State of Nevada
Department of Health and Human Services
Division of Child and Family Services

Developing a Coordinated Response to Substance Affected Infants
Infant Plan of Safe Care
Presented By: Judy DuMonte / Hayley Jarolimek
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Session Objectives

• Understand the scope of the problem of infants born with Neonatal Abstinence Syndrome.

• Understand recent revisions to Nevada Revised Statute (NRS) requiring health care providers to notify Child Protective Services (CPS) of infants affected by illegal and legal prenatal substance use.

• Learn how NV is developing a coordinated response to the treatment of pregnant women with opioid disorder and implementation of federally mandated “Infant Plans of Safe Care” for affected infants and their family. *Nevada’s Infant Plans of Safe Care will be referred to as “CARA Plan of Care in NV”.*
Scope of the Problem in U.S.

• Defining Neonatal Abstinence Syndrome (NAS)

• Increase of the incidences of Neonatal Abstinence Syndrome (NAS) in Nevada has gone from 112 hospital admissions in 2010 to 279 in 2017.

• In addition, the neonatal intensive care unit (NICU) admissions increased in Nevada by 9% from 2010 to 2017.
Scope of the Problem in Nevada

Female Substance Use
Emergency Department Encounters, 2010-2015

- Hallucinogens
- Opioids
- Sedatives
- Stimulants

Legend:
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
Female Substance Use

Inpatient Admissions, 2010-2015

- Hallucinogens
- Opioids
- Sedatives
- Stimulants

Scope of the Problem in Nevada

Hospitalizations of Neonatal Withdrawal Syndrome by Payer, 2015

- Nevada Medicaid HMO: 46%
- Nevada Medicaid: 30%
- HMO: 7%
- Self Pay: 5%
- Negotiated Discounts e.g. PPO: 6%
- Commercial Insurer: 4%
- Miscellaneous: 1%
- CHAMPUS: 1%
Comprehensive Addiction and Recovery Act

CARA was enacted in July 2016 in response to the national opioid epidemic. The law includes requirements for:

- Services to substance exposed newborns and caregivers
- CARA Plan of Care
- Data Reporting
- Monitoring of Compliance
The goal of CARA is not to remove children or punish mothers for drug use, but to ensure child safety and address the health and substance use disorder treatment needs of both the affected infant and family or caregiver.

The CARA Plan of Care is meant to facilitate communication and coordination among service providers to support the well-being of the infant as well as identify services for the caregiver(s).
Nevada Revised Statute 432B.220
Notification Requirements for Healthcare Providers

“Any person 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 **illegal** prenatal substance abuse or has withdrawal symptoms resulting from prenatal drug exposure shall, as soon as practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the newborn infant is so affected or has such symptoms, notify an agency which provides child welfare services of the condition of the infant and refer each person who is responsible for the welfare of the infant to an agency which provides child welfare services for appropriate counseling, training, or other services.”
• Under NRS 432B.121 (1), a person has "reasonable cause to believe" based on known facts or circumstances, events, or conditions that would cause a reasonable person to believe that child abuse has occurred or may be occurring.

• This report must be made within 24 hours after there is reason to believe that a child has been abused or neglected.

• There are penalties for required reporters when a report is not received within the time limit (NRS 432B.240).

• Immunity from civil or criminal liability extends to every person who in good faith makes a report pursuant to NRS 432B.220.
Content of the Reports

The report must contain the following information, if obtainable (NRS 432B.230):

• Name, address, age and sex of the child;
• Name and address of the child’s parents or other person who is responsible for his care;
• The nature and extent of the abuse or neglect of the child;
• Any evidence of previously known or suspected abuse or neglect of the child or child’s siblings;
• The name, address and relationship, if known, of the person who is alleged to have abused or neglected the child;
• Any other information known to the person making the report.
Where to Report

• Clark County Department of Family Services
  702-399-0081

• Washoe County Human Services Agency
  775-785-8600

• Division of Child and Family Services
  Rural Counties
  800-992-5757
CARA Plan of Care

The CARA Plan of Care in Nevada must ensure the safety and well-being of infants following the release from the care of health care providers, by:

1. addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver;

2. monitoring of these plans by the Division of Public and Behavioral Health (DPBH) to determine whether and how local entities are making referrals and delivering appropriate services to the infant and affected family or caregiver; and

3. developing the CARA Plan of Care for infants affected by any or all substances.
Perinatal Substance Use Treatment Network and Women’s Services Coordinator’s Next Steps

- Facilitate acceptance of medication assisted treatment (MAT).
- Develop a statewide system of care.
- Develop protocols for consistent and early identification of pregnant women and infants with prenatal exposure.
- Understand and maximize financial resources.
- Develop data infrastructure.
Wrap Around Services

FOR EXAMPLE

- Substance Abuse TX
- Mental Health TX
- Early Intervention Services
- Child Care Housing
- Primary Health Care
- Medication Assisted TX (MAT)

Infant and Caregiver
Intervention Points

Pre-Pregnancy
- Promote awareness of the effects of prenatal substance use for women of child-bearing age and their families.

Prenatal
- Encourage healthcare providers to screen pregnant women for substance use as part of routine prenatal care and make necessary referrals to facilitate access to treatment.

Birth
- Test newborns for substance exposure at the time of delivery.
- Post-Partum/Neonatal
  - Provide developmental assessments and corresponding provisions of services for the newborn and family immediately after birth.
- Infancy and Early Youth
  - Ongoing service coordination for the child and family.
# The Power of Words

## Hurt or Heal

### Stigmatizing Words | Preferred Words
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Addict, Abuser, Junkie | Person in active addiction, person with a substance misuse disorder, person experiencing an alcohol/drug problem, patient
User | Person who misuses alcohol/Drugs or person engaged in risky use of substances
Abuse | Misuse, harmful use, inappropriate use, hazardous use, problem use, risky use
Clean, Dirty | Negative, positive, substance-free
Habit or Drug Habit | Substance misuse disorder, alcohol and drug disorder, alcohol and drug disease, active addiction
Replacement or Substitution Therapy | Treatment, medication-assisted treatment, medication
Stigma

People suffering with drug addiction report perceived stigma from:

- Healthcare providers
- Loved ones, and
- The general public

Negative impacts from Stigma include:

- Willingness to attend treatment and access to healthcare.
- Harm reduction.
- Self-esteem and mental health.
# Myths and Stigma of Medication

<table>
<thead>
<tr>
<th>Myths</th>
<th>Facts</th>
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<tbody>
<tr>
<td>Methadone and buprenorphine are addicting</td>
<td>Physical dependence is different from addiction</td>
</tr>
<tr>
<td>Methadone and buprenorphine are legal highs</td>
<td>When used correctly, there is no intoxication</td>
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<tr>
<td>Medication is “liquid handcuffs”</td>
<td>Medication is an individual decision; it is possible to discontinue medication with strong social supports – discontinuing medication is not right for everyone</td>
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Stopping Stigma

To reduce stigma there are effective ways you can help:

• Offer caring support
• Display kindness
• Listen without judgment
• See the person, not the addiction
• Treat them with dignity and respect
• Avoid hurtful labels
• Replace negative attitudes with facts
• Speak up when you see someone mistreated
• Remember the benefits of language
• Think before you speak
• Change expectations
Thank you!

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Citations

