

Medical & Community Partners

The Comprehensive Addiction & Recovery Act of 2016 (CARA)

What is CARA?

The Comprehensive Addiction and Recovery Act (CARA) was signed into law on July 22, 2016. The law establishes innovative strategies to address the nation's opioid epidemic, including coordinated care for individuals challenged by substance use disorders and their families.

What is a plan of safe care?

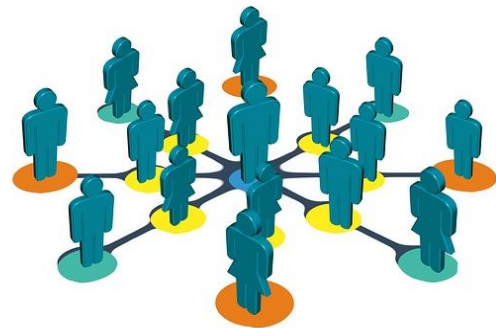
Plans of safe care describe the services and supports needed to comprehensively address the needs of infants prenatally exposed to substance and their families. These federally-required plans must identify family members'/caregiver's health care needs, including substance use disorder treatment services; developmental interventions for the baby; as well as services and supports needed to promote family stability.

Plans of safe care incorporate all treatment plans developed by the multidisciplinary professionals serving the family. The plan of safe care is developed with the parents and all service providers. These plans may or may not require involvement of child welfare agencies.

How does CARA impact child welfare agencies, medical providers and community partners?

CARA amended the Child Abuse Prevention and Treatment Act (CAPTA) to **require** that a plan of safe care be in place at the time of discharge from the hospital for infants prenatally exposed to substances, and /or demonstrating symptoms of withdrawal or Fetal Alcohol Spectrum Disorder (FASD). CAPTA further requires child welfare agencies to document the existence of the plan.

Multi- Systems Collaboration Infant & Family Centered Plan



Hospital Action Steps Prior to the Infant Being Discharged

- 1) **Mandated reporters shall make referral to the local children services agency for any infant who:**
 - ✓ Had a positive substance toxicology result;
 - ✓ Demonstrated symptoms of substance withdrawal; and/or
 - ✓ Was diagnosed with Fetal Alcohol Spectrum Disorder.
- 2) **Staff should compile and share the following information with the child welfare agency to document that an adequate Plan of Safe Care is in Place: ***
 - Name & address of the hospital;
 - Name & contact information of primary hospital treatment providers;
 - Name & contact information of person notifying the agency of the Plan of Safe Care;
 - Name & contact information of the entity(ies) designated to monitor implementation of the plan;
 - The infant's toxicology results, withdrawal information, diagnoses, treatments (medications prescribed, therapies) and detailed discharge plan;
 - The health & substance use history of mother, father, and caregiver/s residing in the infant's home (e.g., diagnoses, medications, treatments) and detailed discharge plan(s);
 - Contact information for all community service providers.

**As this information will inform case screening decisions, it is important to obtain as much of this material as possible prior to notifying the agency about the Plan of Safe Care.*

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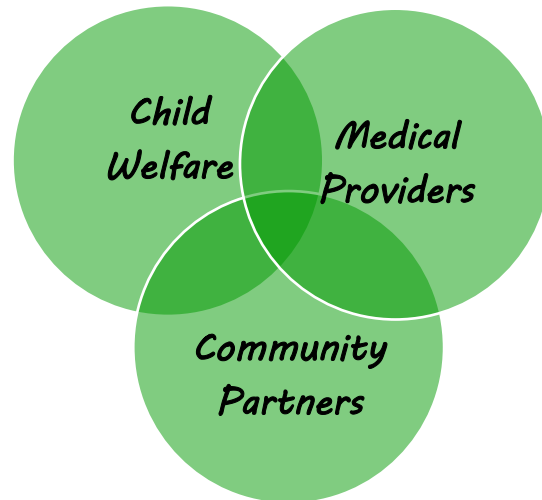


Important to Remember!!!

Any infant who has been identified as being affected by or exposed prenatally to substances is required to have a plan of safe care in place. This includes prenatal exposure associated with a mother's Medication Assisted Treatment for substance use disorders.

Child welfare agencies are federally required to ensure:

- ✓ A plan of safe care has been established.
- ✓ The plan of safe care addresses the safety needs of the infant.
- ✓ The plan of safe care addresses the health and substance use disorder treatment needs of the parent or caregiver.
- ✓ The plan of safe care comprehensively addresses the needs of the family, including siblings as applicable.



Multi-System Goals

- ✓ Provide pregnant women access to comprehensive medication assisted treatment (MAT).
- ✓ Begin development of a comprehensive plan of safe care for each family prior to delivery.
- ✓ Educate parents about plans of safe care and the notification requirements to child welfare, including the potential involvement of Child Protective Services.
- ✓ Establish comprehensive treatment guidelines which include interventions to enhance parenting capacity which include parent education and skill building to meet the unique needs of their infants (e.g. Neonatal Abstinence Syndrome).
- ✓ Provide specialized treatment and support services to parents, caregiver, and family members impacted by substance abuse.
- ✓ Provide comprehensive assessments of the infant's physical health and treatment needs.
- ✓ Conduct thorough assessments of parenting capacity to meet the infant's physical, social and emotional needs.
- ✓ Develop a thorough discharge plan which details an effective, multi-disciplinary plan of safe care.
- ✓ Ensure consistent and thorough referrals to child welfare with detailed information regarding each infant's plan of safe care.
- ✓ Promote timely information sharing and plan of safe care monitoring across multiple systems.