# CAPTA & FAMILY CARE PLAN

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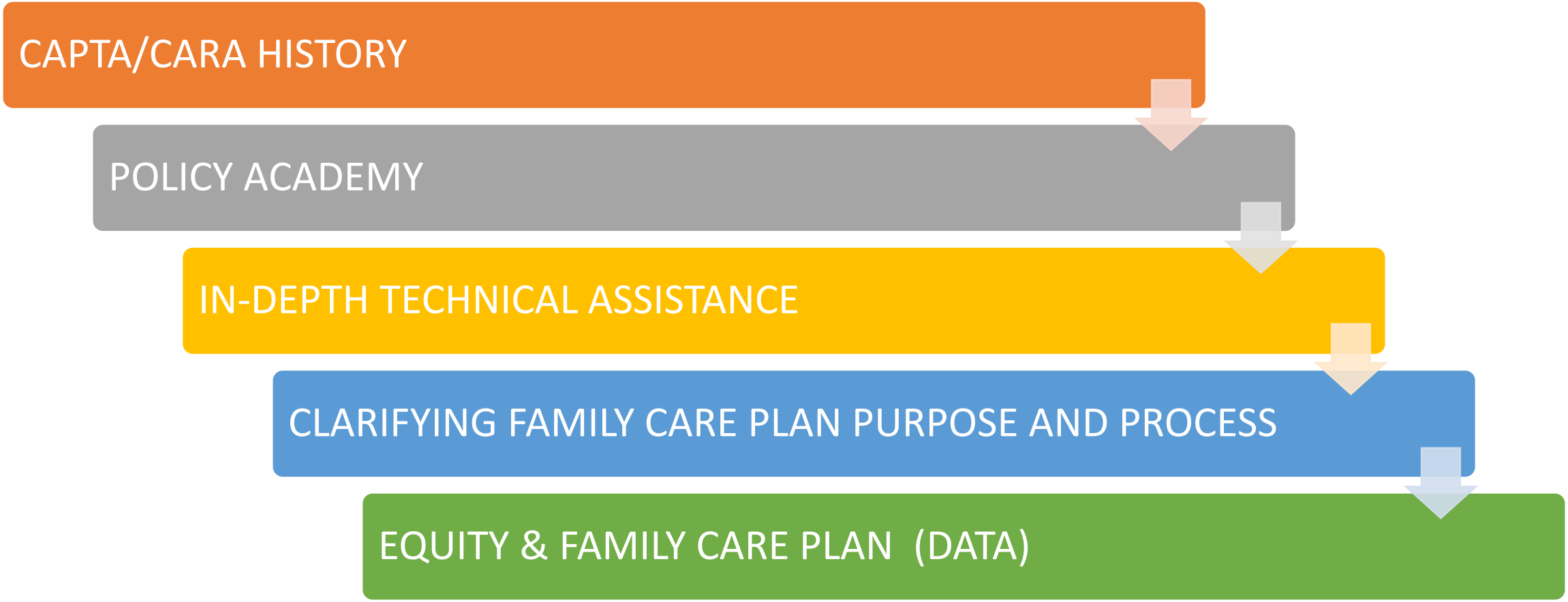
# PLAN FOR TODAY



# NAS/FASD TECHNICAL ASSISTANCE

CT (DCF & DMHAS) PARTICIPATED in the 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/SEI

**CT team benefited from:**

- Presentations by national experts
- Dialogue and coaching from other states that received Technical Assistance
- Dedicated team 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.

dmhas

DCF CONNECTICUT

# GOAL OF 2016-2021 STRATEGIC PLAN

| | |
|---|---|
| **Goal 1: Increase knowledge and expertise among professionals, systems stakeholders, and the community at large about substance use during pregnancy and the effects on infants and children.** | **Goal 2: Increase capacity and availability of screening and assessment for substance exposure in infants and children.** |
| **Goal 3: Increase capacity and availability of screening for substance use with women of childbearing years and pregnant women.** | **Goal 4: Ensure that women and their children have access to services/treatment to meet their needs.** |

As previously described, the SEI IDTA was the catalyst for the first 5-year strategic plan. The plan goals and original team structure were as follows:

- **Executive Team:** FASD-SEI Statewide Coordinator, together with DCF and DMHAS leadership, form the Executive Implementation Team.
- **Core Team:** A group of stakeholders who provide leadership and direction for the initiative. Representatives have expertise in maternal and child health, behavioral health, substance use, child welfare, pediatrics, neonatology, and advocacy for birthing people.
- **Workgroups:** Gathered stakeholder input on unmet needs and gaps to propose strategies for addressing concerns.
    - **Early Identification and Screening:** Improve early identification of substance use and substance use disorders (SUD) pre-pregnancy and during pregnancy
    - **Data:** Compile and interpret available SEI data and information from across the state and identify data infrastructure strengths, challenges, and deficits as well as potential sources for data
    - **Awareness and Marketing:** Develop and inform educational campaigns, programs, and community forums to raise public awareness
    - **Training Workgroup:** Identify and coordinate training content and tools to provide education across various professions.

