# Comprehensive Addiction Recovery Act (CARA):

Establishes requirements to meet the needs of substance exposed and substance affected infants and their families.

Requires the development of a plan of safe care for infants born and identified as being affected by substance abuse (legal or illegal), withdrawal symptoms or a Fetal Alcohol Spectrum Disorder.

Expands the availability of naloxone to law enforcement agencies and other first responders to help in the reversal of overdoses to save lives.

Expands disposal sites for unwanted prescription medications to keep them out of the hands of children and adolescents.

Launches an evidence-based opioid and heroin treatment and intervention program to expand best practices throughout the country.

Launches a medication assisted treatment and intervention demonstration program.

Strengthens prescription drug monitoring programs to help states monitor and track prescription drug diversion and to help at-risk individuals access services.

Expands resources to identify and treat incarcerated individuals suffering from addiction disorders promptly by collaborating with criminal justice stakeholders and by providing evidence-based treatment.

Expands prevention and educational efforts—particularly aimed at teens, parents, caretakers, and aging populations—to prevent the abuse of methamphetamines, opioids and heroin, and to promote treatment and recovery.

# What is a plan of safe care?

An arrangement that addresses the immediate safety of the affected infant, the treatment needs of the infant, and the health and substance use disorder treatment needs of the affected family or caregiver. The plan is developed with the parents or other caregivers, as well as the collaborating professional partners and agencies involved in caring for the infant and family.

The following information should be gathered to ensure an adequate plan of safe care is in place for the infant and family:

- ✓ Hospital or medical facility the infant is being treated: name, address, contact person, physician.
- ✓ Toxicology results and symptoms & medical intervention to treat withdrawal symptoms
- ✓ Medical information on the infant: treating medical personnel (doctor, specialists), current diagnosis, prescription medication, therapies or treatment.
- ✓ Health and substance use history of mother, father and caregiver(s): diagnosis, prescribed medications, AOD treatment provider(s), treatment plan, and contact information for all collaterals.
- ✓ Treatment plan for the infant and caregiver.

The development of a plan of safe care is a coordinated multi-systems approach to address the needs of substance exposed infants and their families. A plan of safe care is the compilation of the treatment plans developed by the multi-disciplinary professionals serving the family. The plan may not require the involvement of child protection services.

CPS agencies are required to collect the following information on all referrals involving an infant who is identified as being substance exposed or affected:

- Ensure a plan of safe care has been established.
- Ensure the plan of safe care addresses the safety needs of the infant.
- Ensure the plan of safe care addresses the health and substance use disorder treatment needs of the affected family or caregiver.

## COMPREHENSIVE ADDICTION RECOVERY ACT (CARA) INTERAGENCY COLLABORATION

#### Substance Affected Infant:

A child <u>under the age of 12 months</u> who has any detectable physical, developmental, cognitive, or emotional delay or harm which is associated with a parent, guardian or custodian's abuse of a legal or illegal substance; excluding the use of a substance by the parent, guardian, or custodian as prescribed.

## Substance Exposed Infant:

A child under the age of 12 months who has been subjected to legal or illegal substance abuse while in utero.

# Steps We Need to Take Together

Establish a local Memoranda of Agreement for substance exposed infants and their families that addresses the following:

- Provide pregnant women access to comprehensive medication assisted treatment.
- Establish guidelines and standards for treatment which includes preparing mothers for the birth of their infant who may experience withdrawal syndrome and potential involvement with Child Protective Services (CPS).
- Beginning the development of a plan of safe care prior to the birth event.
- Timely information sharing and monitoring of infants and families across multiple systems.
- Consistent hospital notifications to CPS.
- Develop a set of questions and responses that will help CPS hotline workers determine if a case should be opened in order to assess the risk and protective factors and safety concerns for the infant and mother.
- Provide comprehensive assessments of the infant's physical health and the mother's parenting capacity, physical, social and emotional health.
- Develop a thorough discharge plan that provides a multi-disciplinary plan of safe care.