

CAPTA Notification FAQ

➤ **What is CAPTA, CARA and the corresponding CT State specific CAPTA legislation?**

The Child Abuse Prevention and Treatment Act (CAPTA) was originally enacted in 1974 and reauthorized in 2010 to include a policy requiring states to implement a notification process to DCF when a baby is born who has been prenatally exposed to substances.

The Comprehensive Addiction and Recovery Act (CARA) was signed into federal law in 2016, with the aim to address the problem of opioid addiction in the United States and offered amendments to CAPTA.

Specifically included in the CAPTA/CARA requirements are:

- 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
- 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, are not grounds to substantiate child abuse or neglect.
- The establishment of a Plan of Safe Care to address the needs of both the infant and parent(s),
- 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.

CT state legislation requires:

- 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.
- The creation of written Plans of Safe Care, which must be developed between the providers and mothers of the newborns.
- A provider involved in the delivery or care of a newborn who, in the provider's estimation, is exposed to substances in utero or 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.

➤ **How does this federal and state legislation impact current practice in Connecticut?**

Effective March 15, 2019, birthing hospitals, will be 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. This portal will guide 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 136). 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.

➤ **What is the difference between a report and notification?**

A DCF report or referral, sometimes called a “136”, is made when mandated reporters or anyone has concerns about the safety of a child. DCF staff determine if the information meets the statutory definitions of abuse or neglect.

A CAPTA notification to DCF would occur when a newborn has been prenatally exposed to substances but there are no concerns about safety or well-being. This notification does not contain any personally identifying information.

If the prenatal exposure was a result of maternal substance misuse, the reporter would be directed to the DCF 136 path through the online portal. Substance misuse is defined as the use of non-prescribed substances or overuse of prescribed substances by an individual.

➤ **How is CT defining infants born substance exposed for the purposes of the CAPTA notification:**

1. A newborn exposed in utero to: methadone, buprenorphine, prescription opioids, marijuana, prescription benzodiazepines, alcohol, 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 specific substances are included and excluded in the notification?**

CAPTA notification applies to mothers who are prescribed and take medications during their pregnancy that are clinically indicated but may result in withdrawal symptoms in the newborn. This includes: Methadone, Buprenorphine, Prescription Opioids, and Prescription Benzodiazepines.

Also required for notification are exposure to alcohol, other illegal/non-prescribed medication, and/or the misuse of prescription/over the counter medication.

Federal legislation requires the notification of the presence of Fetal Alcohol Spectrum Disorder, however it is recognized that determination of this at the time of birth is extremely rare.

While tobacco use may have adverse impact during pregnancy it is not included in this notification.

Psychotropic medications are not included in the notification requirement.

Whether or not the concerns of substance exposure meet the threshold for investigation of abuse and neglect concerns by DCF will be determined by the questions answered in the online portal.

➤ **What about marijuana use and medical marijuana?**

Any in utero exposure to marijuana constitutes meeting the requirement to submit a notification through the CAPTA online portal.

Non-prescribed Marijuana is an illegal substance in Connecticut, so its use, by definition of this legislation and CT state statutes, makes it a substance of misuse.

Whether or not the concerns of substance exposure meet the threshold for investigation of abuse and neglect concerns by DCF will be determined by the questions answered in the online portal.

➤ **What information is provided during the notification?**

There is not personally identifying information obtained during a notification. The following data is required:

- Name of hospital and staff making the notification
- Zip Code of family,
- Race/Ethnicity of child and mother,
- Mother's age
- Substance that caused withdrawal symptoms
- Verification or development of plan of safe care provided by birthing hospital
- Services identified/referred in the plan of safe care

➤ **Is there a time frame for when the notification must be made?**

Yes, the notification must be made by the birthing hospital as soon after the birthing event as possible and before discharge. Mandated Reporter requirements include notification to the Department of Children and Families within 12 hours of learning of suspicions of abuse or neglect. Notification is accomplished by accessing and completing the online portal, which will provide confirmation upon a successful submission.

➤ **What is the process for making the CAPTA Notification?**

DCF will provide an online notification portal for all infants identified at time of birth with substance exposure or concerns of abuse/neglect. This online notification process will ask for identifying information from the person completing the submission, notification data (described above), and additional questions regarding substance misuse and concerns for abuse or neglect. If there are concerns that warrant a referral to DCF in addition to the notification, additional questions will be asked that include identifying information on mother and infant that will be completed in this same online portal.

The person submitting the information will obtain an immediate response that the notification was submitted. In the circumstances when the submission is a Careline referral, the Reporter will complete the Mandated Reporter requirements for reporting and will be notified, as is done presently, of the status of this referral.

➤ **What is a Plan of Safe Care (POSC)?**

A Plan of Safe Care is a document that provides a roadmap of what supports are and should be in place to support mother, baby and family. It is important to note that this is “mom’s plan” and she chooses the lead professional to collaborate. All POSC must have an identified lead provider. The plan should also value the role of the father of the child and/or mother’s partner. It is imperative that we encourage natural family supports, especially through fatherhood engagement, to assist in the successful implementation of the Plan of Safe Care. Their shared investment in the health of mother and child are invaluable sources of lifelong support.

The POSC must be:

- Verified with the POSC developer by the birthing hospital at time of birth and notification. Possible collaborators on Mom’s POSC may include: pregnancy care providers; pain specialists; Medication Assisted Treatment providers; OB-GYNs/Pediatricians; maternal postpartum providers (visiting nurse, Birth to 3, home visitors); Substance Use Treatment or other Behavioral Health providers, birthing hospital staff.
- A plan that meets the needs of mom, infant, and family

Possible components to include in a POSC should be based on the individual and unique needs of mom, baby, and family. Examples to consider include:

Behavioral health counseling	Child Care
Medication Assisted Treatment	Birth to 3
Community support	Pediatric Care
Housing	Parenting
Financial Support	Safe Sleep Plan

It is recognized that while some of these services may already be in place at the time of verification other identified supports may be referred to following delivery.

➤ **How does the POSC get verified at the time of the birthing event?**

There are three options for verification:

- Mother may come into the hospital with a POSC. With a Release of Information, hospital staff can call and confirm with the lead POSC provider.
- If mother does not have a POSC, hospital staff can work with mother (and additional provider) to establish a POSC before discharge and inclusive of their discharge plan.

- If a POSC cannot be verified at the time of submission, the online portal will direct the notification to the DCF 136 referral track.

➤ **How are multiple births handled?**

When there are multiple births, each infant requires a separate and unique notification and/or mandated report.

➤ **If a birth occurs in Connecticut and mom and baby reside out of state, how should this be handled?**

Notifications are to be made in the State where the birth occurs. Concerns regarding child safety are to be made to the Child Protection Agency where the child resides.

➤ **How was this process designed?**

DCF recognizes that while the notification process is federally mandated to rest with the state child protection agency, a comprehensive system response is necessary and appropriate to achieve the intended spirit of the legislation: to ensure that mom, newborn and have the supports they need for a successful start. To that end, DCF has been working in collaboration with key stakeholders including: Department of Mental Health and Addiction Services, Department of Social Services, Department of Public Health, CT Hospital Association, Office of Early Childhood, CT Chapter of American Association of Pediatrics, CT Chapter of ACOG, Community providers, and other key stakeholders including mothers with the lived experience.

➤ **How can I get more information regarding this?**

DCF will be offering training materials in the form of an online webinar, in person trainings upon request, and FAQ documents. A link is also under development where these documents and additional information will be found.

Please direct any specific questions to:

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