# Connecticut's approach aims to fulfill the intended spirit of the law

**Prevent**
- Prevent an increase in unnecessary child protective service Reports

**Support**
- Get infants, along with their families off to a strong start

**Empower**
- Empower birthing persons to make their own healthcare choices and take the lead on their plan

**Encourage**
- Holistically encourage birthing persons seeking services and support

**Engage**
- Dads
- Natural Supports (i.e., partners, caregivers, recovery supports)

**Communication**
- Share the plan well in advance with providers, allowing time for collaboration

**Reduce**
- Reduce stigma

**Identify and Eliminate**
- Identify and eliminate health disparity

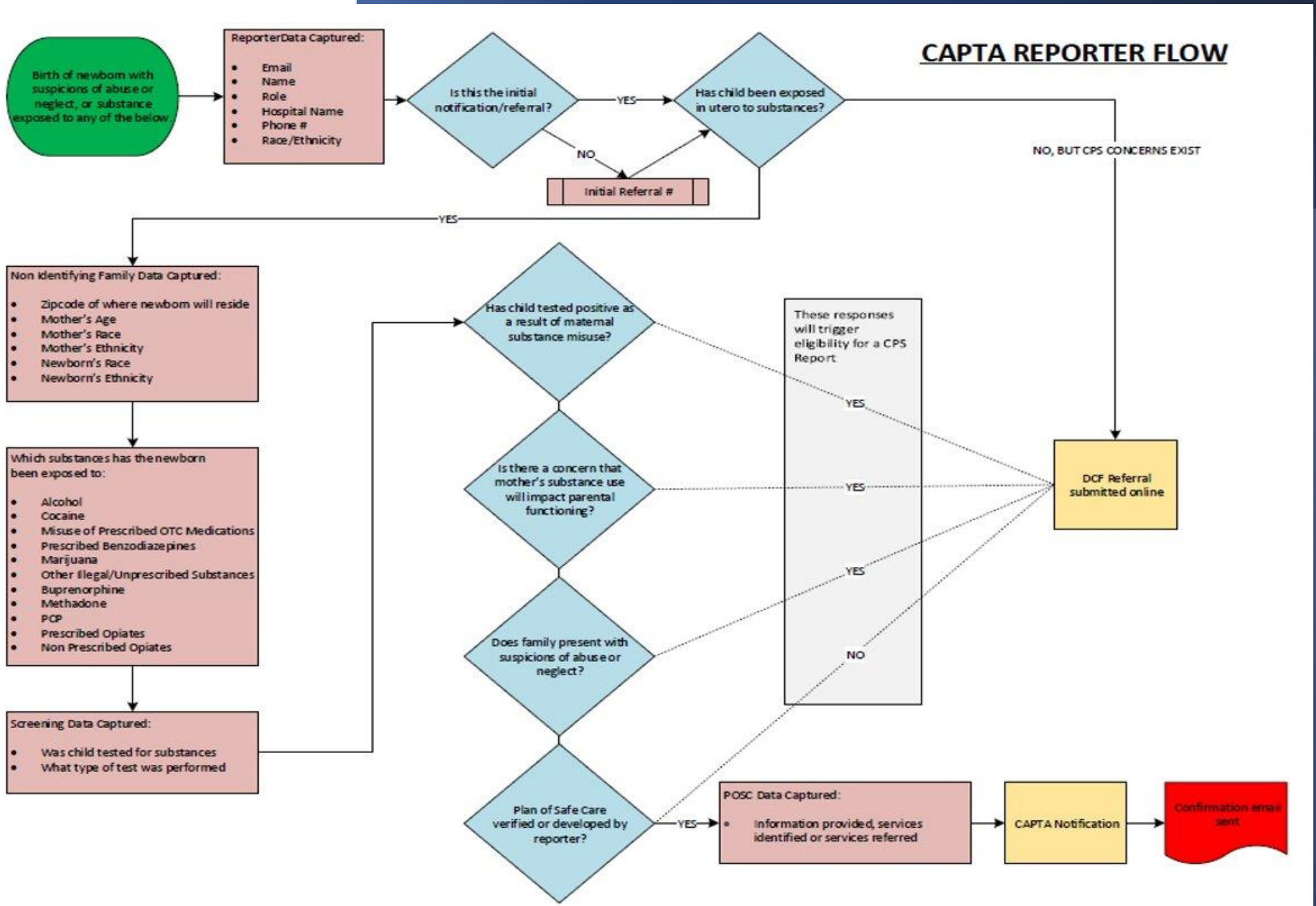
# CAPTA notification intentionally changed Careline practice regarding infants creating a positive impact on workflow.

- Effective March 15, 2019, birthing hospitals are required to notify DCF when an infant with prenatal substance exposure is born or presents with suspicions of abuse or neglect, through an online portal that guides the reporter through a variety of questions to determine if the matter is a CAPTA Notification or requires a referral to the Department of Children and Families (DCF report). If it is a referral of abuse and neglect, this will be accomplished online through this same portal, with a call to the DCF Careline no longer required.

# DCF 136
# vs
# CAPTA 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/birthing person used substances during pregnancy) but there are **no other concerns about safety & a Family Care Plan has been developed.** A notification does not contain any identifying information about the mother/birthing person or their baby.


CAPTA REPORTER FLOW
Birth of newborn with suspicions of abuse or neglect, or substance exposed to any of the below.
ReporterData Captured:
Email
Name
Role
Hospital Name
Phone #
Race/Ethnicity
Is this the initial notification/referral?
YES
NO
Initial Referral #
Has child been exposed in utero to substances?
NO, BUT CPS CONCERNS EXIST
YES
Non Identifying Family Data Captured:
Zipcode of where newborn will reside
Mother's Age
Mother's Race
Mother's Ethnicity
Newborn's Race
Newborn's Ethnicity
Which substances has the newborn been exposed to:
Alcohol
Cocaine
Misuse of Prescribed OTC Medications
Prescribed Benzodiazepines
Marijuana
Other Illegal/Unprescribed Substances
Buprenorphine
Methadone
PCP
Prescribed Opiates
Non Prescribed Opiates
Screening Data Captured:
Was child tested for substances
What type of test was performed
Has child tested positive as a result of maternal substance misuse?
Is there a concern that mother's substance use will impact parental functioning?
Does family present with suspicions of abuse or neglect?
Plan of Safe Care verified or developed by reporter?
These responses will trigger eligibility for a CPS Report
YES
YES
YES
NO
YES
DCF Referral submitted online
POSC Data Captured:
Information provided, services identified or services referred
CAPTA Notification
Confirmation email sent

# Connecticut's Policy Academy Goals

1. identify equitable and evidence-based processes for establishing Family Care Plan
2. examine how the CAPTA data system, in addition to other data sources, could be leveraged to better understand the implementation of Family Care Plans and the provision of birthing person and child health care in community, hospital and other health care settings.

# Plans of Safe Care (Family Care Plans)

Let's review the why…

# Primary Changes in CAPTA Related to Infants with Prenatal Substance Exposure

**1974**
Child Abuse Prevention and Treatment Act (CAPTA)

**2003**
The Keeping Children and Families Safe Act

**2010**
The CAPTA Reauthorization Act

**2016**
Comprehensive Addiction and Recovery Act (CARA)

# POTENTIAL DECISION POINTS

1. Defining “affected by substance use”, “affected by withdrawal”, & “affected by a FASD”
2. Developing a notification system based on definitions
3. Identifying a partner(s) to oversee the FCP

# CONNECTICUT'S DESIGN/RESPONSE:

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.

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, cannabis, 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.

**Notification pathway** – ability to notify DCF without that notification indicating potential abuse or neglect. (This does not impact providers' ability to report to DCF when there are concerns for infant safety).

