

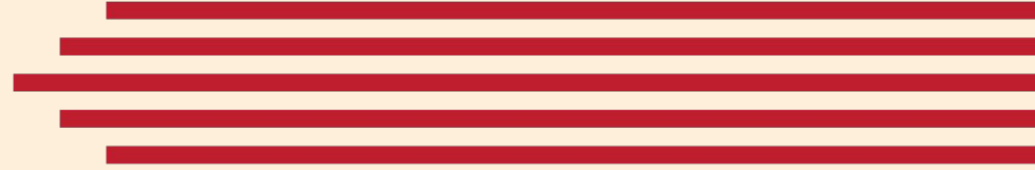


CARA + community-based alternatives

Care during pregnancy, birth,
discharge, and beyond



About Us



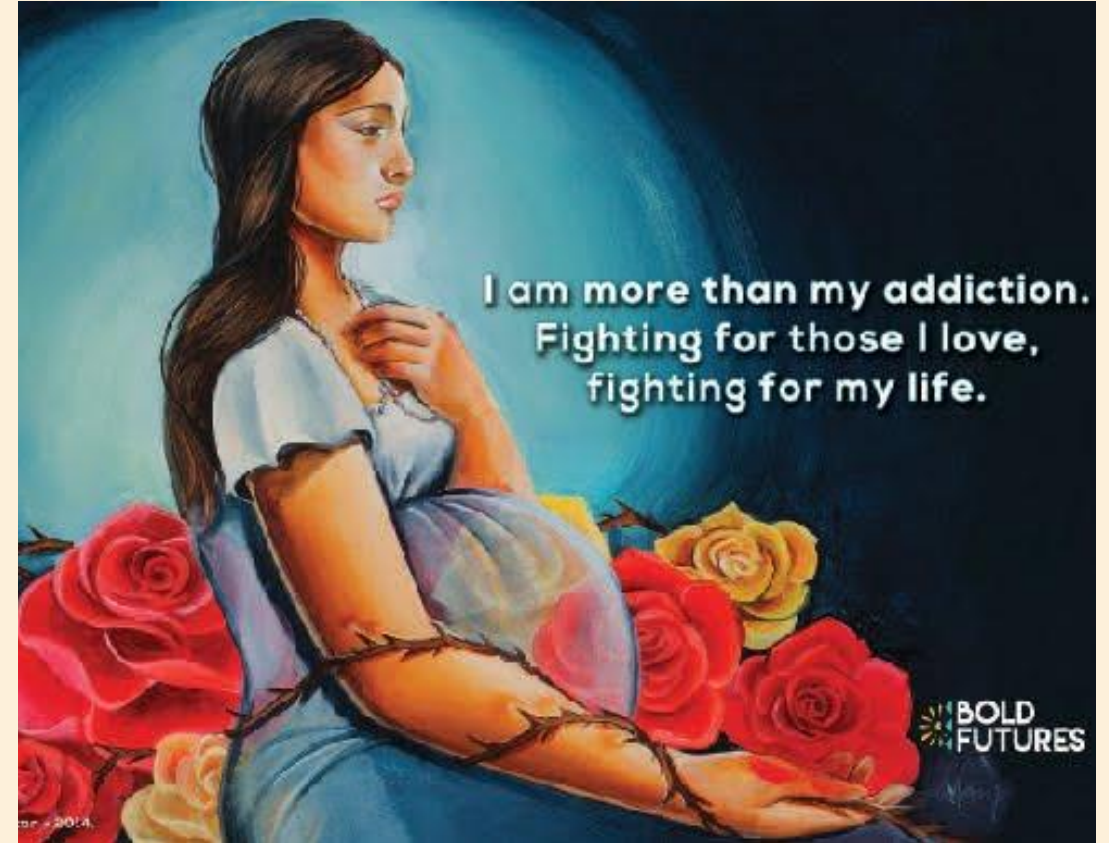
Bold Futures centers the lived experiences and expertise of those most impacted by an issue, engaging with people at the intersection of their identities.

