CARA Plans of Care

OCTOBER 2021

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Disclosure

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**We do not** have any financial arrangements or affiliations with any corporate organizations which might constitute a conflict of interest with regard to this continuing education activity.
Objectives

To increase New Mexico stakeholder knowledge of the Comprehensive Addiction Recovery Act, CARA, and support stakeholder collaboration with families, providers, and supportive systems:

• Federal and State CARA Statutes
• Foundations of CARA in NM- a Public Health Approach
• Harm Reduction for Pregnant People
• CARA Plan of Care (Brief Review)
• Future of CARA in NM
The 2016 Comprehensive Addiction and Recovery Act (CARA) amended the Child Abuse Prevention and Treatment Act (CAPTA) to require that states identify and report annually on the following:

1. Number of newborns with substance exposure

2. Number of newborns with substance exposure for whom a Plan of Care has been created

3. Number of infants with a Plan of Care for whom referrals were made to appropriate services, including services for affected family members or caregivers
In 2019 New Mexico passed legislation that brought our state into compliance with CARA amendments to CAPTA

Under the new law...

✓ CYFD was required to develop rules to guide stakeholders in the care of newborns who exhibit physical, neurological or behavioral symptoms consistent with prenatal drug exposure or fetal alcohol spectrum disorder

✓ Provides that CYFD shall be notified if a baby is born with substance exposure

✓ Provides that pregnant individuals who disclose use of alcohol, nicotine, drugs or medications (including prescribed usage) will be offered supports through a Plan of Care

✓ Requires that CYFD create policy and procedures for statewide implementation of a Plan of Care process for any newborn with substance exposure
To comply with federal reporting requirements under CARA, CYFD must be notified of any newborn identified with substance exposure. The notification is accomplished by providing a copy of the Plan of Care or Notification form to the CARA Program at CYFD.

**Substance Exposure includes**: alcohol, marijuana, nicotine, drugs and medications, including prescribed ones.
Substance exposure in and of itself does not on its own merit an automatic report to CYFD Statewide Central Intake (SCI) for abuse or neglect.

All New Mexicans are still required to report suspected abuse and neglect when such referrals are warranted based on information beyond substance use during pregnancy.
Like other chronic diseases such as heart disease or asthma, treatment for drug addiction usually isn’t a cure. But addiction can be managed successfully. Treatment enables people to counteract addiction’s disruptive effects on their brain and behavior and regain control of their lives.

The chronic nature of addiction means that for some people relapse, or a return to drug use after an attempt to stop, can be part of the process, but newer treatments are designed to help with relapse prevention. Relapse rates for drug use are similar to rates for other chronic medical illnesses.

Treatment of chronic diseases involves changing deeply rooted behaviors, and relapse doesn’t mean treatment has failed. When a person recovering from an addiction relapses, it indicates that the person needs to speak with their doctor to resume treatment, modify it, or try another treatment.
Healthy Parenting Can Be Achieved

Despite the stigma often associated with parental use of substances,

“...empirical evidence attests drug addiction does not fully or always compromise parenting, and a healthy caregiving relationship can be preserved despite the psychopathological condition; in fact, addiction, as other disorders, and parenting are two partially independent domains and each one can be attributable to a host of factors, mental health and stressors.

CARA in New Mexico: An Evidence-Based Approach

Evidence examining 4.6 million births between 2003 - 2014 in 8 states:

- More infants are born experiencing drug withdrawal in states with policies that punish pregnant women for substance use.

Identified higher rates of *NAS in states with punitive policies towards substance use during pregnancy.

Punitive policies are harmful to pregnant people and babies.

*NAS = Neonatal Abstinence Syndrome
A coordinated, multisystem approach best serves the needs of pregnant people with substance use disorders and their infants. Substance abuse is viewed as a medical condition with social, economic, and cultural roots. Favor behavioral health service providers who demonstrate a nonjudgmental approach.

Support client/patient efforts at harm reduction.

Interventions should be provided in ways that prevent stigmatization, discrimination, criminalization, and marginalization of pregnant people and family members seeking treatment.