**Family Care Plans** –

- available for anyone
- voluntary
- developed with assistance from a community agency or by the individual
- managed by the individual
- verified by or developed in birthing hospital

# Connecticut's ongoing improvements

- Critical review of CAPTA portal questions and data set
- Ensuring language reflects the state's shift toward more inclusivity
- Continuous adapting of the FCP, most recently to include focus on family support and secure environment

# CAPTA Notification Portal

## Newborn Notification Portal

**FAQ's** (Frequently Asked Questions):

- CAPTA
- PORTAL
  - Questions
  - Flow

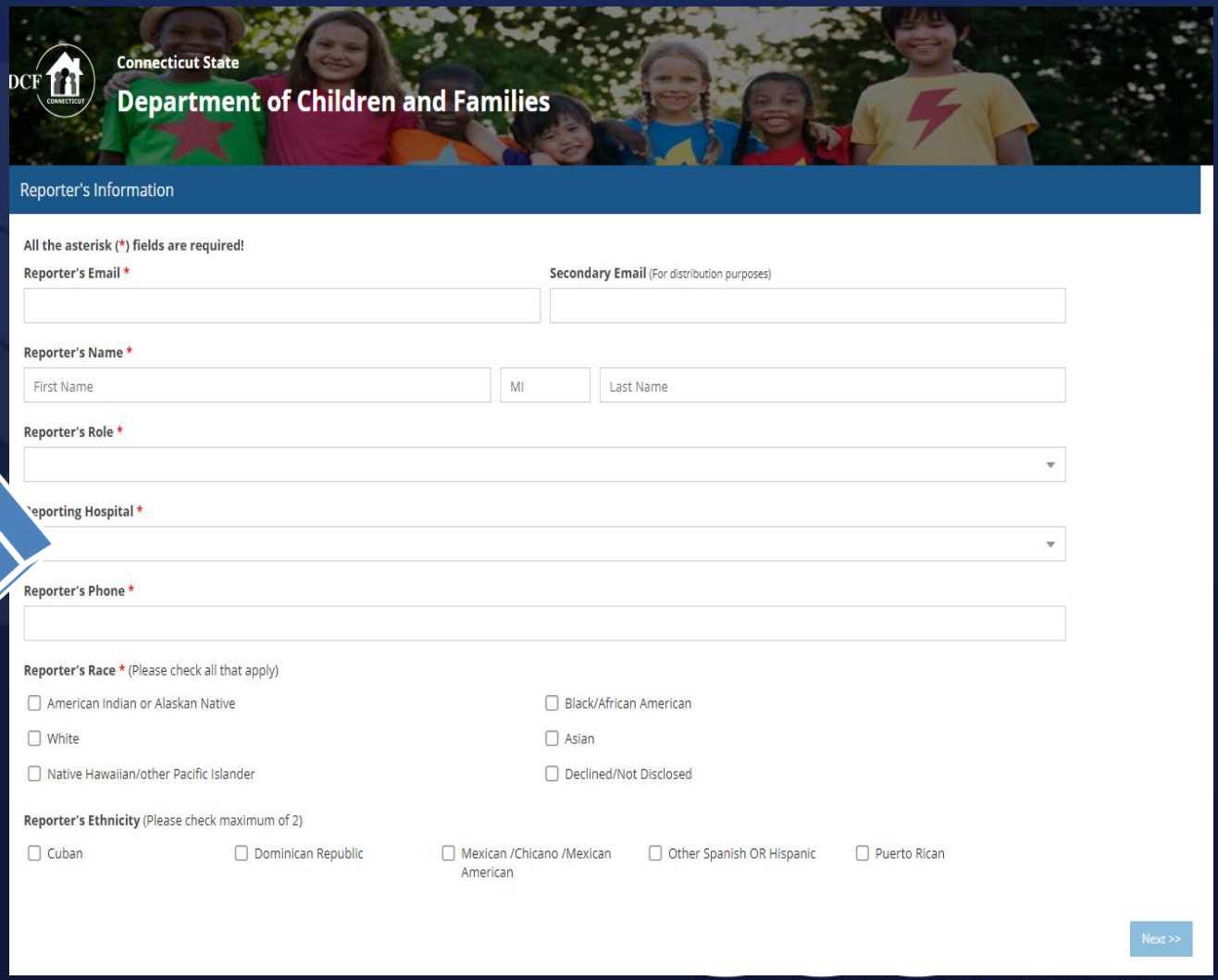
DCF CARELINE: 1-800-842-2288

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 rep (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



# Template Family Care Plan

| | |
|---|---|
| Mother/Birthing Person's Name: | Provider's Name: |
| Anticipated delivery date: | Provider Contact #: |

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 mom/birthing person with input from the other parent or other caregivers, as well as any collaborating professional partners involved in supporting the infant and family. ***A Family Care Plan and subsequent CAPTA Notification is for birthing persons who are prescribed medications or using non-prescribed substances during their pregnancy that may result in withdrawal symptoms in the newborn.***

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

| | | | |
|---|---|---|---|
| Methadone | ☐ | Benzodiazepines | ☐ |
| Buprenorphine (Subutex, Suboxone) | ☐ | Marijuana | ☐ |
| Opioids | ☐ | Cocaine | ☐ |
| Alcohol | ☐ | Other: | ☐ |

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

| | Discussed | Current | Referral | Organization |
|---|---|---|---|---|
| Medication Assisted Treatment (Methadone, Buprenorphine, Naloxone) | | | | |
| Mental Health Counseling | | | | |
| Substance Use Counseling | | | | |
| Medical Care | | | | |
| Medication Safe Storage Plan | | | | |
| Reproductive Health | | | | |
| Safe Sleep Plan | | | | |
| 12 Step Groups | | | | |
| Recovery Supports | | | | |
| Childcare | | | | |
| Home visiting | | | | |
| WIC | | | | |
| Birth to Three | | | | |
| Housing Assistance | | | | |
| Insurance Support | | | | |
| 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:

☐ Family Care Plan was completed and will be provided to infant's PCP for ongoing monitoring

# OVERVIEW OF CAPTA AND FAMILY CARE PLANS

# Why is the FCP so important? What is my responsibility as a provider/professional?

- **Legislative mandate** to provide an 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 an FCP created before birth, readily verifiable at birth and/or created at birth can **prevent potentially avoidable DCF Careline reports**

**Being able to provide accurate and transparent information on CAPTA/FCP, support the development of FCP, and accurately complete a CAPTA notification report at birth is key to ensuring best outcomes for both birthing person and baby.**

# INDEPTH TECHNICAL ASSISTANCE

Statewide Collaboration

# Equity and Family Care Plans

*Its not about each person getting the same, its about each person getting what they need to fulfill the purpose of the FCP.*

