



Child Abuse Prevention and Treatment Act

PROVISIONS FOR INFANTS BORN SUBSTANCE EXPOSED

CAPTA and CARA Legislation

Child Abuse Prevention and Treatment Act (CAPTA) was enacted in 1974

- In 2003, CAPTA was amended by the Keeping Children and Families Safe Act requiring states to 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:”
- In 2010, the CAPTA Reauthorization Act updated the definition to include Fetal Alcohol Spectrum Disorder and added state data reporting requirements.

The Comprehensive Addiction and Recovery Act (CARA) passed in 2016. It 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” and removing the word “illegal”

Required the *Plan of Safe Care* to include the needs of both the infant and family/caregiver

CT State Legislation

- CT Public Act 18-111, Sec 5, amending C.G.S 171-102a
<https://www.cga.ct.gov/2018/ACT/pa/pdf/2018PA-00111-R00HB-05332-PA.pdf>
- The creation of written **Plans of Safe Care**, which must be developed between the mothers of their newborns and their providers.
- 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.
- 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.

Changes effective 3.15.19

At the time of a birth event, hospitals are 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

If there are suspicions of abuse and neglect at the time of the birthing event, hospitals will use the online portal to submit a DCF Report



CT Definition of Infant Born Substance Exposed for Notification Purposes

1. Newborn exposed in utero to:

- Methadone
- Buprenorphine
- Prescription opioids
- Marijuana
- Cocaine
- PCP
- Alcohol
- Prescription benzodiazepines
- Other illegal/non-prescribed medication, and/or the misuse of prescription/over the counter medication

2. Newborn with withdrawal symptoms

3. Diagnosed with Fetal Alcohol Syndrome

The difference between a report and notification?

- A DCF **report or referral**, sometimes called a 136, occurs when anyone has concerns about the safety of a child. They report their concerns to the DCF Careline. DCF will then make a decision if the referral meets criteria for acceptance.
- A **CAPTA notification** to DCF occurs when a newborn baby has been born after being exposed to certain substances (because the mom used substances during pregnancy) but there are no other concerns about safety. A notification does not contain any identifying information about you or your baby.

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



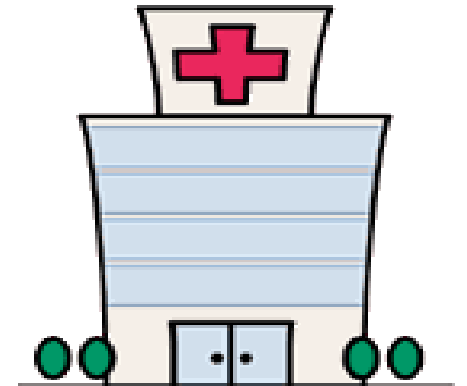
In addition to mom, many others may have input into the Plan of Safe Care

- Partners and/or other family members
- Health Care Providers
 - Medical
 - Behavioral Health
 - Prescribers
 - OB/GYN
 - Pediatricians
- Recovery Supports
- DCF Social Worker

Impact on Hospitals

Change in process

- Effective March 15th, hospitals will use a new online portal to report on CAPTA and CPS related birth events
- The provider will respond to a series of questions that will assist in determining what pathway will be followed.
- Key elements that will determine this outcome are:
 - Substance that the child was exposed to and if there was misuse
 - Developed or verified Plan of Safe Care



Notifications

Data will be de-identified

Aggregate data will be assessed by DCF in partnership with stakeholders and submitted to the federal government

The data will be used to better assess needs & allocate resources

The First 75 Days of CAPTA Notifications

Numbers:

