



# CARA Plans of Care



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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

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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

# Federal Law

2016

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:

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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

# New Mexico State Law

## 2019

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

# New Mexico Plan of Care & Notification Requirement

## Plan of Care Requirement

Birthing Facilities and Hospitals in NM are **required to offer** a CARA Plan of Care to every family of a newborn when substance exposure has been identified.

**Plan of Care**  
This paper document must be completed before discharge.

If substance use disorder or other parent use involving with the parent ability to care for the infant, or if there are concerns that the family does not have adequate supports, a referral shall be made to CYFD Child Protective Services for potential child abuse/neglect. Creating a Plan of Care does not remove the family from potential investigations by CYFD. Doc #547C.

Infant Name: \_\_\_\_\_ Admission Date: \_\_\_\_\_  
D.O.B.: \_\_\_\_\_ Discharge Date: \_\_\_\_\_  
Discharge Address (Street, City, Zip Code): \_\_\_\_\_ Discharge Phone: \_\_\_\_\_

Infant's Discharge Housing Status (Circle one): \_\_\_\_\_ Facility/Shellter  
Parental Home Designated Caregiver Home  
Previously Housed Foster Home

Biological Parents Discharge Housing Status if different from Infant (Circle one): \_\_\_\_\_ Facility/Shellter  
Unknown Home (Housed or Unhoused) Correctional Facility Previously Housed Homeless

Infant's Insurance Care Coordinator (ICC): \_\_\_\_\_ Infant's Primary Care Provider (PCP): \_\_\_\_\_  
ICC Phone: \_\_\_\_\_ PCP Phone: \_\_\_\_\_  
ICC Fax: \_\_\_\_\_ PCP Fax: \_\_\_\_\_  
Health Insurance Company: \_\_\_\_\_ First Appointment Following Discharge: \_\_\_\_\_  
Health Insurance Plan: \_\_\_\_\_ AM/PM

List Household Members over the age of 18 for this infant.

Name	DOB	Relationship to Infant	Contact Information
1. _____	_____	Mother	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

If you have questions or need assistance with your plan of care, please contact a CARA Navigator.  
CALL or TEXT 1-800-999-9125 (M-F 9:00 AM-5:00 PM) or 1-800-474-4843  
<https://hhs.nm.gov/CARA>

## Federal Reporting by CARA CYFD

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

# New Mexico Children's Code 2019

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.

# Substance Use Disorder: a Manageable Chronic Disease

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### Addiction can be managed

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.

### Treatment is not a Cure

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.*

### Relapse = Reengage

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

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Despite the stigma often associated with parental use of substances,