- Access
- Family experience

# Notification & Birth Data
# March 15, 2019 to August 22, 2022

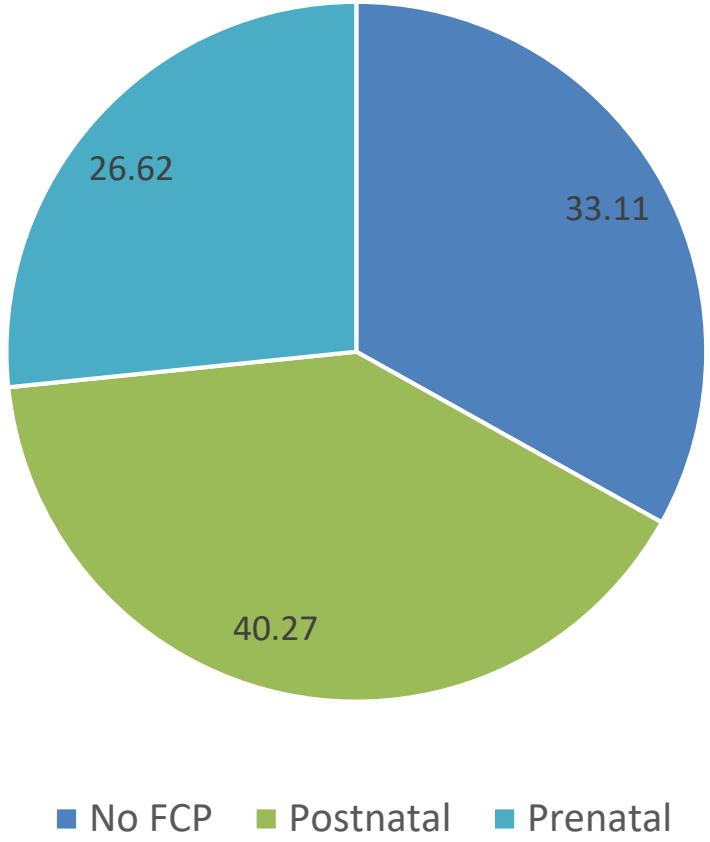
Margaret Lloyd Sieger, PhD

UCONN

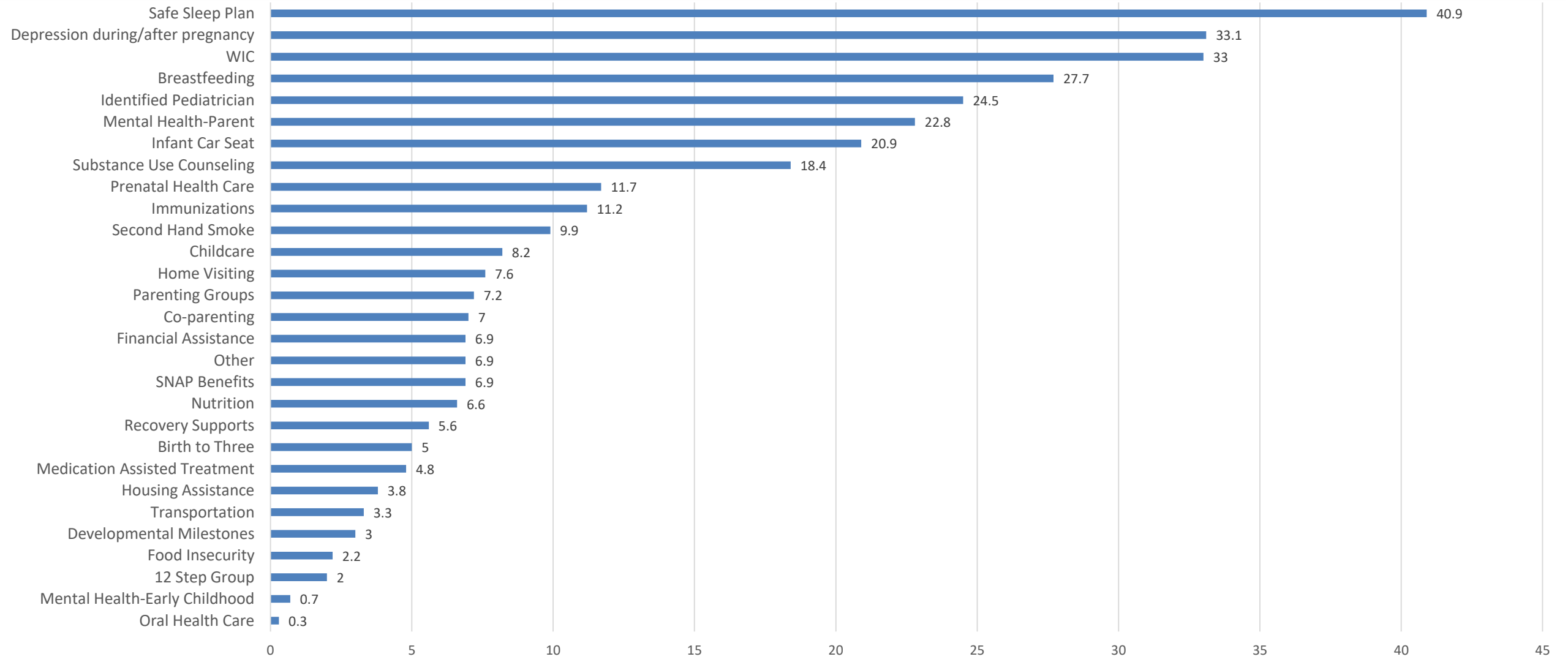
# Research Questions

- Family Care Plans
- Demographics of State Population vs. Notifications
- Substances Identified in Notifications
- Racial Disparities in Outcomes (Notifications, Family Care Plans, & CPS Reports)

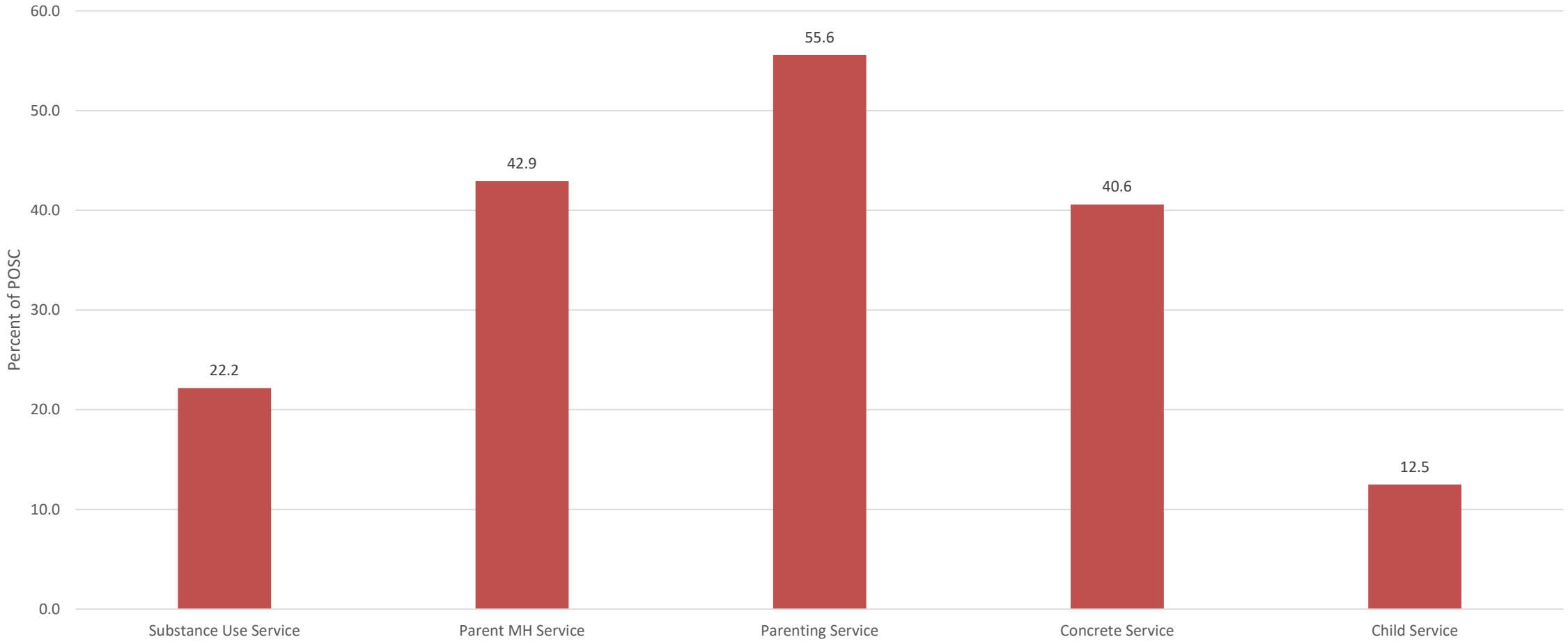
# 67% of Mothers Receive a Family Care Plan



