

# SEPI-CT: MAPOC Meeting 3.13.23

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## SEPI-CT

Substance Exposed Pregnancy  
Initiative of Connecticut



## About the Initiative

**SEPI CT (formally SEI-FASD Statewide Initiative) aims to:**

**Strengthen capacity at the community, provider, and systems levels to improve the health and wellbeing of infants born substance exposed through supporting the recovery of pregnant people and their families.**

**This initiative is funded by CT DMHAS and CT DCF and contracted through Wheeler.**

# THE EVOLVING LEGISLATION

Take a look at how the **state and federal legislative landscape** has changed over the last half-century.

1974

The Child Abuse Prevention and Treatment Act (CAPTA) is enacted, providing federal funding for the prevention, assessment, investigation, prosecution, and treatment of child abuse and neglect.

2003

CAPTA is amended by the **Keeping Children and Families Safe Act**. To receive CAPTA funds, states must have policies and procedures addressing the needs of infants affected by illegal substance use or withdrawal symptoms resulting from prenatal drug exposure.

**2010**

**The CAPTA Reauthorization Act** incorporates infants with Fetal Alcohol Spectrum Disorder and adds state data reporting requirements.

**2016**

**The Comprehensive Addiction and Recovery Act (CARA)** establishes a coordinated, balanced strategy through enhanced grant programs to expand prevention and education efforts while promoting treatment and recovery. It requires the Plan of Safe Care to include the needs of both the infant and family/caregiver.

**2018**

**The State of Connecticut passes their own legislation establishing that written Plans of Safe Care** must be developed between a birthing person and their provider.

# The SEPI-CT Work Supports These Requirements

## Each state is required to:

- Collect data about infants born with substance exposure
- and
- Have providers create a “Family Care Plan”\* to address any health and treatment needs of the mother/birthing person, infant and significant others



\* Note: Family Care Plan was previously known as a “Plan of Safe Care”

# Overview of CAPTA and Family Care Plans



# A Glance at CAPTA Data

## NOTICES

7334 TOTAL  
161 Nov 2022

## FAMILY CARE PLANS

5039 TOTAL  
69% of Submissions

42 % Developed by Reporter  
27% Verified by Reporter

## CARELINE

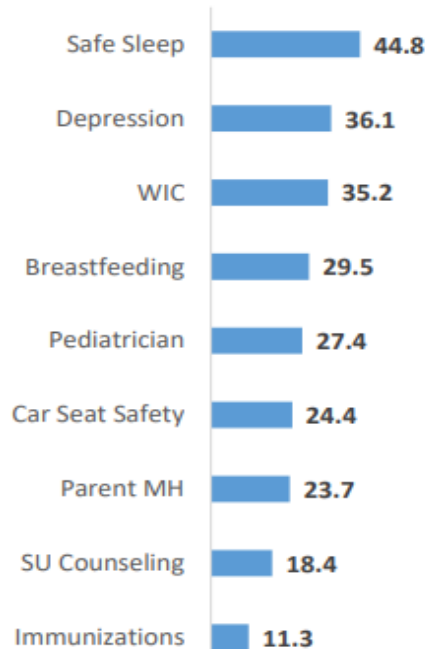
3371 TOTAL  
46% of Submissions

CONNECTICUT

# CAPTA

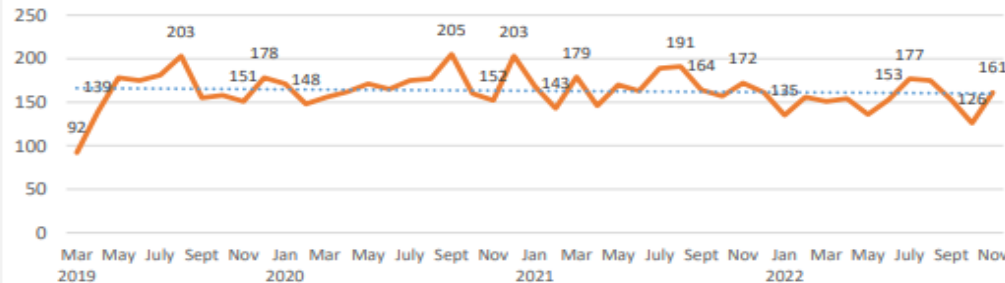
NOVEMBER 30, 2022

### COMMON FAMILY CARE PLAN ELEMENTS (%)

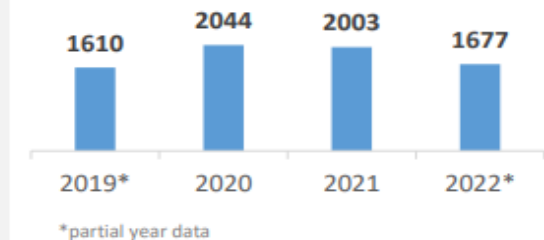


### PORTAL SUBMISSIONS OVER TIME

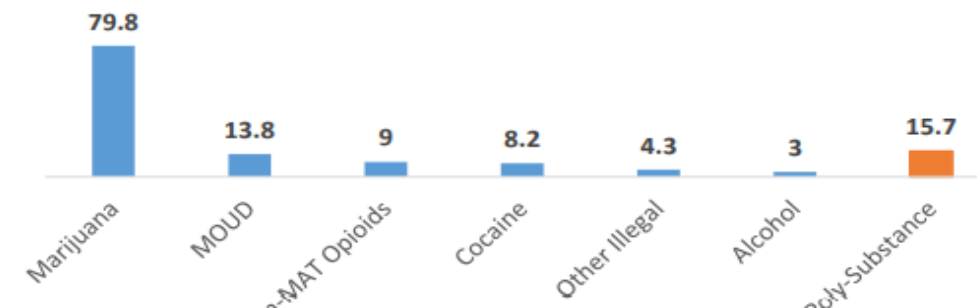
AVERAGE OF 163 SUBMISSIONS MONTHLY, APPROXIMATELY 6% OF LIVE BIRTHS AMONG CT RESIDENTS