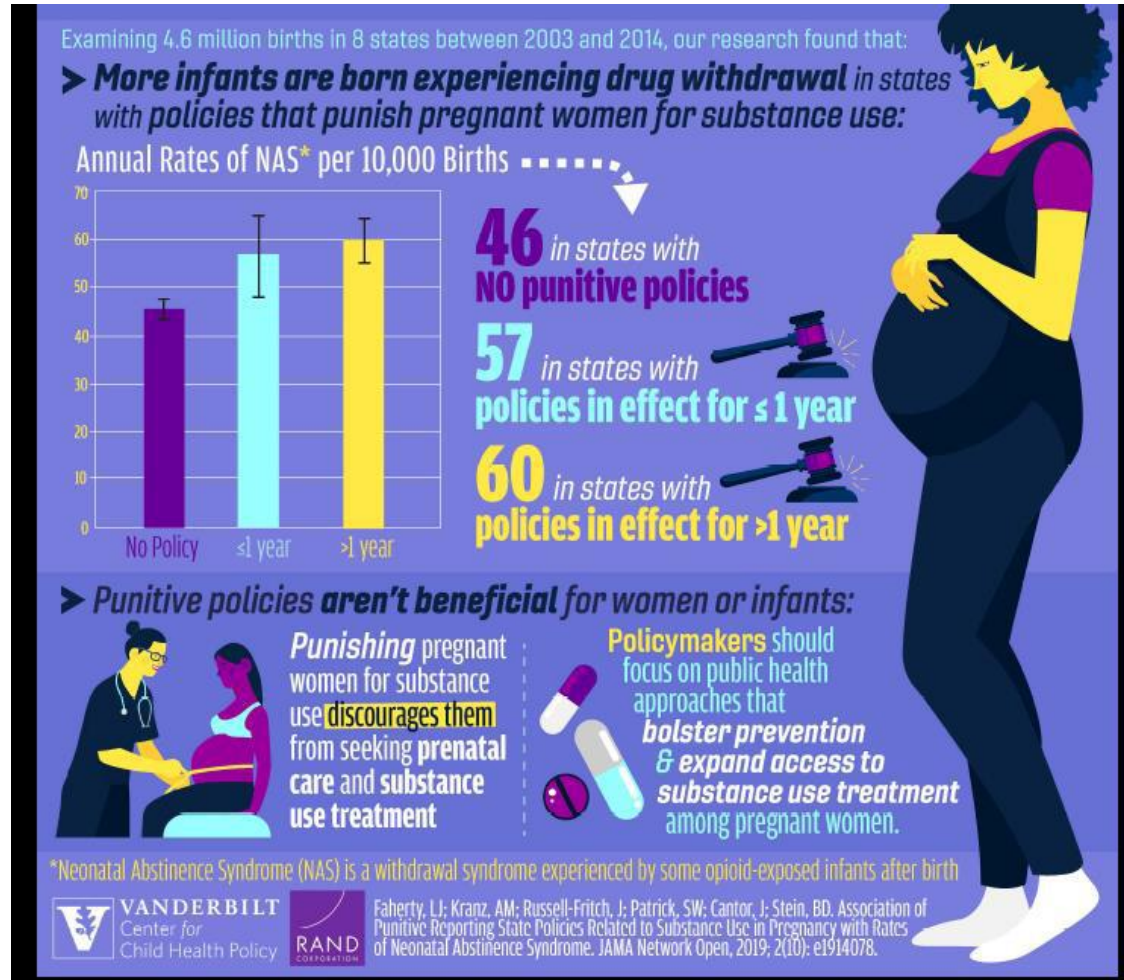
“...empirical evidence attests drug addiction does not fully or always compromise parenting, and a healthy caregiving relationship can be preserved despite the psychopathological condition; in fact, addiction, as other disorders, and parenting are two partially independent domains and each one can be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



Parolin M and Simonelli A (2016) Attachment Theory and Maternal Drug Addiction: The Contribution to Parenting Interventions. *Front. Psychiatry* 7:152. doi: 10.3389/fpsy.2016.00152 <https://psycnet.apa.org/record/2016-59720-001>

# CARA in New Mexico: An Evidence-Based Approach

Punitive policies are harmful to pregnant people and babies



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

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

\*NAS = Neonatal Abstinence Syndrome

# Best Practices: Nonjudgmental and Collaborative Care

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

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## 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

Thank you, Home Visitors!

- ✓ Education on potential effects of substances during pregnancy on the expecting parent and the fetus
- ✓ Consistent communication throughout systems including public health campaigns and industry messaging
- ✓ Access to reproductive health care

Education and  
Public Policies

- 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

Prenatal

- 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)

