

CT CAPTA Implementation & the Impact on the DMHAS System of care

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Announcements

- ▶ In order to obtain CECs you must:
 - have registered for this training in the LMS system
 - stay for the entire training
 - sign in and out at the check in desk, no exceptions
 - complete the training evaluation and turn it in when you sign out

If you do not have a Username and Password for the DMHAS Learning Management System, you must also fill out a Profile Form. If you do not work at a DMHAS funded agency you can remain in the training but will not be able to receive CEU credits.

CAPTA

- ▶ **Child Abuse Prevention and Treatment Act (CAPTA)** was enacted in 1974 Provides federal funding to support prevention, assessment, investigation, prosecution, and treatment activities related to child abuse and neglect
- ▶ Provides for minimum definition of child abuse and neglect, child abuse and neglect response and overall confidentiality of these cases.
 - In 2003, CAPTA was amended by the Keeping Children and Families Safe Act. To receive CAPTA funds, states must have **policies and procedures** to address the needs of “substance–exposed infants born and identified as being affected by **ILLEGAL** substance use or withdrawal symptoms resulting from prenatal drug exposure:” Health care providers must notify child welfare in such cases
 - Make appropriate referrals to services to address the needs of infant, including Early Intervention
 - Develop a Plan of Safe Care for affected infants
- ▶ In 2010, the CAPTA Reauthorization Act updated the definition to include Fetal Alcohol Spectrum Disorder and added **state data reporting** requirements.

CARA

- ▶ In 2016, Congress passed the **Comprehensive Addiction and Recovery Act (CARA)** which established a comprehensive, coordinated, balanced strategy through enhanced grant programs that would expand prevention and education efforts while also promoting treatment and recovery.
- ▶ Specifically, CARA: Clarified the population requiring a *Plan of Safe Care* – “Born with and affected by substance use, withdrawal symptoms or Fetal Alcohol Spectrum Disorder” **removing the word “illegal”**
- ▶ Required the *Plan of Safe Care* to include the needs of both the infant and family/caregiver
- ▶ Specified data to be reported by States through the National Child Abuse and Neglect Data System (NCANDS)
- ▶ Specified increased monitoring and oversight for States to ensure that Plans of Safe Care are implemented and that families have access to appropriate services

- ▶ DCF considered the Federal requirements of both CAPTA and CARA in its deliberations and development of CT legislation

State Impact

- ▶ States are required to develop policies and procedures for the notification to child protective services of the birth of an infant affected by prenatal drug or alcohol exposure
- ▶ Ensure stakeholders support the development of Plans of Safe Care for families who have prenatal substance use exposure
- ▶ Develop a process for screening and early intervention

NAS/FASD TECHNICAL ASSISTANCE

- ▶ CT (DMHAS & DCF) PARTICIPATED in 2015 Policy Academy, sponsored by the Substance Abuse and Mental Health Service Administration and led by the National Center on Substance Abuse and Child Welfare (NCSACW) to support work with families affected by NAS/SEN.
- ▶ **CT team benefited from:**
- ▶ Presentations by national experts
- ▶ Dialogue with and coaching from other states that received Technical Assistance
- ▶ Dedicated team time to develop an action plan, governance structure and goals
- ▶ Access to a package of technical assistance tools and resources that were used in the planning and implementation of CT's SEI Strategic Plan
- ▶ Six months of follow-up technical assistance from NCSACW to meet each team's needs
- ▶ Invitation to 2016 Policy Academy on developing Plans of Safe Care

Results

- ▶ Developed a state-specific 5 year strategic plan that describes current practices, gaps and barriers.
- Hospital survey conducted on screening processes
- ▶ Identified potential changes in practices, policies and legislation needed to improve outcomes.
- ▶ Built upon collaborative structure and processes. (DCF CAPTA internal workgroup; DMHAS Women and Opioids Workgroup; SEI Executive Implementation Team, SEI Committee Infrastructure)
- ▶ Funding by DMHAS & DCF of SEI/FASD coordinator.