We work to build communities where all have what we need to make real decisions about our own bodies and lives, and all have room to live with respect and dignity.



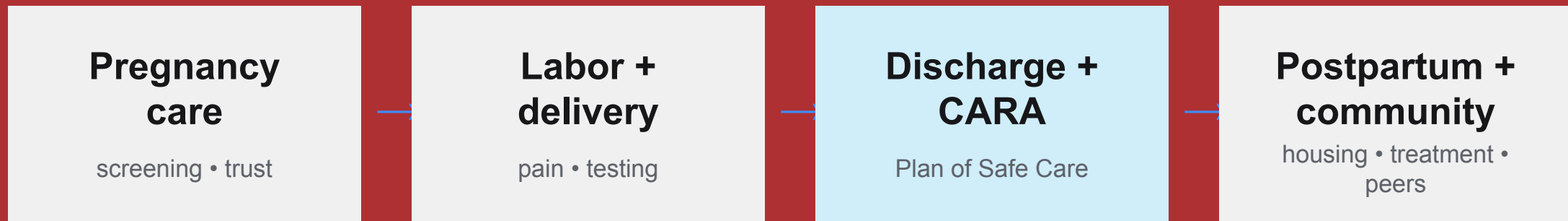
CARE: Before, During, After Birth

Families are more likely to seek care when care is trustworthy, voluntary, and connected to what they actually need.



Today: listen → locate system barriers → identify policy choices

Substance use meets families across an entire system



A family's outcome is shaped before a report is ever made and long after discharge.

CARA was intended to connect families to coordinated care

The promise

- A plan for the infant and caregiver
- Treatment and health needs considered
- Care coordinated across systems

The implementation question

Does the plan open a door to services or become another way to monitor, coerce, or separate a family?

The same service can feel supportive or coercive

Support

- Clear purpose and informed choice
- Confidential, respectful conversations
- Services matched to family priorities
- A 'no' does not trigger punishment

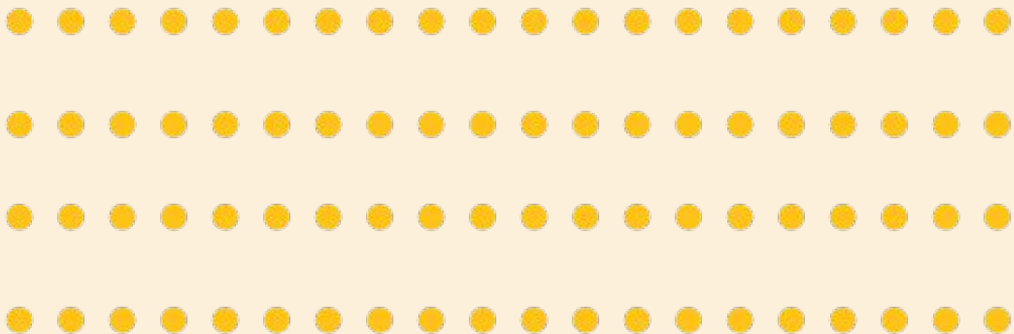
Surveillance

- Unclear testing or reporting rules
- Threats tied to declining services
- Repeated monitoring without material help
- Treatment of exposure as parental unfitness

**Lived experts are not an illustration of the
policy.**

They are experts in how the policy operates.

Listen for the system conditions, not individual blame.



Panel: how barriers entered and what support required

- 1 How did substances become a barrier for your family?
- 2 What did seeking support look like while facing those barriers?
- 3 What did you learn through the process?
- 4 How does that experience shape how you now support others?
- 5 **What should CARA feel like when it is working?**

