



**What is the Child Abuse Prevention and Treatment Act (CAPTA)?**

*And what does it have to do with infants who are prenatally exposed to drugs or alcohol?*

**Phil Breitenbucher, MSW, Children and Family Futures**

**Texas Behavioral Health Institute | August 10-14, 2015**



# Agenda

- Setting the Context
- What is CAPTA?
- What Can Be Done?
- What You Can Do
- Questions and Discussion





# Setting the Context



## Core Messages

**Don't forget the children -  
treatment is about families**

**Recovery for both parent and child  
occurs in the context of family**





**8.3 million children**

*\* 2002 – 2007 SAMHSA National Survey on Drug Use and Health (NSDUH)*

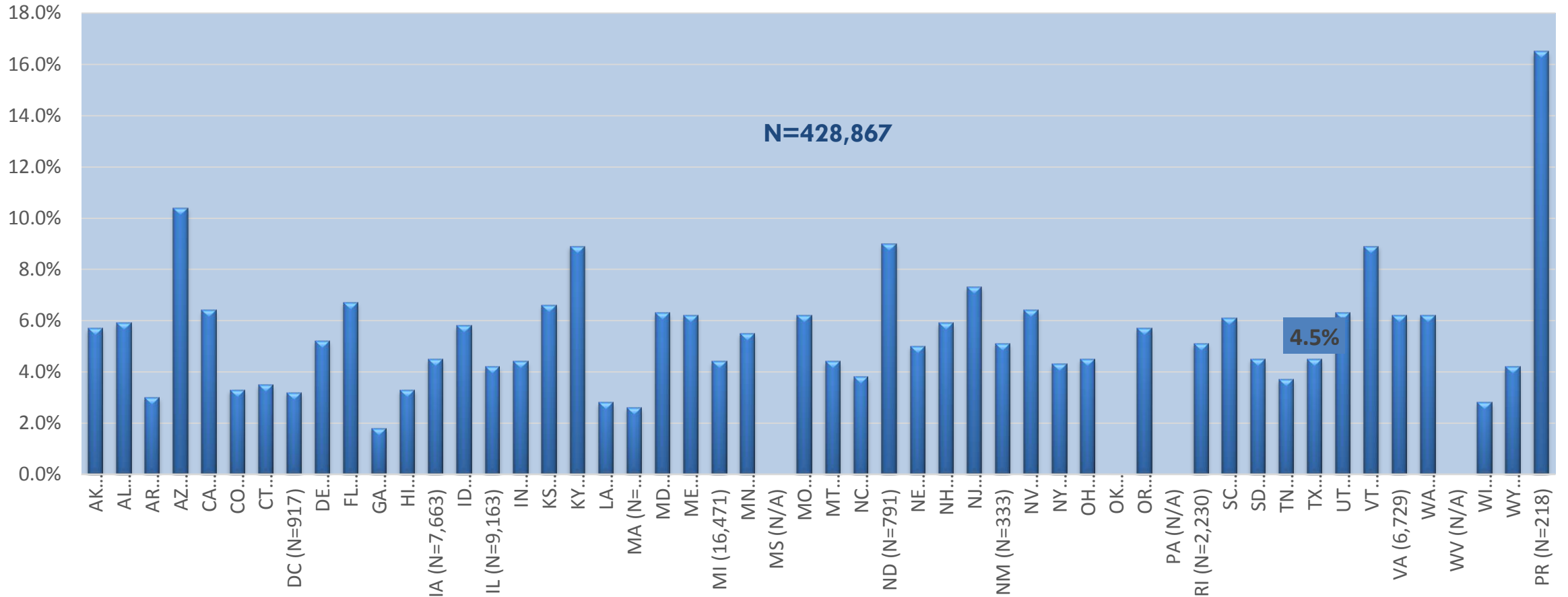




## Use During Pregnancy

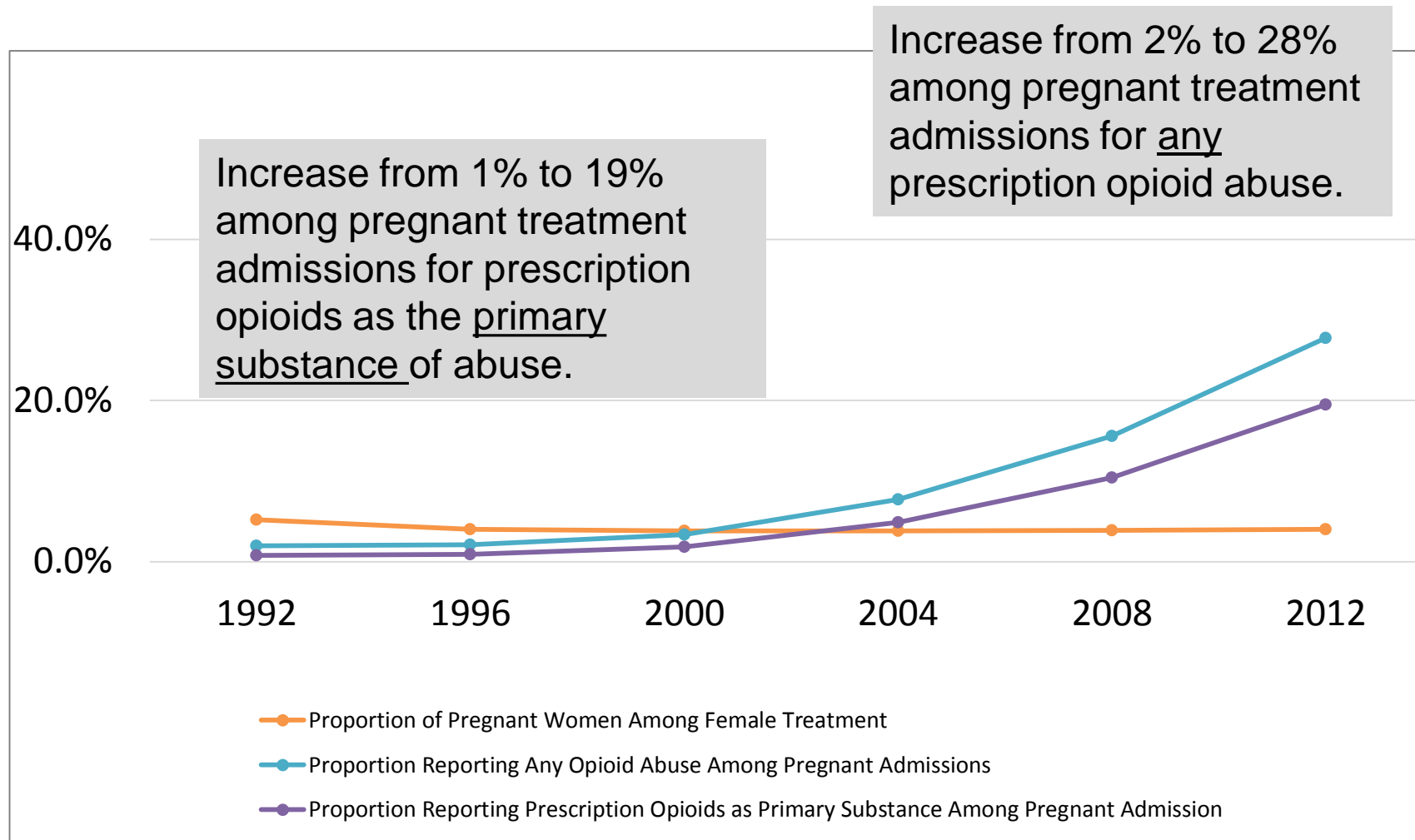
- Prenatal screening studies document **11-16%** of infants were prenatally exposed to alcohol, tobacco, or drugs
- Illicit drug use among pregnant women varies among age groups:
  - 4.6% among women aged 15 to 17
  - 8.6% percent among women aged 18 to 25
  - 3.2% percent among women aged 26 to 44

