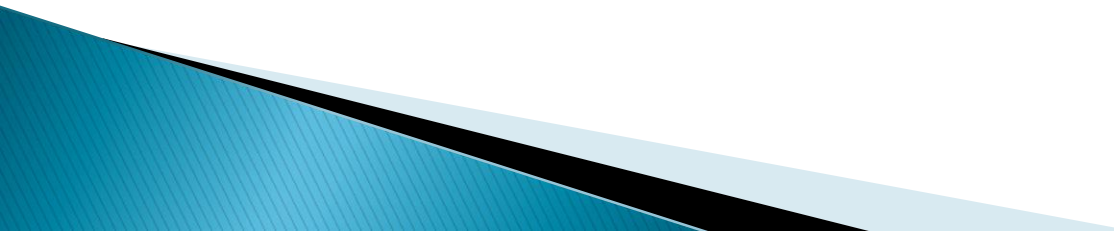


Integrating CAPTA into the DMHAS System of Care

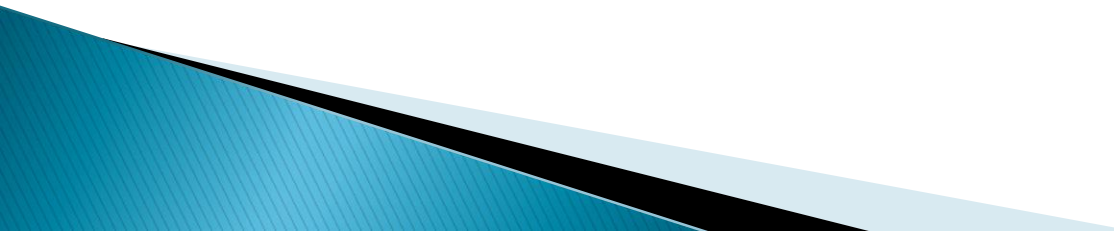
Medical Assistance Program Oversight Council
Women and Children's Health Committee

Kimberly Karanda, PhD, LCSW, Director of Statewide Services, DMHAS
Shelly Nolan, MS, LPC, Director of Women's Services, DMHAS

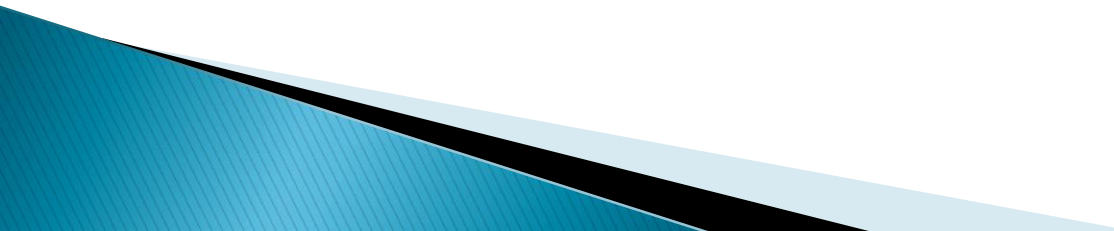
What is CAPTA?

- ▶ The Child Abuse Prevention & Treatment Act
 - ▶ First established in the 1970's & has since undergone a number of changes and updates
 - ▶ Most recently expanded to include a policy change around notification to state child protection agencies when a child is born with exposure to maternal substance use and/or withdrawal symptoms
- 

How is this impacting CT?

- ▶ Legislation passed in CT in July 2017 specific to CAPTA
 - ▶ The Department of Children and Families (DCF) has convened an ongoing workgroup with other state agencies, including DMHAS, and vested partners to establish guidelines for CAPTA notifications
 - ▶ Community Conversations facilitated by DMHAS in coordination with CCAR & DCF
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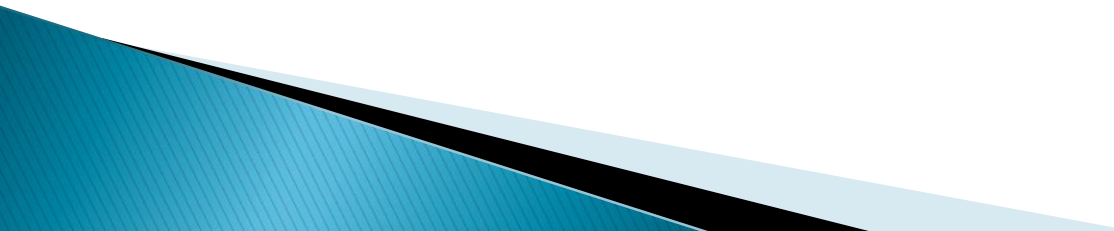
What will be different?

- ▶ Birthing hospitals are now required to provide a notification to DCF when an infant is born who has had prenatal exposure to substances and/ or is showing signs of withdrawal from drugs or alcohol
 - ▶ Protocol remains the same for issues related referral for abuse or neglect
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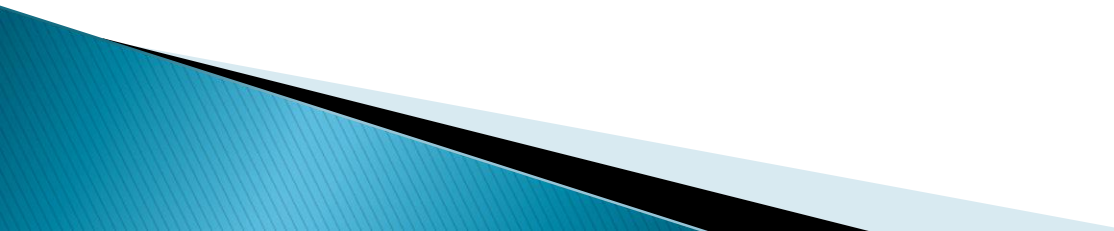
Impact on Women with Opioid Use Disorder?

