



The Evolution of CAPTA & Family Care Plans: Supporting Families Impacted by Substance Use

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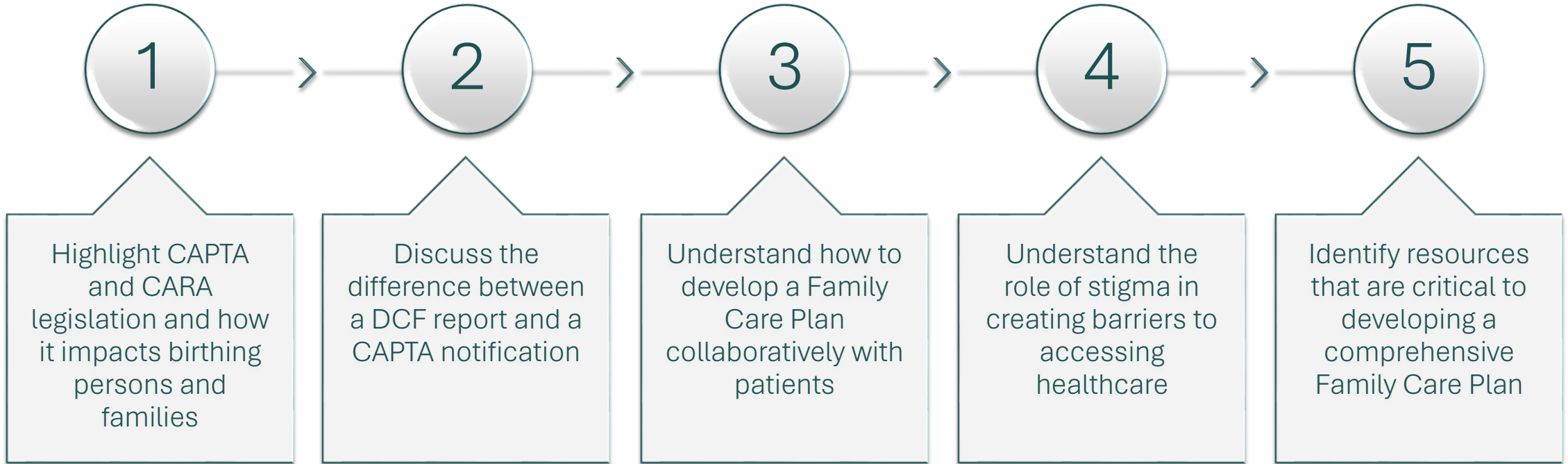
This presentation has been created by the Department of Mental Health and Addiction Services and modified to update content.

About the Initiative

- ▶ SEPI-CT (Substance Exposed Pregnancy Initiative) aims to strengthen capacity at the community, provider, and systems level to improve the health and well-being of infants born substance exposed through supporting the recovery of pregnant people and their families. <https://www.sepict.org/>
- ▶ This initiative is funded by CT DMHAS and CT DCF and contracted through Wheeler Clinic's CT Clearinghouse Library <https://www.ctclearinghouse.org/>
- ▶ SEPI-CT YouTube Channel: https://www.youtube.com/channel/UCU1xnySg1z_nr_gkxluYRm4A



Today's objectives are to:



What we know:

- ▶ The opioid epidemic is impacting all 50 states.
- ▶ Substance use impacts all races, ages, genders, and economic classes.
- ▶ Substance Use Disorder (SUD) Definition: Is a complex condition in which there is uncontrolled use of a substance despite harmful consequences
- ▶ The problem is getting bigger and as a result more lives have been lost.
- ▶ Addiction is a disease like any other medical condition, but it is often viewed very differently...



The Evolving Legislation of the Child Abuse Prevention and Treatment Act

PROVISIONS FOR INFANTS BORN SUBSTANCE EXPOSED

THE EVOLVING LEGISLATION

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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.

2022

Legislation pending to change terminology from "Plan of Safe Care" to "Family Care Plan."

Connecticut has already adapted the Family Care Plan language

State Impact

- States are required to develop policies and procedures for healthcare providers to notify DCF of the birth of an infant affected by substance use or withdrawal symptoms resulting from prenatal drug or alcohol exposure (Fetal Alcohol Spectrum Disorder)
- Ensure the development of a Family Care Plan for infants who are born and identified as being affected by substance use exposure or withdrawal symptoms or a Fetal Alcohol Spectrum Disorder.
- Develop a process for appropriate referrals for the affected infant and affected family or caregiver.



CT State Legislation

- ▶ CT Public Act 18-111, Sec 5, amending C.G.S 171-102a
<https://www.cga.ct.gov/2018/ACT/pa/pdf/2018PA-00111-R00HB-05332-PA.pdf>
- ▶ The creation of written Family Care Plans, which must be developed between the mothers of their newborns and their providers.
- ▶ A provider involved in the delivery or care of a newborn who is exposed to substances in utero or who 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.



Key Points on CAPTA & CARA

- CAPTA Notifications are ONLY completed by hospitals and/or Newborn Care Providers.
- FCP development is supported by everyone working alongside the birthing person
- The purpose of CAPTA is to help identify resources through data collection to support individuals, children & families, and to ultimately decrease prenatal substance exposure over time.
- Congress stated that these notifications to DCF, on their own, are not grounds to substantiate child abuse or neglect.



CT Definition of Infant Born Substance Exposed for Notification Purposes:

- ▶ Newborn exposed in utero to:
 - Methadone
 - Buprenorphine
 - Prescription opioids
 - Cannabis
 - Cocaine
 - Fentanyl
 - PCP
 - Alcohol
 - Prescription benzodiazepines
 - Xylazine
 - Other illegal/non-prescribed medication, and/or the misuse of prescription/over the counter medication
- ▶ Newborn with withdrawal symptoms
- ▶ Diagnosed with Fetal Alcohol Syndrome

Cannabis Use

- ▶ Any in utero exposure to cannabis constitutes meeting the requirement to submit a NOTIFICATION through the CAPTA Portal.
- ▶ Cannabis is no longer illegal for adults 21 & above in Connecticut, however, it remains illegal on the federal level. As CAPTA is a federal initiative, and includes both legal & illegal substances, it remains included in the list.
- ▶ 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 CAPTA Portal.
- ▶ [Cannabis Information | Substance Exposed Pregnancy Initiative](#)

CAPTA Notification Portal

- ▶ Since 2019, at the time of a birth event, Hospitals/Newborn Care Providers are required to submit a notification when:
 - ▶ An infant is born substance exposed
 - ▶ A newborn experiences withdrawal symptom
 - ▶ An infant is diagnosed with Fetal Alcohol Syndrome
- ▶ If there are suspicions of abuse and neglect at the time of the birthing event, hospitals will use the online portal to submit a DCF report

Making a CAPTA Notification

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<https://portal.ct.gov/DCF/CAPTA/HOME>

Employment >

FAQs >

For Children >

For Families >

For Providers >


For Teens >

Adoption >


Mandated Reporter Training >


Med Admin Cert Training >


Search Department of Children and Families


by Keyword 


FAQ's (Frequently Asked Questions):

Best Practice CAPTA Guidelines 


• 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."*

Family Care Plan 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

DCF CARELINE: 1-800-842-2288



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 2003¹ 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 Act² (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 abuse³ 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

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 Plan⁴ 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.