Prevention and treatment should promote and facilitate family, community and social support as well as social inclusion by fostering strong links with available childcare, economic supports, education, housing, and relevant services.
General Harm Reduction Strategies

- Health care/self care
  - Medical and dental care
  - Vaccinations- including COVID and Flu
  - Sleep and Nutrition

- Managing Use
  - Keep Track of Use
  - Set limits on times of use and amounts used
  - Create a Pros & Cons List
  - Attend Support Groups

- Create & follow parenting plans for times of use

- Safer Use
  - Test strips
  - Supervised Consumption Sites
  - Clean needles
  - Narcan distribution
  - Don’t use when alone
  - Use indoors/safer locations

- NARCAN Education and Training for family, friends, and service providers
Harm Reduction
Substance Use in Pregnancy

- Early and ongoing prenatal healthcare
- Vaccinations, including COVID (CDC, 8.10.21)
- Universal Screening for SUD, DV, ACES & mental health using validated verbal screening tool
- Reduce adversity and stress
- Supports for safer use/decreased use
- Medication for Opioid Use Disorder aka MAT (suboxone & methadone) during pregnancy

- Post-partum health care (“Fourth Trimester”)
- Universal Screening for SUD, DV, ACES & mental health using validated verbal screening tool
- Education on safe breastfeeding and lactation support (or alternatives)
- COVID vaccination
- Safe Sleep education, coaching, and material resources (bassinets/cribs/co-sleepers, etc)
The Impact of Substance Use in Pregnancy Maternal and Newborn Indicators in New Mexico

In the United States, maternal mortality review committees are providing compelling data that drug-related deaths are emerging as a leading cause of pregnancy-associated death (death during pregnancy or up to a year postpartum)


Maternal Mortality in New Mexico 2015 - 2017

A review of pregnancy-related and pregnancy-associated maternal deaths in New Mexico between 2015 - 2017 found that substance use did, or probably did, contribute to the death in 48% of cases, and could have been prevented.

Authors: Melissa Schiff, MD, MPH, Catherine Avery, CFNP, Katrina Nardini, CNM, WHNP:BC, MPH, Eirian Coronado, MA, Sarah Heartt, MPH candidate, Thomas Massaro, MD; UNM, NM DOH

Rates of Neonatal Abstinence Syndrome in NM 2000 – 2018

In 2018, New Mexico providers wrote 49.4 opioid prescriptions for every 100 persons (US average rate was 51.4)
Possible Short and Long-Term Effects of Substance Exposure

**IMMEDIATE EFFECTS:**
- Birth Anomalies
- Fetal Growth Restriction
- Neurobehavioral Adaptations
- Withdrawal – NAS/NOWS

**LONG TERM EFFECTS:**
- Achievement
- Cognition
- Language
- Self-Regulation
- Behavior – Internalizing/Externalizing

A CARA Plan builds a foundation for healthy development
Children with both prenatal drug exposure and early adversity face increased risks to later developmental outcomes.

Risks include disruption of neuro-developmental pathways which may lead to behavioral dysregulation and executive function difficulties.

Addressing the needs of infants with substance exposure and complex developmental experiences requires:

- Evidence-based interventions and policy change
- Systems integration

Fisher et al., 2011
Feldman et al., 2018
Plan of Care

- Is developed jointly by the parent(s)* and health care provider before the newborn leaves the hospital
- Encourages discussion about parent and family resources and strengths, needs, and priorities
- Is voluntary--families can choose services that they want or need and decline others; families may decline the POC entirely

*The POC most often is created with the newborn’s parent(s), but can be written with kinship guardians, designated caregivers, or resource (foster) caregivers

Two Generation Care Model

- Care Coordination
- Health Care
- Employment Assistance
- Transportation
- Mental Health Services
- Substance Use Treatment & Recovery
- Early Childhood Services
- Financial Assistance
- WIC SNAP TANF
- Food
- Baby Supplies
- Housing Assistance
- Baby Supplies
- Food
# Plan of Care

This 3-page document must be completed before discharge.

