



**Children, Youth &
Families Department**

STATE OF NEW MEXICO



**HEALTH CARE
AUTHORITY**

**FEDERAL COMPREHENSIVE ADDICTION AND RECOVERY ACT &
2025 NM SENATE BILL 42 UPDATE**

August 18, 2025

INVESTING FOR TOMORROW, DELIVERING TODAY.

TODAY'S TOPICS

- Describe current and future state
 - Comprehensive Addiction and Recovery Act (CARA)
 - 2025 Senate Bill 42 (SB42)
- Unified strategy across agencies: HCA, DOH, CYFD, ECECD
- Enhanced system of support and safety for substance-exposed newborns
- Agency roles and responsibilities
- Future milestones and deliverables



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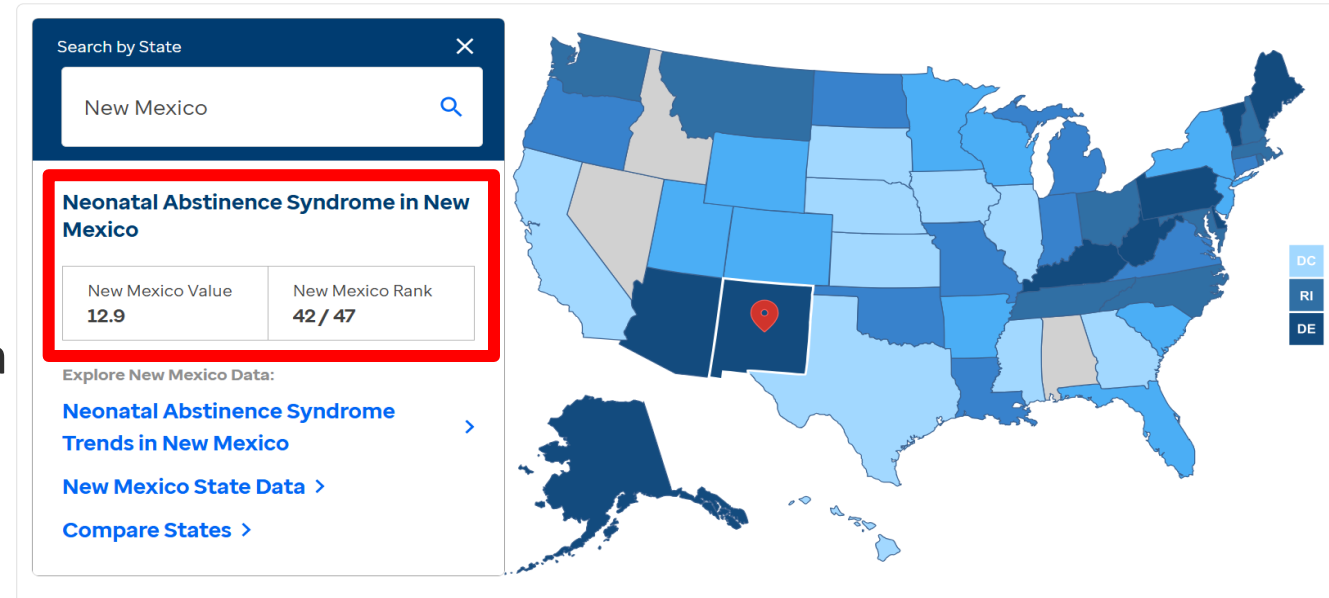


CARA BY THE NUMBERS

- 809,454 Medicaid members (as of July 2025)
 - 297,329 children (July 2025)
 - 55% of all births (Jan. 2025)
 - 72% of all infants under age 1 (Jan. 2025)
- 1,019 infants in CARA (as of August 2025)
 - 97.8% of NM CARA infants are enrolled in Medicaid
- Nationally, 19 million US children (1 in 4) live with at least one parent or primary caregiver who had a substance use disorder (as of 2023)*
 - Alcohol use disorder most prevalent

* Source: *JAMA Pediatrics*, May 2025

Neonatal Abstinence Syndrome by State (per 1,000 birth hospitalizations)