Changes effective 3/15/19

- ▶ At the time of a birth event, hospitals will be required to submit a notification when:
 - An infant is born substance exposed
 - A newborn experiences withdrawal symptoms
 - An infant is diagnosed with Fetal Alcohol Syndrome



The Child Abuse Prevention and Treatment Act (CAPTA) NOTIFICATION PROCESS

REGARDING THE IMPLEMENTATION OF A NOTIFICATION PROCESS BY HEALTH CARE PROVIDERS OF INFANTS BORN SUBSTANCE EXPOSED

This bulletin is to inform providers of important federal and state legislation requiring health care providers to notify the Department of Children and Families (DCF) at the time of the birthing event of infants born substance exposed (as defined in DCF CAPTA Notification FAQ's dated 1.5.19) and/or those who experience withdrawal symptoms from the use of substances or the mother's medications. The notification process does not supplant the process when reporting cases that involve a suspicion of child abuse and neglect, which would include the use by the mother of illicit drugs or misuse of other substances. The Notification Process is NOT the same as mandated reporting. Whether or not the concerns of substance exposure meet the threshold for investigation of abuse and neglect will be determined by the questions answered in the online portal.

Effective March 15, 2019, birthing hospitals will be required to make an online notification, pursuant to the above requirements, following the birthing event and prior to discharge. DCF will be offering trainings, a webinar, and FAQ documents with instructions for the new, online notification and reporting process.

Federal legislation requires this new notification process through The Child Abuse Prevention and Treatment Act (CAPTA) and The Comprehensive Addiction and Recovery Act (CARA) legislations, as follows:

- Birthing hospital healthcare providers involved in the delivery of care of an infant born substance exposed must **notify** child protective services.
- States are to develop policies and procedures for the notification to child protective services of the birth of an infant affected by prenatal drug or alcohol exposure absent child safety concerns. Such a notification absent any concerns of abuse or neglect is not to be construed as a referral for suspected abuse or neglect.
- Work with stakeholders to ensure the development of a Plan of Safe Care for infants who are prenatally exposed, inclusive of a process for referrals to screening and early intervention services as deemed appropriate.
- The establishment of a Plan of Safe Care is intended to address the needs of both the infant and parent(s) and should be developed in partnership with the mother and provider of her choice.
- The requirements are intended to provide the needed services and supports for infants with prenatal exposure, their mothers with substance use disorders and their families to ensure a comprehensive response to the effects of prenatal exposure.

CT State Legislation (<https://www.cga.ct.gov/2018/ACT/pa/pdf/2018PA-00111-R00HB-05332-PA.pdf>) requires:

- The DCF Commissioner, in consultation with other departments, agencies, or entities concerned with the health and well-being of children, to develop guidelines for the safe care of newborns with substance exposure.
- The creation of written Plans of Safe Care, which must be developed between the providers (such as substance use treatment providers, hospital social worker, or other behavioral and/or health provider) and mothers of the newborns.
- A provider involved in the delivery or care of a newborn who, in the provider's estimation, exhibits physical, neurological, or behavioral symptoms consistent with prenatal substance exposure, associated withdrawal symptoms, or fetal alcohol spectrum disorder must notify DCF of these conditions in the newborn.

Substances Included

- ▶ Newborn exposed to:
 - Methadone or Buprenorphine
 - Prescription Opiates
 - Marijuana
 - Cocaine
 - Alcohol
 - Prescription Benzodiazepines
 - Other illegal/non-prescription/ over the counter medications