<table>
<thead>
<tr>
<th>Infant Name:</th>
<th>D.O.B.:</th>
<th>Admission Date:</th>
<th>Discharge Date:</th>
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<table>
<thead>
<tr>
<th>Infant’s Discharge Housing Status (Circle one):</th>
<th>Parental Home</th>
<th>Designated Caregiver Home</th>
<th>Facility/Shelter</th>
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<tbody>
<tr>
<td>Precariously Housed Home</td>
<td>Foster Home</td>
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</table>

<table>
<thead>
<tr>
<th>Biological Parents Discharge Housing Status if different from Infant (Circle one):</th>
<th>Unknown Home (Rented or Owned)</th>
<th>Facility/Shelter</th>
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</thead>
<tbody>
<tr>
<td>Correctional Facility</td>
<td>Precariously Housed</td>
<td>Homeless</td>
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<thead>
<tr>
<th>Infant’s Insurance Care Coordinator (IGC):</th>
<th>Infant’s Primary Care Provider (PCP):</th>
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<table>
<thead>
<tr>
<th>IGC Phone:</th>
<th>PCP Phone:</th>
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<thead>
<tr>
<th>Health Insurance Company:</th>
<th>First Appointment Following Discharge</th>
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<thead>
<tr>
<th>List Household Members over the age of 18 for this Infant:</th>
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<tbody>
<tr>
<td>Name</td>
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Support Services (continues on page 3):

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<thead>
<tr>
<th>Service</th>
<th>Name of Organization / Contact</th>
<th>Current</th>
<th>Referred</th>
<th>Declined</th>
<th>Interests needs follow up</th>
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<tr>
<td>12-Step Program</td>
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<tr>
<td>Childcare</td>
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<tr>
<td>Children’s Medical Services</td>
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<td>Domestic Violence Services</td>
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<td>Early Intervention</td>
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<td>Financial Assistance</td>
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<td>Home Visiting</td>
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<tr>
<td>Housing Assistance</td>
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<td>Infant Mental Health</td>
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<tr>
<td>Medication-Assisted Treatment</td>
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</tbody>
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If you have questions or need assistance with your plan of care, please contact a CARA Navigator:

CALL or TEXT 505-396-0423; 505-629-3602; or 505-470-4032
https://sharenm.org/CARA

If you have questions or need assistance with your plan of care, please contact a CARA Navigator:

CALL or TEXT 505-396-0423; 505-629-3602; or 505-470-4032
https://sharenm.org/CARA
Infant Name: ___________________________ D.O.B.: ____________________

Caregiver refuses referral for Care Coordination. If they refuse, the plan of care will not be sent to the insurance or Managed Care Organization (MCO): Yes  No

Parent Name: __________________ Parent Signature: ___________ Date: __________

Staff Name: ___________________ Staff Signature: ___________ Date: __________

Safe Sleep Training Provided prior to discharge from the hospital: Yes  No

Family has been reported to CYFD Child Protective Services Division.

Name of CYFD Caseworker (if applicable): ________________________________

Acknowledgment of Understanding
I understand that information contained in this form will be submitted to the New Mexico Department of Health (DOH) and New Mexico Children Youth and Families Department (CYFD) as required by NM statute (Children’s Code 57A-4-9).

I understand that I may request Care Coordination and/or a CARA Plan of Care for my infant and family even if I have refused these services initially. I understand that I may be contacted by a DOH/CYFD CARA Navigator regarding my experience with CARA.

Release of Information
I hereby authorize the State of New Mexico to obtain pertinent information to include medical, social, and educational information. I understand that the disclosure of pertinent information may include substance use disorder and/or mental health records or information and hereby authorize the disclosure of such records and information. I authorize the State of New Mexico to release information received by organizations referred to in the Support Services section and the following providers identified in the plan of care: Department of Health: Children’s Medical Services, Family/Caregivers, Primary Care Provider, Insurance Care Coordinator, Children Youth and Families Department, third party payers.

I also hereby authorize that a photocopy of this authorization be accepted with the same authority as this original. Any person or agency receiving this information will be directed to treat it as confidential and for the sole purpose of collaboration on this plan of care. This release is valid for two years.