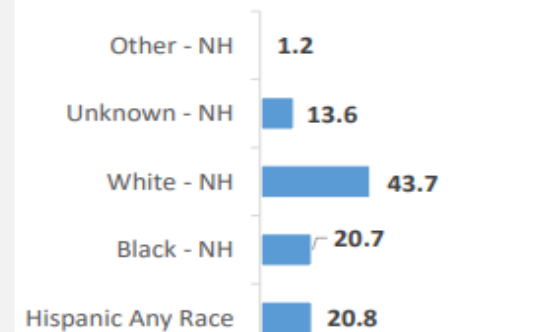
### NOTICES BY YEAR



### MOST COMMONLY REPORTED EXPOSURES (%)



### BIRTHING PERSON RACE & ETHNICITY (%)



# CAPTA Notification Portal

## Newborn Notification Portal

FAQ's (Frequently Asked Questions):

[CAPTA](#)

[PORTAL](#)

• [Questions](#)

• [Flow](#)

[CAPTA/CARA Legislation](#)

[CAPTA/CARA Provider Bulletin](#)

[CAPTA/CARA Training Webinar](#) *"Important Note: Webinar must be viewed in Internet Explorer. To advance the slide deck use the next button in the lower right corner."*

[Plan of Safe Care Template](#)

[Safe Haven information \(en Español\)](#)

[The Implementation of CAPTA Provisions](#) (Power Point)

[SEPI-CT \(Substance Exposed Pregnancy Initiative of Connecticut\)](#)

[What are my responsibilities as a Mandated Reporter?](#)

This portal was created for the purposes of giving birthing hospitals the ability to file online reports (DCF- 136) of abuse or neglect to the Department of Children and Families OR to create a CAPTA Notification for those newborns identified as substance exposed and consistent with the criteria associated with a notification. Note that this website is only for referrals involving newborn children and hospital staff, any other child protective services related referral should be made by calling the DCF CARELINE at 1-800-842-2288. 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**

A screenshot of the CAPTA Notification Portal registration form. The header features the Connecticut State Department of Children and Families logo and a photo of diverse children. The form is titled "Reporter's Information" and includes fields for Reporter's Email, Secondary Email, Reporter's Name (First, MI, Last), Reporter's Role, Reporting Hospital, and Reporter's Phone. It also has checkboxes for Reporter's Race and Reporter's Ethnicity. A large purple arrow points from the "SELECT HERE TO BEGIN THE ONLINE SUBMISSION PROCESS" button on the left towards the form. A "Next >>" button is at the bottom right.

**Connecticut State**  
**Department of Children and Families**

**Reporter's Information**

All the asterisk (\*) fields are required!

**Reporter's Email \*** **Secondary Email** (For distribution purposes)

**Reporter's Name \***  
First Name MI Last Name

**Reporter's Role \***

**Reporting Hospital \***

**Reporter's Phone \***

**Reporter's Race \*** (Please check all that apply)

☐ American Indian or Alaskan Native ☐ Black/African American  
☐ White ☐ Asian  
☐ Native Hawaiian/other Pacific Islander ☐ Declined/Not Disclosed

**Reporter's Ethnicity** (Please check maximum of 2)

☐ Cuban ☐ Dominican Republic ☐ Mexican /Chicano /Mexican American ☐ Other Spanish OR Hispanic ☐ Puerto Rican

[Next >>](#)

# A Sample Family Care Plan

## Template Family Care Plan

Mother/Birthing Person's Name: Jill S.	Provider's Name: Root Center for Advanced Recovery
Anticipated delivery date: 10/27/2022	Provider Contact #: (860)555-1234 – clinician Elaine

Family Care Plans 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 birthing person 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 Family Care Plan and subsequent CAPTA Notification is for mothers/birthing people who are prescribed medications during their pregnancy that may result in withdrawal symptoms in the newborn.**

- Check all substances used by mother/birthing person prenatally:

Methadone	<input checked="" 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/birthing person and/or caregivers:

	Discussed	Current	New Referral	Organization
Medication Assisted <u>Treatment</u> (Methadone, Buprenorphine, Naloxone)		X		Root Center for Advanced Recovery
Mental Health Counseling		X		Root Center for Advanced Recovery
Substance Use Counseling		X		Root Center for Advanced Recovery
Medical Care				n/a-client has Primary Care Doctor
Medication Safe Storage Plan				n/a-client does not store medication at home
Reproductive Health				n/a-client has OB/GYN through Trinity Health
Safe Sleep Plan	X			Pediatrician – Dr. Smith discussed 9/1/2022
12 Step Group		X		Narcotics Anonymous CT
Recovery Supports		X		Narcotics Anonymous CT
Childcare				N/A – client denies need
Home visiting				N/A – client denies need
WIC		X		Receives WIC benefits



caregivers:

	Discussed	Current	New Referral	Organization
Medication Assisted <u>Treatment</u> (Methadone, Buprenorphine, Naloxone)		X		Root Center for Advanced Recovery
Mental Health Counseling		X		Root Center for Advanced Recovery
Substance Use Counseling		X		Root Center for Advanced Recovery
Medical Care				n/a-client has Primary Care Doctor
Medication Safe Storage Plan				n/a-client does not store medication at home
Reproductive Health				n/a-client has OB/GYN through Trinity Health
Safe Sleep Plan	X			Pediatrician – Dr. Smith discussed 9/1/2022
12 Step Group		X		Narcotics Anonymous CT
Recovery Supports		X		Narcotics Anonymous CT
Childcare				N/A – client denies need
Home visiting				N/A – client denies need
WIC		X		Receives WIC benefits
Birth to Three	X			Pediatrician – Dr. Smith discussed 9/1/2022
Housing Assistance				N/A – client denies need
Insurance Support				N/A- client has health insurance through job
Financial Assistance				N/A – client denies need
Parenting Groups	X			Root Center for Advanced Recovery
Other – Smoking Cessation options	X			OBGYN – Dr. Jules discussed 7/10/2022

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

Jill has strong family support from her wife and children. She is currently on a methadone regimen and receives substance use/mental health disorder counseling through the Root Center for Advanced Recovery in New London, CT.

Jill has a pediatrician who sees her older children and will become the new baby's doctor too. Jill has spoken to them about aiding her in making a Birth to Three referral for an initial evaluation once the baby is born.

Jill has stable housing and is engaged in the 12 Step recovery community in New London. The Root Center has also offered Jill a spot in their parenting group if she feels this would be beneficial.

Signature of parent /caregiver: \_\_\_\_\_ Signature of provider: \_\_\_\_\_

Please check if any of the following are applicable:

# Why is the FCP so important?

## What is my responsibility as a provider/professional?

- **Legislative mandate** to provide a FCP for individuals/families with substance exposed pregnancies
- Best practice is to create one **in collaboration with provider or other professionals**, working with the individual/family
- Having a FCP created before birth, readily verifiable at birth and/or created at birth can **prevent potentially avoidable DCF reports**

Creating a FCP (as early as possible in the pregnancy) and accurately completing a CAPTA notification (at birth) are key to ensuring the best outcomes for both birthing person/family and baby

# What Does Our Work Look Like?

# Structure of the Work In Connecticut



## Executive Team

DMHAS, DCF, Program  
Manager/Family Care Plan  
Coordinator

Leadership and oversight  
Meet biweekly



## Core Team

Stakeholders  
Provide guidance to the  
work  
Meet quarterly



## Work Groups

Individuals from Core Team  
Support each respective  
Work Group  
Meet monthly

# SEPI-CT's 4 Priorities and Work Groups

CAPTA/Family  
Care Plans

Treatment,  
Wellness, and  
Recovery

Marketing  
and Training

Screening  
and Brief  
Intervention

# Priority 1:

## CAPTA

(Child Abuse Prevention & Treatment Act)

and

## FCP

(Family Care Plan)

### GOAL: Promote broad understanding of CAPTA reporting requirements and the value of Family Care Plan

Provide ongoing educational opportunities for providers and systems that touch families to remain current on accurate CAPTA reporting practices and statewide progress and opportunities within CAPTA

1. Continue to empower birthing people to use the Family Care Plan and normalize it as a tool for anyone who is thinking about becoming pregnant, currently pregnant, or has recently given birth
2. Explore continued opportunities to enhance CAPTA portal data
3. Explore the ethical, stigma, and health equity themes that surround reporting practices

# Priority 1: In Action

Continued system and practice improvements to ensure accurate reporting practices and positive outcomes for families

Broad marketing and transparency around CAPTA and FCP

Continuous data monitoring and improvements

Ongoing outreach to birthing hospitals and associated provider for support/education

# Presentations About:

## CAPTA

(Child Abuse Prevention  
and Treatment Act)

&

## FCP

(Family Care Plan)

### Presentation:

#### The Evolution of CAPTA: Supporting Families Impacted by Substance Use)

##### Key Points:

- Legislation
- CAPTA notification
- Notification is not equivalent to a DCF Report
- Family Care Plan development
- Awareness of stigma/health inequities
- Community connections and resources

### Presentation:

#### CAPTA Notification Process:

##### Key Points:

- When is a CAPTA notification required
- How to access the portal
- Screen by screen review of CAPTA notification process
- Review of differences between a CAPTA notification and a DCF Report

## Priority 2: Screening and Brief Intervention

**GOAL: Improve screening for substance use and substance use disorders and to provide appropriate services through provider education and enhancement of statewide referral systems**

1. Understand barriers to screening from a provider perspective and provide opportunities to build screening capacities within our local systems
2. Promote strategies that enhance brief intervention and referral to treatment practices and understanding of community and state SUD treatment and recovery resources

# Priority 2: In Action

Alignment of statewide recommendations

Identified champions within health care settings to understand and/or enhance screening, brief intervention, and/or referral to treatment within their systems

SBIRT and Screening Tool trainings

Collaboration with ACCESS Mental Health for Moms

# Priority 3: Marketing and Training

**GOAL: Create and enhance opportunities for SEI-FASD professional development and promote statewide awareness and knowledge**

1. Increase knowledge, awareness, and professional development opportunities regarding SEI and FASD and other topics that are related to and impact substance use and recovery such as: stigma, trauma informed care, adverse childhood experiences, etc.