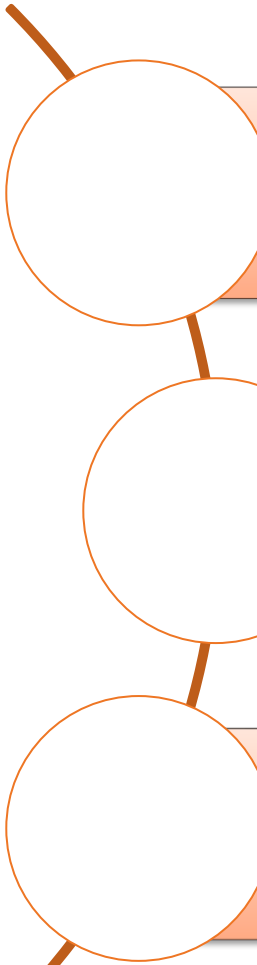
*Source: America's Health Rankings,
<https://www.americashealthrankings.org/explore/measures/nas>



CURRENT & FUTURE STATE: CARA AND SB42

	CURRENT STATE – NM CARA	FUTURE STATE – SB42 IMPLEMENTATION
Regulatory Oversight	<ul style="list-style-type: none"> Children, Youth & Families Department (CYFD) - 8.10.5 NMAC 	<ul style="list-style-type: none"> Moves to the Health Care Authority (HCA) Rules must be fully promulgated by 7/1/26
Screening	<ul style="list-style-type: none"> No screening required Substance exposure may be identified through toxicology or voluntary disclosure 	<ul style="list-style-type: none"> Universal screening required SBIRT (Screening, Brief Intervention, and Referral to Treatment) Evidenced-based evaluation of newborn for withdrawal symptoms
Participation in Plan of Safe Care (POSC)	<ul style="list-style-type: none"> Voluntary approach; participation in POSC not required Families may refuse a POSC, referrals, care coordination, CARA navigation, and treatment 	<ul style="list-style-type: none"> Mandatory approach; participation in POSC required Mandatory elements in POSC include home visiting and Substance Use Disorder (SUD) treatment
POSC Starting Point	<ul style="list-style-type: none"> Starts at birth 	<ul style="list-style-type: none"> May be initiated during prenatal care
Notification to CYFD	<ul style="list-style-type: none"> POSC noncompliance may be referred to CYFD Family assessment may be completed 	<ul style="list-style-type: none"> POSC noncompliance must be reported to CYFD
Training	<ul style="list-style-type: none"> Minimal requirements Unclear which agency is responsible 	<ul style="list-style-type: none"> More rigorous training for hospitals and providers; SBIRT, POSC requirements HCA is responsible
Care Coordination & CARA Navigation	<ul style="list-style-type: none"> Medicaid Managed Care Organizations (MCOs) required to provide in-person care coordination starting at hospital DOH CARA navigators and MCO care coordinators perform home visits 	<ul style="list-style-type: none"> Build and leverage the CARA navigator program at DOH