Neonatal Abstinence Syndrome

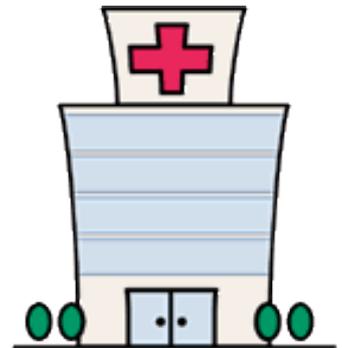
- ▶ Cluster of symptoms that may or may not be present in newborns after birth
 - Loud, high-pitched cry, difficulty feeding, gastrointestinal distress, body shakes, yawning, etc.
 - <https://www.aap.org/en-us/about-the-aap/aap-press-room/campaigns/navigating-nas/Pages/default.aspx>
- ▶ The result of the baby withdrawing from substance exposure in utero
- ▶ Historically lead to increased hospital stays as baby was monitored in NICU and medicated to manage symptoms
- ▶ Dr. Matt Grossman (Yale) implementation of “Eat, Sleep, Console”
 - Baby “rooms in” with mom
 - Elimination of dosing babies with morphine
 - Reduced time in hospital
 - Mom is the medicine

Notification vs. Report

- ▶ A DCF report (136) will be filed, as is current practice, in the event that there are concerns around abuse and neglect
 - This will likely include illicit substance use during pregnancy
 - Detailed information is collected on mother and child, reported to DCF via the hotline, and DCF makes the determination of how to best proceed
- ▶ A DCF notification will occur if there are no concerns of abuse or neglect
 - such as maternal use of prescribed medications including MAT
 - Only de-identified, demographic info will be collected and reported to DCF

Impact on Hospitals

- ▶ Change in process
 - Effective March 15th, hospitals will use a new online portal to report on CAPTA related birth events
 - Based on the initial info entered by the provider the computer will default to a notification or a DCF136
 - The key elements that will determine this outcome are:
 - Substance that the child was exposed to and if there was misuse
 - Developed of verified a Plan of Safe Care





NEWBORN NOTIFICATION PORTAL

Resources-

- CAPTA/CARA LEGISLATION
- Plan of Safe Care Template
- Role specific resources to help develop a Plan of Safe Care
- CAPTA/CARA Webinar
- Links to community based resources
- Safe Haven information

Frequently Asked Questions-

- Do I file a CAPTA Notification or DCF Referral?
- What is the definition of an "infant born substance exposed"?
- What are the components to a Plan of Safe Care?
- What are my responsibilities as a Mandated Reporter?

DCF CARELINE: 1-800-842-2288



This portal was created for the purposes of giving birthing hospitals an opportunity to file online reports (DCF- 136) of abuse or neglect to the Department of Children and Families. It also provides the opportunity to create a CAPTA Notification for those newborns that present with withdrawal symptoms as a result of maternal substance use that was consistent with their provider's treatment recommendations. Note that this website is only for referrals on newborn children and hospital staff, any other child protective services related referral should be made by calling the DCF CARELINE. During the online submission process you will be asked specific questions that will help guide your filing to the most appropriate pathway.

If you require immediate assistance or have a "Safe Haven" child, please contact the DCF CARELINE.

Select here to begin the online
submission process.

Notifications

- ▶ Data will be de-identified
 - ▶ Collected by DCF and submitted to the federal government
 - ▶ The data will be used to better assess needs & allocate resources
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Educating Women

- ▶ It is important that all pregnant women are educated on the CAPTA legislation and how it might impact their delivery
 - This provides an opportunity for providers to give correct information
 - To dispel myths and talk through fears
 - To help explore her support system and begin to think about what mom will need to be successful
 - AND...

Developing a Plan of Safe Care

- ▶ Mom is at the forefront
 - She creates the plan
 - She chooses which providers to include in the plan development & where she needs support
 - She has the ability to change the plan
 - She presents the plan to her medical team prior to or at time of delivery
 - She lives her plan

A team effort

- ▶ In addition to mom, many others may have input into the Plan of Safe Care
 - Partners and/or other family members
 - Health Care Providers
 - Medical
 - Behavioral Health
 - Prescribers
 - OB/GYN
 - Pediatricians
 - Recovery Supports
 - DCF Social Worker