# Percent of Women of Childbearing Age (Ages 15-44), Pregnant at Time of Treatment Admission, 2012



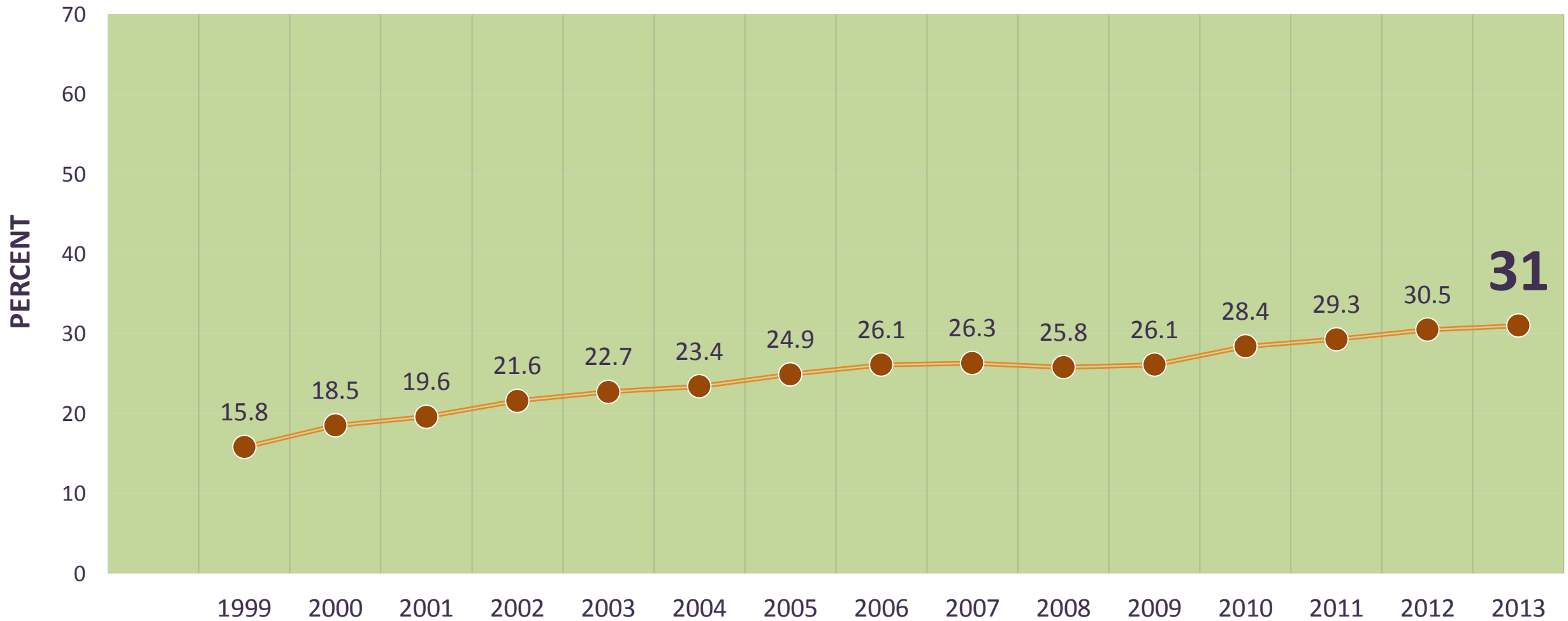
N = Total Number of Women of Childbearing Age (Age 15-44) Entering Treatment  
 Source: TEDS Data, 2012