If you have questions or need assistance with your plan of care, please contact a CARA Navigator: CALL or TEXT 505-390-0423; 505-629-3002; or 505-470-1032
https://sharenm.org/CARA

Informed Consent

ROI

Mental Health Counseling
Parenting Group
Recovery Support
Smoking Cessation
Substance Abuse Counseling
WIC/SNAP/TANF
Transportation
Other (Specify):
Other (Specify):

services cont.
CARA Plan of Care Flowchart

At time of birth and during implementation of POC, providers continue to assess:

- Can parent care for infant? and/or Does family have adequate supports?
- If NO
  - Parent/Caregiver refuses the Plan of Care at birth
  - Newborn transfers to another facility
  - Positive cord/meconium result occurs after newborn has discharged

If family is not living within tribal jurisdiction, parent consent is needed

- Contact Tribal Social Services for support to Plan of Care

Is either parent a Tribal Member?

- Is either parent a Tribal Member?
  - Yes
    - Referral to SCI Statewide Central Intake
  - No
    - Parent(s)/Caregivers

POC is submitted to:
- CYFD CARA
- DOH CARA

Referrals are sent to:
- Baby Care/Care Plan
- CYFD CARA
- DOH CARA

Situations where POC may be delayed:
- Newborn transfers to another facility
- Positive cord/meconium result occurs after newborn has discharged
- The Plan of Care is voluntary:
  - Parent/Caregiver refuses the Plan of Care at birth

Implementation of Plan of Care

- Providers/Programs identified on the POC
- Infant’s Primary Care Provider
- Care/Service Coordination provided by one of the following:
  - MCO Care Coordinator (Infant)
  - DOH Children’s Medical Services
  - Designated Service Provider Case Mgr.
  - Designated CARA Navigator
  - Parent/Caregiver

- CARA Program offers follow-up and QA with families
- IF family disengages or cannot be reached

Notification to CARA DOH & CYFD is required in these situations:
- “CARA Notification of Newborn Status”
- Sharenm.org/CARA

Voluntary, universal verbal screening

Prenatal Period

Expecting Parent Plan of Care

Birth

Create Plan of Care

Prior to newborn discharge

Abuse/Neglect Referral to SCI Statewide Central Intake

Will cross refer to Tribal Social Services for families living within tribal jurisdiction

Plans are submitted to CARA/DOH & CYFD
1. Electronically via “NM Healthy Families” portal OR
2. Paper form via secure fax

If family is not living within tribal jurisdiction, parent consent is needed

Coordinator engages with family and with service providers on a regular basis regarding progress and changes in circumstances that may require updates to the POC. Assessment for continuation of POC occurs at age 12 months.
Best Practices: A vision for the future

✓ Access to prenatal care for all pregnant people in New Mexico.

✓ Universal screening at first visit for substance use, ACES, domestic violence, and other needs or risk factors with a validated tool.

✓ Expand or replicate wrap-around service programs for families that integrate SUD treatment with prenatal and early intervention/early childhood services.
New Mexico CARA Plans of Care 2020 Data

<table>
<thead>
<tr>
<th>CARA Plan of Care Data</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Plans</td>
<td>1105</td>
</tr>
<tr>
<td>Percentage of Plans with 2 or more substances identified</td>
<td>42%</td>
</tr>
</tbody>
</table>

**Exposures on POCs in order of frequency of occurrence (2020):**
- Marijuana
- Methamphetamine
- Opioids (inc. heroin, fentanyl, and prescribed)
- Alcohol
- Cocaine
- Nicotine, barbiturates, and “other”

<table>
<thead>
<tr>
<th>EC Services on Plans of Care</th>
<th>Number of referrals 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childcare</td>
<td>70</td>
</tr>
<tr>
<td>Early Intervention</td>
<td>494</td>
</tr>
<tr>
<td>Home Visiting</td>
<td>424</td>
</tr>
<tr>
<td>Infant Mental Health</td>
<td>45</td>
</tr>
</tbody>
</table>

**2020 CDC Behavioral Risk Factor Surveillance System (BRFSS) Females in New Mexico (3,805 respondents):**
- 40.3% used alcohol in the past 30 days
- 8.5% reported “binge” drinking (4 or more drinks on one occasion)

**2019 NM Youth Risk and Resiliency Survey (YRRS) High School Females:**
- 2.8% had used methamphetamine
- 13.2% were binge drinking
- 28.1% had current marijuana use
The Comprehensive Addiction and Recovery Act (CARA) establishes a comprehensive, coordinated, balanced strategy for decreasing the impact of prenatal substance use through prevention and education efforts and by promoting treatment and recovery.