# Priority 3: In Action

Trainings: SEI-FASD 101, Evolution of CAPTA, CAPTA Portal Training, and more

Stand alone website and informational materials for individuals and providers

Intersection with other topics such as IPV, LGBTQ+ population, maternal mental health, etc.

Digital campaigns

# SEPI-CT can Provide Trainings and Technical Assistance



**Virtual or In Person Trainings:** The Evolution of CAPTA, CAPTA Notification Walkthrough, SEI-FASD 101, Overview of DMHAS Women's Services, DCF Mandated Reporter, and others



**Technical assistance** with the implementation of new or existing CAPTA/FCP policies and procedures



**Promotional and educational materials** such as brochures, pamphlets, and other resources



**One-on-one assistance** (in-person or virtual) with questions or concerns on CAPTA/FCP

# Another Available Presentation

## Presentation: SEI-FASD 101

### Key Points:

- SEI and FASD information: prevention, intervention, and treatment
- How stigma impacts care
- CAPTA and Family Care Plans



## FOR PROFESSIONALS

**Those struggling with substance use during pregnancy need compassionate care and nonjudgmental support from their providers.** You can make a difference for these families and help ensure better medical outcomes for their babies by staying informed on relevant legislation, reporting requirements, and the resources available in Connecticut.



# SEPI-CT's Website

[Professionals](#)[Individuals & Families](#)[About the Initiative](#)[Contact Us](#)

## WORKING TO CREATE THE BEST OUTCOMES

for infants born substance-exposed and their families

**SEPI-CT works with both providers and families across Connecticut** to bring awareness to substance exposure during pregnancy, and to ensure families have access to the treatment, recovery, and support resources they need.

**What is a Family Care Plan?**



# SEPI-CT's Website

[Professionals](#)[Individuals & Families](#)[About the Initiative](#)[Contact Us](#)

## WHAT IS A FAMILY CARE PLAN?

For people who are pregnant and using substances, a **family care plan helps them prepare for the arrival of their baby**. This is a document that outlines all the services, strategies, and supports in place to meet the wellness needs of the birthing person and their family.

[Family Care Plan FAQs](#)

STEP  
1

**Choose the method** that's most convenient for you

*Use the 211 website, download a template, or speak with your medical provider*

STEP  
2

**Select the resources and services** you need

STEP  
3

**Share your plan** with your health care providers

# IPV AWARENESS MONTH

Finding Strength & Support  
During Pregnancy



## October is Intimate Partner Violence (IPV) Awareness Month

IPV is a pattern of behaviors used by one partner to maintain control over the other partner in an intimate relationship. An intimate partner can be a current or former boyfriend, girlfriend, spouse, lover, or life partner. IPV is a life-threatening crime that affects thousands of individuals in Connecticut, regardless of age, gender, economic status, race, ethnicity, religion, sexual orientation or education.



## IPV During Pregnancy

If you are pregnant, IPV can increase risk of pregnancy and other health complications for you and your baby. IPV against pregnant people can often be physical, but it can take other forms too. It's important to recognize all forms of abuse. IPV during a pregnancy can include:



### Physical Abuse

- Physical aggressive contact: hitting, strangling, throwing objects, striking your belly in an effort to end/harm pregnancy



### Emotional/Psychological Abuse

- Attending prenatal appointments with you and answering questions for you
- Threats/forced isolation from family and friends



### Sexual Abuse

- ANY sexual contact that happens without consent, including taking/sending sexual pictures or videos and denying use of birth control or other contraception methods



### Financial Abuse

- Control of access to money/health insurance so that the partner will be dependent on them



### Withholding Medical Care

- Keeping you from going to prenatal appointments or other medical care needs
- Withholding pregnancy-related medication/vitamins



### Technological

- Tracking location, demanding check-ins, excessive texting, spyware, monitoring communications, posting on social media



## YOU ARE NOT ALONE.

CT has many resources that can support your journey to safety and recovery.

### RESOURCES

CT COALITION AGAINST DOMESTIC VIOLENCE  
CT DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES  
CT COMMUNITY FOR ADDICTION RECOVERY

CT 24/7 TREATMENT ACCESS LINE:  
1-800-563-4086

DMHAS ADDICTION SERVICES BED AVAILABILITY

PROUD PROGRAM

SAFE-FAMILY RECOVERY

WOMEN'S REACH PROGRAM

You are loved ♥

## IPV, Pregnancy, and Substance Use

Are you experiencing IPV and also struggling with substance use? Using substances during pregnancy does not mean you do not love your baby. It is important to remember that your IPV situation is NOT your fault and seeking help and medical care will keep you and your baby safe and healthy.

Substance Use Disorders are a chronic health condition and you are entitled to care that is supportive and nonjudgmental. Substance use treatment during pregnancy is safe, effective, and supports better health outcomes for you and your baby.

CT has a variety of resources to support your unique IPV and substance use needs. You are not alone.



## Get IPV Help: CT Safe Connect

Safe Connect is a project of the Connecticut Coalition Against Domestic Violence (CCADV) that was developed as a way to make it easier for victims of domestic violence to access information, resources and assistance.

CT Safe Connect advocates are available 24/7. All services are free, confidential, voluntary, and safe. You do not have to say your name if you are not comfortable doing so. You can reach an IPV advocate by calling or texting 888-774-2900 or by email or live chat at [www.CTSafeConnect.org](http://www.CTSafeConnect.org)



## Stigma and IPV: Why do individuals stay?

There is often social stigma regarding people who are pregnant or parenting and who stay in relationships with IPV present.