UNIFIED AGENCY STRATEGY: HCA, DOH, CYFD & ECECD



Keep newborns safe by enhancing interventions prior to discharge

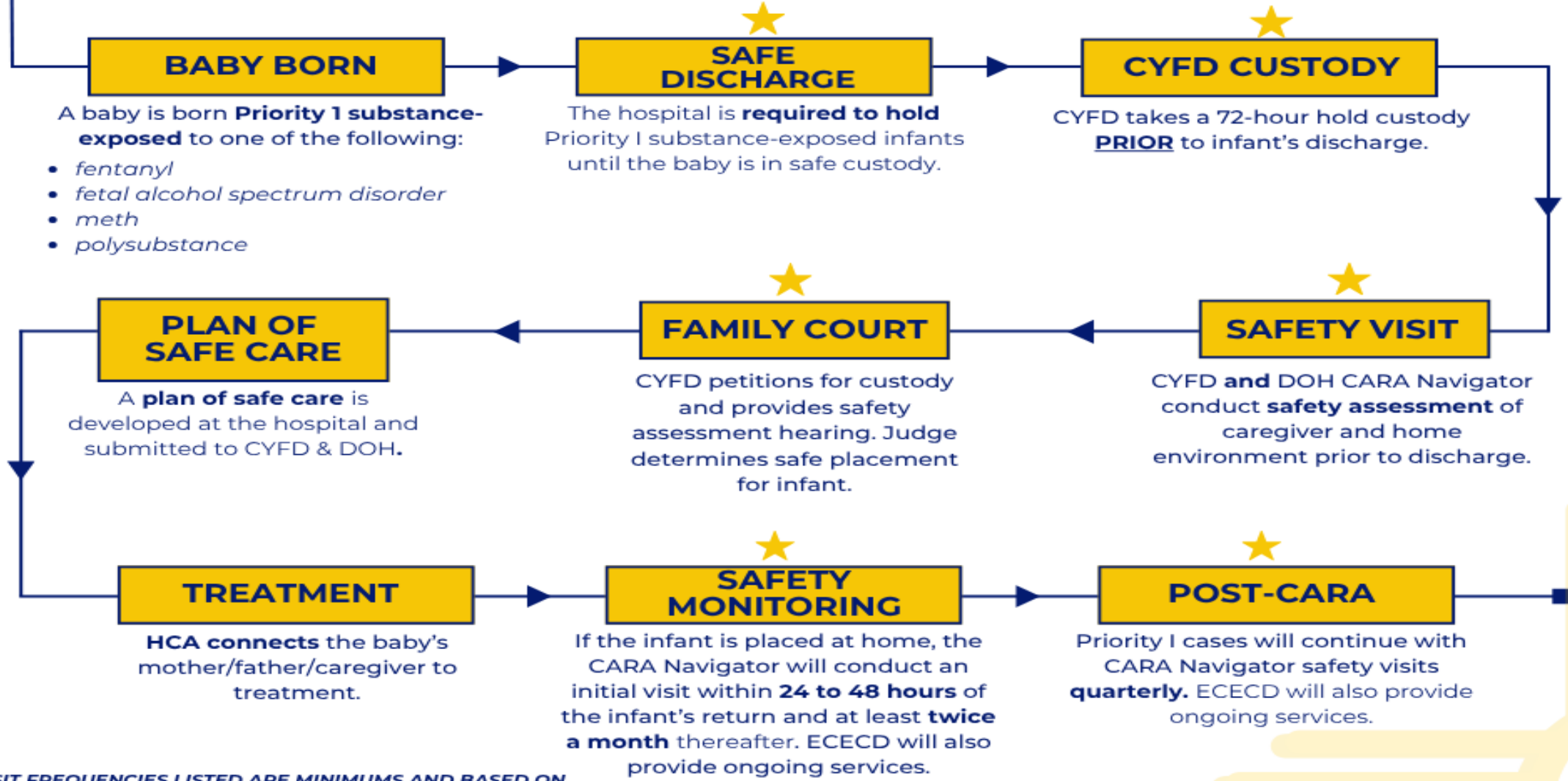
Keep CARA babies safe by performing more frequent in-person visits of high-priority cases

Connect families with treatment and resources



COMPREHENSIVE ADDICTION AND RECOVERY ACT (CARA)

ENHANCED SYSTEM OF SUPPORT - PRIORITY I BABIES



* VISIT FREQUENCIES LISTED ARE MINIMUMS AND BASED ON LEVEL OF ASSESSED RISK
 ** NONENGAGEMENT AT ANY POINT WILL TRIGGER A CYFD INVESTIGATION

JULY 9, 2025

★ = CARA system enhancement

CARA SUBSTANCE CATEGORIES & RESPONSE LEVELS

Support for ages 0-1

PRIORITY 1 CASES

fentanyl, meth, fetal alcohol, polysubstance

- 1) **twice monthly** in-person visits with CARA navigator
- 2) **substance use treatment triage**
- 3) **monthly home visits** and early intervention services

PRIORITY 2 CASES

cocaine, ketamine, benzodiazepines

- 1) **monthly** in-person visits with CARA navigator
- 2) **substance use treatment triage**
- 3) **monthly home visits** and early intervention services

PRIORITY 3 CASES

alcohol, nicotine, cannabis

- 1) **quarterly** in person visits w/ CARA navigator
- 2) **substance use treatment triage**
- 3) **monthly home visits** and early intervention services

Support for ages 1-3

PRIORITY 1 CASES

- 1) **quarterly** in-person visits with CARA navigator
- 2) **monthly** home visits and early intervention services

PRIORITY 2 CASES

- 1) **twice a year** in-person visits with CARA navigator
- 2) **monthly** home visits and early intervention services

PRIORITY 3 CASES

- 1) no in-person visit with CARA navigator needed
- 2) **monthly** home visits and early intervention services

*visit frequencies listed are minimums and based on level of assessed risk

AGENCY ROLES AND RESPONSIBILITIES



HCA

Rule promulgation and regulatory oversight of CARA program

Training: SBIRT, screening tools, POSC development and criteria, reporting requirements

Collection and reporting of data

Hospital oversight

Build and maintain portal for Reporting and cross-agency/provider notification

Ensure and facilitate access to BH/SUD treatment and other services for families

In-person hospital presence (current)

Health Risk Assessments and Comprehensive Needs Assessments for families

DOH

CARA navigators and case managers for all CARA families

Check POSC portal daily

Notification to CYFD for POSC noncompliance or suspected abuse/neglect

In-person hospital presence (future)