Elements of the Plan

- ▶ Medications including MAT
 - <https://www.samhsa.gov/medication-assisted-treatment>
 - <http://www.ctbhp.com/medication-assisted-treatment.html>
- ▶ Behavioral Health Services (Mental Health & Substance Use)
 - <https://www.ct.gov/dmhas/cwp/view.asp?a=2902&q=335208&dmmasNav>
 - Residential bed availability: www.ctaddictionservices.com
 - Husky Clients: <http://www.ctbhp.com/>
- ▶ Recovery Supports
 - <https://ccar.us/>
 - <http://www.nami.org/>
 - <http://www.aa.org/> or <http://ctna.org/>
- ▶ Medical Care (mom and baby)
 - Husky Clients: https://www.huskyhealthct.org/provider_lookup.html#
- ▶ Safe Sleep Plan
 - <https://www.ctoec.org/safe-sleep/>

Elements of POSC continued

- ▶ Birth to Three
 - <https://www.birth23.org/>
- ▶ Home Visiting
 - <https://www.ct.gov/oec/cwp/view.asp?q=556276>
- ▶ Childcare
 - <https://www.ctcare4kids.com/>
- ▶ Housing
 - <https://uwc.211ct.org/categorysearch/housing/>
 - <http://ct-housing.org/resources/housing-help/>
 - <https://www.ct.gov/dmhas/cwp/view.asp?a=2902&q=335278>
- ▶ Financial Assistance
 - Many town social service agencies may have resources to support families
 - <http://connecticut.networkofcare.org/mh/services/subcategory.aspx?tax=NT>
 - <https://portal.ct.gov/DSS>

Elements of POSC continued

- ▶ Parenting Support
 - Many hospitals offer support groups for new moms
 - <http://connecticut.networkofcare.org/mh/services/subcategory.aspx?tax=PN-8100.6500-650>
 - <http://www.ctfsn.org/>
 - <https://portal.ct.gov/DCF/Parenting-Support-Services/Home>

Plan Templates

Plan of Safe Care

Mother's Name:	Provider's Name:
Anticipated delivery date:	Provider Contact #:

Plans of Safe Care (POSC) address the health and substance use treatment needs of the infant and affected family or caregiver. Consistent with good casework practice, the plan should be developed with input from the parents or other caregivers, as well as any collaborating professional partners and agencies involved in caring for the infant and family. *A Plan of Safe Care and subsequent CAPTA Notification is for mothers of prenatally exposed newborns. While the POSC may be developed prior to the birth of a child, the birthing hospital will either verify or complete and those elements identified in the POSC will be included in the notification.*

- Identify all applicable services currently engaged, information provided, and/or new referrals for infant, mother and/or caregivers:

	Information Provided	Currently Engaged In Services	Referral Made	Organization
12 Step Group				
Birth to Three				
Breastfeeding				
Childcare				
Co-parenting				
Depression during/after pregnancy				
Developmental Milestones				
Financial Assistance				
Food Insecurity				
Home visiting				
Housing Assistance				
Identified Pediatrician				
Immunizations				
Infant Car Seat Safety				
Medication Assisted Treatment				
Mental Health- Parent				
Mental Health- Early Childhood				
Nutrition				
Oral Health Care				
Other				
Parenting Groups				
Prenatal Health Care				
Recovery Supports				
Safe Sleep Plan				
Second Hand Smoke				
SNAP Benefits				
Substance Use Counseling				
Transportation				
WIC				

Signature of mother: _____ Signature of provider developing POSC: _____

Date: _____

NOTE: Identifying information of the mother will not be included in a notification.

Template Plan of Safe Care

Mother's Name:	Provider's Name:
Anticipated delivery date:	Provider Contact #:

Plans of Safe Care address the health and substance use disorder treatment needs of the infant and affected family or caregiver. Consistent with good casework practice, the plan should be developed alongside of the mom with input from the other parent or other caregivers, as well as any collaborating professional partners and agencies involved in caring for the infant and family. *A Plan of Safe Care and subsequent CAPTA Notification is for mothers who are prescribed medications during their pregnancy that may result in withdrawal symptoms in the newborn.*

- Check all substances used by mother prenatally:

Methadone	<input type="checkbox"/>	Benzodiazepines	<input type="checkbox"/>
Buprenorphine (Subutex, Suboxone)	<input type="checkbox"/>	Marijuana	<input type="checkbox"/>
Opioids	<input type="checkbox"/>	Cocaine	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	Other:	<input type="checkbox"/>

- Identify all applicable services currently engaged and new referrals for infant, mother and/or caregivers:

	Discussed	Current	New Referral	Organization
Medication Assisted Treatment ((Methadone, Buprenorphine, Naloxone)				
Mental Health Counseling				
Substance Use Counseling				
Safe Sleep Plan				
12 Step Group				
Recovery Supports				
Childcare				
Home visiting				
WIC				
Birth to Three				
Housing Assistance				
Financial Assistance				
Parenting Groups				
Other				

- Identified Family Strengths, Supports and Goals (Eg: breastfeeding, housing, parenting, and recovery):

Signature of parent /caregiver: _____ Signature of provider: _____

Please check if any of the following are applicable:

- Plan of Safe Care was completed and will be provided to infant's PCP for ongoing monitoring
- Mother was engaged in services prior to delivery (ex: counseling, treatment, parenting classes)
- Additional referrals were made for services at the time of delivery for the infant and/or mother/caregivers

Name of hospital staff (print): _____ Signature of hospital staff: _____

Coordination & Collaboration

- ▶ No one agency or program can provide all the services and supports that a new mom will need
 - Establishing connections in the community
 - Knowing that other community providers might not know much about CAPTA and its potential impact
 - Ensuring releases are on file to promote communication
 - Being mindful that pregnancy and birth can be unpredictable
 - Making the plan an ever evolving tool

Practice makes perfect

▶ Case Scenarios

- A 25 year old women has been connected to services in your agency for 6 months, she is pregnant and prescribed buprenorphine as part of her treatment plan
- A 32 year old female client is new to your agency. During her intake appointment it was determined she is pregnant and she tested positive for marijuana
- You have been seeing a 20 year old pregnant client for depression and anxiety for several years, she is prescribed an antidepressant and a benzodiazepine for her symptoms

Best case scenario



- ▶ Woman learns of her pregnancy
 - Connects with provider
 - Explores her intention around the pregnancy
 - Receives education around CAPTA & POSC
 - Explores intention around her use
 - Develop plan to support – refer for & support MAT
 - Identifies team who will support her POCS
 - Signs ROIs to support communication
 - Develops POSC
 - Modifies plan over time as things change and evolve
 - Shares POSC
 - With partner, family members, providers, support network, etc
 - Ensures medical team is aware
 - Copy of plan is included in record and available to hospital in advance