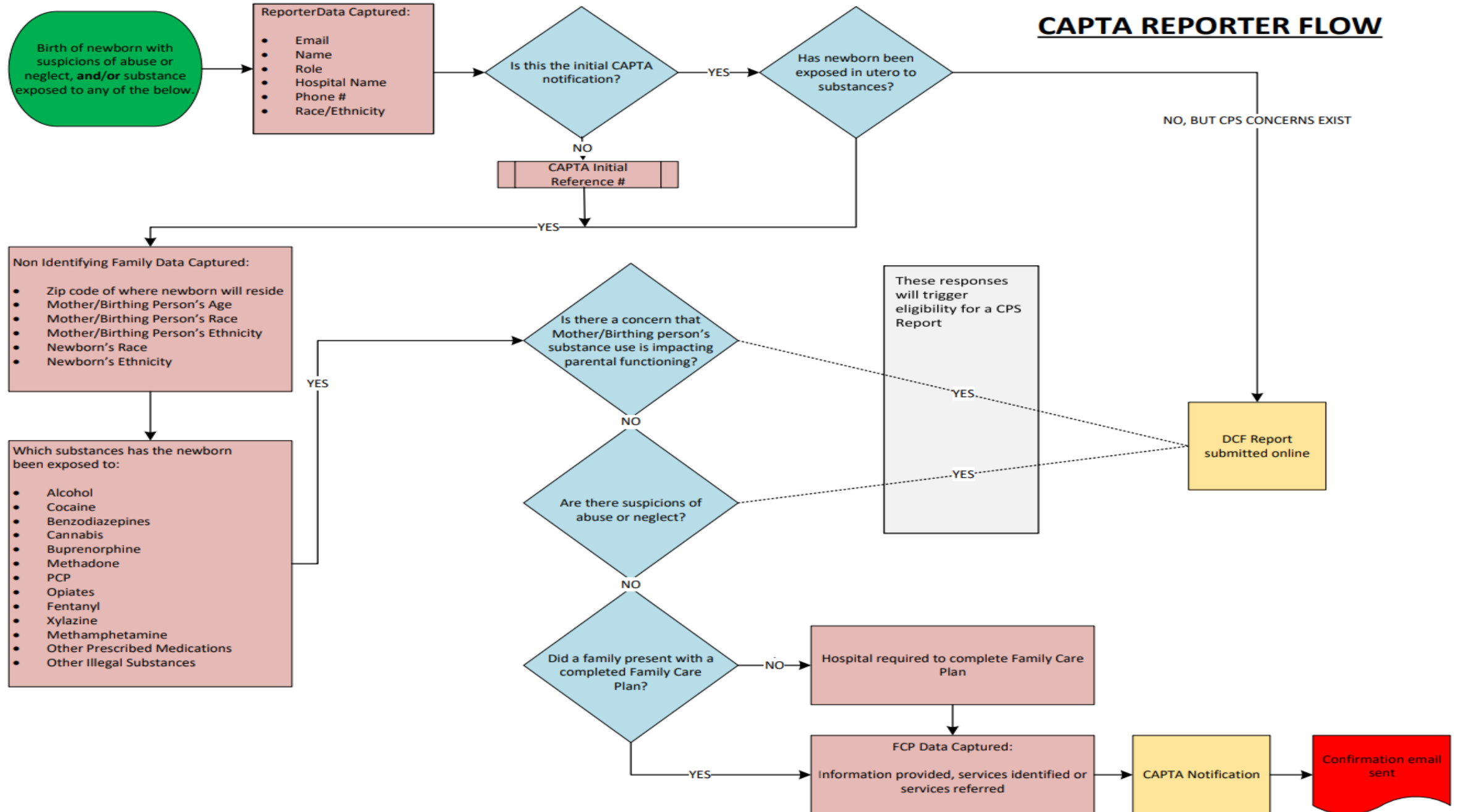
In Connecticut, a Family Care Plan is most often a document that lists the type of substances used by the pregnant individual and the services they are engaged in that support the health, substance use disorder treatment needs, and well-being of the mother/birthing person, newborn and family who is impacted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

CAPTA Portal Notification Questions

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CAPTA Portal Notification Questions
Reporter's Email:
Secondary Email:
Reporter's Name:
Reporter's Role:
Reporter's Hospital:
Other (name of Hospital/Newborn Care Provider):
Reporter's Address:
Reporter's City:
Reporter's State:
Reporter's Zip Code:
Reporter's Phone:
Reporter's Race:
Reporter's Ethnicity:
Is this the initial notification/referral regarding the identified newborn?
Initial Reference Number:
Has the child been exposed in utero to substances?
Zip code of where newborn will reside?
Mother/Birthing Person Age:
Mother/Birthing Person Race:
Mother/Birthing Person Ethnicity:
Newborn's Race:
Newborn's Ethnicity:
Which substances has the newborn been exposed to?
Is there a concern that Mother/Birthing Person substance use will impact parental functioning?
Is there suspicions of abuse or neglect?
Is there a Family Care Plan developed or reviewed by reporter?
Information provided, services identified or services referred:

CAPTA REPORTER FLOW



The Child Abuse Prevention and Treatment Act (CAPTA) NOTIFICATION PROCESS

REGARDING THE IMPLEMENTATION OF A NOTIFICATION PROCESS BY HEALTH CARE PROVIDERS OF INFANTS BORN
SUBSTANCE-EXPOSED

This bulletin is to remind providers of important federal and state legislation requiring healthcare providers to complete a notification through the CAPTA/CARA Newborn portal at the time of the birthing event of infants born substance-exposed (as defined in DCF CAPTA Notification Best Practice Guidelines dated 2024) and/or those who experience withdrawal symptoms from the mother/birthing person's prenatal use of substances or medications. The process to report abuse and neglect concerns will not change. Those concerns should be reported, per protocol, and completion of the CAPTA notification as applicable. Substance exposure alone does not constitute abuse or neglect.

As of March 15, 2019, CT birthing hospitals were required to make an online notification, pursuant to the above requirements, following the birthing event and prior to discharge. Effective August 21, 2024, the requirements will be supplemented with Best Practice Guidelines and instructions for the newly revised online notification process for use by CT birthing hospitals. Additionally, DCF/DMHAS and the SEPI CT Family Care Coordinator will offer training and a webinar to assist and support providers in successfully supporting families and children.

It is important to understand the Federal legislation requires the notification process through The Child Abuse Prevention and Treatment Act (CAPTA) and The Comprehensive Addiction and Recovery Act (CARA) legislation, as follows:

- 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.

CT State Legislation (<https://www.cga.ct.gov/2018/ACT/pa/pdf/2018PA-00111-R00HB-05332-PA.pdf>) requires:

- 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.

The Child Abuse Prevention and Treatment Act (CAPTA) NOTIFICATION PROCESS

Remember a CAPTA Notification is NOT the same as mandated report. Whether or not the concerns meet the threshold of making a mandated report will continue to be determined by questions answered in the Online portal.

Please review the Best Practice [Guidelines included](#) with the Provider Bulletin. For additional questions contact:

Kris Robles LCSW Clinical Behavioral Health Manager at kris.robles@ct.gov

Director of the Office of Substance Use Treatment, Intimate Partner Violence & Recovery

Please visit the following links for additional information and resources:

The Substance Exposed Pregnancy Initiative (SEPI CT) is a statewide initiative co-funded by DCF and DMHAS that provides training and technical support to providers regarding CAPTA implementation and development of Family Care Plans. They also have a site with robust resources for providers and clients.

[For Professionals | Substance Exposed Infant Initiative CT \(sepict.org\)](https://sepict.org)

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

[Home – ACCESS Mental Health for Moms \(accessmhct.com\)](https://accessmhct.com)

CT Treatment and Recovery Services for Women- CT offers a robust continuum of services targeted at meeting the specific needs of women and families. Same-day admissions are available and the system is poised to meet the state's capacity needs.

[Women's and Children's Services \(ct.gov\)](https://ct.gov/women-and-children-services)

[Connecticut Addiction Services \(ctaddictionservices.com\)](https://ctaddictionservices.com)

What is the Difference
Between a CAPTA
Notification and
DCF Report?