What we heard is policy evidence

Barrier named

Fear • transportation •
housing • stigma •
treatment access • pain
care

System response

Clinic • hospital • CARA
navigator • Medicaid •
CYFD • court •
community

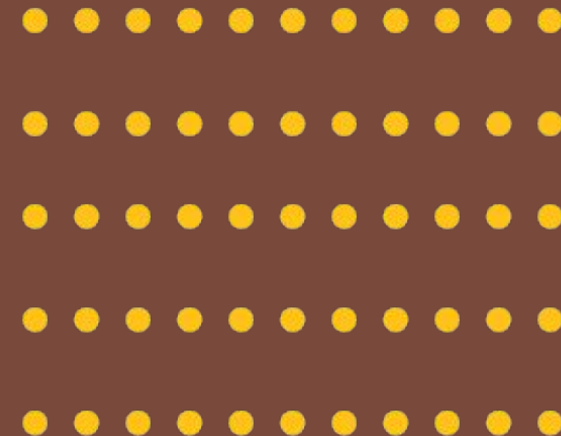
Better condition

Trust • clarity • material
support • cultural safety •
continuity • choice

The question is not only 'What did the parent do?' It is also 'What did the system make possible?'

Hospitals can become the first trusted bridge to care

- Explain screening, testing, consent, and reporting rules before acting
- Use non-stigmatizing, trauma-responsive conversations
- Protect evidence-based medications and appropriate pain care
- Bring peers or navigators in early—with meaningful consent
- Plan for discharge needs: housing, transportation, food, safety, and follow-up



A Plan of Safe Care should organize help—not prove compliance

A useful plan answers

- Who does the family trust?
- What is needed this week?
- Who will make the warm handoff?
- How will the family give feedback?

Guardrails

- Voluntary and explained
- Separate care from investigation
- Minimum necessary data sharing
- Tribal notice and sovereignty honored

Community-based alternatives must be real, reachable, and sustained

Peer recovery + family navigators

Perinatal and postpartum healthcare

**Medication and harm-reduction
access**

**Housing, food, transportation,
childcare**

Culturally rooted and Tribal services

Legal support and family advocacy

Holistic care responds to the reason beneath the barrier

Health

prenatal • mental
health • pain •
treatment

Material needs

housing • food •
transport • childcare

Belonging

family • peers • culture
• community

Rights

privacy • consent •
due process •
sovereignty



Each part of government has a care responsibility

Hospitals + providers

Clear protocols, consent, respectful care, warm handoffs

HCA + Medicaid

Coverage, reimbursement, statewide access, data guardrails

Community partners

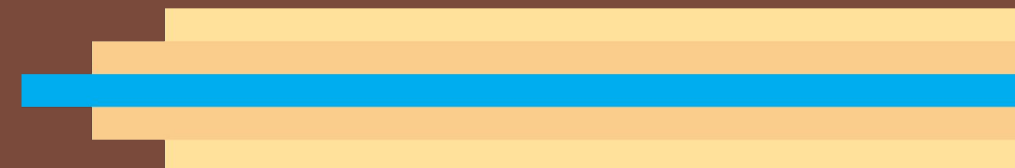
Peer-led, culturally rooted, practical support