# Pregnancy and Prescription Opioid Abuse Among Substance Abuse Treatment Admissions

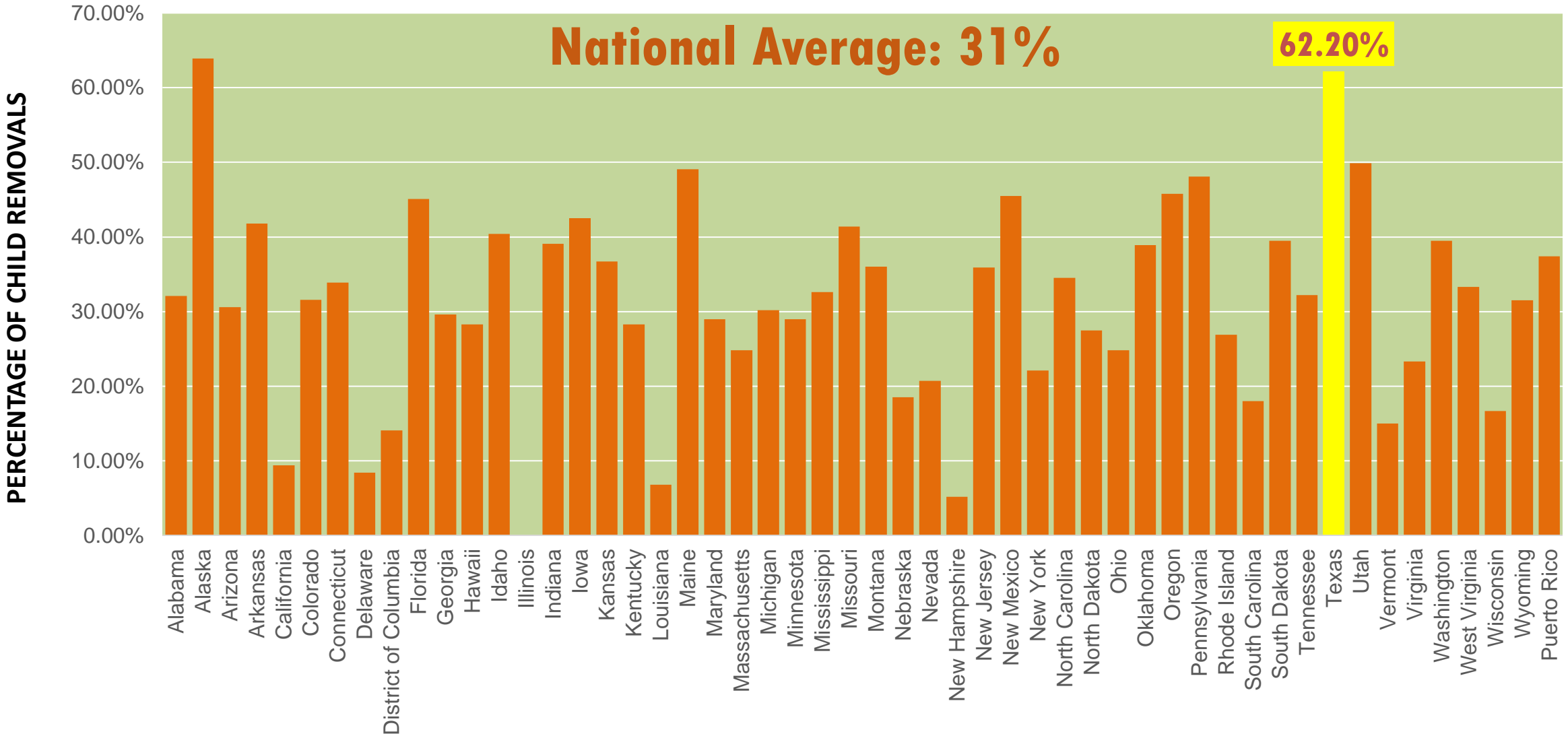




# Parental AOD as Reason for Removal in the United States 1998-2013



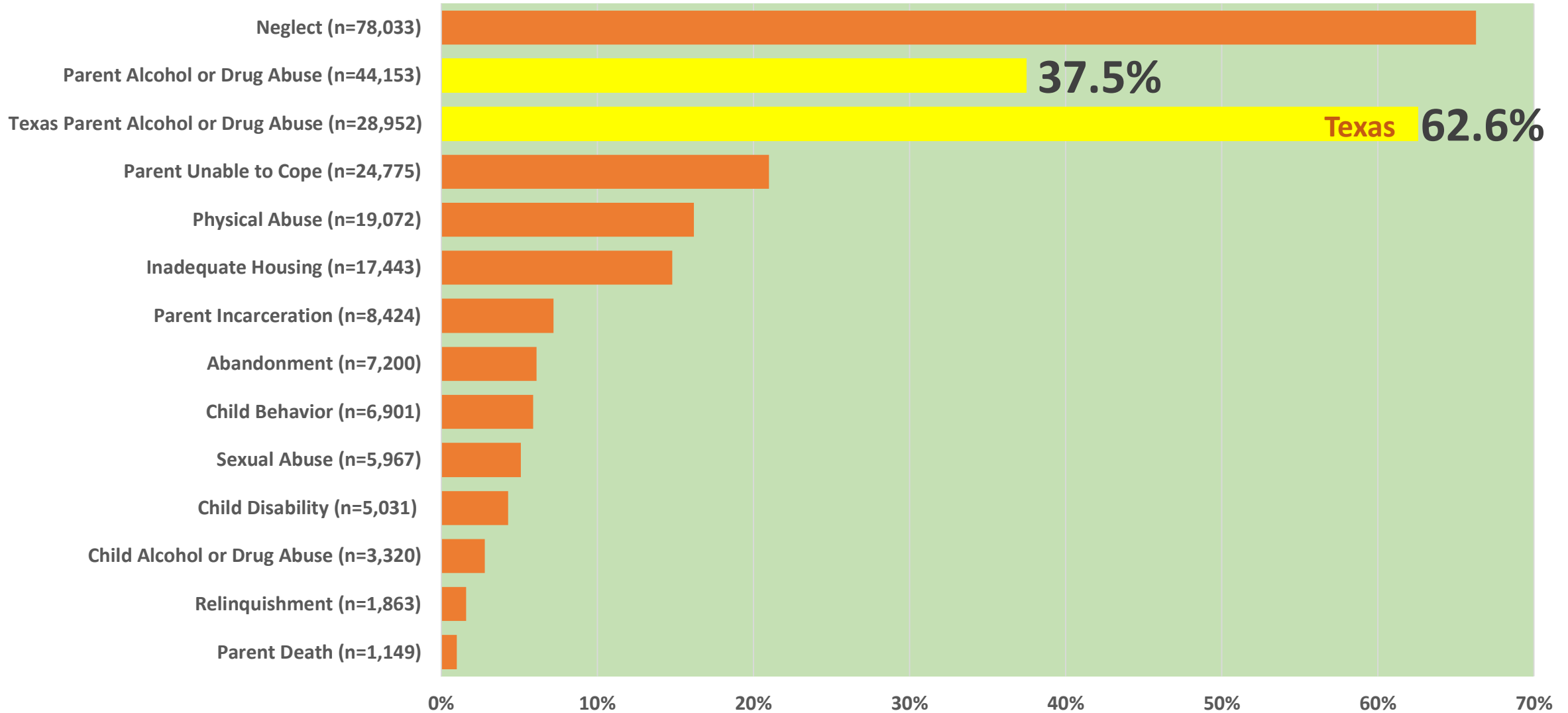
# Parental Alcohol or Other Drugs as Reason for Removal, 2013



Source: AFCARS 2013



# Percent and Number of Children with Terminated Parental Rights by Reason for Removal, 2013



Source: AFCARS Data, 2013

# Impact on the Child

- Executive functioning problems and inability to self-regulate
- Gross and fine motor delays
- Attention problems
- Memory difficulties
- Attachment disorders



**Children of parents with substance use disorders are at an increased risk for developing their own substance use and mental health problems**



# Impact on the Child

- Amount of and timing of alcohol consumption increase problems
- Alcohol use appears to be the most harmful during the first 3 months of pregnancy; however, drinking alcohol any time during pregnancy can be harmful



**No “safe” level of alcohol use during pregnancy has been established.**

<http://www.ncbi.nlm.nih.gov/pubmed/health/PMH0004566/>

# Factors that Impact Prenatal Exposure

- The type of drug used during pregnancy (polydrug is common)
- Delayed/no prenatal care; lack of compliance with prenatal care
- Diseases, infections, other health or behavioral health problems
- Whether the baby was born full-term or early (premature)