However, there are many reasons why one would stay in this type of relationship including family and social pressure to be loyal to one's partner, manipulation by the abuser who may threaten to take away or harm one's children or one's unborn child, the abuser may control all financial resources, and marriage or long-term partnership may make it difficult to leave.

Additionally, the most dangerous and potentially life-threatening time for someone experiencing IPV is when they leave their abuser.

If you are in an abusive relationship and are having trouble leaving, you are valid and there is support for you:

- If you are in a life-threatening situation dial 9-1-1 immediately.
- If you are in crisis in CT dial 2-1-1.
- You can also call or text the National Suicide lifeline by dialing 988 if you are experiencing a mental health crisis.
- Reach out to [www.CTSafeConnect.org](http://www.CTSafeConnect.org)

# SOBRE LA VIOLENCIA DOMÉSTICA

Encontrando Fuerza y Apoyo  
Durante el Embarazo



## Octubre es el mes de conocimiento sobre la violencia doméstica

La violencia en el hogar incluye comportamientos utilizados por una pareja para mantener el control sobre la otra pareja en una relación íntima. Una pareja íntima puede ser un novio, novia, esposo, esposa, amante o compañero de vida. La violencia en el hogar es un delito que pone en peligro la vida y que afecta a miles de personas en Connecticut, independiente de edad, sexo, condición económica, raza, etnia, religión, orientación sexual o educación.



## Violencia Doméstica Durante el Embarazo

La violencia doméstica puede causar complicaciones de salud para usted y su bebé. Puede ser física, pero también puede adoptar otras formas. Es importante reconocer todas las formas de abuso. La violencia doméstica durante un embarazo puede incluir:



### Abuso Físico

- Contacto físico agresivo: golpear, estrangular, arrojar objetos, golpear el vientre en un esfuerzo por interrumpir/dañar el embarazo



### Abuso Emocional/Psicológico:

- No te dejan asistir a citas prenatales sin ellos ni responder preguntas sin su aprobación
- Amenazas/aislamiento forzado de familiares y amigos



### Abuso Financiero

- control de acceso al dinero/seguro médico para que la pareja dependa de ellos
- arruinar el crédito de la víctima



### Retención de atención médica

- Evitar que vaya a citas prenatales u otras necesidades de atención médica
- Retención de medicamentos/vitaminas relacionados con el embarazo



### Tecnológico

- Seguimiento de su ubicación, exigente de su tiempo, mensajes de texto o llamadas excesivos, monitoreo de llamadas telefónicas y mensajes de texto, publicar en las redes sociales



## No Estás Solo CT tiene muchos recursos que pueden apoyar su seguridad y recuperación.

### RECURSOS

CT COALITION AGAINST DOMESTIC VIOLENCE  
CT DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

CT COMMUNITY FOR ADDICTION RECOVERY

CT 24/7 TREATMENT ACCESS LINE:  
1-800-563-4086

DMHAS ADDICTION SERVICES BED AVAILABILITY

PROUD PROGRAM

SAFE-FAMILY RECOVERY

WOMEN'S REACH PROGRAM

Queremos Ayudarte ♥

## La Violencia Doméstica, El Embarazo y El Uso de Sustancias

El uso de sustancias durante el embarazo no significa que no amas a tu bebé. Es importante recordar que tu situación de violencia doméstica no es tu culpa. Atención médica mantendrá a ti y a tu bebé seguros y saludables.

El uso de sustancias es una condición de salud crónica y tienes derecho a recibir atención médica que te apoya y no te juzgue. El tratamiento médico para el uso de sustancias durante el embarazo es seguro, efectivo y respalda mejores resultados de salud para ti y tu bebé.

CT tiene una variedad de recursos para apoyar tus necesidades únicas de violencia doméstica y uso de sustancias.



## Obtenga Ayuda: CT Safe Connect

Safe Connect es un proyecto de la Coalición Contra la Violencia Doméstica de Connecticut (CCADV) que se desarrolló para facilitar el acceso a información, recursos y asistencia sobre violencia doméstica.

CT Safe Connect está disponible las 24 horas del día, los 7 días de la semana. Todos los servicios son gratuitos, confidenciales, voluntarios y seguros. No tienes que decir tu nombre si no te sientes cómodo. Puedes comunicarte con alguien por llamar o enviar un mensaje de texto al 888-774-2900 o por correo electrónico o chat en vivo en [www.CTSafeConnect.org](http://www.CTSafeConnect.org)



## Estigma y la Violencia Doméstica: ¿Por qué se quedan las personas?

Existe un estigma social con respecto a las personas que están embarazadas o son padres y que permanecen en relaciones violentas.

Hay muchas razones por las que alguien se quedaría en este tipo de relación:

- Presión familiar y social para ser leal a la pareja
- Manipulación por parte del abusador que puede amenazar con quitarle o dañar a los hijos o al feto
- El abusador puede controlar todos los recursos financieros
- El matrimonio o la pareja a largo plazo puede dificultar la separación

Además, el momento más peligroso y potencialmente mortal para alguien en este tipo de relación es cuando deja a su abusador.

Si estás en una relación abusiva, hay apoyo para ti:

- Si se encuentra en una situación que pone en peligro su vida, llame al 9-1-1 de inmediato.
- Si tiene una crisis en CT, marque 2-1-1.
- La Línea Nacional de Suicidio es 9-8-8 si está experimentando una crisis de salud mental
- Comuníquese con [www.CTSafeConnect.org](http://www.CTSafeConnect.org)

# NAVIGATING THE HOLIDAYS WHILE IN RECOVERY

There is no singular path to recovery. All journeys come with unique challenges and strategies for healing. We asked pregnant, parenting, and people from the LGBTQIA+ communities how they successfully navigate the holidays while struggling with substance use or while in recovery.