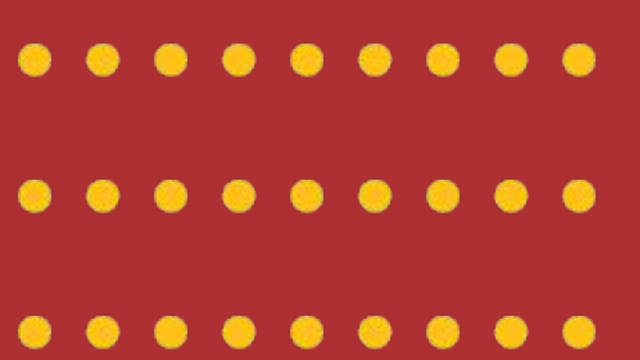
CYFD + courts

Separate exposure from proof of harm; preserve families and due process

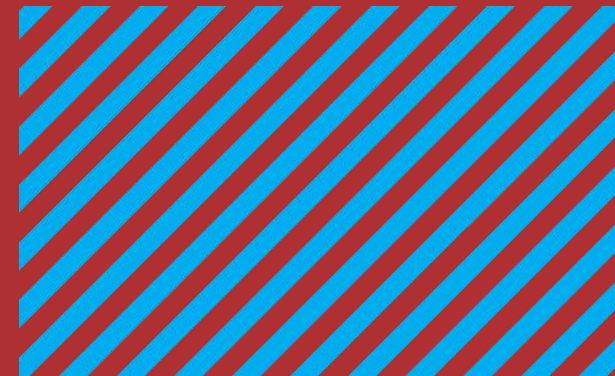
Legislature

Fund the care continuum; require transparency and oversight



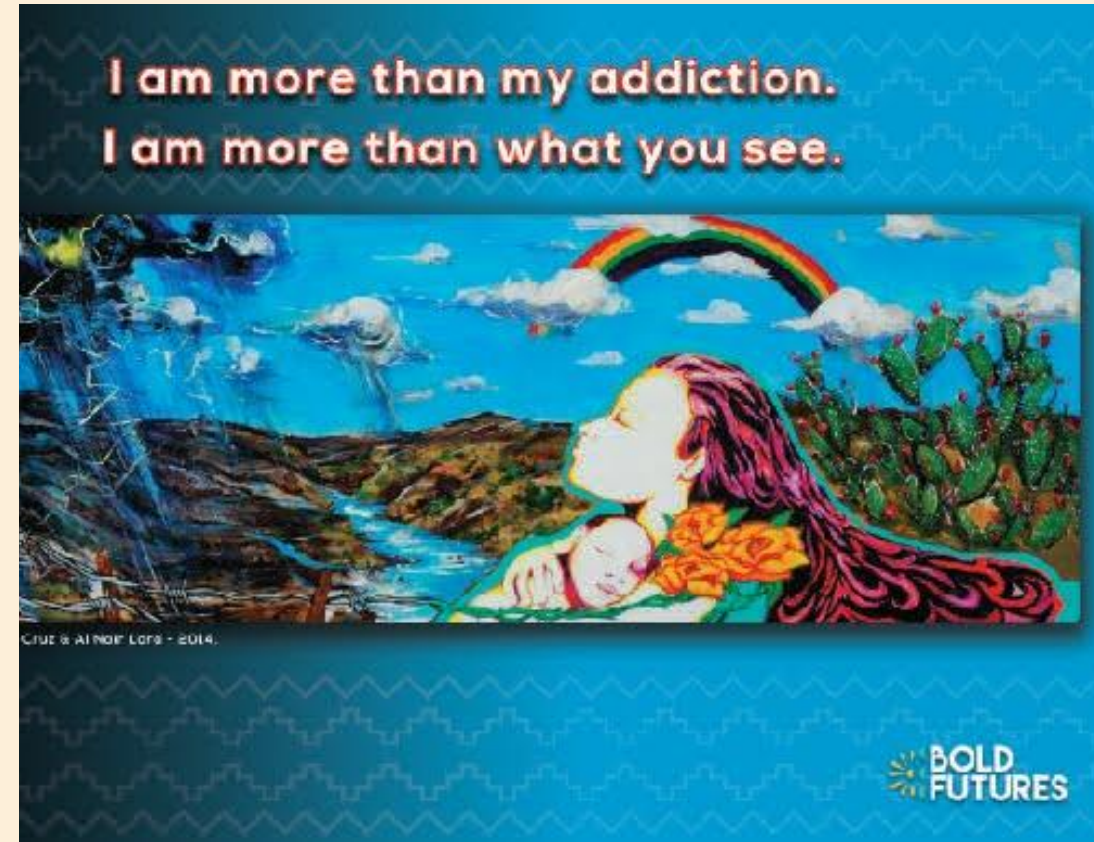


Policy can make CARA a bridge to care

- 01 **Clarify CARA does not automatically require CYFD involvement**
 - 02 Make Plans of Safe Care voluntary, non-punitive, and healthcare-centered
 - 03 Define exposure narrowly and do not equate exposure with neglect
 - 04 Protect privacy and limit cross-system data sharing
 - 05 Fund peer-led, culturally rooted, rural, and Tribal community care
 - 06 Require hospital consistency, family feedback, and public accountability
- 

**The measure of CARA
is not how many
families are
monitored.**

**It is whether families
receive care, remain
connected, and can
safely ask for help.**



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