Average age of mother: 27.2 years old

217 of 399 (54.4%) portal submissions were a notification

182 of the 399 (45.6%) portal submissions were a CPS Report

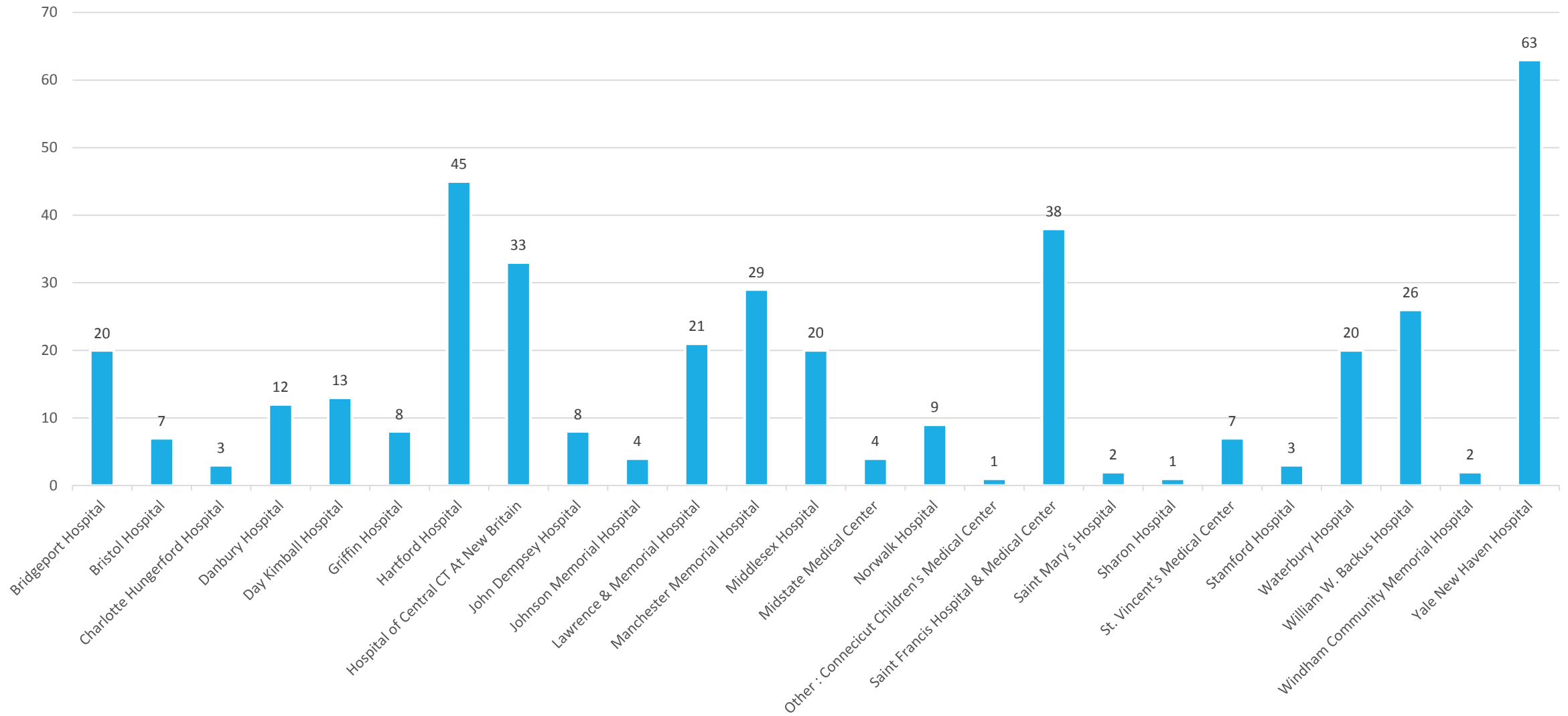
22 Notifications were updated with information and re-submitted through the portal, 14 of which were then eligible for a CPS Report