CAPTA Notification

- ▶ Occurs when an infant has been born after being exposed to certain substances
- ▶ There are no other concerns about safety, a Family Care Plan has been developed and/or reviewed.
- ▶ No identifying information on family, birthing person, and infant (deidentified)
- ▶ Submitted exclusively through the CAPTA Notification Portal

Submitting a CAPTA Notification

- ▶ Hospitals/Newborn Care Providers are the only entities that can submit
- ▶ Information entered is de-identified
 - ▶ Race of infant & birthing person
 - ▶ Zip code of residency
 - ▶ Type of substance exposure
- ▶ Family Care Plan is reviewed and there are no other concerns of abuse or neglect
- ▶ Data is housed through DCF's data system and shared with the federal government to assess resources, policy, and practice changes

DCF Report

- ▶ Occurs when anyone has concerns about the safety of a child
- ▶ Concerns are reported through CAPTA Notification Portal
- ▶ DCF reviews the information submitted by the provider to determine if further assessment is needed
- ▶ Substance use alone is not grounds to substantiate child abuse or neglect.

Making a DCF Report

The CAPTA Notification Portal will direct hospital staff to the DCF Report page if:

- ▶ The child has been exposed in utero to substances and DCF concerns exist
- ▶ Concern that mother/birthing person's substance use is impacting parental functioning
- ▶ Staff has concerns about abuse or neglect

A Look at DCF Data...



CAPTA Dashboard: Updated December 2024

Portal Submissions Over Time

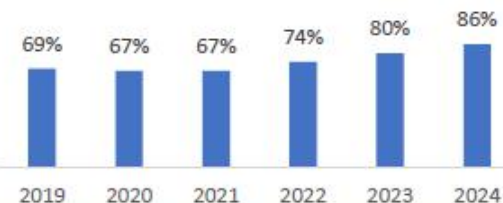


Number of Hispanic Birthing Persons (blue) and Total Notifications by Year



Family Care Plan Completion Rates

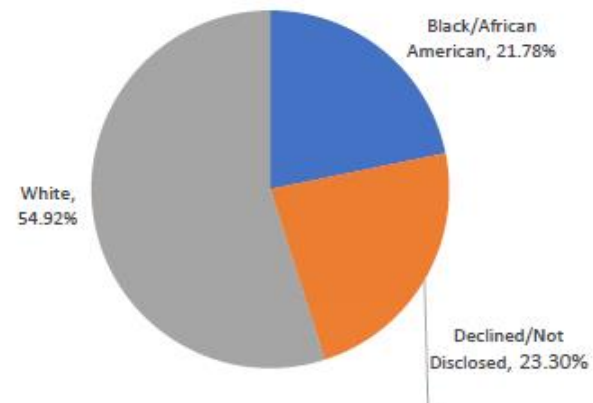
Overall Average: 69%



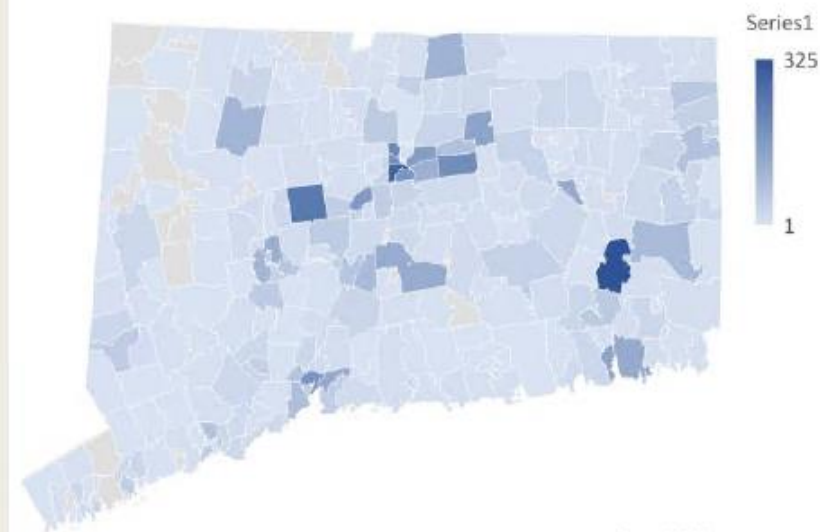
Notifications that meet criteria for Careline report



Birthing Person Race



Number of Notifications by Newborn Zip Code



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Supporting Patients in Family Care Plan Development



What is a Family Care Plan?

- ▶ Document that provides a roadmap of supports for birthing person, baby, and family
- ▶ Includes strategies and services that support the health and wellbeing of newborns, and the substance use treatment and recovery of the mother/birthing person
- ▶ Created before birth - meets the needs of the birthing person, infant, and family
- ▶ If a CAPTA notification occurs at time of birth, the patient's completed FCP is reviewed by CAPTA Reporter at the hospital
 - ▶ If no FCP at time of delivery, the hospital is required to create a FCP to submit a CAPTA Notification



Developing a Family Care Plan

- ▶ Birthing Person is at the forefront:
 - ▶ They create the plan.
 - ▶ They choose which providers to include in the plan development & where they need support.
 - ▶ They can change their plan.
 - ▶ They present the plan to their medical team prior to or at time of delivery.
 - ▶ They live their plan.

A Team Effort

- ▶ In addition to birthing person, many others may have input into the Family Care Plan
 - ▶ Partners and/or other family members
 - ▶ Health Care Providers
 - ▶ Recovery Supports
 - ▶ DCF Social Worker
 - ▶ Will only be involved if an open case for another child exists, can not open new case until infant is born
- ▶ Important: Individuals may be hesitant to develop a plan (stigma, fears, inaccurate/missing information)
 - ▶ That's ok! If they decline, try to understand and address what is causing their hesitancy and continue to empower them to develop a FCP throughout the pregnancy



Supporting your Patients with Family Care Plans



Family Care Plan Template

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Family Care Plan Template

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 mom/birthing person prenatally:

Methadone	<input type="checkbox"/>	Benzodiazepines	<input type="checkbox"/>
Buprenorphine (Subutex, Suboxone)	<input type="checkbox"/>	Cannabis	<input type="checkbox"/>
Opioids	<input type="checkbox"/>	Cocaine	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	Xylazine	<input type="checkbox"/>
Fentanyl	<input type="checkbox"/>	Other:	<input type="checkbox"/>

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

	Discussed	Current	Referral	Organization
Medication Assisted Treatment (Methadone, Buprenorphine, Naloxone)				
Mental Health Counseling				
Substance Use Counseling				
Medical Care				
Secure Environment & Medication 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
- ☐ Mother/birthing person was engaged in services prior to delivery (ex: counseling, treatment, parenting classes)
- ☐ Additional referrals were made for services at the time of delivery for the infant and/or mother/birthing persons/caregivers

Name of hospital staff (print): _____ Signature of hospital staff: _____

Find a Copy of the Template [Here](#)

Elements of the Plan

Medications including MAT

- [CT MAT Provider Map and Other Provider Resources](#)

Behavioral Health Services (Mental Health & Substance Use)

- [DMHAS Women's Specialty Treatment Programs](#)
- [CT Residential Bed Availability](#)
- [DMHAS Walk-In Assessment Centers](#); Access Line: 1-800-563-4086
- [Finding Services for Medicaid Patients](#)
- [PROUD - Parents Recovering from Opioids Use Disorder \(ct.gov\)](#)

Recovery Supports

- [CT Community for Addiction Recovery \(CCAR\)](#)
- [National Alliance on Mental Illness \(NAMI\)](#)
- [SMART Recovery](#)
- [Find AA Meetings](#) or [Find NA Meetings](#)
- [DMHAS Women's REACH](#)

Elements of the Plan continued...

Birth to Three (automatic eligibility) and WIC

- [Birth to Three](#)
- [WIC](#)

Home Visiting

- [Office of Early Childhood Home Visiting Programs](#)

Childcare

- [CT Care 4 Kids](#)

Housing

- [211 CT Housing and Homeless Shelters](#)
- [Housing and Homeless Services \(ct.gov\)](#)
- [COACH: COVID-19 Assistance for Community Health \(ctstronger.org\)](#)

Safe Sleep Plan

- [Guide to Safe Sleep for Infants](#)

Elements of the Plan continued...

