Guidance for the use of Family Care Plans and the safe care of infants with prenatal substance exposure and their families

(for providers)

What is CAPTA, CARA and how is Connecticut responding to prenatal substance exposure?

The Child Abuse Prevention and Treatment Act (CAPTA) was originally enacted in 1974 and since 2003[[1]](#endnote-2) has included a requirement that the Governor of each state has policies and procedures in place to address the needs of substance-exposed infants, including a plan of safe care for the affected infant and their family and requiring states to implement a notification process to the Department of Children and Families (DCF) when a baby is born who has been prenatally exposed to substances.

Most recently the Comprehensive Addiction and Recovery Act[[2]](#endnote-3) (CARA) was signed into law in 2016, and offered amendments to CAPTA including ensuring states are capturing data related to prenatal substance exposure.

Specifically included in the CAPTA/CARA requirements:

* States are to develop policies and procedures for healthcare providers to notify child protective services of the birth of an infant affected by substance abuse\* or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder.
* Ensure the development of a Plan of Safe Care for infants who are born and identified as being affected by substance abuse or withdrawal symptoms or a Fetal Alcohol Spectrum Disorder
* Develop a process for appropriate referrals for the affected infant and affected family or caregiver

\**The term substance abuse is found in the related legislation; however, Connecticut prefers to use the term substance use in our work.*

The Administration for Children and Families has clarified that these notifications to child protective services of infants affected by substance abuse do not establish a federal definition of child abuse and neglect.[[3]](#endnote-4)

**Connecticut has designed an approach to ensure:**

* all families with prenatal substance exposure understand the array of resources and have access to services available to support their health, recovery and their child’s development needs, as applicable;
* families receive education and support to prepare them for the birth event and notification;
* the state has an accurate calculation of the number of families experiencing prenatal substance exposure, whether they received a prenatal Family Care Plan\* and what types of referrals families were given.

*\*Connecticut uses the term Family Care Plan rather than Plan of Safe Care*

As such all families who have prenatal substance exposure should be offered a family care plan and provided with information about CAPTA, CARA and notifications, and supported in accessing services. At the hospital, healthcare providers will review or create Family Care Plans with families and make a de-identified notification to child welfare. Family Care Plans will be used in the discharge planning process to ensure additional referrals to services are made as needed for parent and infant follow-up care.

How Connecticut defines “infants born substance-exposed” for the purposes of the notification:

1. A newborn exposed in utero to: methadone, buprenorphine, prescription opioids, cannabis, prescription benzodiazepines, alcohol, other illegal/non-prescribed medication, and/or the misuse of prescription/over the counter medication.\*
2. Newborn with withdrawal symptoms
3. Newborn diagnosed with Fetal Alcohol Spectrum Disorder

*\* A healthcare professional involved in the care of a birthing person may have indication of newborn exposure based on patient history, verbal screening, assessment or self-report.*

CAPTA/CARA Newborn Notification Portal

A de-identified notification to the CAPTA/CARA Newborn Notification Portal is made by a healthcare provider when a newborn has been prenatally exposed to substances. This portal guides the notifier through a variety of questions related to the prenatal substance exposure and the Family Care Plan. This notification does not contain any personally identifying information about the newborn or their family. The CAPTA/CARA Newborn Notification Portal captures aggregate data that is important to the state to understand the number of families experiencing prenatal substance exposure, whether they have received a prenatal Family Care Plan, and what supports or referrals for services they were offered.

A DCF report is made if mandated reporters or anyone has concerns about the safety of any child. DCF staff determine if the information meets the statutory definitions of abuse or neglect. The CAPTA/CARA Newborn Notification Portal also addresses cases in which a healthcare professional has concerns about child abuse or neglect for an infant described above, by rerouting the provider to the DCF Report System. \***Substance use alone does not meet the statutory mandate for abuse or neglect.**

Family Care Plans

All pregnant families will experience an adjustment as they begin to think about what they need to parent a new or first child successfully. Family Care Plans allow families to think through what supports they have and what else they may need.

In Connecticut, a Family Care Plan is most often a document that lists the type of substances used by the pregnant individual and the services they are engaged in that support the health, substance use disorder treatment needs, and well-being of the mother/birthing person, newborn and family who is impacted by prenatal substance exposure.

It is important to note that the Family Care Plan is an individualized plan, but the family or birthing person may choose to collaborate with natural family supports and/or service providers in order to think through needs and access services. Possible collaborators on a Family Care Plan may include: pregnancy care providers; 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.

Components that are included in a Family Care Plan are listed below:

|  |  |
| --- | --- |
| Mental Health Counseling | Childcare |
| Medication Assisted Recovery | Birth to 3 |
| Recovery Supports | Home Visiting |
| Housing Assistance | Parenting Groups |
| Financial Assistance | Safe Sleep Plan |
| Substance Use Counseling | 12 Step Group |
| WIC | Medication Secure Storage Plan |
| Medical Care | Reproductive Health |
| Other | Medication for Opioid Use Disorder |

It is recognized that while some of these services may already be in place at the time of review other identified supports may be referred to following delivery. You can access a blank template of the Family Care Plan here: [www.sepict.org](http://www.sepict.org)

I am unable to review/develop a plan, what should I do?

We understand that administrative capacities may be limited. If hospital personnel are unable to develop a FCP you can contact the [DMHAS Women’s REACH Program](https://portal.ct.gov/dmhas/programs-and-services/women/womens-reach-program) for assistance in developing a plan If you are unable to complete the FCP due to a medical or psychiatric emergency for the birthing parent, please indicate this at the time of notification in the portal. If staff need training or support on CAPTA/FCP, please reach out to the Family Care Plan Coordinator at SEPI-CT (contact information listed at the end of this document).