298 of 399 (74.6%) notifications included Marijuana exposure

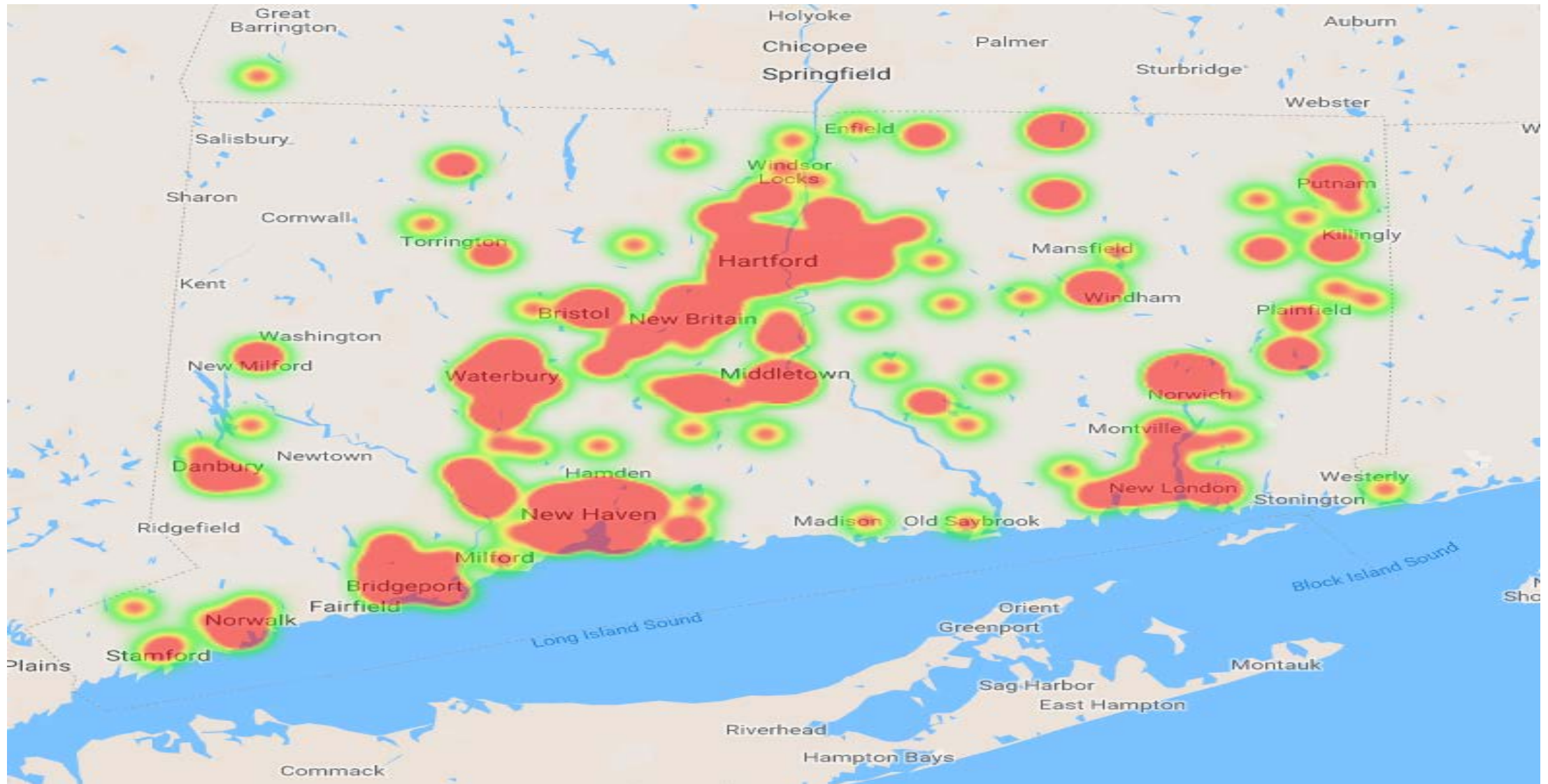
11 of 399 (2.7%) notifications identified alcohol as the only exposure

61 of 399 (15.3%) notifications were absent an illegal substance (exposure was due to prescribed medications- excluding marijuana)