Parenting Support

- Many hospitals offer support groups for new moms
- [CT Network of Care Parenting Support Services](#)
- [DCF Parenting Support Services \(PSS\)](#)
- [Post Partum Support CT](#)
- [Fatherhood Resources](#)

Financial Assistance

- Many town social service agencies may have resources to support families
- [CT Network of Care Financial Assistance](#)
- [DSS Financial and Employment Services](#)

Medical Care (mom and baby)

- Husky Clients: [Find A Provider](#)
- Health Insurance Coverage: [Access Health CT](#)

Medication Secure Storage

- [Drug Free CT Secure Storage and Disposal](#)
- [Secure Storage of Medications and Substances](#)

Reproductive Health

- [Planned Parenthood of Southern New England](#)
- [Women's Health CT](#)

Family Care Plan Virtual Tool

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This plan is for you and your information will not be shared with any agencies or organizations.

START A FAMILY CARE PLAN

If you are pregnant and using substances, a Family Care Plan (FCP) is a helpful tool that outlines various supports that you have in place to support the health and wellbeing of your baby, yourself, and your family.

An FCP can include services such as medical care, reproductive care, financial and housing assistance, WIC, home visiting, parenting groups, substance use recovery supports, and other resources that you are engaged with or would like to engage with.

In CT, any pregnant individual who is using prescribed/non prescribed substances (including cannabis) during pregnancy should have an **FCP completed before birth** and available to reference at the hospital after birth. You have the option of creating an FCP on your own or you may choose to work with a trusted support of your choice, such as a family member, a friend, or a community/health professional.

Working with someone like a provider or community resource, such as **Women's REACH**, can be helpful if you are unsure where to start.

Your FCP is a living document – this means that it can change and be updated according to individual and family needs. This virtual tool can store an editable copy of your FCP if you create an account. If you don't create an account, make sure to save the copy you created and have it available when you give birth. You may also choose to share this copy with your trusted support or provider to ensure your FCP is accessible if you need it.

Are you an individual or family who is not impacted by substances? A Family Care Plan can still be a helpful tool for you. Use this tool it as you see fit to best support your pregnancy and postpartum needs.

Create a Plan:

For Myself →

For Someone Else →

Have an Account? [Sign In](#)

Prefer to Make Your Plan Offline? [Download PDF](#)

- A dynamic interface that will allow individuals and providers to create a FCP that pulls resources from the client/patients identified zip code.
- The tool is 100% anonymous, does not store or share any identifying information, and is not linked to any state or healthcare systems.
- Creating an account for updating and editing a FCP is optional, and users are only asked for an email and password

[Family Care Plan | Substance Exposed Pregnancy Initiative CT](#)

Educating & Empowering Birthing Persons

- ▶ It is important that all pregnant birthing persons are educated on the CAPTA legislation early in their pregnancy and talk through decisions they can make before delivery
 - ▶ This provides an opportunity for providers to give correct information;
 - ▶ To dispel myths and talk through fears;
 - ▶ To allow for behavioral change around use;
 - ▶ To help explore their support system and begin to think about what they will need to be successful

Collaboration & Coordination of Services

- ▶ No one agency or program can provide all the services and supports that a new mom/birthing person will need
 - ▶ Establish connections in the community
 - ▶ Hospitals: Identify point person(s) to receive plans coming from outside agencies
 - ▶ Agencies: Identify point person(s) to take lead on plan/send to hospital
 - ▶ Ensure releases are on file to share and promote delivery of plan to hospital
 - ▶ Establish multiple ways patient can access plan
 - ▶ Making the plan an ever-evolving tool

When a Birthing Person Does Not Arrive to the Hospital with a Family Care Plan...

- ▶ Review and/or develop a plan together with the birthing person
- ▶ Assess existing concerns: do they fall under mandated reporting requirements?
- ▶ Submit CAPTA Notification after Family Care Plan has been developed or reviewed.
- ▶ Facilitate warm handoff to services
- ▶ Obtain Release of Information and forward Family Care Plan to pediatrician

The best-case scenario...

- ▶ Individual learns of their pregnancy
 - ▶ Connects with community provider
 - ▶ Explores their intention around the pregnancy
 - ▶ Receives education around CAPTA & Family Care Plans
 - ▶ Explores intention around their use
 - ▶ Develop plan to support, refer for MAT & other services
 - ▶ Identifies team who will support her Family Care Plan
 - ▶ Signs ROIs to support communication
 - ▶ Develops Family Care Plan
 - ▶ Modifies plan over time as situation or recovery needs may change or evolve
 - ▶ Shares Family Care Plan
 - ▶ With partner, family members, providers, support network, etc.
 - ▶ Ensures medical team is aware/ NAS consult
 - ▶ Copy of plan is included in record and available to hospital in advance

Agency Next Steps...



Vignette

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- ▶ Aria identifies as a 21-year-old single woman who comes into your program at 3 months pregnant. This is Aria's first child, and she is looking for support. Aria reports she has had prenatal care but has a hard time making it to appointments since she has no transportation. She lives in an apartment with her friend but would like have her own housing. She discloses to you that she is currently using cannabis to "deal with her nausea," and doesn't plan to stop. She previously was using cocaine up until she found out she was pregnant. Aria is looking to breastfeed her baby and would like WIC support for food assistance. She is struggling with depression and has not seek out help, until now

Family Care Plan for CT Individuals and Families

Plan Created on:
1/21/2025

This is your Family Care Plan (FCP). It lists all the health and wellness supports you have identified.

You may edit this FCP as your needs change. If you created an account, you can refer back to this plan and make updates via [sepict.org](#).

Your Name (optional) Aria S.	Your Anticipated Delivery Date (optional) 08/12/2025	
Your Provider's Name (optional) Dr. Castle	Your Provider's Phone Number (optional) 555-555-5555	Your Provider's Email (optional)

What are some of your Family Strengths, Supports and Goals (e.g., breastfeeding, housing, parenting, and recovery):

I am interested in breastfeeding my baby and would like to receive WIC support I am currently live with a friend and would like to have my own apartment I am interested in receiving some help with my depression I have an OBGYN I enrolled in a homevisiting program

Substances that you have used during your pregnancy:

☒ Cocaine ☒ Cannabis

Organization:
BEHAVIORAL HEALTH
Address: 602 New Britain Avenue, Hartford, CT, 06106
Phone Number: (860) 249-0975
Hours: Mon 09:00am - 08:00pm; Tue 09:00am - 08:00pm; Wed 09:00am - 08:00pm; Thu 09:00am - 08:00pm; Fri 09:30am - 05:30pm;

Provides comprehensive mental health and substance use disorder treatment for individuals and families. Services are designed to help people of all ages with a wide range of behavioral and emotional issues. Offers individual, couples, family and group therapy as well as medication management, intensive case management, and psychological testing. Clinical team works with each individual to develop a personalized treatment plan that is tailored to their unique needs.

Organization Notes:

Substance Use Counseling

Discussed:
Current: Seeking treatment since I found out I was pregnant
Referral:
Notes: Currently seeking treatment at Behavioral Health 2x a week

Reproductive Health

Discussed:
Current: I am currently going to my prenatal appointments monthly
Referral:
Notes: I was referred by my primary care office (Women's Health Services) to my current OBGYN office

Organization:
WOMEN'S HEALTH SERVICES
Address: 1030 New Britain Avenue, West Hartford, CT, 06110
Phone Number: (860) 953-6201
Hours: Mon 08:30am - 07:00pm; Tue 08:00am - 04:30pm; Wed 08:30am - 07:00pm; Thu 09:30am - 04:30pm; Fri 08:00am - 04:30pm;
Website: <http://plannedparenthood.org/connecticut/>

Women's health services include gynecological exams and screening, reproductive and contraceptive care, HIV testing and counseling, and STD testing. Some sites offer on-site colposcopy, cryosurgery and LEEP procedure for women with positive pap smears.

