



HEALTH CARE  
AUTHORITY



CARA Program Kickoff – October 7, 2025

Changes to existing program mandated by Senate Bill 42

INTRODUCTION TO PUBLIC AND REQUEST FOR WORK GROUP PARTICIPANTS

*INVESTING FOR TOMORROW, DELIVERING TODAY.*

# BEFORE WE START...

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On behalf of all colleagues at the Health Care Authority, we humbly acknowledge we are on the ancestral lands of the original peoples of the Pueblo, Apache, and Diné past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the **Great State of New Mexico.**

**Learn more:** About Taos Pueblo at [Taospueblo.com](https://Taospueblo.com)



*A cloudy morning looking over Taos Pueblo*

Photo provided by [elpueblolodge.com](https://elpueblolodge.com)



HEALTH CARE  
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*Investing for tomorrow, delivering today.*



## MISSION

*We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.*



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## VISION

*Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.*

## GOALS



**LEVERAGE** purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.



**BUILD** the best team in state government by supporting employees' continuous growth and wellness.



**ACHIEVE** health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.



**IMPLEMENT** innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.

# INTRODUCTIONS

- Alanna Dancis, DNP, CMO
- Chris Bartsch, RN, Nurse Auditor
- Jennifer Williams, CNM, Deputy CMO
- Kathy Leyba, Bureau Chief- Quality



# AGENDA

RUN TIME	AGENDA ITEM	LEADER
<b>Noon-12:05</b>	Introduction & Welcome	<b>Jennifer</b>
<b>12:05-12:15</b>	Senate Bill 42	<b>Jennifer and Chris</b>
<b>12:15-12:25</b>	Review Engagement Strategies	<b>Jennifer and Chris</b>
<b>12:25-12:35</b>	Overview of Work Group and Key Outputs	<b>Jennifer and Chris</b>
<b>12:35-12:40</b>	Review Work Group Application Process	<b>Jennifer and Chris</b>
<b>12:40-1:10</b>	Public Comment	<b>Public</b>



# GROUNDING AND SHARED COMMITMENTS

## SHARED COMMITMENTS

- We are here to listen and share.
- Please allow presenters to finish before asking questions or commenting.
- please avoid interruptions.
- Respect all viewpoints and keep comments focused on the topic.
- Use courteous language; personal attacks or political statements aren't appropriate.
- Stay solution-focused — we're all here to strengthen our community together.
- The facilitator may pause or redirect discussion to ensure fairness and keep us on schedule.

## PUBLIC COMMENTS

- We value your input and want to give everyone time to speak.
- Hold questions and comments for Public Comment period at end. Questions and comments will be logged.
- Limited to 2 minutes per person
- No comments from chat will be monitored nor logged as public comment



# MAJOR CHANGES TO CARA PROGRAM

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Current CARA	Senate Bill 42 CARA
Primary responsibility for program with Children, Youth and Families Department (CYFD).	Primary responsibility for program moved to Health Care Authority (HCA) July 1, 2026.
No requirement for substance use screening. Substance exposure identified through toxicology or disclosure by mother.	Universal screening (verbal) removes bias.
Families may refuse a plan of care, referrals and care coordination.	SB 42 requires referral to Home Visiting and Substance Use Disorder treatment.





# MAJOR CHANGES TO CARA PROGRAM

Current CARA	Senate Bill 42 CARA
Training requirements for professionals are non-specific.	<p>All providers will be trained on screening and referrals.</p> <p>All providers will be trained in Screening, Brief Intervention and Referral to Treatment (SBIRT).</p> <p>Providers will be trained in evidence-based evaluation of newborn for withdrawal symptoms.</p>
Managed Care Organizations directing Care Coordination services for CARA families	CARA specific care coordination responsibilities will be assigned to Health Care Authority CARA Navigators through the Department of Health



# NEW ROLES/RESPONSIBILITIES WITHIN CARA PROGRAM

- Hospital presence at birthing facilities (hospitals and birth centers) to facilitate referrals
- Providers will access a portal for documenting Plans of Safe Care and referrals
- CYFD family assessment as needed for further supports
- Presence of a CARA Plan of Safe Care does not remove the Mandatory Reporter responsibility for medical professionals if there is concern for the infant's safety and wellbeing.
- CARA referrals support the baby, the mother, and other caregivers in the home



# BENEFITS TO MOTHERS

- Substance Use Disorder is a chronic medical condition which is treatable
- Medications for opioid use disorders are safe for use in pregnancy
- Screening and referrals for substance use disorder will save lives
- Overdose caused nearly 52% of pregnancy-related deaths in NM between 2015 and 2021 (NM Maternal Mortality Review Committee)