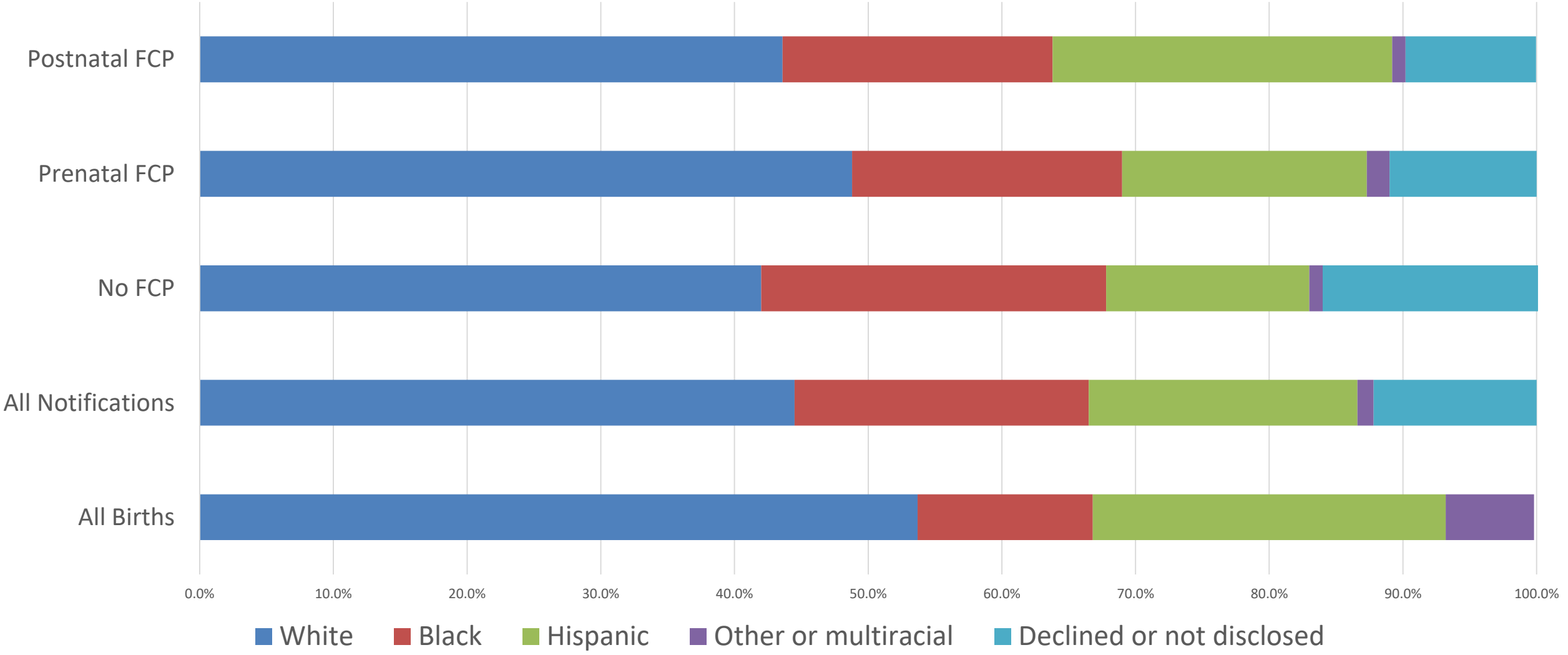

# FCP Can Include Up to 27 Different Contents



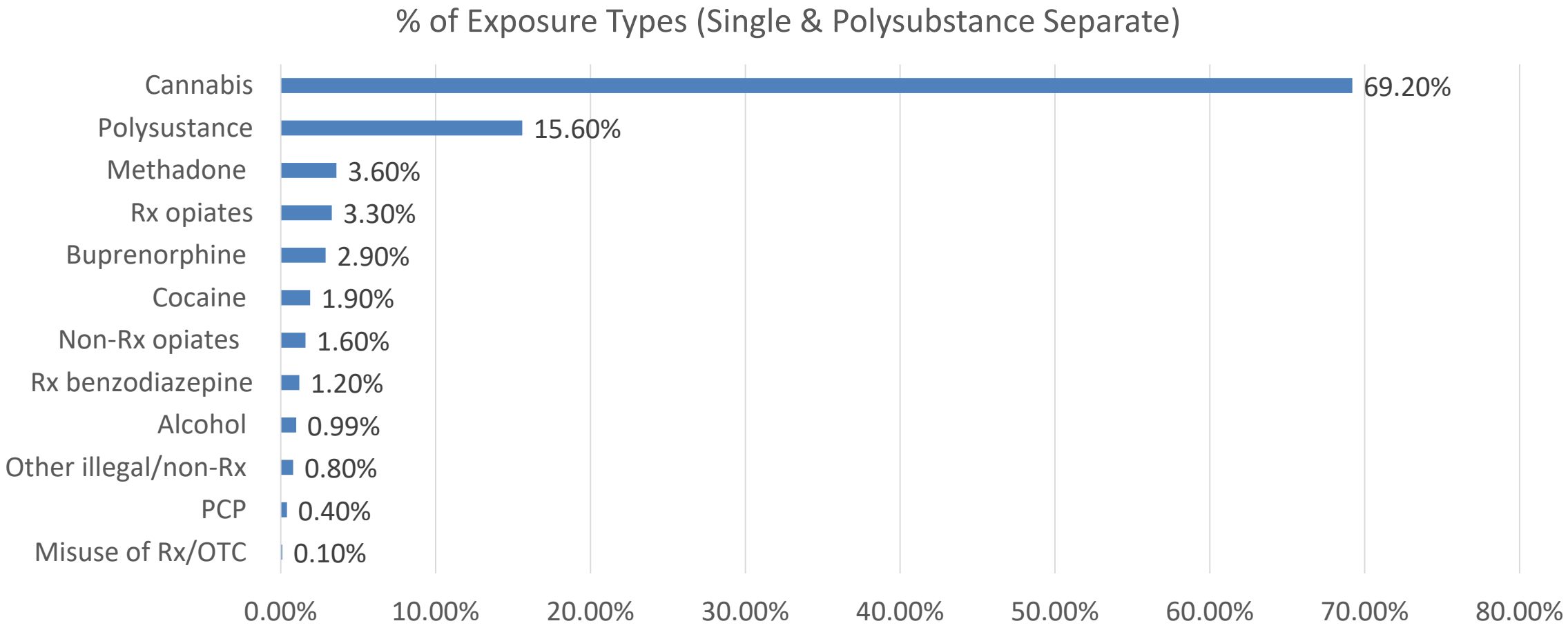
# Possible Under-referral for Children's & Substance Use Services