Additional Questions Regarding the CAPTA/CARA Newborn Notification Portal

What information is requested for the notification?

The [CAPTA/CARA Newborn notification portal](https://portal.dcf.ct.gov/#dashboard) is located on the DCF webpage. There is no identifying information obtained about the infant or person using substances during a notification. The following data is requested as a part of the notification:

* Name of hospital and staff person making the notification
* Zip Code of family
* Race/Ethnicity of child and mother/birthing person
* Age of mother/birthing person
* Substance exposed to
* Information provided, services identified, and services referred as part of the Family Care Plan

Upon completion of the CAPTA Notification, the provider will receive an email back with confirmation of

the submission, including all the information provided. (The notification portal allows for an optional secondary email address that will also receive this confirmation, if desired, per hospital preference.)

What is the process for making a notification?

The CAPTA/CARA Newborn Notification Portal is located on the DCF webpage. This online notification portal asks for identifying information from the person completing the submission, notification data (described above), and additional questions regarding substance use and concerns for abuse or neglect. The person submitting the information will obtain an immediate response that the CAPTA notification was submitted.

If there are concerns that warrant a DCF report in addition to the CAPTA notification, additional questions will be asked that include identifying information on the mother/birthing person and infant that will be **completed outside of the notification portal**. Guidance will be provided to the individual if being directed to the DCF Careline Report Portal.

What specific substances are included in the notification?

A CAPTA notification applies to infants with exposure to:

* prescribed medications taken during pregnancy that are clinically indicated but may result in withdrawal symptoms in the newborn. This includes Methadone, Buprenorphine, Prescription Opioids, Prescription Benzodiazepines.
* alcohol - federal legislation requires the notification of the infants affected by a Fetal Alcohol Spectrum Disorder; however, it is recognized that determination of this at the time of birth is extremely rare
* illegal substances
* any in-utero exposure to cannabis

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

Psychotropic medications are not included in the notification requirement.

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 CAPTA/CARA Newborn Notification portal, which will provide confirmation upon a successful submission.

What if a toxicological testing is pending?

Toxicology is not a legislative requirement for CAPTA notification. It is up to individual hospitals to determine the use of toxicology for their patients.

Why can’t I advance to the next page of the CAPTA/CARA Newborn Notification Portal?

Progression through the portal is dependent on the completion and correct format for all required fields. Please review what you have entered.

What if there are multiples born?

The CAPTA notification is specific to the individual child. One CAPTA notification is sufficient per birth event. One Family Care Plan can be sufficient, per family preference.

What is the “secondary email” for?

The hospital/reporter who makes the CAPTA notification can add an additional email of a staff member who would also receive the confirmation of submission. This email can also be a secondary contact in the event that the reporter is not in the office or for shared purposes.

If a birth occurs in Connecticut and the mother/birthing person 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.

Questions regarding DCF Careline Reports

What if a DCF Careline Report is made and discharge is imminent?

In an effort to expedite response, if a Careline report is submitted within 8 hours of a scheduled discharge, the reporter should follow up with a call to the Careline. During the call you can provide your reference number which will allow the Careline screener to recover your submission and process it timely, without the need for the reporter to repeat the information.

What is the process after making a DCF Careline Report?

By submitting the Careline Report online, you have met your expectations for a Mandated Reporter.

Upon completing a DCF report, you will receive a confirmation email. The Careline will review the information provided to decide if the concerns meet the statutory definition for the Department’s involvement. If the report is not accepted, you will receive a Mandated Reporter letter with that information, via the email that was provided. If the report is accepted, you can expect a call from the DCF Area Office.

Where do I go for questions or assistance?

A Family Care Plan Coordinator is available to provide direct support to you or your organization including:

* In person/virtual trainings including Family Care Plans and CAPTA, One Key Question, Overview of DMHAS Women's Services, DCF Mandated Reporter and other related trainings
* Technical Assistance with implementation of new or existing CAPTA/Family Care Plan policies and procedures
* Educational and promotional materials such as brochures, pamphlets, and other resources
* Direct assistance with questions/concerns on CAPTA/Family Care Plans
* Support with any other related needs or concerns that you may have

Please contact:

*Shayla Ranmal-Suppies*

*SEPI CT Program Manager*

*Wheeler Clinic/Connecticut Clearinghouse*

*334 Farmington Avenue*

*Plainville, CT 06062*

*860.793.4651 (office)*

*Sranmal-suppies@wheelerclinic.org*

Family and provider resources, training materials and FAQ documents are available online at www.sepict.org

**Resource/service questions:**

If you are having challenges accessing SUD treatment services for an individual please contact the Department of Mental Health and Addiction Services- Shelly.Nolan@ct.gov

If you would like to refer someone for a prenatal Family Care Plan please contact [REACH](https://portal.ct.gov/dmhas/programs-and-services/women/womens-reach-program) (click Link)

For questions pertaining to Child Welfare contact the Careline 800-842-2288

Department of Children and Families- kris.robles@ct.gov

1. Keeping Children and Families Safe Act of 2003, <https://www.congress.gov/108/plaws/publ36/PLAW-108publ36.pdf> [↑](#endnote-ref-2)
2. Comprehensive Addiction and Recovery Act of 2016, <https://www.congress.gov/114/plaws/publ198/PLAW-114publ198.pdf> [↑](#endnote-ref-3)
3. Guidance on Amendments Made to CAPTA by CARA - <https://www.acf.hhs.gov/sites/default/files/documents/cb/pi1702.pdf> [↑](#endnote-ref-4)