**Q** How can people who are pregnant and exploring recovery/in recovery prepare for challenging times in the holiday season?

**A** "Reach out for help when needed. Holidays can bring up many different feelings along with tough situations with family, friends, and lack of supports. Having support groups, recovery supports and a sober network set up before the holidays come worked for me."



**Q** As someone who is part of the LGBTQIA+ community, what is the hardest part about getting through the holidays and how do you practice self-care or cope with the challenges?

**A** "I am part of the LGBTQ+ community and the hardest part I've witnessed others go through was how they were outcast by their non-supportive family. So, in that case a "Friendsgiving day" party would happen where anyone who doesn't have family/friends or support would gather and become family so the individual would know they are important, loved, and respected of who they are."



**Q** Is there anything specific you would like to tell people about your journey?

**A** "Recovery is a process and what works for one may not work for another, we all must find our place in this process. Don't give up because you tried something, and it did not work, or you did not like it. Keep trying new things this is where [it] begins and healing starts."



**Q** What supports do/did you access as a pregnant person who is exploring recovery or is in recovery?

**A** Having a variety of supports on hand can be very beneficial, including:  
"Food pantries, meetings, recovery coaches, WIC, 12-step, outpatient groups, and other methods helpful to your unique recovery."



**Q** What are some things that family/friends/support systems can do to help their loved one who is exploring and/or in recovery this holiday season?

**A** "Some things family/friends/support systems could do to help their loved ones during this holiday season is to **embrace and support their recovery, encourage and empower** them to continue doing the best they can without judgement and with love."

**YOU ARE NOT ALONE.**  
CT has many resources that can support your recovery throughout the holidays.

CT DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

CT COMMUNITY FOR ADDICTION RECOVERY

CT 24/7 TREATMENT ACCESS LINE:  
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PROUD PROGRAM

SAFE-Family Recovery

WOMEN'S REACH PROGRAM

# SUPPORTING INDIVIDUALS IN RECOVERY DURING THE HOLIDAYS

The holidays can be a challenging time for those in recovery. This time may bring up painful memories or trigger feelings of loneliness, financial worries, or social pressures.

But it can also be a time to connect, provide much needed resources, and celebrate recovery and strategies for healing.

## SCREENING

If you are a provider, incorporating screening for substance use and substance use disorders into every encounter gives all patients the opportunity to receive support for their individual needs and challenges.

Consider validated screening tools such as 4 Ps, 5 Ps, ASSIST, T-ACE, or AUDIT.

## BE NON-JUDGMENTAL

Use nonjudgmental, nonmoralistic, and nonthreatening language when asking individuals about substance use.

It is important to recognize personal attitudes that may influence a person's response. Stress harm reduction and meet them where they are at.

## HARM REDUCTION

Harm reduction saves lives.

If they are not ready to stop using substances, do not shame or judge them. Be compassionate and offer them resources that can help them use substances more safely.

Talk to them about:

- Decreasing their substance use.
- Narcan / Naloxone.
- Accessing safe injection resources through a local harm reduction organization.
- The dangers of fentanyl. Promote use of fentanyl test strips on any substance they use.
- Safe storage of medication. Offer a lockbox if you can.
- Not using substances alone and the symptoms of a potential drug overdose.
- Call 911 in the event of an emergency.
- The National Suicide Prevention Lifeline is now 988 Suicide and Crisis Lifeline. Dial 988.

## NEED ADDITIONAL SUPPORT?

**ACCESS Mental Health for Moms** offers psychiatric expertise and consultation to medical providers treating perinatal women presenting with mental health and/or substance use concerns. For obstetric, pediatric and adult primary care, and psychiatric providers treating women up to one-year post delivery.

Monday through Friday, 9:00 am – 5:00 pm  
833-978-MOMS (6667)

## INCLUSIVE CARE

Providing affirming and respectful care makes a difference.

- Avoid assumptions about gender, sexual orientation, or family structure. People who are assigned female at birth may identify as trans, non-binary, or may be intersex.
- Introduce yourself with your pronouns to create a welcoming environment.
- Consider trauma informed care in your approach.
- Update your agency's paperwork to be gender inclusive.

CT has many resources that can help support individuals that are in recovery or exploring recovery during the holidays.

CT DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

CT COMMUNITY FOR ADDICTION RECOVERY

CT 24/7 TREATMENT ACCESS LINE:  
1-800-563-4086

DMHAS ADDICTION SERVICES BED AVAILABILITY

PROUD PROGRAM

SAFE-Family Recovery

WOMEN'S REACH PROGRAM

June 1-30, 2022

## PRIDE MONTH CELEBRATING LGBTQIA+ PARENTS AND FAMILIES

### Planning for Parenthood

The road to parenthood can be stressful. For LGBTQIA+ individuals and families, the journey can be especially long and complicated. Deciding when and how to have a child is a very important conversation to have with yourself, your family, and/or your partner. Selecting the right path for you depends on lots of considerations, including personal preferences, financial resources, life circumstances, and community and family support.



### Find Support

It is vital to have a positive support system on the journey to parenthood. Find people who will support your goals, believe in you, and set boundaries with those who don't. Build your support system in the form of family, friends, neighbors, healthcare providers, and others in your community.

