

EXECUTIVE SUMMARY

INITIATIVE OVERVIEW

The Substance Exposed Infant/Fetal Alcohol Spectrum Disorders (SEI-FASD) Statewide Initiative aims to strengthen capacity at the community, provider, and systems levels to improve the safety, health, and well-being of substance exposed infants and support the recovery of pregnant and parenting people and their families. This initiative is jointly funded by the Connecticut Department of Mental Health and Addiction Services (DMHAS) and Connecticut Department of Children and Families (DCF). The work is facilitated by:

- **Executive Team:** The SEI-FASD Statewide Coordinator, together with DCF and DMHAS leadership, form the Executive Implementation Team. This group meets biweekly to maintain consistent communication on the ongoing status of the initiative and provides guidance and support to the SEI-FASD Program Manager.
- **Core Team:** The Core Team is a group of stakeholders who provide guidance and direction for the initiative. These individuals and agency representatives have expertise in maternal and child health, mental health, substance use, child welfare, pediatrics, neonatology, and advocacy for birthing people. This group meets quarterly to discuss updates and emerging/related work in the field.
- **Workgroups:** The workgroups support each of the plan's priority areas. The workgroups include: CAPTA and POSC, Screening and Brief Intervention, Marketing and Training, and Treatment, Recovery and Wellness Support.

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) & PLANS OF SAFE CARE (POSC)

Initially enacted in 1974, the Child Abuse Prevention and Treatment Act (CAPTA) was amended in 2003 by the Keeping Children and Families Safe Act. To receive CAPTA funds, states were required to have policies and procedures to address the needs of "substance-exposed infants born and identified as being affected by ILLEGAL substance use or withdrawal symptoms resulting from prenatal drug exposure."

In 2019, CT legislation prompted the development and implementation of a notification process and portal for the purposes of giving birthing hospitals the ability to create a notification for newborns identified as substance exposed (i.e. CAPTA notification/portal). The information contained in a CAPTA notification includes the hospital's name, the staff's name, zip code for the family, race, and ethnicity of the child and birthing parent, birthing parent's age, the substance that caused the exposure/withdrawal symptom, verification or development of a plan of safe care, and services identified/referred in the plan of safe care.

Legislation also required the development of a Plan of Safe Care (POSC) for an infant born substance exposed, which addresses the health and treatment needs of the mother, infant and significant others such as partners or family members. Ideally, the development of the POSC occurs prior to birth, giving the caregiver time to process and understand the CAPTA notification process and to build a resource network prior to delivery.

The SEI-FASD Initiative, in close collaboration with DCF and DMHAS, plays a key role in supporting the ongoing enhancement and implementation of the CAPTA and POSC.

STRATEGIC PLAN 2022-2027

This SEI-FASD five-year strategic plan expands on work initiated in the last five years and encompassed in the 2016-2021 plan, while also addressing new emerging topics and meaningfully incorporating a proactive lens of

data, cultural competence, and health equity. The strategic plan data was obtained from the CAPTA Portal, 2020 CT Maternal Mortality and Morbidity Report, 2019 CT BRFSS, and the 2018 CT PRAMS. The report contains national data on minority and LGBTQIA+ communities, pending CT inclusion of these areas of focus.

With the guidance of the Executive Team and Core Team, four priority areas and their respective strategies were identified. The revised priority areas (CAPTA and POSC; Screening and Brief Intervention; Marketing and Training; and Treatment, Recovery and Wellness Support) will be supported by four respective workgroups, in addition to one overarching stakeholder group (Core Team). The focus of the workgroups includes:

- **CAPTA and POSC:** Continue to build local and statewide system capacities to enhance CAPTA and POSC implementation, education, technical assistance, including increasing community outreach efforts to educate birthing people on the POSC and continued transparency around the CAPTA reporting process.
- **Screening and Brief Intervention:** Promote universal screening practices while thoughtfully addressing the current barriers that make this challenging to implement broadly. This includes an inventory of the current screening landscape across the state, increasing the availability of practice specific screening related trainings for providers, and targeted outreach and collaborations with providers/systems that are interested in enhancing their screening brief intervention, and/or referral practices.
- **Marketing and Training:** Promote broad understanding of the complexities of perinatal addiction, best practice information including but not limited to resources on supportive strategies for birthing people, families and children who are affected by a SUD and the role of stigma. This includes monthly digital campaigns, ongoing broad outreach efforts, development of a SEI-FASD 101 training (additional related trainings to follow), and collaborations with other intersecting initiatives.
- **Treatment, Recovery, and Wellness Support:** Address individual and system level opportunities and barriers to SUD treatment, recovery, and support services that affect birthing people, families, and children. We will continue to collaborate on two generational interventions. The workgroup will continue to compile available state resources for parents whose children are impacted by FASD or SEI and in doing so, efforts will be made to consolidate the information and address any gaps that might exist. We will also focus on the disproportionate impacts of SUD and mental illness on birthing people in the Black Indigenous, People of Color (BIPOC) and LGBTQIA+ communities, including collection of information on their experiences accessing SUD and/or SEI-FASD services.
- **Core Team:** Will continue to serve as a body of stakeholders who provide subject matter expertise and direction to the work and meet quarterly to discuss initiative updates and progress.

The initiative will continue to maintain a recovery oriented, harm-reduction, and inclusive approach to the work that is stigma free, family centered, and honors the multiple pathways to recovery. This plan has been designed to prompt meaningful shifts that will support the overall wellbeing of infants, birthing people, and families across the state of CT.

Questions or Inquiries:

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