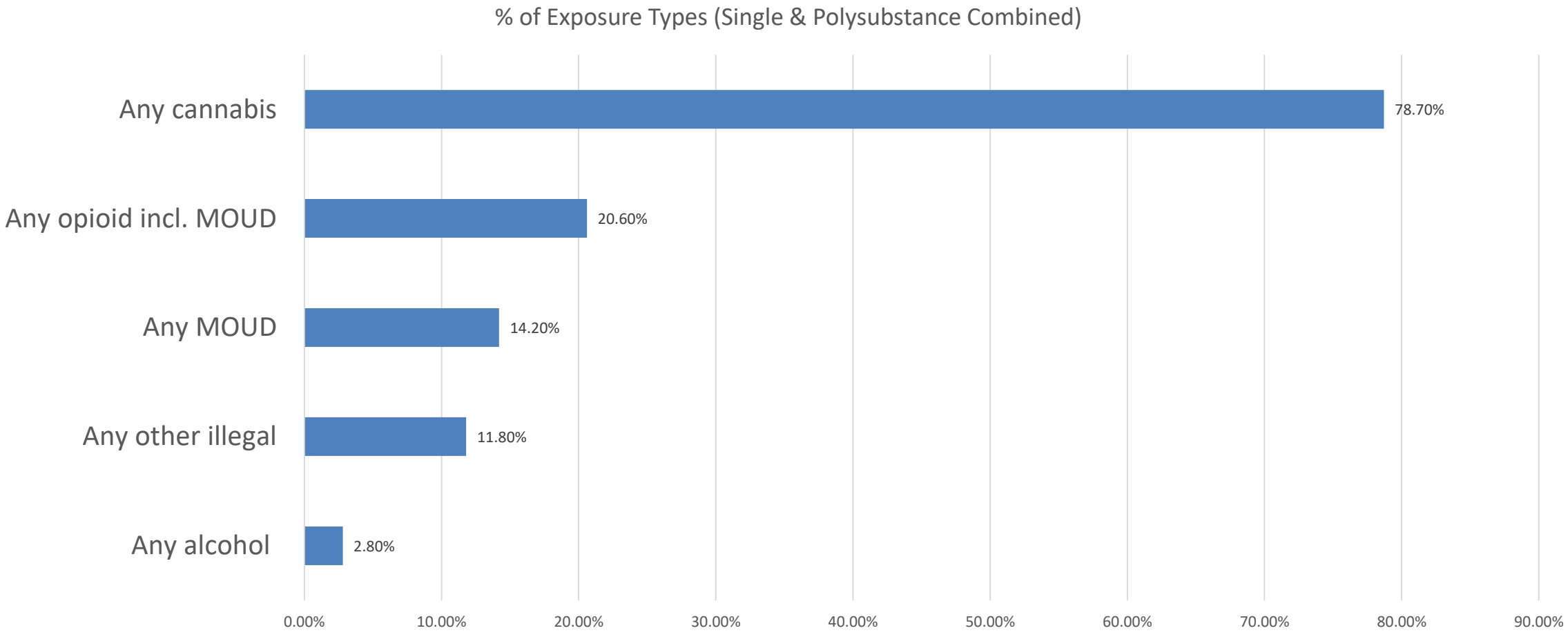
# Black Families Over-Represented in Notifications vs. State Population of Births



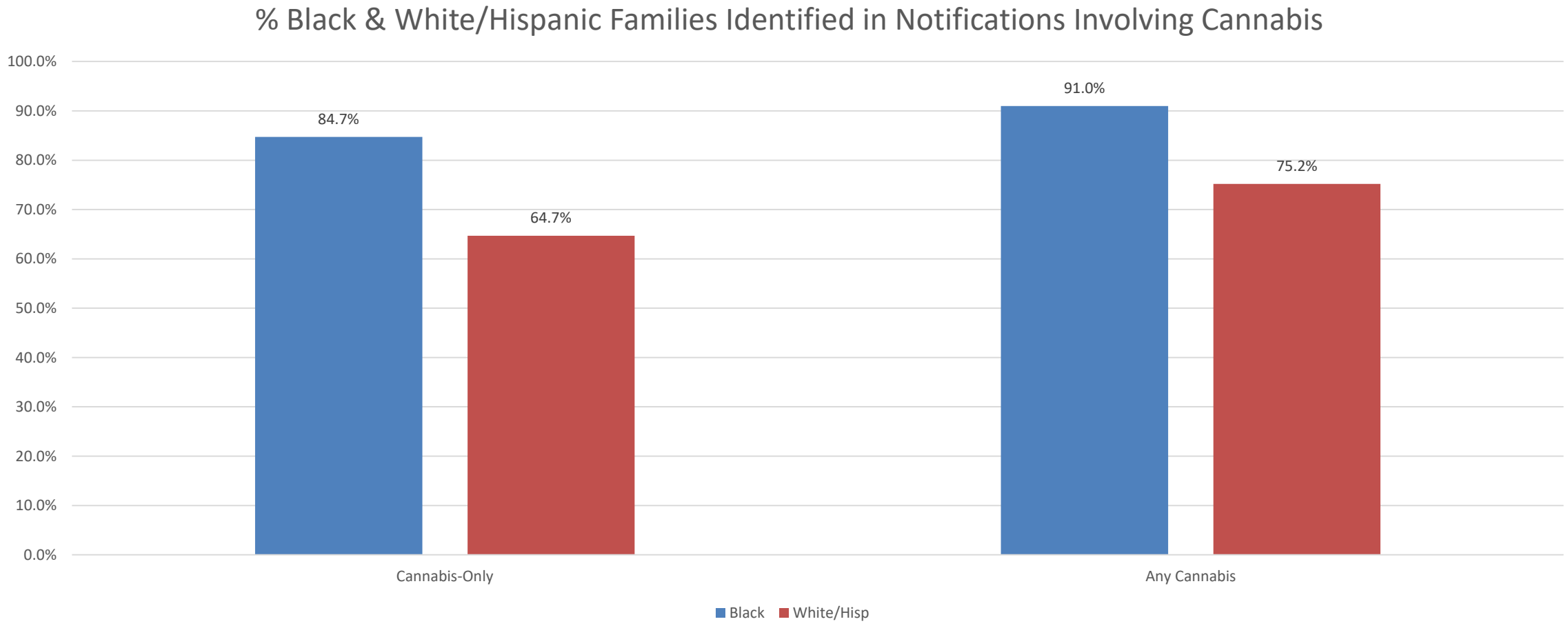
# 69.2% of Notifications for Cannabis Only