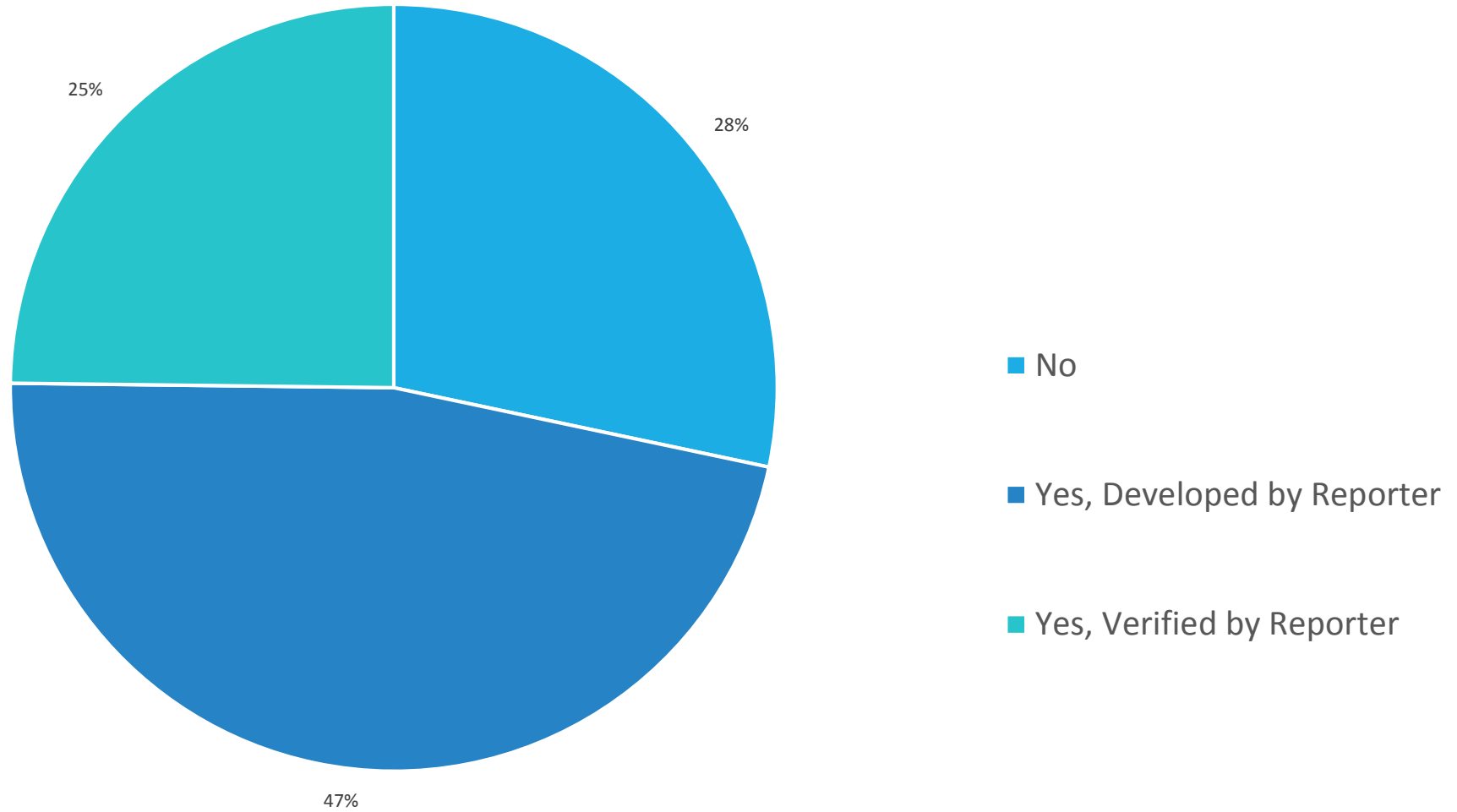
Notification Total by Hospital



Notifications by Town of Residency

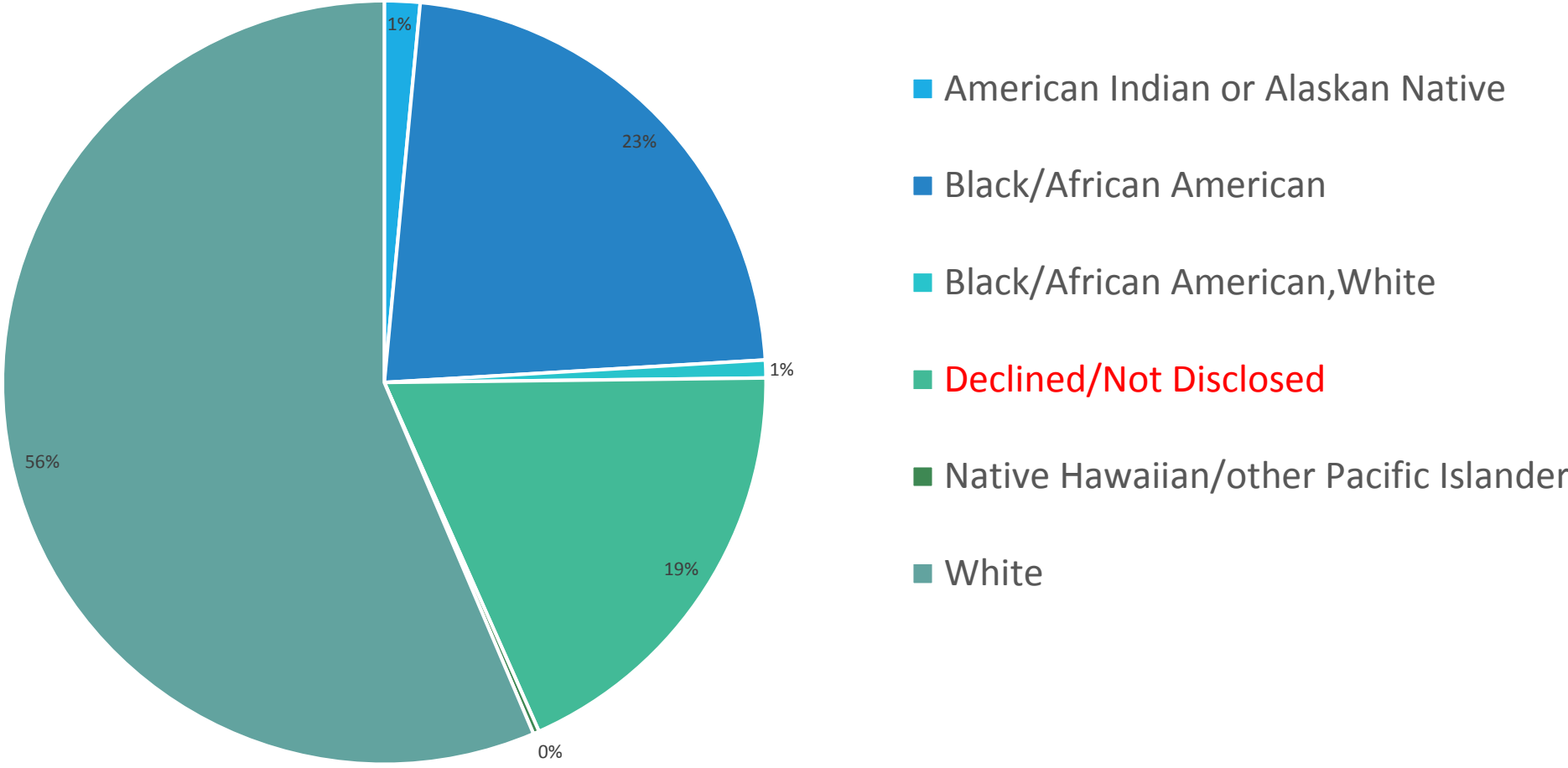


Plans of Safe Care

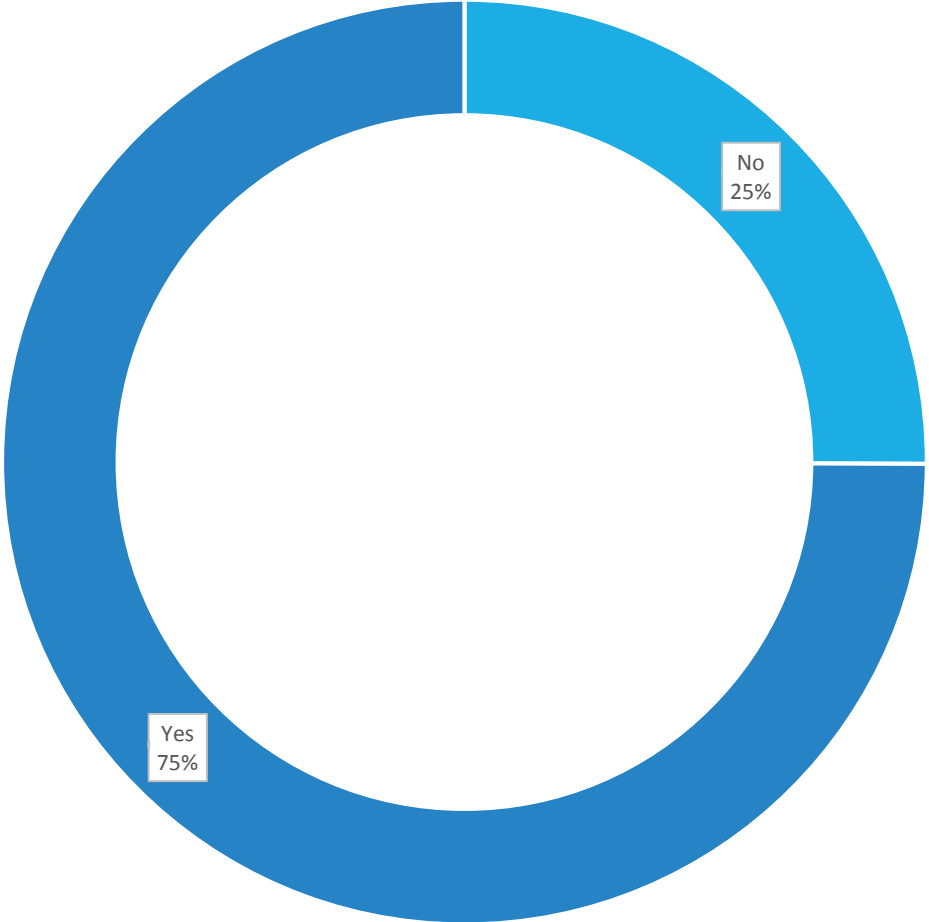


<u>POSC Services/Supports</u>	<u>Count</u>
Safe Sleep	177