- ▶ Medication assisted treatment (MAT) is a key component to treating opioid use disorder
- ▶ We know that for women with an opioid use disorder starting or continuing MAT during pregnancy is the safest choice to prevent neonatal withdrawal and support mom's recovery
- ▶ Neonatal Abstinence Syndrome (NAS) can be safely managed in the hospital following delivery
 - Some CT hospitals are now using the Eat, Sleep, Console method to support infants with NAS while allowing them to “room-in” with mom and allow for bonding

How will this impact women on MAT?

- ▶ Women on MAT will be encouraged to develop a Plan of Safe Care (POSC) with their MAT and/or other treatment provider
 - ▶ They can then present the POSC to the birthing hospital at time of delivery to demonstrate their connection to treatment and recovery
 - ▶ Our goal is to help providers prepare women for these changes and equip them with the information they need to make sound healthcare decisions
- 

DMHAS Efforts thus far:

- ▶ Established Women & Opioids workgroup which meets regularly to help guide our implementation efforts
 - ▶ Developed Frequently Asked Questions (FAQs) for women who may be concerned about CAPTA and how it will impact them
 - ▶ Conducted meetings with DMHAS funded agencies throughout the system of care to help establish a baseline understanding of CAPTA
 - ▶ Partnered with the Hartford Dispensary to pilot the development and implementation of developing plans of safe care with pregnant women enrolled in their treatment programs
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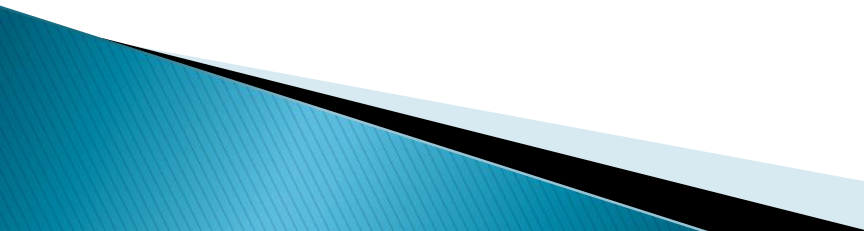
Discrimination

- A major barrier to treatment for pregnant women with SUD
- When a woman seeking help feels judged and unwelcome, she is likely to isolate, skip appointments, or avoid treatment altogether
- The unique treatment needs of women
 - Most women with SUD also have co-occurring mental health disorders
 - Large proportion have been sexually and/or physically abused
 - Progress more quickly than men into dependence
 - Deserve nonjudgmental, compassionate care that will support their needs long after the babies are delivered
 - “To treat the baby, treat the mother”

CT Women and Opioids Workgroup

- Region 1 Women and Opioids Invitational Symposium sponsored by the Office of Women's Health – OCT 2016
- Representatives from DMHAS; DCF; UCONN; provider system including MAT and PPW programs; CHC; CT Women's Consortium; CCAR; Advocacy Unlimited)
- Three target areas:
 - CAPTA (public health approach; upstream interventions – POSC)
 - Life span Issues – reproductive health
 - EBPs on pain management for women with SUD

DMHAS Efforts Continued

- ▶ Neonatal Abstinence Syndrome Comprehensive Education and Needs Training (**NASCENT**) – CHA – Advisory Board Member
 - ▶ Collaboration as a Sponsor & Member of Every Woman CT
 - ▶ Implementation of “One Key Question” intervention in Women & Children’s Programs as a measure to support planned, healthy pregnancy and optimal birth spacing
 - ▶ Collaborator and member of CT perinatal Quality Collaborative (CPQC)
- 

CT K.I.D.

- ▶ Keeping Infants Drug-Free
 - Improve the capacity of professionals to diagnose, treat and prevent prenatal substance exposure*
 - Collaboration with public and private health care systems
 - Five Year Strategic Plan to provide training for health care professionals and support DCF and allied agencies in developing policy and practice to further compliance with Child Abuse Prevention and Treatment Act (CAPTA)
 - Funded by DMHAS and DCF; managed by Wheeler Clinic

CT K.I.D.

▶ Workgroups

- Executive Implementation Team
- Core Team
- Early Identification & Screening Workgroup
- Data Workgroup
- Training Workgroup
- CAPTA – Plan of Safe Care (POSC)

WSPIC

- ▶ Women's Services Practice Improvement Collaborative
 - Partnership of the Connecticut Women's Consortium, DMHAS, and DMHAS funded women's specialty service providers
 - Members meet every other month to share experience and learn from expert presenters on behavioral health topics specific to women and children
 - Improves quality of behavioral health services for women so that services are trauma-informed, gender-specific, holistic, and promote self-determination

Next Steps

- ▶ Conduct more in depth trainings within the DMHAS system of care on establishing plans of safe care with women prior to delivery
 - ▶ Standardize plan of safe care template
 - ▶ Support development of plans of safe care throughout the DMHAS service continuum
 - ▶ Update the DMHAS website with resources to support CAPTA implementation
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