### Do Your Research

The first step toward parenthood is to do your research. Speak to families that already have been down the road before you and connect with resource groups. With healthy communication, support, and resources, LGBTQIA+ individuals can experience the joys of parenthood.

### What options are available to me?

- **Pregnancy:** Traditional pregnancy is possible for many individuals and couples.
- **Surrogacy:** Surrogacy is when a gestational carrier carries a pregnancy for you. This may be the right option if pregnancy is not possible for biological, hormonal, personal or medical reasons.
- **Adoption/Foster:** Within the scope of adoption, there is agency adoption, independent adoption, public agency adoption and international adoption.
- **Donor-Assisted Reproduction:** There are three main methods for artificial insemination: IVF, Intrauterine insemination (IUI), and Intracervical insemination (ICI)

For more information and resources on starting your family, visit <https://www.familyequality.org/family-building/path2parenthood/>

### What Are My Resources: Being LGBTQIA+, Pregnant or Parenting, and Struggling with Substance Use

#### CT PROUD Program

The PROUD program offers support and family-centered treatment to LGBTQIA+ pregnant and parenting individuals of infants or young children, in all stages of substance use recovery.

#### CT REACH Program

The REACH Family Recovery Navigators provide community outreach and engagement services, case management, recovery coaching and community connections to treatment and recovery support resources to LGBTQIA+ pregnant and parenting individuals as they enter into and sustain recovery from substance use or co-occurring disorders.



### Know Your LGBTQ+ Resources

CT has many supportive resources to assist you if you identify as LGBTQIA+ including:

- **Walk With Me**  
Located in Wheeler Clinic, go to <https://www.wheelerclinic.org/services/lgbtqia-responsive-services-at-wheeler>
  - **New Haven Pride Center**  
Located in New Haven, go to <https://www.newhavenpridecenter.org/>
  - **Triangle Community Center**  
Located in Norwalk, go to <https://ctpridecenter.org/>
  - **Queer Unity Empowerment Support Team (QUEST)**  
Located in Waterbury, go to <https://questct.com/>
  - **A Place to Nourish Your Health**  
Located in New Haven, go to <https://apnh.org/>
  - **Translifeline**  
Virtual crisis line, go to <https://translifeline.org/>
  - **Anchor Health**  
Located in Hamden and Stamford, go to <https://anchorhealthct.org/>
- To learn more about resources in your area visit <https://portal.ct.gov/DMHAS/Programs-and-Services/Finding-Services/LGBT-Services>



Are you struggling to reduce or stop your substance use while pregnant or parenting? You are not alone.

CT DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

CT COMMUNITY FOR ADDICTION RECOVERY

DMHAS ADDICTION SERVICES BED AVAILABILITY

CT 24/7 TREATMENT ACCESS LINE:

1-800-563-4086

211 CT

June 1-30, 2022

## PRIDE MONTH BEING INCLUSIVE IN HEALTHCARE



For individuals who identify as LGBTQIA+, going to a healthcare appointment can be a daunting experience. As a healthcare provider, your role is essential in making patients feel welcome and cared for, regardless of where they are, who they are and how they are. You should be using inclusive language and non-stereotyped communication to make patients feel comfortable!

### BE NON-JUDGMENTAL

At clinical practices that do not prioritize inclusive care, LGBTQIA+ patient experiences might be invalidated many times over, by the intake forms, by health history questions and by you or your staff's failure to use gender neutral pronouns. You and your staff should ensure you are creating a non-judgmental, welcoming and inclusive environment for your patients.



### Questions to Ask

- Not everyone who identifies as LGBTQIA+ is going to disclose their identity to their healthcare providers. You and your care team can begin patient encounters by asking **three routine questions** of all new patients and noting their preferences in the electronic health record:
  - **What is your gender identity?**
  - **What sex were you assigned at birth?**
  - **What are your pronouns?**
- Making sure that first encounter is safe can be key to fostering continued engagement with the healthcare system and good healthcare outcomes. It's also an opportunity to recommend medical and mental health resources or refer to specialists.
- CT DMHAS can help you find appropriate LGBTQIA+ resources and referrals for your patients. Go to <https://portal.ct.gov/DMHAS/Programs-and-Services/Finding-Services/LGBT-Services>.
- The **National LGBTQIA+ Health Education Center** also offers learning resources on providing competent care for LGBTQ+ individuals.

### Inclusive Language

- **Parenthood**
- **Birth Person, Gestational Parent**
- **Non-Pregnant Person, Support Person**
- **Perinatal**
- **Pregnant People**
- **Postpartum Parent**
- **Siblings**

### Exclusive Language

- **Motherhood and Fatherhood**
- **Mother, Mom**
- **Father, Husband, Male Partner**
- **Maternal**
- **Pregnant Women**
- **Postpartum Women**
- **Sister, Brother**

Generally, you should avoid using terms that assume a pregnant person is female and married, or even partnered. Also remember there are many ways that individuals refer to people in their family structures. Asking your patients open questions and not making assumptions is always best. To learn more inclusive terms and definitions go to <https://www.hrc.org/resources/glossary-of-terms>.

### Screen for SUD

- LGBTQIA+ individuals are subject to many of the same risks and effects of substance use as non-LGBTQIA+ individuals.
- Universal screening should be practiced to ensure quality healthcare for LGBTQIA+ patients.
- Provide feedback, clear advice, goal setting, and follow-up.