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004566/>



# Importance of the Postnatal Environment

- Living with a parent with an untreated substance use or mental disorder
- Neglect of basic needs
- Situations jeopardizing child safety and health (e.g. drug manufacturing and trafficking)
- Severe, inconsistent or inappropriate discipline
- Disruption of parent/child relationship, child's sense of trust, belonging, separation
- Chronic exposure to violence, trauma and trauma from removal

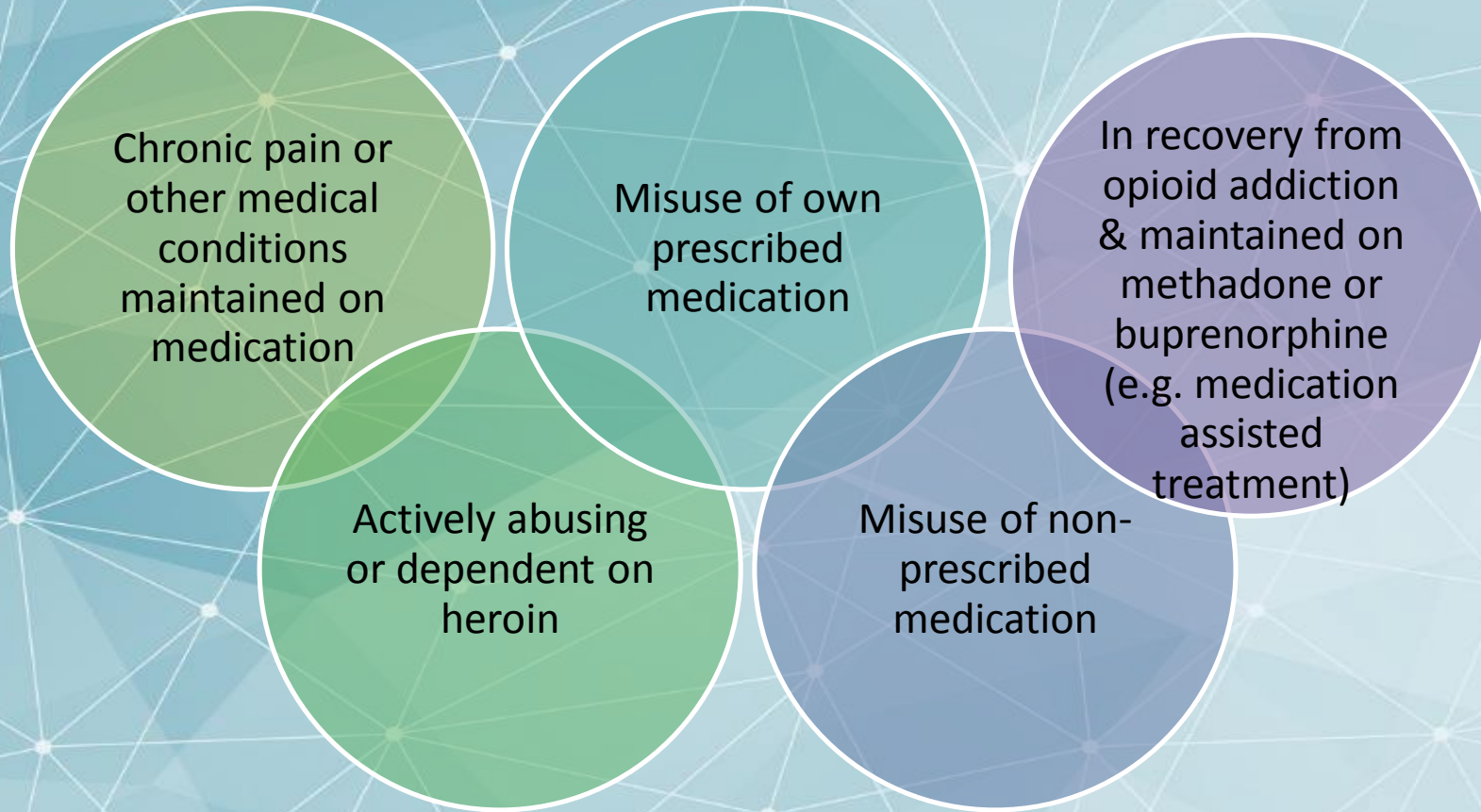
# Opioid Effects

Neonatal abstinence syndrome (NAS) is a group of problems that occur in a newborn who was prenatally exposed to opioids (e.g. prescription pain medications and heroin).

