

PROVIDER BULLETIN

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 inform providers of important federal and state legislation requiring health care providers to notify the Department of Children and Families (DCF) at the time of the birthing event of infants born substance exposed (as defined in DCF CAPTA Notification FAQ's dated 2.22.19) and/or those who experience withdrawal symptoms from the use of substances or the mother's medications. The notification process does not supplant the process when reporting cases that involve a suspicion of child abuse and neglect, which would include the use by the mother of illicit drugs or misuse of other substances. The Notification Process is NOT the same as mandated reporting. Whether or not the concerns of substance exposure meet the threshold for investigation of abuse and neglect will be determined by the questions answered in the online portal.

Effective March 15, 2019, birthing hospitals will be required to make an online notification, pursuant to the above requirements, following the birthing event and prior to discharge. DCF will be offering trainings, a webinar, and FAQ documents with instructions for the new, online notification and reporting process.

Federal legislation requires this new notification process through The Child Abuse Prevention and Treatment Act (CAPTA) and The Comprehensive Addiction and Recovery Act (CARA) legislations, as follows:

- Birthing hospital healthcare providers involved in the delivery of care of an infant born substance exposed must notify child protective services.
- 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 absent child safety concerns. Such a notification absent any concerns of abuse or neglect is not to be construed as a referral for suspected abuse or neglect.
- Work with stakeholders to ensure the development of a Plan of Safe Care for infants who are prenatally exposed, inclusive of a process for referrals to screening and early intervention services as deemed appropriate.
- The establishment of a Plan of Safe Care is intended to address the needs of both the infant and parent(s) and should be developed in partnership with the mother and provider of her choice.
- 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.

CT State Legislation (<https://www.cga.ct.gov/2018/ACT/pa/pdf/2018PA-00111-R00HB-05332-PA.pdf>) 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 (such as substance use treatment providers, hospital social worker, or other behavioral and/or health provider) and mothers of the newborns.
- 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.

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Please review the frequently asked questions included with the Provider Bulletin. For additional questions contact:

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