Organization Notes:

Organization:
PRENATAL CARE
Address: 1075 Asylum Avenue, Hartford, CT, 06105
Phone Number: (860) 714-4327
Hours: Mon 08:00am - 04:30pm; Tue 08:00am - 04:30pm; Wed 08:00am - 04:30pm; Thu 08:00am - 04:30pm; Fri 08:00am - 04:30pm;
Website: <https://www.trinityhealthofne.org/location/saint-francis-hospital>

Offers a full range of health services for women with or without health insurance, including neonatal, obstetrical and gynecologic care. Women without health insurance must speak with a financial counselor to arrange payment plan.

Organization Notes:

Other Recovery Supports

Discussed:
Current: Women's REACH & NAMI Connection
Referral:
Notes: I am currently receiving treatment through Women's REACH

Home Visiting

Discussed:

Current: Referred by REACH Navigator

Referral:

Notes: Intake scheduled for 4/2/25

Organization:

STRONG FAMILIES

Address: 590 Park Street, Hartford, CT, 06106

Phone Number: (860) 522-5222

Hours: Mon 09:00am - 06:30pm; Tue 09:00am - 06:30pm; Wed 09:00am - 06:30pm; Thu 09:00am - 06:30pm; Fri 09:00am - 06:30pm;

Home visiting network program for pregnant women and families with young children (0-5 years old). Provides parenting skills and tools to support children's healthy development. Also supports families to access adequate healthcare, address basic needs and provides them with financial management education to support the entire family wellbeing.

Organization Notes:

WIC

Discussed:

Current:

Referral: referred by my OBGYN

Notes: Appointment scheduled for 4/4/25

Organization:

WIC

Address: 175 Main Street, Hartford, CT, 06106

Phone Number: (860) 722-8044

Hours: Mon A - A; Tue A - A; Wed A - A; Thu A - A; Fri A - A; Sat A - A;

Website: <http://www.hartford.gov>

Provides specific nutritious foods and nutrition education to eligible pregnant women, postpartum women up to six months regardless of how pregnancy ends, breastfeeding women up to one year after delivery, and infants and children up to their fifth birthday. Fathers, guardians, and custodial relatives can receive WIC for their children up to their fifth birthday. Applicants who are income eligible (at or below 185% of the Federal Poverty Level) and at risk nutritionally receive an electronic benefits card (eWIC Card) to purchase healthy foods. Recipients are re-certified annually to determine if medical or nutritional risk exists. WIC foods include: infant cereal, baby foods, iron-fortified cereal, vitamin C-rich fruit or vegetable juice, eggs, milk, cheese, peanut butter, dried and canned beans/peas, canned fish, soy-based beverages, tofu, fruits and vegetables, whole wheat bread, and other whole-grain products.

Organization Notes:

Housing Assistance

Discussed:

Current: I have made an appointment

Referral:

Notes:

Organization:

LOW INCOME/SUBSIDIZED PRIVATE RENTAL HOUSING

Address: 615 Brookfield Street, Hartford, CT, 06106

Phone Number: (860) 951-7217

Hours: Mon 08:00am - 04:00pm; Tue 08:00am - 04:00pm; Wed 08:00am - 04:00pm; Thu 08:00am - 04:00pm; Fri 08:00am - 04:00pm;

Private housing developer offers rental apartments for income eligible families, older adults ages 62+, people with disabilities ages 18+ and single adults.

Organization Notes:

Insurance Support

Discussed:

Current: I have Husky A health insurance

Referral:

Notes:

Parenting Groups

Discussed:

Current:

Referral:

Notes: not interested at this time

Make sure you print and/or save this completed FCP. You may choose to have a copy with you or share a copy in advance with a trusted provider so it is readily accessible the day you give birth.

If you created an account, you can refer back to this plan and make updates via sepict.org.

Understanding The Role of Stigma



Stigma & Substance Use Disorder

What is Stigma?

- ▶ Stigma is defined as a set of negative and unfair beliefs that a society or group of people have about something.
- ▶ Stigma means labeling, stereotyping and discrimination of a person or group of people because they have done something society does not approve of.
- ▶ Stigma within addiction is persistent, pervasive, and rooted in the belief that addiction is a personal choice reflecting a lack of willpower and a moral failing.
- ▶ Damages the health and well-being of people with substance use disorder

Consequences of Stigma

- ▶ Mental Health/Trauma – chronic exposure to prejudice, rejection, judgement, and discrimination
- ▶ Low self-esteem, feelings of hopelessness, fear, depression, anxiety, increased substance use
- ▶ Internalizing stigma -- Feelings of shame and guilt which decrease the likelihood of seeking treatment or having access to harm reduction strategies and resources
- ▶ Decreased chance of seeking treatment can lead to increased economic, social, and medical costs
- ▶ Distrust of community/medical/police/criminal justice providers
- ▶ Health disparities
- ▶ Legal and/or Child protective involvement

Our Language Matters!

Changing the Conversation Around Substance Use

Why

- ❑ Stigmatizing language can reinforce negative stereotypes, create shame and isolation, and hinder the recovery process.
- ❑ Whereas non - stigmatizing language can promote things such as empathy and understanding, encourage individuals to seek help and safely, and create a more supportive community.

Using Person First Language

- ❑ Person first language is a way of speaking or writing that emphasizes the person before their disability, disease, or condition.
- ❑ Instead of saying: Addict, junkie, clean, or dirty
- ❑ Say: Person with a substance use disorder, in recovery, or testing positive or negative for substances.

**Together we can
build a world
where language
heals, not harms!**

Language Matters

Positive and recovery friendly language is powerful!
It focuses on the person, not the behavior, and increases access to recovery.

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SAMHSA's working definition of recovery defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.



Person with a substance use disorder



Person in recovery



Substance abuser, druggie, junkie



Substance use disorder is a treatable health condition



Substance use disorder includes alcohol and other drugs and is a chronic health condition



Substance use disorder is a failure of morals or willpower



Harm reduction is a recovery pathway



Person who uses drugs, substance misuse



Recovery = abstinence



Recovery is a process



Return to use may or may not be part of the process



Relapse is to be expected



There are multiple pathways to recovery



Treatment and/or medications, faith-based approaches, peer and/or family support, self-care, and other approaches are pathways



Recovery looks the same for everyone



Individuals self-identify as being in recovery



Individuals in recovery may focus on abstinence, harm reduction, mental health support, and health/wellness modalities



Excluding anyone who wants to be in recovery



There is hope



Recovery is possible and there are over 22 million people in recovery



A person has to hit rock bottom before they are ready

Racial Health Disparities in CT

Experiencing racism and discrimination can lead to negative physical and mental health consequences

Can lead to depression, anxiety, hypertension, breast cancer, and giving birth pre-term or having a low-birthweight baby

Black and Latine patients may receive less aggressive healthcare treatment and are less likely to be given pain medication

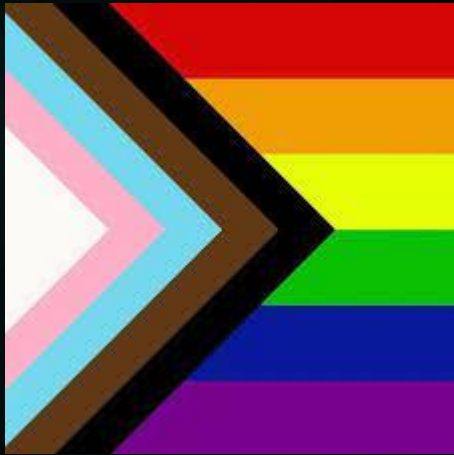
Disparities can stem from: differences in insurance coverage, access to healthcare providers, disparate treatment, physical toll from discrimination

Economic costs of healthcare disparities include higher healthcare spending, lost productivity, and pre-mature death

[Anti-Racism Resources For Clinicians](#)

Read Full Report: [Health Disparities in Connecticut 2020](#)

Our LGBTQIA+ Community



- ▶ Biological or assigned sex does not always tell the complete story
 - ▶ Assigned female at birth -- trans male, non-binary, intersex
- ▶ Trauma when accessing medical care
- ▶ Avoiding assumptions about gender and family structure
- ▶ Inclusive Language, Pronouns
- ▶ Important to think about how your policies and practices can be as inclusive as possible
- ▶ [LGBTQ+ Resources For Professionals](#)
- ▶ [LGBTQ+ Resources For Patients](#)

Mitigating Possible Unintended Consequences

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Avoiding unnecessary DCF Reports

- Puts undue stress on a new parent who is well connected to services
- Additional strain on DCF system

Empowering birthing people to make their own healthcare choices and take the lead on their plan

- Increase access to prenatal care and delivering in a birthing hospital

Sharing the plan well in advance with medical providers & allowing time for collaboration

- Time of delivery is not the ideal time to be introducing the Family Care Plan to the woman/birthing person or the hospital
- It is important to validate a mother/birthing person's concerns with the sharing of their plan with others.

