

# The CARA Project Description

CARA is a project of the NM Children, Youth and Families Department and the NM Department of Health. For more information, contact [Dr. Tristin Maroney](#) MD (CYFD) or [Susan Merrill](#) LCSW (DOH).

Substance use in pregnancy has been increasing for the past decade, and New Mexico has one of the highest rates of neonatal opioid withdrawal syndrome (NOWS) of any state in the nation. Many states have taken punitive approaches to this issue, criminalizing substance use in pregnancy, which has not had the desired effect of decreasing substance use and in fact has been shown to lead to worse outcomes including lower rates of prenatal care, increased preterm birth, and fewer mothers and babies getting the treatment and support they need.

In 2016 under the Obama administration a federal mandate came out called Comprehensive Addiction Recovery Act (CARA) that was an amendment to Child Abuse Prevention Treatment Act (CAPTA). In response to the CARA federal mandate that requires states to provide Plans of Care for all babies born exposed to substances, CYFD convened an interagency working group. This interagency workgroup included Department of Health, Human Services Department in addition to hospitals, Managed Care Organizations (MCOs) and community providers in order to decide what approach New Mexico wanted to propose. This group, together with the J. Paul Taylor Task Force (a pre-existing group legislatively mandated to propose strategies to improve child mental health and prevent Adverse Childhood Experiences), proposed a state law (House Bill 230-link to HB230 here), which was passed in the 2019 Legislative Session and signed by Governor Michelle Lujan Grisham. This law was designed to ensure that babies born exposed to substances, and their families, receive the supports and services they need to thrive without being stigmatized, discriminated against or punished.

The implementation of the [Comprehensive Addiction Recovery Act \(CARA\)](#) asks that hospitals create a plan of care (create link to form?) for all substance-exposed babies by using a non-judgmental approach in working with expecting parents and new parents. The plan of care focuses on supporting the baby's safety, health, and development by offering and coordinating services for the baby and the baby's caretaker(s). The services for caretakers focuses on reducing stressors such as housing, food, counseling and other services for substance misuse, addiction and mental health that a family may need. The plan of care offers a referral for an insurance care coordinator that assist families navigate these supportive services and assist with any other needs the family may have. Caretakers may include the parent(s), a designated caregiver like a grandparent, aunt, uncle, or other family member, guardian, or foster parent.

Staff in CYFD and DOH have worked to implement the law, traveling around the state and training hundreds of medical professionals, hospital employees, and care coordinators so they understand the intent of the law and what is required of them. Hospital staff create the Plans of Care prior to discharge, and Managed Care Organizations Care Coordinators connect with families to ensure that the plan of care is implemented and that families are connected with the desired supportive services. CYFD has developed an online portal for submission of the

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plans, and CYFD, DOH and UNM are currently working together to develop online training modules. CYFD, DOH, Managed Care Organizations and other community partners work on a day to basis with each other to collaborate and coordinate on plans of care to ensure families receive what they need in order to thrive.