In collaboration with the Connecticut Women's Consortium, DMHAS is excited to offer a FREE virtual conference during PRIDE month entitled, Intersectionality and the Gender Continuum on June 10, 2022 from 9am to 4pm. Participants will receive 6 CEC's. To learn more about this conference or to register:

<https://womensconsortium.configio.com/pd/660?code=IAX2JbjoTH>

### Voices from Patients

- "I identify as a non-binary lesbian. Safety in healthcare for me means that my identity will be affirmed, they have cared for people like me before & that they are educated on varying gender identities & do not seem bothered by having to remember my pronouns. I would appreciate it if I didn't have to constantly explain that there is not cisgendered men involved in my life and that whoever I'm speaking to knows what cisgender means. There is a lot to learn from a non LGBTQ+ perspective but just trying instead of disregarding it all goes a long way."
- "I identify as a gay man. Providers should ask questions about LGBTQ+ care with interest and care. If you are unsure, just ask. Do not make assumptions about peoples' pronouns, identity, or sexuality preferences. We should not need to justify our lifestyle or relationships to access medical care. Talking about it as a matter of fact and compassion, rather than opinion and judgement, makes a difference."

## Priority 4: Treatment, Recovery, and Wellness Support

**GOAL: Ensure birthing people, children and families have access to SEI-FASD and SUD treatment, recovery, and support resources**

1. Maximize the use of existing CT resources available to birthing people, children, and families including substance use treatment and recovery supports, health care, developmental assessments, etc.
2. Enhance opportunities for priority SUD treatment entry for minority birthing people
3. Continue to support, enhance and/or create opportunities for family centered interventions
4. Empower individuals to work with their provider and/or local community resources to gain support with alcohol use and/or substance use disorder treatment

# Priority 4: In Action

Building new website page on providing gender affirming and inclusive care

Promote information on child and family resources across the continuum

Explore opportunities to collect LGBTQIA+ CT data on utilization/engagement with traditional women's services

Efforts to identify strengths and opportunities for system improvements for underserved populations

SEPI CT:  
Our Work at a Glance

Inclusivity  
Recovery Oriented  
*Data Informed*  
*Empowerment*  
Capacity Building  
*Harm Reduction*  
Destigmatize

# Resources and Treatment Options

# Medication Assisted Recovery

Improves birth outcomes among people who have SUD and are pregnant

Medications include: Buprenorphine/Suboxone, Methadone, and Naltrexone

Dose will likely need to be adjusted during pregnancy (increased) and postpartum (decreased) as MOUD/MAT may be metabolized differently during that time.

Research shows that the mortality rate of untreated individuals using heroin is 15 times higher compared to individuals receiving methadone maintenance treatment

# Women's REACH Navigators

**REACH =  
Recovery,  
Engagement,  
Access,  
Coaching  
& Healing**

- Women's Navigators are women with lived experience who are engaged in their own recovery and are willing to help others find their recovery path
- Open to and knowledgeable about diverse pathways to recovery, community resources, and women's health issues
- Embrace the notion that one size does not fit all
- Recovery Coaching & Case Management
- Regionally based with a focus on community outreach & engagement
- Experts at developing Family Care Plans

[Link for Womens REACH Program \(ct.gov\)](#)

[Link for DMHAS Women's and Children's Services Website](#)

# Key Resources Accessible Through Our Website

- **ACCESS Mental Health for Moms**

- <https://www.accessmhct.com/moms/>
- Offers psychiatric expertise and consultation to medical providers treating perinatal women presenting with mental health and/or substance use concerns.

- **Beacon Health Options Resources**

- <http://www.ctbhp.com/medication-assisted-treatment.html>
- Includes Interactive Map of all MAT providers
- Provider connect for all Husky behavioral health providers

- **Safe Family Recovery**

- [Safe FR](#)
- Offers three types of services to help meet the substance use treatment and recovery needs of adult caregivers connected to DCF wherever they are in their recovery

- **CT Addiction Services**

- [Real time bed availability for all withdrawal management & residential services](#)

- **Access Line**

- Information on walk-in assessment centers throughout the state at [www.ct.gov/dmhas/walkins](http://www.ct.gov/dmhas/walkins) or 1-800-563-4086
- Screening & Warm hand off to detox services



**SEPI-CT**

Substance Exposed Pregnancy  
Initiative of Connecticut

# Questions?

**THANK YOU FOR YOUR TIME AND CONTINUED SUPPORT**

# SEPI-CT Contact Information



**GET PROFESSIONAL**  
Development & Assistance

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SEPI-CT provides support services for professionals, practices, and agencies that work with pregnant people, including trainings, educational materials, and technical assistance.

[Trainings](#)   [Other Resources for Professionals](#)

[Link to SEPI-CT Provider Training and Support Page \(sepict.org\)](https://sepict.org)

Direct Contact for Training/ Technical Assistance and Family Care Plan Support:  
**Mary Fitzgerald, LMSW** SEPI-CT Program Specialist (Family Care Plan Coordinator):  
[mkfitzgerald@wheelerclinic.org](mailto:mkfitzgerald@wheelerclinic.org)   Phone: (860) 491-5311

Direct Contact For Training/Technical Assistance and to Become Involved In SEPI-CT Work Groups:  
**Pamela Mulready, MS, LPC, LADC, RSS** Project Manager SEPI-CT:  
[pamulready@wheelerclinic.org](mailto:pamulready@wheelerclinic.org)   Phone: (860) 637-5023