care during their assessment. The following additional information may be useful to obtain when assessing safety and risk.

Nature and Extent of Exposure

- The nature and extent of the effects of the prenatal alcohol and/or drug exposure including the medical diagnosis and/or copy lab results. NAS Screening results.
- Type of drug exposure.
- Prenatal care history.
- Preparations for the care of the infant.
- Previous delivery of substance-exposed newborn infant.
- Child Protective Services history.
- Prior removal of other children by the courts.

Child Functioning

- The infant's medical condition and any current or ongoing health care needs, including an extended hospital stay prior to discharge.
- Special medical and/or physical problems in the newborn infant.
- Medical monitoring and/or special equipment or medications needed by the newborn infant.

Adult Functioning

- Behavior exhibited in the health care setting that suggest the caregiver may be suffering from mental illness and/or substance use which may be impairing their ability to care for the infant.
- Evidence of financial instability that affects the mother/father's ability to nurture or physically care for the child.
- Limited or no family support.
- The nature and extent of the mother's substance use.
- The nature and extent of mother's compliance with substance treatment including medication.
- The nature and extent of any history of mental illness, intimate partner violence or cognitive limitations that may impair the mother/father's ability to nurture or physically care for the child.

General Parenting

- Parenting skills demonstrated in the health care setting that suggest a lack of responsiveness to the newborn infant's needs (i.e., little or no response to infant's crying, poor eye contact, resistance to or difficulties in providing care).
- Home environment that presents safety or health hazards.
- The nature and extent of the impact of the alcohol or substance use on the mother's ability to provide proper care and attention to the newborn.

Informational Resources

1. The Division of Public and Behavioral Health maintains a webpage called Sober Moms *Healthy Babies*. The page is directed toward women who are using drugs or alcohol while pregnant, however, it is also a good resource for workers. The webpage describes the type of care available in Nevada and how to access them. <https://sobermomshealthybabies.org/substance-abuse/treatment-centers-resources/>
 - a. The *Nevada Substance Use During Pregnancy Provider Toolkit* which provides a list of state funded treatment providers who must grant admission priority for pregnant women and cannot deny treatment to pregnant women, regardless of their ability to pay can be found on the webpage.
 - b. In addition, the webpage has helpful informational resources on topics related to *Marijuana in Nevada: Pregnancy and Breastfeeding, Alcohol and Breastfeeding, Smoking and Pregnancy*.
2. *Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers* is a helpful guide which in addition to helping workers understand the relationship of alcohol and drugs to child welfare; it also emphasizes the importance of collaboration with substance abuse treatment partners to improve outcomes for children of parents with substance use disorders. <https://ncsacw.samhsa.gov/files/Understanding-Substance-Abuse.pdf>

References

Breshears, E.M., Yeh, S. & Young, N.K. *Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers*. U.S. Department of Health and Human Services. Rockville, MD: Substance Abuse and Mental Health Services Administration 2009. Available at: <https://ncsacw.samhsa.gov/files/Understanding-Substance-Abuse.pdf>

Substance Abuse and Mental Health Services Administration. *A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders*. HHS Publication No. (SMA) 16-4978. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016. Available at: <http://store.samhsa.gov/>.

Children and Family Futures November 23, 2016. *The Role of Plans of Safe Care in Ensuring the Safety and Well-Being of Infants with Prenatal Exposure, Their Families and Caregivers, A Discussion Draft in Development of a Technical Assistance White Paper and Draft Appendices 1-6*.