Neo-natal

# 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)

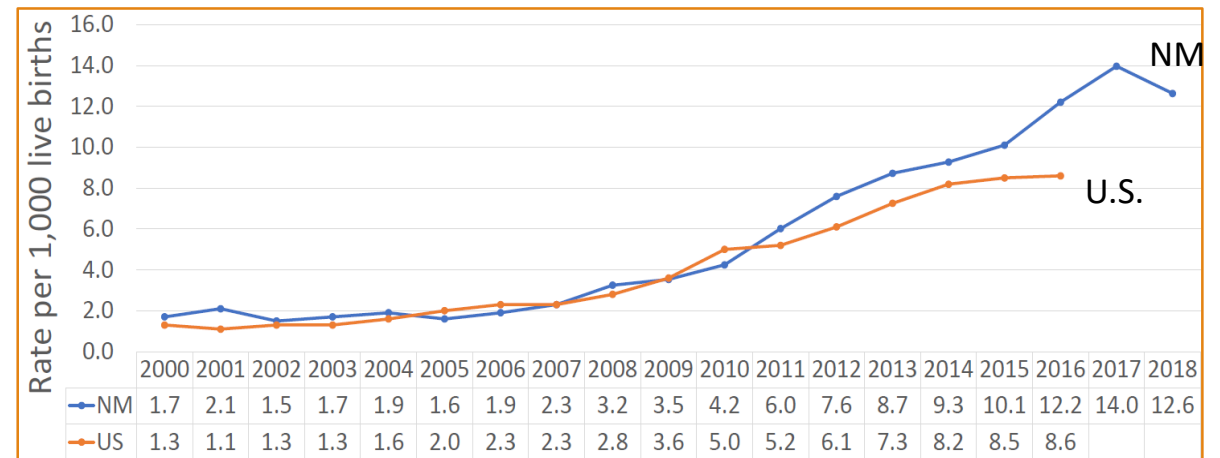
*American Journal of Obstetrics & Gynecology, Vol. 1, Issue 2, Nov. 1, 2020*

## 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



Sources: US: Weighted national estimates from Healthcare Cost and Utilization Project (HCUP) Nationwide Inpatient Sample (NIS), 2000, Agency for Healthcare Research and Quality (AHRQ), based on data collected by individual states and provided to AHRQ by the states. New Mexico: Hospital Inpatient Discharge Data (HIDD).

**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



## Prenatal Substance Exposure and Adversity

Prenatal drug exposure may co-occur with other types of adverse childhood experiences (ACEs)

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

## *Two Generation Care Model*

- 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

If substance use disorder or other factors are interfering with the parents' ability to care for the infant, or if there are concerns that the family does not have adequate supports, a referral shall be made to CYFD Child Protective Services for potential child abuse/neglect. Creating a Plan of Care does not exempt the family from potential investigation by CYFD. Dial #SAFE.

# Plan of Care

This 3-page document must be completed before discharge.

Infant Name:	Admission Date:
D.O.B.:	Discharge Date:
Discharge Address (Street, City, Zip Code):	Discharge Phone:

### Infant's Discharge Housing Status (Circle one):

Parental Home    Designated Caregiver Home    Facility/Shelter  
Precariously Housed    Foster Home

### Biological Parents Discharge Housing Status if different from Infant (Circle one):

Unknown    Home (Rented or Owned)    Facility/Shelter  
Correctional Facility    Precariously Housed    Homeless

Infant's Insurance Care Coordinator (ICC):	Infant's Primary Care Provider (PCP):
ICC Phone:	PCP Phone:
ICC Fax:	PCP Fax:
Health Insurance Company:	First Appointment Following Discharge:
Health Insurance Plan:	___/___/___ :___ AM/PM

### List Household Members over the age of 18 for this infant:

Name	DOB	Relationship to Infant	Contact Information
		Mother	
2.			
3.			

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.: \_\_\_\_\_

### Other Key Contacts (Optional)

Name	Age	Relationship to Infant	Contact Information
1.			
2.			

### Applicable Criteria for Plan of Care: Check all substances to which infant was exposed in utero.

Substance	✓	Substance	✓
Alcohol		Methamphetamine	
Benzodiazepines		Nicotine	
Buprenorphine (Subutex, Suboxone)		Opioids	
Marijuana		Other (Specify):	
Methadone		Other (Specify):	

### Support Services (continues on page 3):

Service	Name of Organization / Contact	Current ✓	Referred ✓	Declined ✓	Interested needs follow up
12-Step Program					
Childcare					
Children's Medical Services					
Domestic Violence Services					
Early Intervention					
Financial Assistance					
Home Visiting					
Housing Assistance					
Infant Mental Health					
Medication-Assisted Treatment					

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

services cont.

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

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 32A-4-3).

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 payors.