**Mission:** To improve the health, well-being, and safety of substance-exposed newborns in New Mexico by coordinating a network of comprehensive supports and services that promote healthy parenting, family relationships, and improved outcomes for newborns with substance exposure from birth through early childhood.

**CARA Tracking and Evaluation Report** for 2020 is now available. Download here.

To learn more about CARA Plans of Care and supports and services available, please use the following links:

- Information for expecting and new parents: [CARA Families](https://www.sharenm.org/cara)
- Resources for medical and social services providers: [CARA Providers Page](https://www.sharenm.org/cara)
- To learn more about the CARA project's description and implementation in New Mexico, [click here](https://www.sharenm.org/cara)
Congenital Syphilis

SCREENING

Expecting mothers should be screened for syphilis during their first prenatal visit and multiple times during the pregnancy.

CS can be cured with the right antibiotics from a health care provider during pregnancy.

WHEN UNTREATED DURING PREGNANCY

May cause miscarriage, stillbirth, or death of newborn.

Up to 40% of babies born to women with untreated syphilis may be stillborn or die from the infection as a newborn.

POSSIBLE EFFECTS OF CS FOR NEWBORNS EXPOSED TO SYPHILIS

- Deformed bones
- Severe anemia (low blood count)
- Enlarged liver and spleen
- Jaundice (yellowing of the skin or eyes)
- Brain and nerve problems, like blindness or deafness
- Meningitis
- Skin rashes

It is possible that a baby with CS won’t have any symptoms at birth. Health problems usually develop in the first few weeks after birth, but they can also happen years later.

Treatment following birth might not undo any damage that the infection has already done.

RECOMMENDED FOLLOW-UP (NEWBORN EXPOSED TO SYPHILIS)

- Long bone x-ray/scan before hospital discharge
- Ophthalmology follow up due to potential vision issues
- PCP visits for lab work at 2, 4 and 6 months of age
RESOURCES

https://mothertobaby.org/
Resources for families and service providers

For Additional Information about Specific Substances and their Use During Pregnancy and Breastfeeding:


https://www.drugabuse.gov/publications/research-reports/substance-use-in-women/substance-use-while-pregnant-breastfeeding

Sudden Unexplained Infant Death (SUID) and Substance Exposure


Risk Factors and Theories - SIDS Sudden Infant and Early Childhood Death - NCBI Bookshelf (nih.gov)

https://ncsacw.samhsa.gov/topics/pregnant-postpartum-women.aspx

Pregnancy and Substance Use: A Harm Reduction Toolkit (1).pdf

https://mothertobaby.org/Resources-for-families-and-service-providers

11/4/2021
Opportunities to help families thrive rather than survive

Pre-pregnancy: During this time, interventions can include promoting awareness among women of child-bearing age and their family members of the effects that prenatal substance use can have on infants.

Prenatal: During this time, health care providers have the opportunity to screen pregnant women for substance use as part of routine prenatal care and to make referrals that facilitate access to treatment and related services for the women who need these services.

Birth: Interventions during this time include health care providers testing newborns for prenatal substance exposure at the time of delivery and offering supportive services (Plan of Care).

Neonatal: During this time, health care providers can conduct a developmental assessment of the newborn, review the Plan of Care and ensure access to services for the newborn as well as the family.

Throughout childhood and adolescence: During this time, interventions include the ongoing provision of coordinated services for both child and family.
Thank you!

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Susan Merrill, LCSW
DOH CARA Manager and Navigator
Phone: 505-470-4032
Susan.Merrill@state.nm.us

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