Mitigating Possible Unintended Consequences

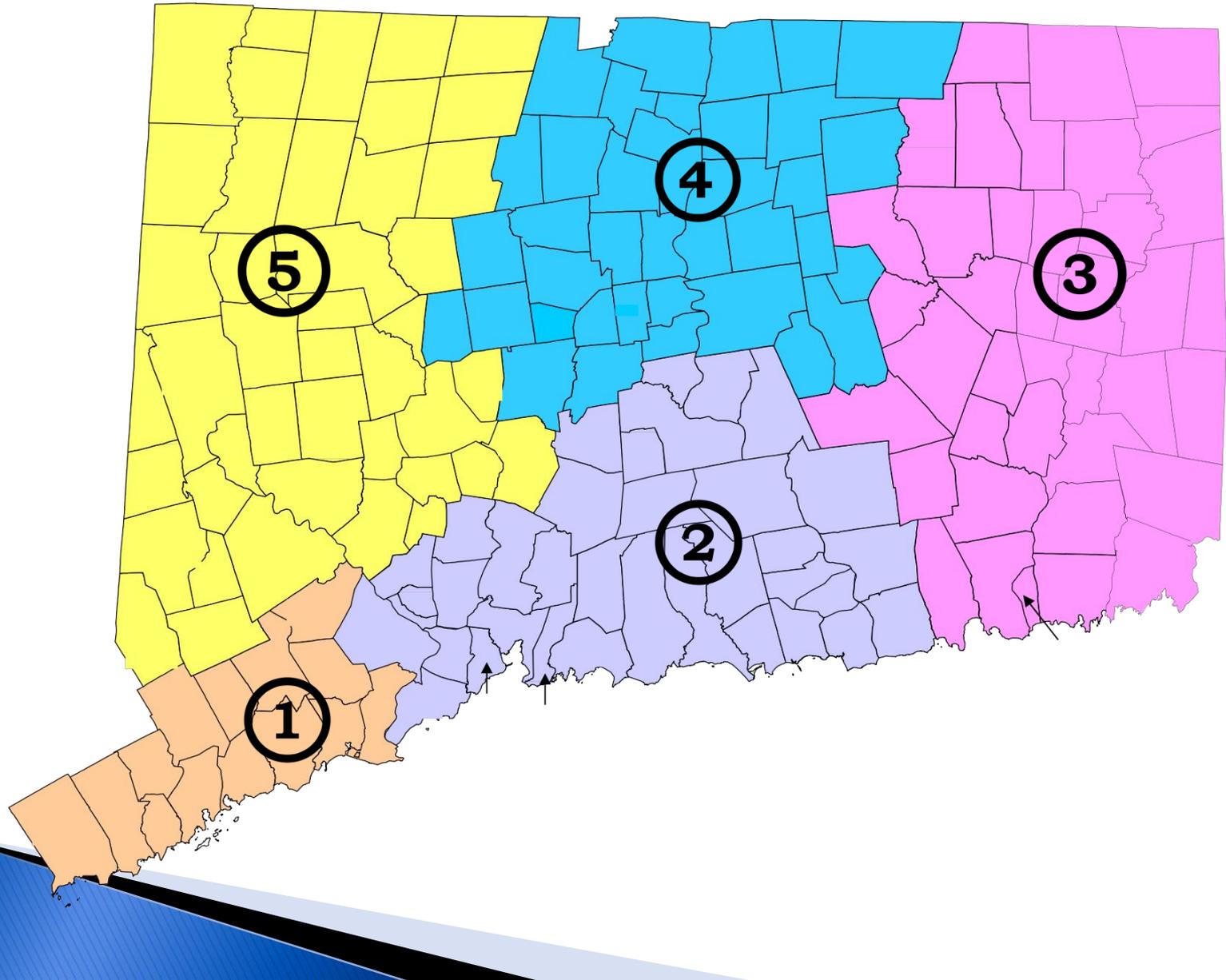
- ▶ Increase in unnecessary DCF 136 Reports
 - Put undue stress on a new mom who is well connected to services
 - Additional strain on DCF system
- ▶ Disempowering women to make their own healthcare choices and take the lead on their plan
- ▶ Sharing the plan well in advance with her medical providers & allowing time for collaboration
 - Time of delivery is not the ideal time to be introducing the plan of safe care to the woman or the hospital
- ▶ Stigma & Cultural Implications

Women's REACH Navigators

- ▶ REACH (Recovery, Engagement, Access, Coaching & Healing)
- ▶ Women's Navigators are women with lived experience who are living their own recovery and are willing to use their experiences to help others find their recovery path
- ▶ Recovery Coaching & Case Management
- ▶ Regionally based with a focus on community outreach & engagement
- ▶ Experts at developing plans of safe care
- ▶ Referrals to begin in March 2019



WOMEN'S REACH REGIONAL PROVIDERS



Agency Next Steps

- ▶ Practice developing Plans of Safe Care
- ▶ Develop Policy & Procedure to ensure a plan is developed with all pregnant women
- ▶ Modify POSC for your agency
- ▶ Modify EHR
- ▶ Develop relationships with birthing hospitals & other collaborative partners in your community
- ▶ Review materials available on DCF portal and DMHAS website (including FAQs for providers & clients)
- ▶ Implement agency wide training

Questions & Comments



Share your successes & challenges

- ▶ Shelly A. Nolan, MS, LPC
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