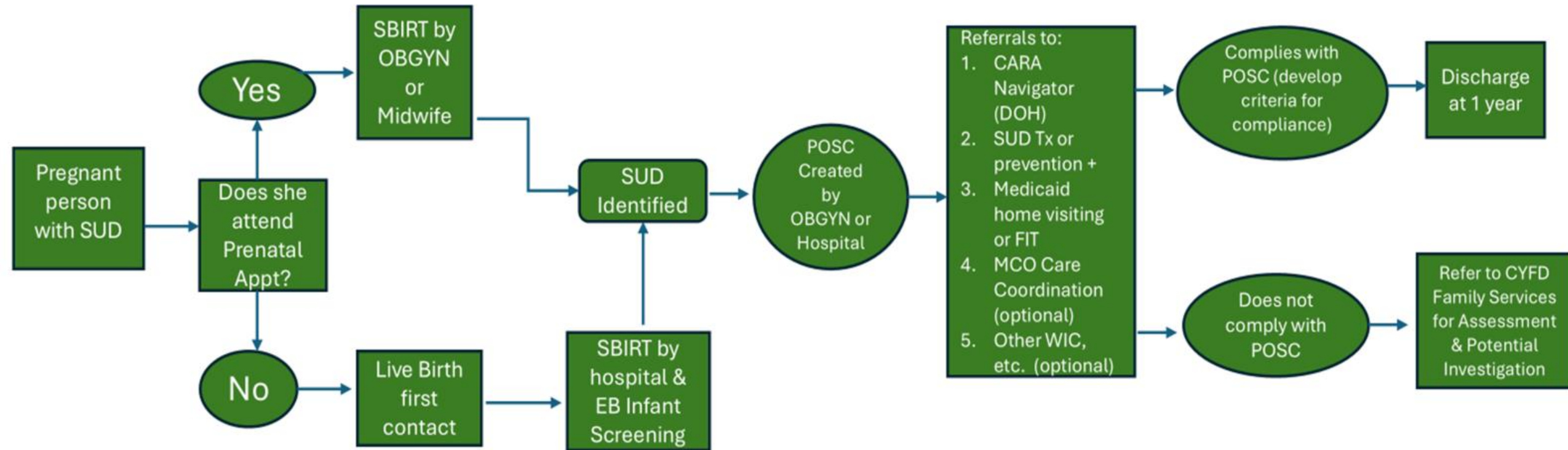


# BENEFITS TO BABIES

- Prenatal substance use treatment is associated with an increased rate of infants attending well-child visits.
- Medications for opioid use disorders are safe for use in lactation.
- Wrap around services include referrals for behavioral health, early intervention and home visiting- which are all associated with improved maternal and newborn outcomes.



# CARA PREGNANT MEMBER JOURNEY





# OPPORTUNITIES FOR STAKEHOLDER INPUT

LISTENING SESSIONS

# LISTENING SESSIONS

- Schedule to be determined
- Time for people with lived experience to share their story with community members, health care professionals and state agency representatives
- These conversations between families, pediatricians, state agencies, managed care organizations, prenatal care providers, home visitors, mental health professionals and more will inform and guide overall charter, workgroup charters, and policy development



# OPPORTUNITIES FOR STAKEHOLDER INPUT

WORKGROUPS

# CARA NAVIGATOR WORK GROUP

- Create processes for CARA Navigators to access information about members in the CARA Program who:
  - identified prenatally, intrapartum, postpartum or in the emergency department and
  - connect with these individuals to assist with fulfilling the plans of safe care.
- The CARA Navigators will be responsible for conducting touch points and completing required documentation as well as ensuring that referrals are completed by following a closed loop process.



# PLAN OF SAFE CARE WORK GROUP

- Update and expand existing POSC template
- Assist with understanding goals for adherence to POSC
- Draft standardized patient information and informed consent documents for state-wide use
  - What the CARA program is
  - What families can expect from the CARA program
  - Individual's and families' rights
  - Health care organizations and agencies' responsibilities to families





# HOSPITAL PRESENCE WORK GROUP

- Create processes to act as a hub among:
  - Facilities,
  - CARA Navigators,
  - CYFD, and
  - MCOs.
- The processes must ensure timely Plan of Safe Care initiation and Safety Plans for Children in State Custody Situations as well as compliance to state and federal regulations.



# CARA PLAN OF SAFE CARE PORTAL WORK GROUP

- Cross agency team responsible for selecting a portal vendor, influencing components of the portal and holding test sessions with providers to elicit feedback.
- Create training for providers to use the portal.
- Ensure portal meets all clinical and reporting needs for the CARA program.