# 78.7% of Notifications incl. Cannabis



# Black Families More Likely to Have Cannabis Notification



# Possible Outcomes

## Notification (Diverted)

- Blind Notification
  - FCP in place
  - No suspicions of abuse/neglect
  - No concern that substance use will affect maternal functioning
  - No indication that exposure due to maternal substance misuse

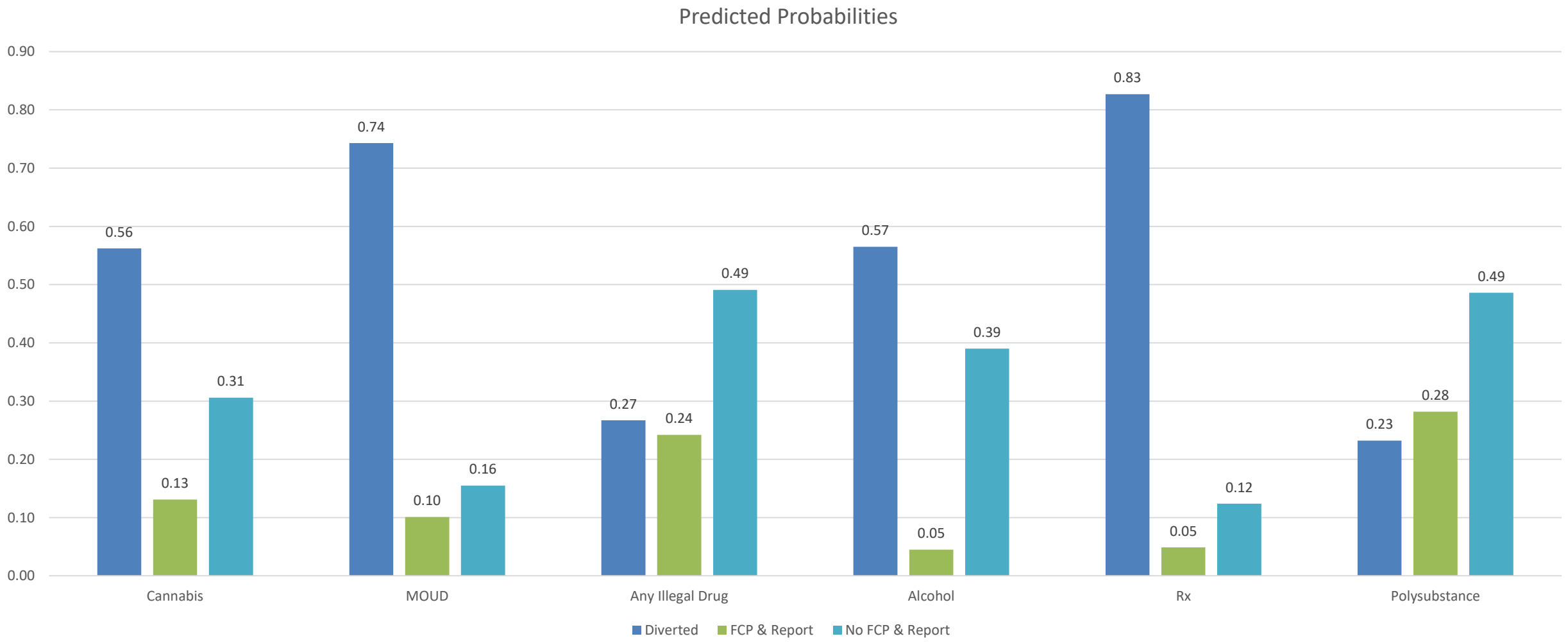
## Report + FCP

- Report + FCP
  - FCP in place, but
  - Suspicions of abuse/neglect, and/or
  - Concern that substance use will affect maternal functioning, and/or
  - Indication that exposure due to maternal substance misuse

## Report + No FCP

- Report + No FCP
  - No FCP in place, and/or
  - Suspicions of abuse/neglect, and/or
  - Concern that substance use will affect maternal functioning, and/or
  - Indication that exposure due to maternal substance misuse

# Outcome Depends on Substance Type

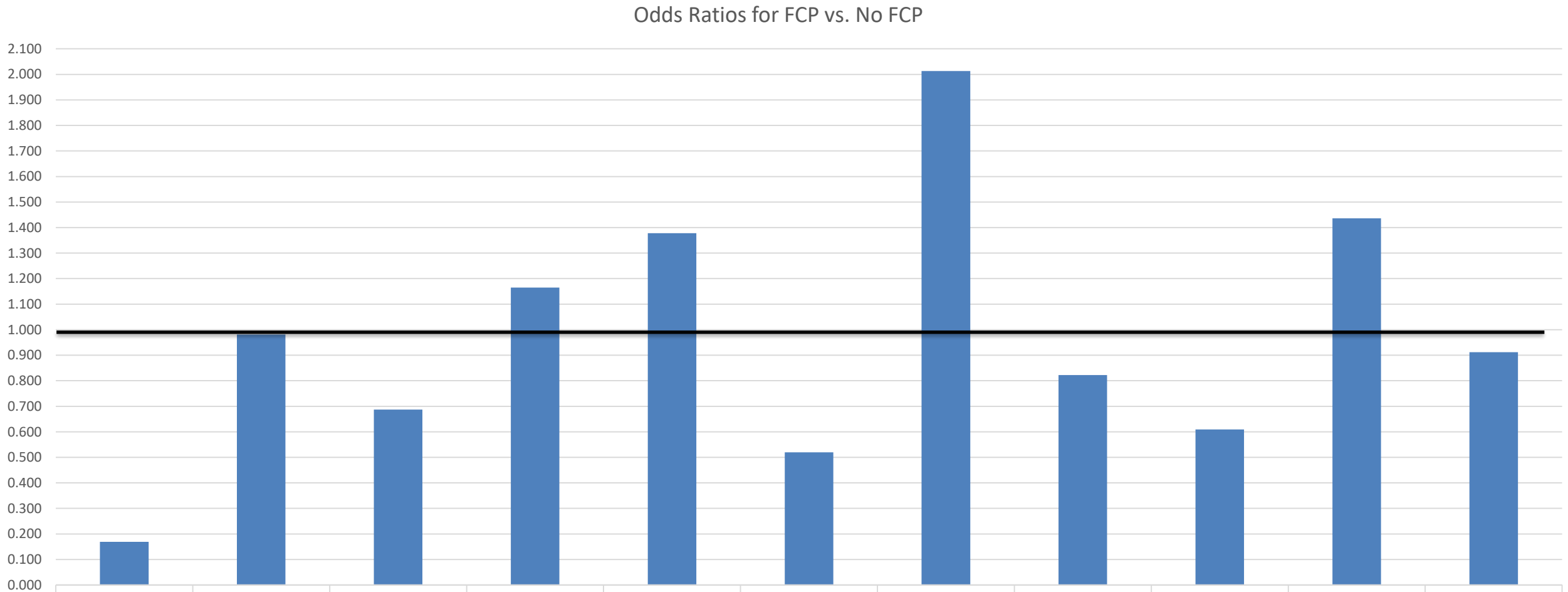


# Black Families with Illegal Drug Exposure More Likely to Be Reported

Controlling for the mother's age and type of test performed, Black mothers/birthing people with cannabis exposure 1.4x increased likelihood of Careline report (but not statistically significant).