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004566/>

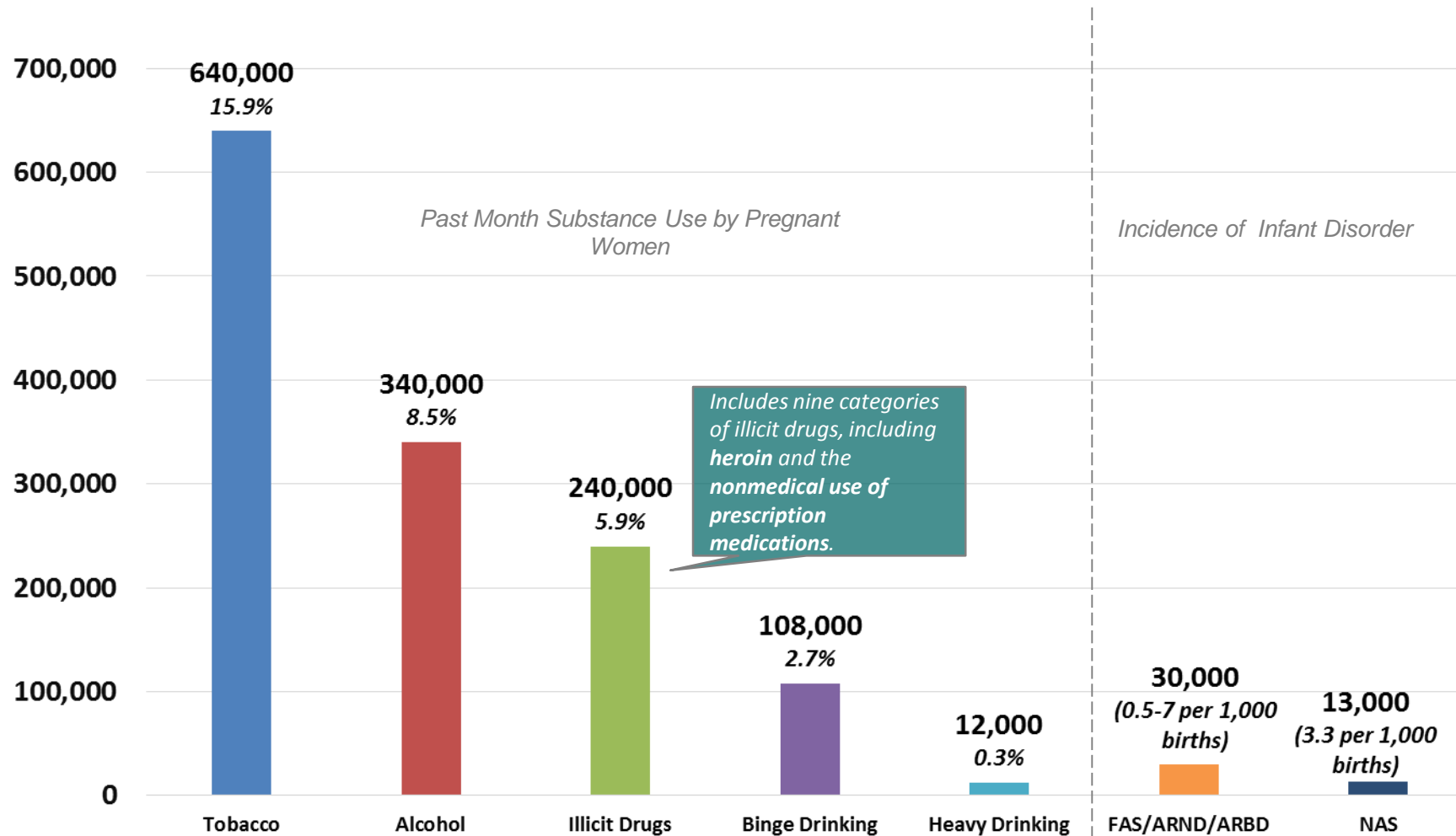


# Different Populations of Women Can Give Birth to Infants with