Stigma & Cultural Implications

- Racial, socioeconomic, and LGBTQ+ healthcare disparities

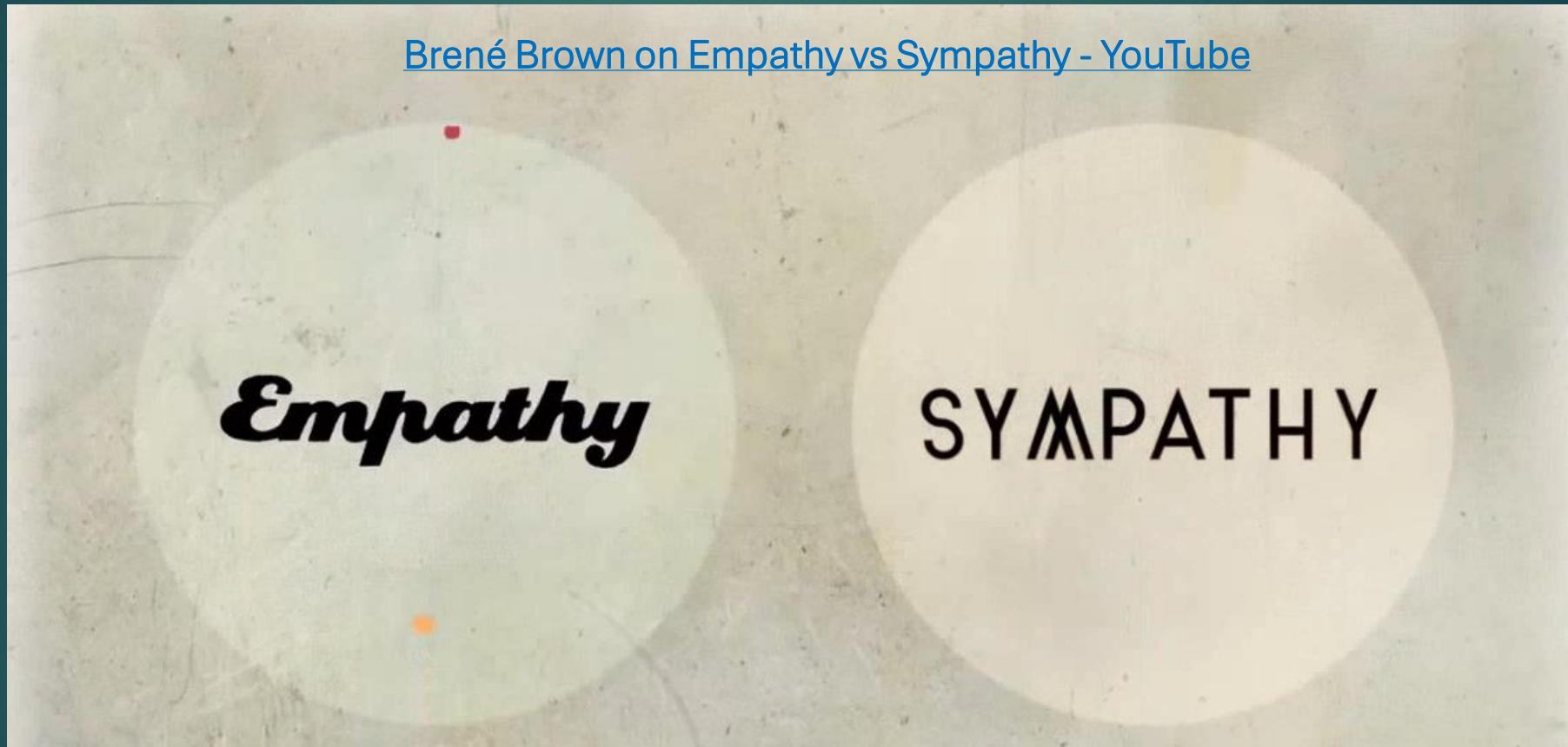
Reducing Stigma

- ▶ Universal Screening
- ▶ Be Non-Judgmental
- ▶ Use Person-First Language
- ▶ Harm Reduction
- ▶ Provide Inclusive Care

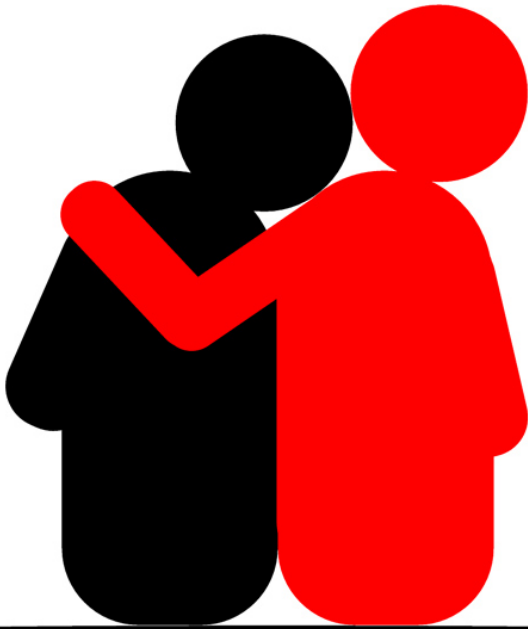


Empathy

[Brené Brown on Empathy vs Sympathy - YouTube](#)



“Empathy Fuels Connection”