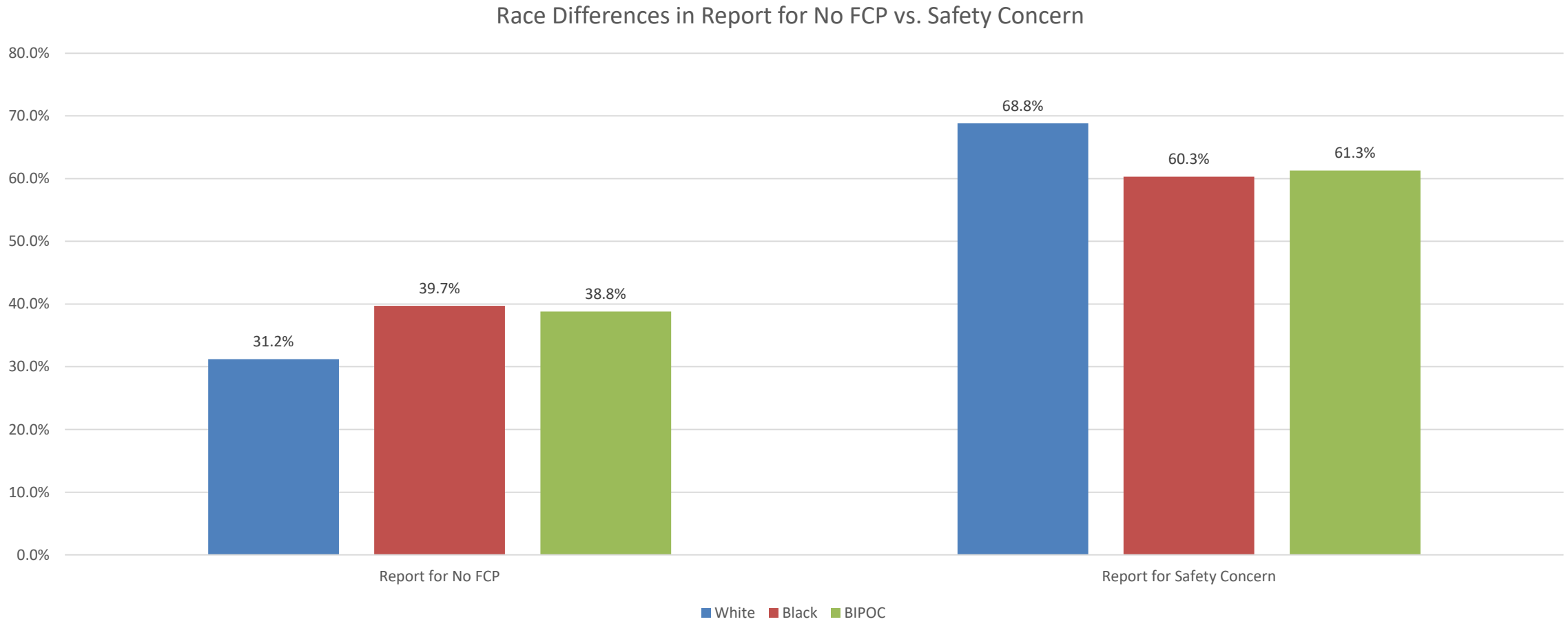
Black mothers/birthing people with illegal drug exposures are 2.6x more likely to be reported for suspicions of abuse/neglect vs. non-Black mothers with illegal drug exposure.

# Black Families Less Likely to Get Family Care Plan




| | Safety Concern*** | Mother Age** | B/AA*** | Hispanic | Other/ Multi | Race Not Disclosed*** | MOUD*** | Illegal | Alcohol | Rx* | Polysub |
|---|---|---|---|---|---|---|---|---|---|---|---|
| OR | 0.169 | 0.981 | 0.687 | 1.165 | 1.378 | 0.520 | 2.013 | 0.822 | 0.609 | 1.436 | 0.912 |

# Among Reported Families, Black & BIPOC Families More Likely to be Reported for No FCP vs. White Families



# Findings Summary

- Black mothers/BP were disproportionally over-represented among notifications and Hispanic mothers/BP were disproportionally under-represented
- Two-thirds of mothers/BP received a FCP, and one-third did not receive a FCP
- About 27% of mothers/BP received a prenatal FCP
- Less than one-third of FCP included substance use services and less than one-fifth included children's services (specifically, only 5% referred to Birth to Three)

# Findings Summary

FCP status predicted by substance exposure type, safety concern, & maternal race

- MOUD exposure most likely to receive FCP, specifically prenatal FCP
- Infants with safety concerns less likely to receive any FCP
- Infants with prenatal FCP also perceived as having greater safety concerns vs. infants whose FCP is developed at the hospital
- Black mothers/BP less likely to receive FCP, even after controlling for substance type and safety concern

# Some Infants May Be “Slipping Through the Cracks”

- Association between safety concern and FCP suggests that hospital workers are foregoing FCP process if they believe a CPS investigator will visit the family and complete the FCP
- This assumes the maltreatment report will be screened in
  - Data not available for CT yet, but nationally, 17.1% of IPSE reports were screened out (Children’s Bureau, 2022)
- Thus, infants who do not receive FCP may “slip through the cracks”, as CT does not define prenatal exposure as child maltreatment

# Racial Disproportionality in Maternal Child Health

- Racial disproportionality observed vs. total population of births
- Black mothers less likely to receive FCP may be due to selective or differential screening and FCP processes across hospitals
  - Unknown whether these disparities are present at all birthing hospitals or just certain hospitals
- A report can still be made even if the person submitting the notification does not indicate a safety concern on the notification form
- Reports in CT are often made for the purposes of connecting family to services in the absence of maltreatment concerns (Fong, 2020)
- Goal of FCP is to make these connections without involving CPS, suggesting more implementation support is needed to ensure this is achieved

# SEPI-CT Contact Information


**Link to SEPI-CT Provider Training and Support Page (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 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 Phone: (860) 637-5023

# Additional CAPTA Resources

SEPI-CT (Substance Exposed Pregnancy Initiative of Connecticut)

Children & Family Futures resources on infants with prenatal substance exposure

# Questions?