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 505-396-0423; 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: \_\_\_\_\_

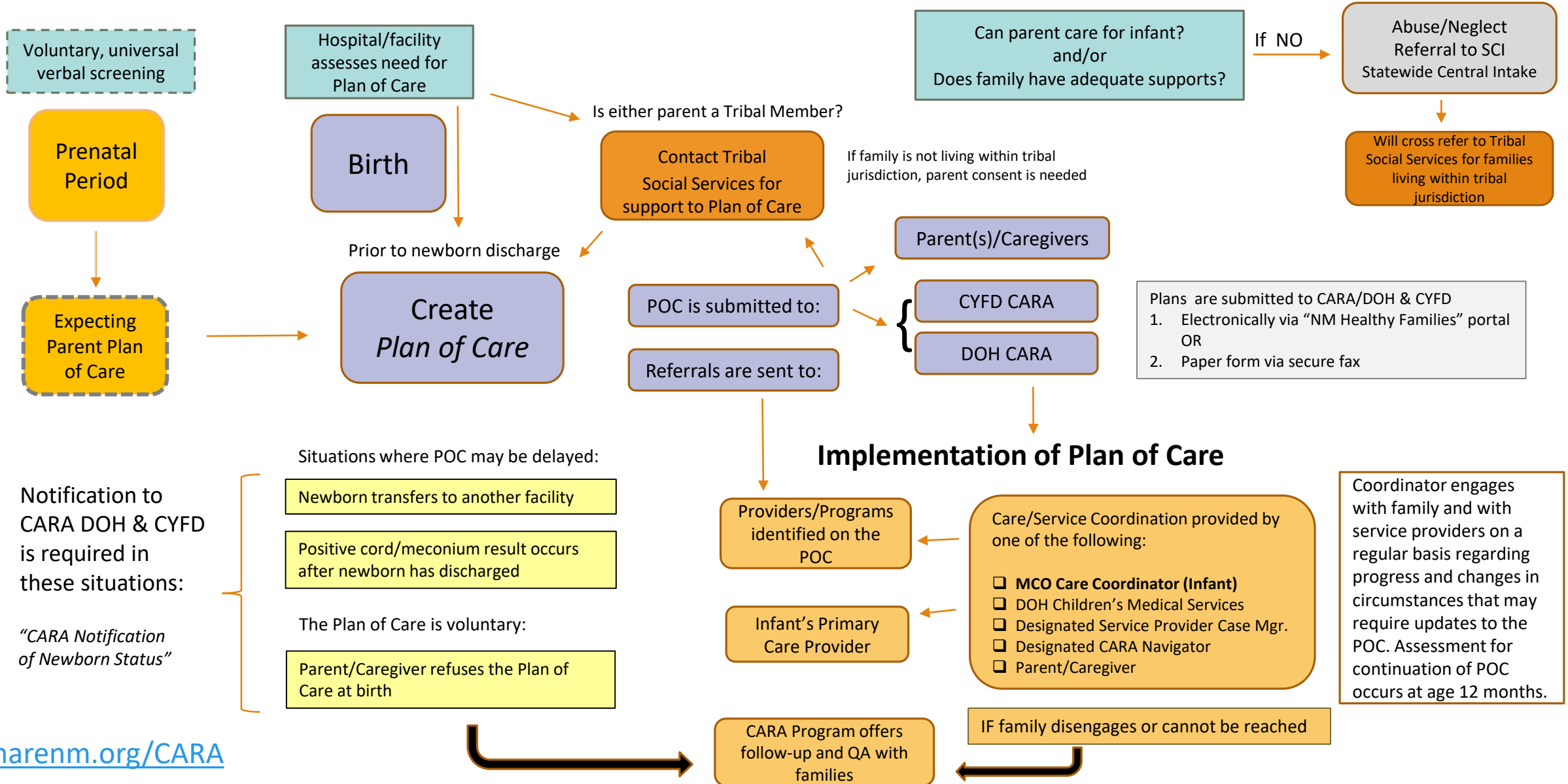
Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

informed consent

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>

# CARA Plan of Care Flowchart

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



[sharenm.org/CARA](http://sharenm.org/CARA)

# 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.

## Expecting Parent Plan of Care

Expecting Parent Name:	Expected Delivery Date:
D.O.B.:	Expected Delivery Hospital:
Discharge Address (Street, City, Zip Code):	Discharge Phone:

**Biological Parents Discharge Housing Status (Circle one):**

Unknown      Home (Rented or Owned)      Homeless      Insecure Housing



# New Mexico CARA Plans of Care 2020 Data

CARA Plan of Care Data	2020
Total Number of Plans	1105
Percentage of Plans with 2 or more substances identified	42%

EC Services on Plans of Care	Number of referrals 2020
Childcare	70
Early Intervention	494
Home Visiting	424
Infant Mental Health	45

## **Exposures on POCs in order of frequency of occurrence (2020):**

Marijuana  
 Methamphetamine  
 Opioids (inc. heroin, fentanyl, and prescribed)  
 Alcohol  
 Cocaine  
 Nicotine, barbiturates, and “other”

## **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

# CARA Website



[Resource Directory](#)

[Grants & Funding](#)

[Social Initiatives](#)

[County Pages](#)



## CARA

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.

<https://www.sharenm.org/cara>

**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:

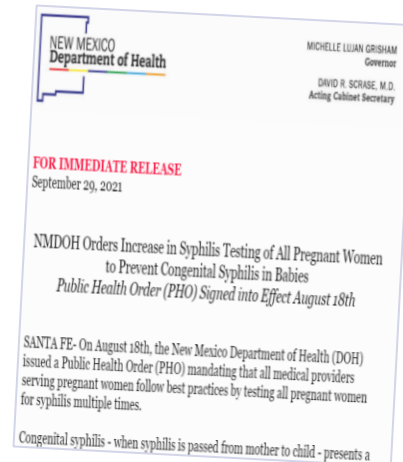
- Information for expecting and new parents: [CARA Families.](#)
- Resources for medical and social services providers: [CARA Providers Page](#)
- To learn more about the CARA project's description and implementation in New Mexico, [click here](#)

# 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.*

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.

## 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

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:

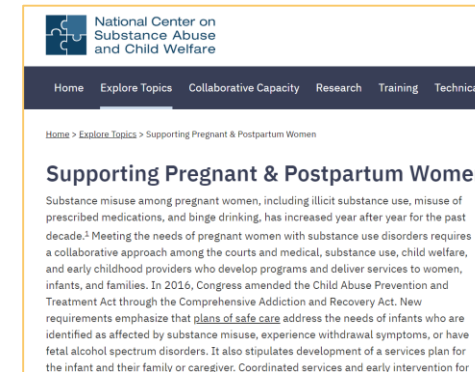
NIDA. 2021, June 22. Substance Use While Pregnant and Breastfeeding. Retrieved from <https://www.drugabuse.gov/publications/research-reports/substance-use-in-women/substance-use-while-pregnant-breastfeeding> on 2021, October 7

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

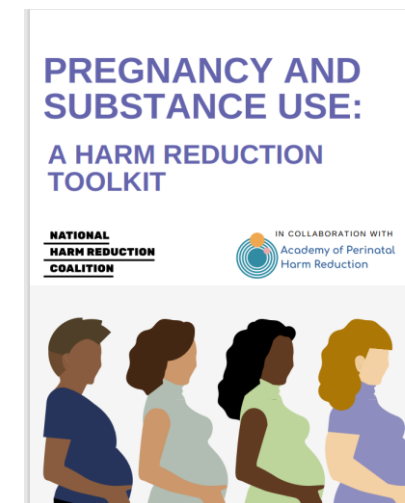
## Sudden Unexplained Infant Death (SUID) and Substance Exposure

Moon RY, Hauck FR. Risk Factors and Theories. In: Duncan JR, Byard RW, editors. SIDS Sudden Infant and Early Childhood Death: The Past, the Present and the Future. Adelaide (AU): University of Adelaide Press; 2018 May. Chapter 10. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK513386/>

[Risk Factors and Theories - SIDS Sudden Infant and Early Childhood Death - NCBI Bookshelf \(nih.gov\)](https://www.ncbi.nlm.nih.gov/books/NBK513386/)



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



[Pregnancy and Substance Use - A Harm Reduction Toolkit \(1\).pdf](#)

# Continuum of Care

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*Opportunities to help families thrive rather than survive*



[ncsacw.samhsa.gov](https://www.ncsacw.samhsa.gov)

**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!



## **New Mexico Department of Health Children's Medical Services**

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