Depression during/after pregnancy	158
Breastfeeding	119
Substance Use Counseling	115
Birth to Three	39
Recovery Supports	27

Notification by Mother's Race



Newborn Tested for Substances



SUBSTANCE USE SERVICE ARRAY: CAREGIVERS

Risk

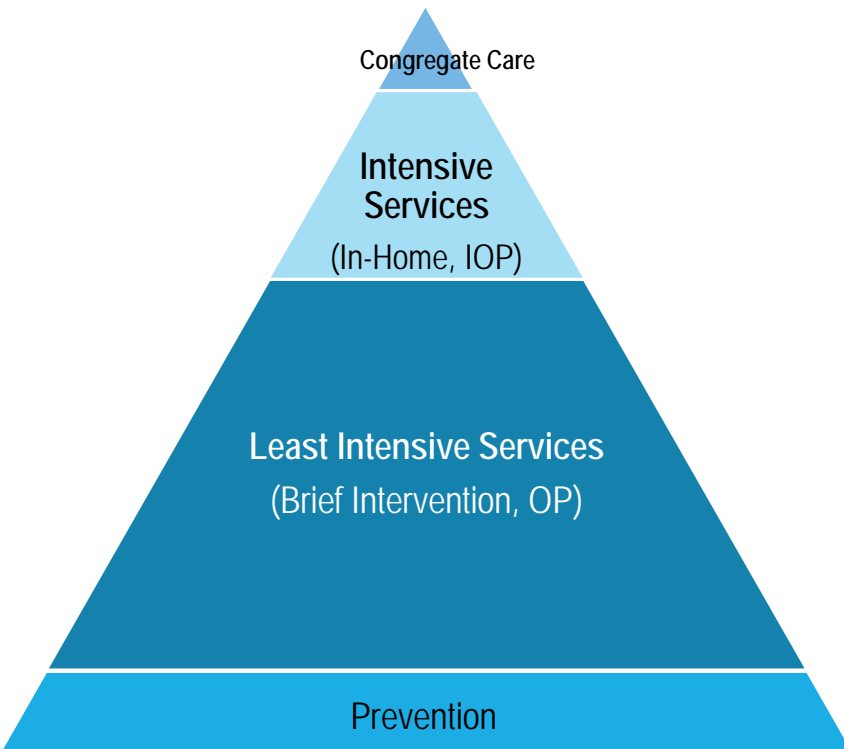
	Age	Prevention	Low	Moderate	High	Capacity
Family Based Recovery (FBR)	0-3					264
CT Family Stability Project (FBR-SIB)	0-6					500
MST-Building Stronger Families (BSF)	6-18					147
SAFE FR	0-18					4658 (FY15)*

*Redesign implemented January 1, 2019.
Capacity to be reviewed once teams are fully operational.