Safety assessment of caregiver home prior to discharge (in collaboration with CYFD)

Connect families with resources and support (safe sleep, diapers, gun locks)

CYFD

Investigate hospital referrals of reported substance exposures; safety assessment of home (in collaboration with DOH)

Initiate 72-hour hold prior to discharge

Conduct investigations

Petition for custody if homes are determined unsafe

Receive notifications for noncompliance referrals for investigations and the family services bureau

ECECD

Maternal Home Visiting
Family, Infant & Toddler (FIT) services

Early intervention services

Childcare services

ENHANCED SYSTEM OF SUPPORT RESULTS

Priority 1 CARA Home Visits	Enhanced Intervention Prior to Hospital Discharge
Number of Priority 1 visits attempted or completed: 149	Number of Statewide Central Intake (SCI) Reports to hospitals: 57
Number of successful visits: 148	Number of petitions filed: 29
Number of children removed: 7	Number of successful court petitions: 15
All families provided with safe sleep education	Number of unsuccessful court petitions: 3
Cribettes were provided when it was identified that a safe sleep environment was not in place	Number still pending with the courts: 11
Other resources: Diapers, formula, gun locks Connection to Early Intervention and Home Visiting	Number of guardianships established: 6
	Other interventions (guardianship in process, parent in treatment with child, tribal intervention, etc.): 17
	Number of infants in hospital: 5



HOSPITAL & HEALTH SYSTEM ENGAGEMENT

- HCA began requiring hospital presence for MCO care coordinators in FY25
- HCA Hospital/Birth Center Directive issued June 27, 2025
 - Mandatory reporting to CYFD’s Statewide Central Intake (SCI) of newborns exposed to fentanyl or methamphetamines; born with a Fetal Alcohol Spectrum Disorder; or exposed to multiple substances
 - Enables CYFD to perform a home visit and determine safety of caregiver; or arrange for alternative placement of the infant **prior to discharge**
- Cross-agency hospital Q&A meeting held July 25, 2025
 - 41 hospital questions asked and answered in writing
- Agencies are setting up biweekly meetings with the Hospital Association and hospitals to discuss CARA
 - Engagement with 5 largest hospitals to roll out in hospital presence in FY25

	Quarter MOB Identified	MOB cohort tracked over next 3 quarters		
		CY24 Q3	CY24 Q4	CY25 Q1
Number of CARA MOB's Identified at the beginning of Cohort				
BCBS	78	66	58	42
MHC	45	33	26	22
PHP	84	81	94	58
UHC	9	22	31	36
For MOB's Identified how many had a claim related to Behavioral Health after delivery in the current quarter				
BCBS	26	31	27	22
MHC	10	7	3	4
PHP	37	68	102	111
UHC	1	3	6	9
For MH claims, call out members who had one claim after delivery and no additional after				
BCBS	4	4	5	5
MHC	2	2	0	0
PHP	11	21	27	23
UHC	0	0	0	0
For SUD claims track that the member is consistently filling script for MAT				
BCBS	9	12	8	7
MHC	7	6	4	5
PHP	10	14	10	11
UHC	0	0	0	1
For the SUD Claims call out members who had one claim for MAT related script but then none after.				
BCBS	0	2	1	2
MHC	0	1	0	1
PHP	3	7	7	9
UHC	1	2	3	3

Source: MCO reports. MOB = Mothers of Babies

FUTURE MILESTONES & SB42 DELIVERABLES

- Ongoing Priority 1 visits and enhanced engagement prior to discharge
- Ongoing communication, dialogue, and technical assistance to hospitals
- Robust stakeholder convening regarding rule promulgation – Aug./Sept. 2025
- SB42 to be reflected in HCA's executive FY27 budget request – Sept. 2025
- RFP for CARA portal – Sept. 2025
- Begin rule promulgation – Oct. to Dec. 2025
- Selection of evidence-based universal screening tool – Oct. to Dec. 2025
- Selection of SBIRT strategy – Oct. to Dec. 2025
- Create training program for hospitals on new requirements – Jan. to Mar. 2026
- Finalize data sharing agreements and new interagency agreements – Jan. to Mar. 2026
- Adjust CARA reporting requirements – Jan. to Mar. 2026
- Finalize new regulations – Apr. to June 2026
- Checklist complete for hospital oversight – April to June 2026
- Train hospitals and providers – April to June 2026
- Full implementation complete – July 2026





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QUESTIONS

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APPENDIX

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COMPARING CARA NAVIGATION & CARE COORDINATION