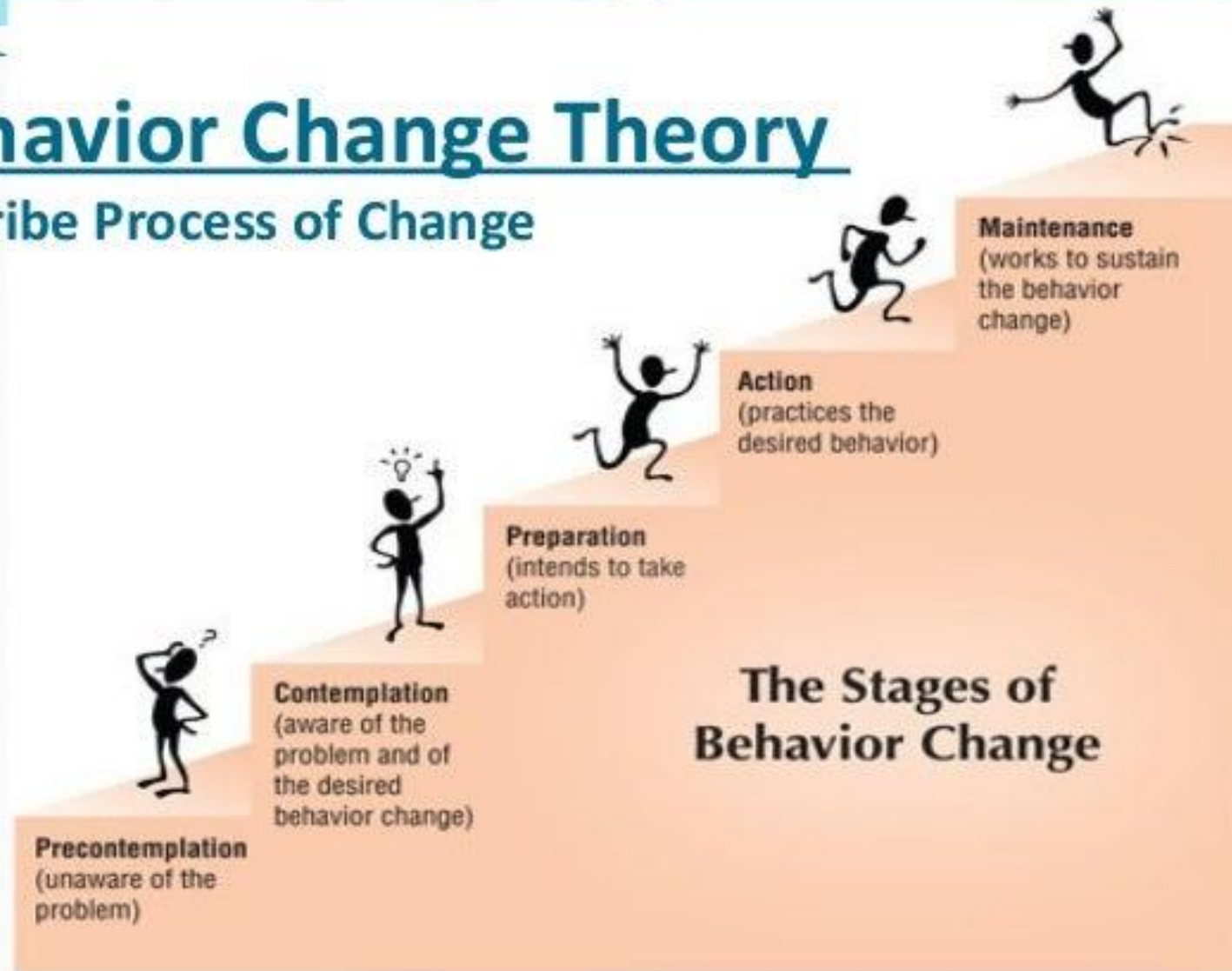


- ▶ The 4 Qualities of Empathy:
 - ▶ 1. Perspective Taking
 - ▶ 2. Staying out of Judgement
 - ▶ 3. Recognizing Emotions in others
 - ▶ 4. Communicating those emotions

- ▶ “In order to connect with others, we must connect with ourselves.” *Source: Brene Brown

Behavior Change Theory

Describe Process of Change



Sources: Grimley 1997 (75) and Prochaska 1992 (148)

Resources & Treatment Options

Naloxone “Narcan”

- ▶ Find more information on Naloxone, including how to access and use it: [Naloxone and Related Resources](#)
- ▶ [Harm Reduction Information and Resources](#)



NALOXONE IS SAFE FOR EVERYONE

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Naloxone is a life-saving medication that can reverse an overdose from opioids in individuals throughout the lifespan including:

- ♥ infants and children
- ♥ adolescents and adults
- ♥ seniors

It is recommended that naloxone be used when a pregnant and/or nursing person experiences an opioid overdose.



Scan this QR code to learn about:

- ♥ How to use naloxone
- ♥ Where to find naloxone
- ♥ 24/7 treatment information
- ♥ Programs for pregnancy/parenting
- ♥ Peer support groups
- ♥ Harm reduction



For more recovery resources and information visit sepict.org

Sources: CDC.gov and ACOG.org



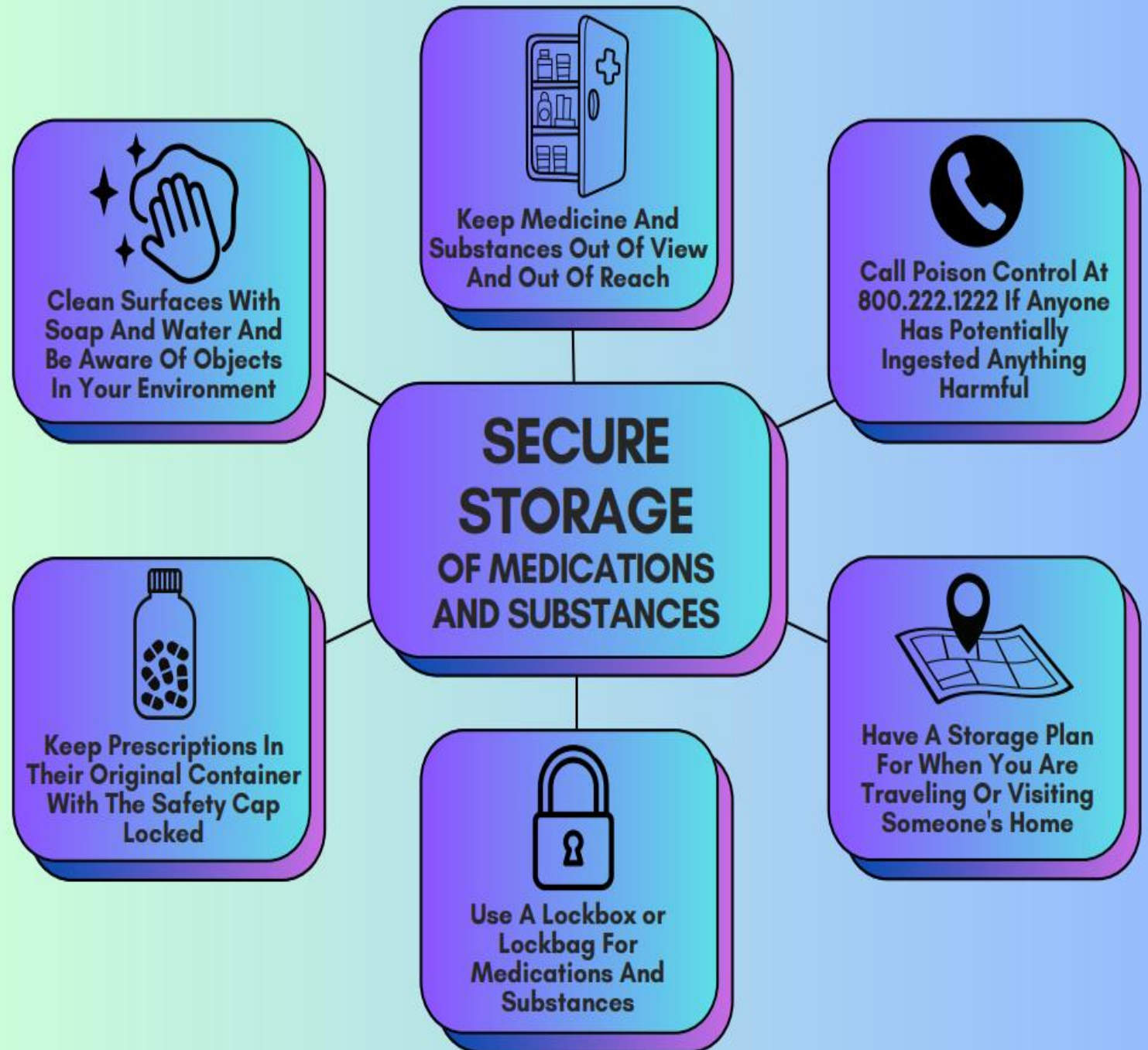
Secure Storage of Medications and Other Substances



Secure Storage Of Substances

SEPI CT Secure Storage of Medication and Other Substances Video

Order medication lock boxes for your nonprofit (Limited supplies)



Options For Disposal Of Unwanted Medications

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Follow these simple steps to dispose of medicines in the household trash

MIX

Mix medicines (do not crush tablets or capsules) **with an unpalatable substance** such as dirt, cat litter, or used coffee grounds;



PLACE

Place the mixture **in a container** such as a sealed plastic bag;



THROW

Throw the container **in your household trash**;



SCRATCH OUT

Scratch out **all personal information** on the prescription label of your empty pill bottle or empty medicine packaging to make it unreadable, then dispose of the container.



