



INSTRUCTIONAL MEMORANDUM

DATE: March 29, 2021

TO: Tim Burch, Director, Clark County Department of Family Services
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FROM: Kathryn Roose, Deputy Administrator, Division of Child and Family Services

SUBJECT: UNITY input guidelines for the Comprehensive Addiction and Recovery Act (CARA) Plans of Care and additional reference materials

LEGAL AND RELATED REFERENCES:

Federal: Child Abuse Prevention and Treatment Act, Re-authorization Act 2010, Section 106(b)(2)(B)(ii)-(iii) (CAPTA); Individuals with Disabilities Education Act (IDEA, Part C, 2004); Comprehensive Addictions and Recovery Act of 2016 (CARA).

NAC: 432B.140; 150; 155; 160; 170; 180; 185; 190; 200; 210; 220; 230; 240; 260; NAC 449.

NRS: 432B.130; 160; 170; 190; 210; 220; 230; 240; 250; 255; 260; 270; 280; 290; 300; 310; 320; 330; 340; 370; 390; 400.

FEDERAL GUIDANCE AND REQUIREMENTS:

Since 2003, CAPTA has included a state plan requirement that the Governor of each state provide an assurance that the state has policies and procedures to address the needs of substance-exposed infants, including requirements to make appropriate referrals to child protective services (CPS) and other appropriate services, and a requirement to develop a plan of safe care for the affected infants.

In 2010, the provision was amended by Congress to also include infants affected by Fetal Alcohol Spectrum Disorder (FASD). Most recently, on July 22, 2016, the President signed into law CARA which, among other provisions, amended CAPTA to remove the term "illegal" as applied to substance abuse affecting infants and to specifically require that plans of safe care address the needs of both infants and their families or caretakers. CARA also added requirements relating to data collection and monitoring to include:

- the number of infants identified under subsection 106(b)(2)(B)(ii);
- the number of such infants for whom a plan of safe care was developed; and
- the number of such infants for whom a referral was made for appropriate services, including services for the affected family or caregiver.

PURPOSE:

This *Instructional Memorandum* is to provide information and instruction when entering intake reports, conducting investigations, and providing case management to infants who are born and identified as affected by a FASD or prenatal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

A healthcare provider will make the determination if an infant is identified as affected by a FASD or prenatal substance abuse or withdrawal symptoms resulting from prenatal drug exposure. If an infant is determined to be substance affected, the hospital is responsible to develop the CARA Plan of Care prior to the infant's discharge and provide the infant's family/caregiver with Part B of the plan, which has referral resources for the identified needs of the infant and family. The hospital is then required to notify the child welfare agency, regardless of whether abuse or neglect is indicated.

A CARA Plan of Care is NOT intended to establish whether an infant is safe in the care of their parent(s). The child welfare agency is still responsible to determine if an investigation is required and determine if there are safety issues that may be present for the infant and family.

CARA PLAN OF CARE POLICY AND UNITY INSTRUCTION:

This memorandum provides further information and UNITY data entry instructions for various child welfare staff who are handling or could potentially handle cases involving a substance affected infant who has a CARA Plan of Care.

- **POLICY 0519 – CARA PLAN OF CARE**

This policy provides information on the mandated reporting of substance affected infants, information that child welfare agencies should collect from hospitals/medical personnel during the intake process, how child welfare agencies can use and monitor the CARA Plan of Care, and the requirement to refer an infant with a CARA Plan of Care to Nevada Early Intervention Services (NEIS). This policy includes attachments with [practice guidelines for staff](#) and [tips for caregivers](#).

- **UNITY INSTRUCTIONS FOR 0519.0 CARA PLAN OF CARE POLICY**

This attachment provides step-by-step instruction entering information into UNITY for purposes of CARA. These instructions apply to various workers who are handling or may handle reports, investigations, and/or ongoing cases that involve an infant who has been identified as having a FASD or prenatal substance abuse or withdrawal symptoms resulting from prenatal drug exposure and subsequently has a CARA Plan of Care.

A UNITY update is anticipated, making minor changes to the intake referral form. This will allow child welfare agencies to capture the necessary data to ensure compliance with CARA and CAPTA. Additionally, this data will help child welfare agencies to better understand the service needs of this population. Once UNITY is updated, these instructions will be revised reflecting the changes.

Note: When investigation is required, DO NOT USE “SUBSTEXPINFANT” as an allegation type in UNITY. If the SUBSTEXPINFANT allegation is substantiated in UNITY, this is not reportable to the Central Registry. Pursuant to NRS 432B.310(2), child welfare agencies shall not report to the Central Registry any information concerning a child identified as being affected by a FASD, or prenatal substance abuse, or as having withdrawal symptoms resulting from prenatal drug exposure unless the agency determines that a person has abused or neglected the child after the child was born.

CARA RESOURCES FOR HEALTHCARE PROVIDERS

- CARA related information and materials used by healthcare providers can be found at:

http://dpbh.nv.gov/Programs/ClinicalSAPTA/Womens_Substance_Use_Prevention_and_Treatment/Women_s_Substance_Use_Prevention_and_Treatment/

<https://sobermomshealthybabies.org/plan-of-safe-care/>

- **CONSENSUS DEFINITION FOR HEALTHCARE PROVIDERS**

This definition was developed as a collaborative process with healthcare providers and the Department of Public and Behavioral health (DPBH) to provide guidance to healthcare providers when determining if 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 and a CARA Plan of Care must be offered.

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;ⁱ 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).

- **CARA PLAN OF CARE FORM (recently updated):**

The form was developed as a collaborative process with healthcare providers and the DPBH and is also available in Spanish. The intent of the CARA Plan of Care is to provide thorough discharge planning and appropriate services for both an affected infant and parent(s) and/or caregiver. The CARA Plan of Care form is completed by the healthcare provider prior to an infant's discharge from the hospital and the family and/or caregiver will receive a copy of Part B of the plan. Child welfare agencies may request the CARA Plan of Care from the healthcare provider.

- **CARA FAMILY BROCHURE**

This brochure was recently approved and distributed by DPBH to hospitals for parents and caregivers to help them understand the CARA Plan of Care process and provide information about prenatal substance exposure.

- **CARA PROVIDER FACT SHEET**

This fact sheet was recently approved and distributed by DPBH to hospitals for their healthcare providers. This fact sheet contains frequently asked questions and answers about completing CARA Plans of Care and reporting to CPS. This fact sheet may help CPS understand the guidance and requirements given to health care providers.

ATTACHMENTS:

- UNITY Instructions for 0519.0 CARA Plan of Care Policy

ⁱ 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.