



### The Implementation of CAPTA Provisions

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### The Child Abuse Prevention and Treatment Act (CAPTA)

- CAPTA is Federal legislation addressing child abuse and neglect across the United States
- Originally enacted in 1974 and reauthorized in 2010
- Certain provisions of the act were amended in 2015, by the Justice for Victims of Trafficking Act of 2015 (P.L. 114-22) and in 2016, by the Comprehensive Addiction and Recovery Act of 2016 (P.L. 114-198).

### Comprehensive Addiction and Recovery Act (CARA)

Aims to address the problem of opioid addiction in the United States. Included in the CARA requirements are;

- the establishment of a Plan of Safe Care to address the needs of both the infant and parent(s),
- increasing States' compliance with CAPTA and amending the legislation to include the needs of infants born with and identified as being affected by substance misuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder.

### CAPTA SEI Definition

Infants born affected by substance use or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder Healthcare providers involved in the delivery of care of an infant born substance exposed must notify child protective services. A plan of safe care is to be developed for these infants and their families.

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.

Congress stated that these reports to CPS, on their own, <u>are not</u> grounds to substantiate child abuse or neglect.



### CAPTA Provisions

- 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
- Work with stakeholders to ensure the development of a Plan of Safe Care for infants who are prenatally exposed
- Develop a process for referrals to screening and early intervention services

## • 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.

### CT State Legislation

- 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, is born substance exposed to methadone, buprenorphine, prescription opioids, marijuana, prescription benzodiazepines, alcohol, other illegal/non-prescribed medication, and/or the misuse of prescription/over the counter medication 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.

### What is a Plan of Safe Care?

Mom's Plan

\*Mom chooses the lead professional to collaborate with

Verified and/or developed by the birthing hospital at time of birth and provides notification

Demonstrates plan to meet the needs of mom, infant, and family



### DPH NAS Data

NAS Hospital Discharges Connecticut, 2003-2014



Federal/Hospital Fiscal Year

## A Collaboration

#### Between:

Persons with lived experience,

#### Moms,

Fathers/Partners/Families,

Health care providers,

Social Workers,

& Key Providers:





### What is 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.

# 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



## What information is collected and why

Zip Code

Race/Ethnicity

Substance that child was exposed to

Verification of plan of safe care provided by birthing hospital

# ONLY NON-IDENTIFYING INFORMATION IS PROVIDED

### Notification Portal



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

Select here to begin the online submission process.

### Possible Collaborators on the POSC

- •Pregnant care providers,
- •Pain Specialists,
- •Other Medication Assisted Treatment Providers,
- •Pediatricians,
- •Maternal postpartum providers: Visiting Nurse, Birth to 3,
- •Substance Use Treatment or other Behavioral Health provider,
- •Department of Children & Families Ongoing Social Worker.

•Remember: Mom chooses the professionals to collaborate with on her plan.

## Components to Consider on a POSC:

Areas to consider, based on the individual and unique needs of this family:

- •Behavioral health counseling
- Medication Assisted Treatment
- •Community supports
- •Housing
- •Financial support

- •Parenting
- •Safe Sleep planning
- •Child Care
- •Birth to 3
- •Infant pediatric care

### Template for a POSC...

#### 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 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 who are newborrs were exposed prenatally, and a DCF referral is not warranted.

Check all substances used by mother prenatally that child was exposed to in utero:

Methadone	Benzodiazepines	
Buprenorphine	Misuse of prescription/OTC medications:	
Prescription Opioids	Other illegal/non-prescribed medications:	
Alcohol	List: Click here to enter text.	

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

	Discussed	Current	New Referral	Organization
Medication Assisted Treatment				
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				
znature of parent /caregiver			Signat	ure of provider:
gnature of parent /caregiver:			_ Signat	ure of provider:
ase check if any of the following are app	olicable:			
Plan of Safe Care was compl	leted and will be p	provided to in	nfant's PCP for	ongoing monitoring
<b>—</b>				
Mother was engaged in serv	rices prior to delly	ery (ex: cour	iseling, treatm	ent, 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:



Substance causing withdrawal symptoms

Family strengths, supports and goals

### Resources

DMHAS Regional directories: <u>https://www.ct.gov/dmhas/cwp/view.asp?a=2902&q=335196</u>

DMHAS Women and Children programs: https://www.ct.gov/dmhas/cwp/view.asp?a=2902&q=335296

211: https://www.211ct.org/

DCF Parent's Right to Know: https://portal.ct.gov/DCF/Multicultural-Affairs/Parents-Right-to-Know

Safe Haven: https://portal.ct.gov/DCF/1-DCF/SAFE-Havens-Act-for-Newborns

Safe Sleep: <u>http://www.ctoec.org/safe-sleep/</u>

OEC Before Birth: <u>http://www.ctoec.org/before-birth/</u>

OEC Newborns: http://www.ctoec.org/newborns-toddlers/

Birth to 3 Program: <u>https://www.birth23.org/</u>

SNAP benefits: <u>http://uwc.211ct.org/food-stampssnap/</u>

WIC: http://uwc.211ct.org/wic-women-infants-and-children-program/

Care 4 Kids: https://www.ctcare4kids.com/

Adult Crisis Services: https://www.ct.gov/dmhas/cwp/view.asp?a=2902&q=378578

Probate Court Kinship Fund: http://www.ctprobate.gov/Documents/Flyer%20for%20Kinship%20and%20Respite%20Program.pdf

Help Me Grow: <u>https://www.ct.gov/oec/cwp/view.asp?a=4544&q=535732</u>

Mother to Baby: <u>https://mothertobaby.org/</u>

# Thank you!