[Click to order medication disposal bags for your nonprofit \(limited supplies\)](#)

Medication Assisted Recovery

- ▶ The use of medications in combination with counseling and behavioral therapies to treat OUD and AUD and sustain recovery
- ▶ Improves birth outcomes among people who have SUD and are pregnant
- ▶ Relieves physiological cravings
- ▶ Normalizes body functioning without negative effects of substance used
- ▶ Medications include: Buprenorphine, Methadone, Suboxone 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

DMHAS PROUD PROGRAM

- ▶ PROUD (Parents Recovering from Opioid Use Disorder)
- ▶ Serves pregnant and postpartum women with substance use disorders
- ▶ Provides holistic, trauma-informed, and gender sensitive services
- ▶ Serves Greater Hartford, Waterbury, New Britain, New Haven, and Bridgeport areas
- ▶ Services out of Wheeler Clinic, Intercommunity, and MCCA
- ▶ Works with families and individuals to address needs around substance use, mental health, medical and prenatal care, employment, housing, and recovery support
- ▶ <https://portal.ct.gov/PROUD>



Women's REACH Navigators

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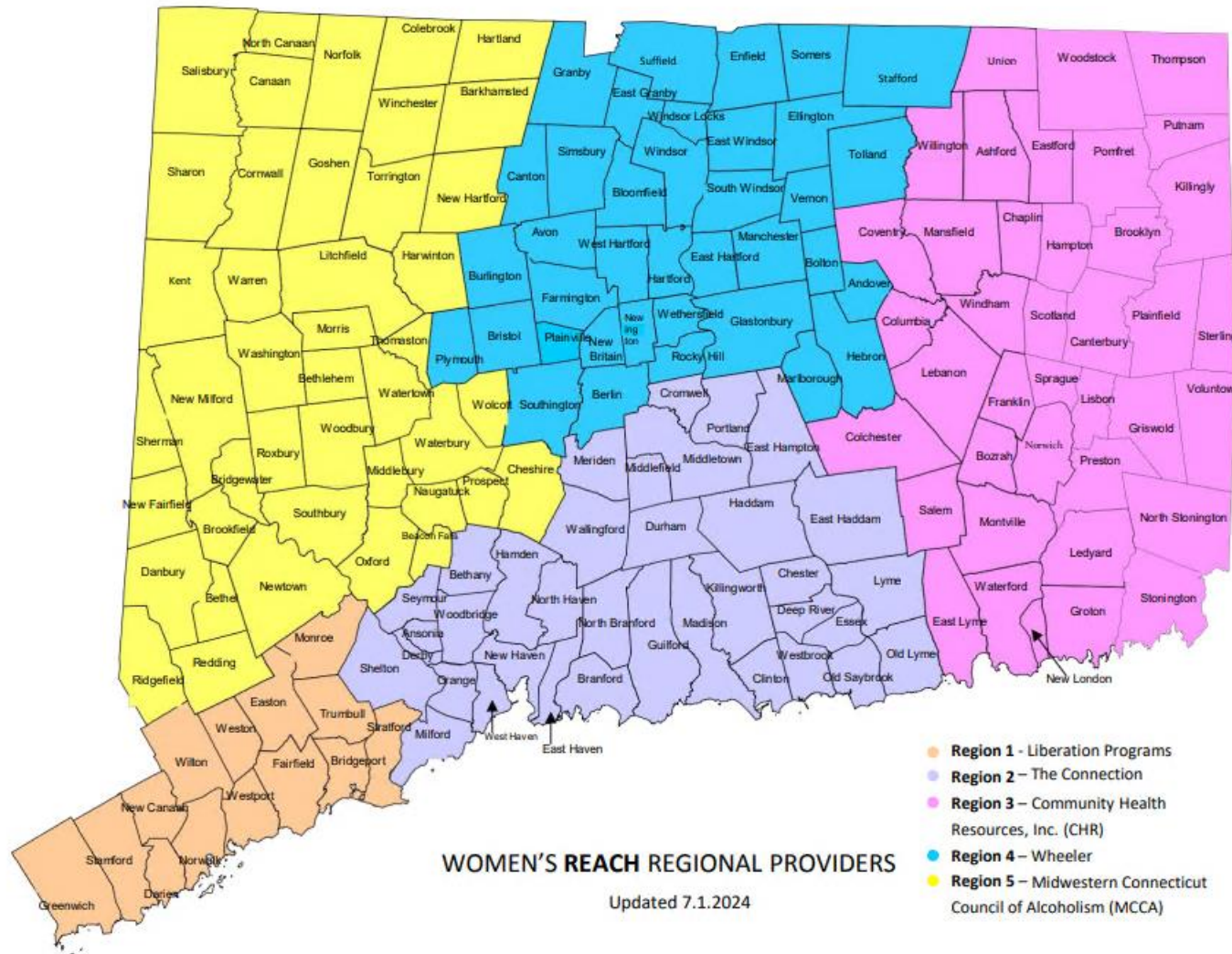
- ▶ REACH (Recovery, Engagement, Access, Coaching & Healing)
- ▶ Women's Navigators are women with lived experience who are living their own recovery and are willing to use their experiences to help others find their recovery path
- ▶ Target Populations: pregnant/parenting women with substance use and/or co-occurring disorders AND expecting/parenting fathers, grandparents, LGBTQIA+ individuals or any natural support impacted by substances use and caring for a child.
- ▶ 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 & Short-Term Case Management
- ▶ Regionally based with a focus on community outreach & engagement



<https://portal.ct.gov/DMHAS/Programs-and-Services/Women/Womens-REACH-Program>

WOMEN'S REACH REGIONAL PROVIDERS

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15 Women's Navigators statewide, 3 in each DMHAS region

Region 1-Liberation Programs
Region 2- The Connection Inc.
Region 3- Community Health Resources, Inc (CHR)
Region 4- Wheeler
Region 5-Midwestern Connecticut Council of Alcoholism (MCCA)

Additional Key Resources

SEPI-CT

- <https://www.sepict.org/>
- Provides a host of resources for families and healthcare professionals on CAPTA and Family Care Plans

Family Based Recovery

- [FBR](#)

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

ACCESS Mental Health for Moms

- <https://www.accessmhct.com/moms/>
- Offers psychiatric expertise and consultation to medical providers treating perinatal birthing people with mental health or substance use concerns
- [Screening for Substance Use in Pregnancy and Perinatal Mental Health Training Series](#)

Gia Monteleone,

gmmonteleone@wheelerclinic.org

Shayla Ranmal-Supplies, MS, CLC

srnmal-supplies@wheelerclinic.org

SEPI-CT Website:

www.sepict.org

SEPI-CT YouTube Channel (Like & Subscribe!)

https://www.youtube.com/channel/UCU1xnySg1z_nrgkxluYRm4A

Contact Information

To learn more about DMHAS Women's Services, including REACH & PROUD

Contact:

Bridget Aliaga (She/Her/Ella), MPH

Program Manager, Women's Services, DMHAS

Phone: 860-462-8183

Email: Bridget.Aliaga@ct.gov

*DMHAS Women's Services Website: <https://portal.ct.gov/DMHAS/Programs-and-Services/Women/Womens-and-Childrens-Programs>

For Individual Hospital Data Please Contact:

Lauren Kittle, MS

Program Supervisor

Office of Substance Use and Intimate Partner Violence

Department of Children and Families

Phone: 959.710.6295

Email: Lauren.Kittle@ct.gov

Evaluation

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- ▶ <https://www.surveymonkey.com/r/captaandfamilycareplan>