# CARA TRAINING WORK GROUP

- Identify training needs,
- Create training for maternal and neonatal screening tools,
- Training will be provided to all hospitals, birthing centers and prenatal care providers to use the screening, brief intervention, and referral to treatment program,
- Train providers on how to create a POSC, and
- Create standardized processes guiding medical staff on when a Plan of Safe Care is indicated and when a Statewide Central Intake (SCI) report is indicated.



# TRIBAL WORK GROUP

- Ensure Tribal engagement in all aspects of CARA,
- Ensure Tribal communities are represented,
- Assist with creation of culturally relevant training programs, and
- Facilitate communication with Tribes, Nations and Pueblos.



# WORK GROUP APPLICATION

Take this short survey to express interest in participating in CARA workgroups:

<https://forms.office.com/g/h0evgWJnEJ>





# WORK GROUP APPLICATION

## 6 workgroups to choose from:

- CARA Navigator Work Group
- CARA Hospital Presence Work Group
- CARA Plan of Safe Care (POSC) Work Group
- CARA Training Work Group
- CARA POSC Portal Work Group
- CARA Tribal Work Group

## Share your lived experience/background:

- Doulas & midwives
- Lactation providers
- OB/Gyns and Pediatricians
- Maternal Fetal Medicine
- Social Workers
- Home Visitors
- Addiction Medicine Professionals
- Therapists
- YOU!

## Comprehensive Addiction and Recovery Act (CARA) Work Group Application

October 2025

As the Health Care Authority begins overseeing the CARA program, we are creating workgroups to solicit input about substance exposure in newborns. We invite individuals with lived experiences and knowledge about substance exposed newborns to express interest in one or more workgroups in this survey. This survey closes October 21, 2025.



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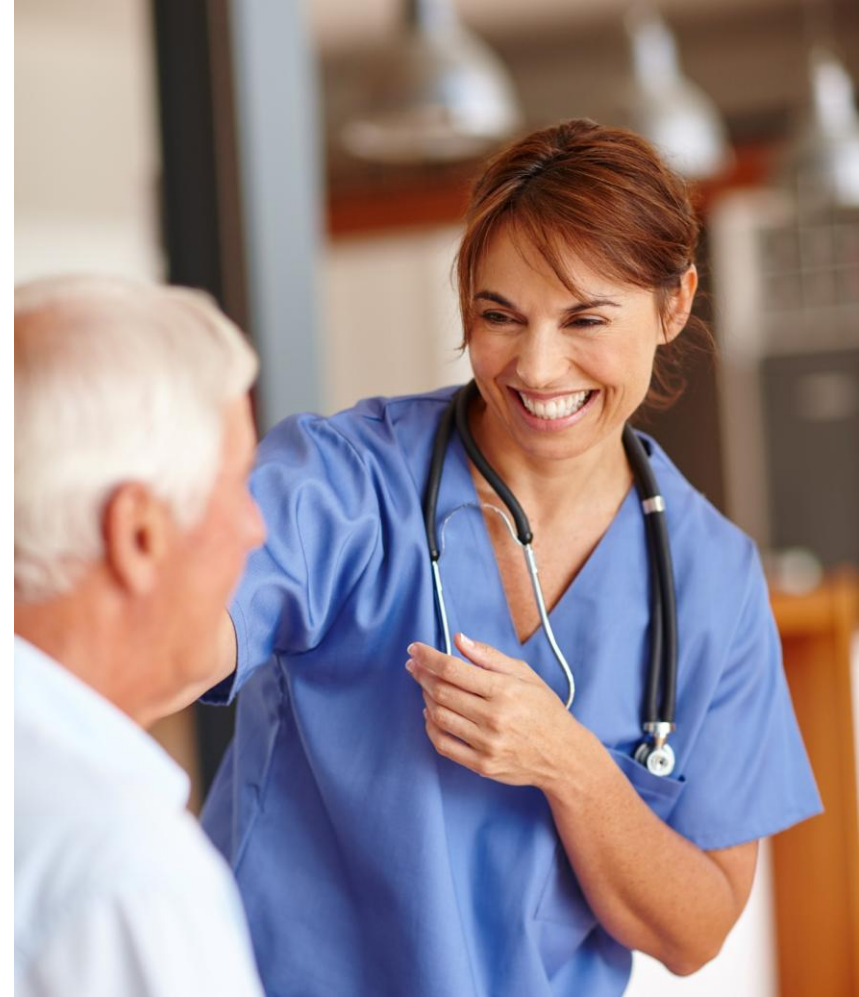
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