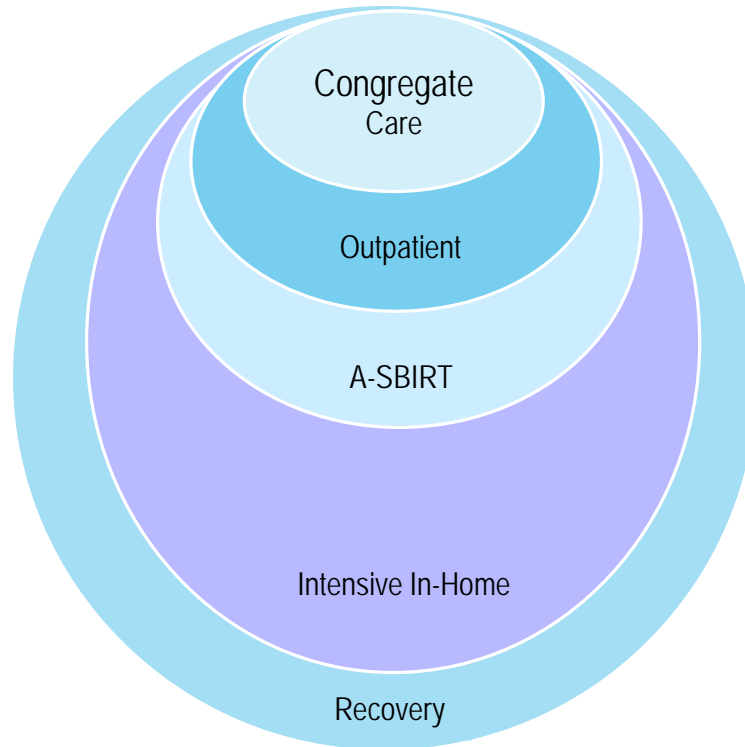
SUBSTANCE USE SERVICE ARRAY: YOUTH

Service	Age	Annual Capacity
Adolescent Community Reinforcement Approach –Assertive Continuing Care (ACRA-ACC)	12-17	288
Multi-Dimensional Family Therapy (MDFT)	9-21	1080
ASSERT Treatment Model (ATM)	Up to 21	80
Multi-Systemic Treatment (MST)	6-17	201
MST-Emerging Adults (MST-EA)	17-21	66
MST-Problem Sexual Behavior (MST-PSB)	10-17	96

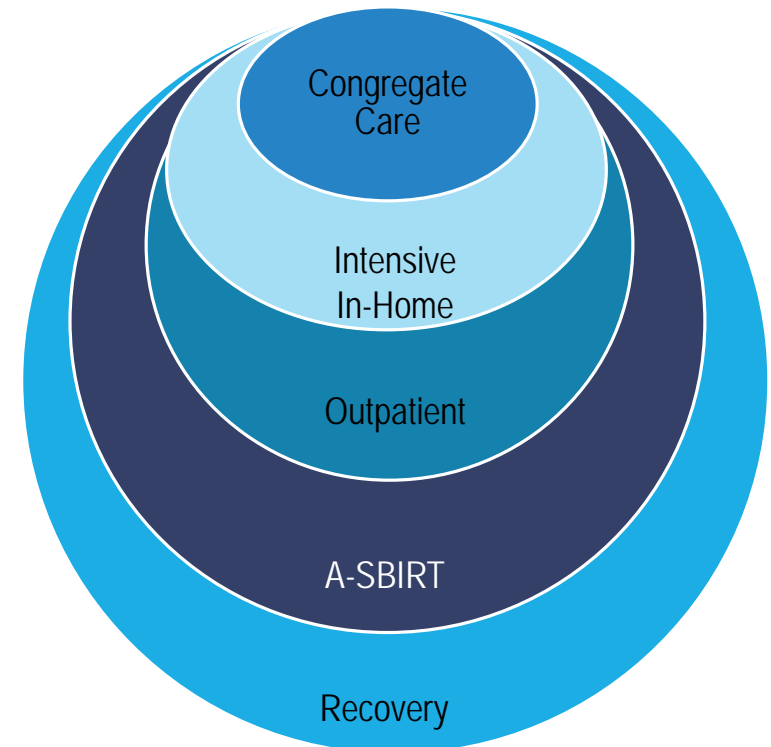
Adolescent Substance Use Continuum



A “right-sized” service system maximizes access to care in the least restrictive settings.



CT has invested heavily in intensive in-home services as efforts to reduce care in the most restrictive congregate care settings increased. Access to care in the least restrictive settings has not completely caught up to these system changes though we’re moving in the right direction



The Goal: In CT, the system should look like this.

Questions & Comments