NAS Symptoms





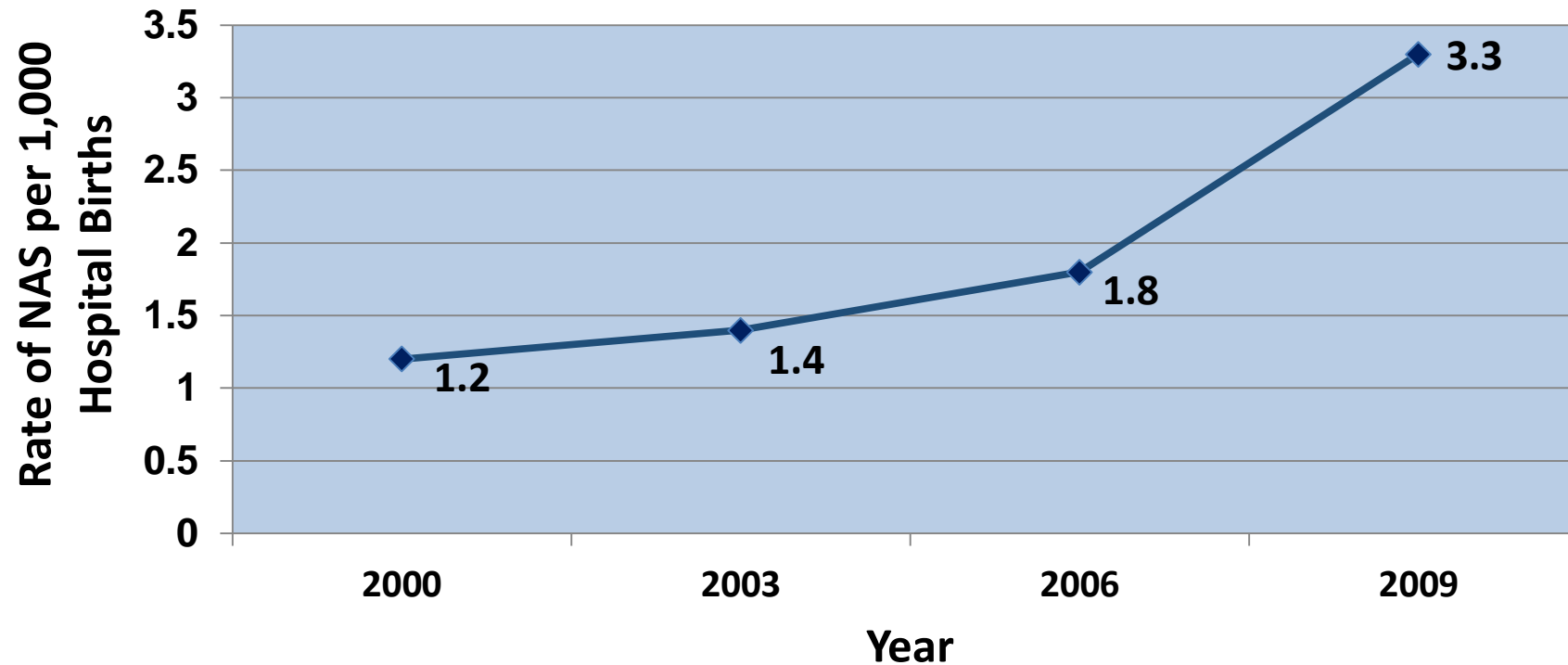
# Estimated Number of Infants\* Affected by Prenatal Exposure, by Type of Substance and Infant Disorder



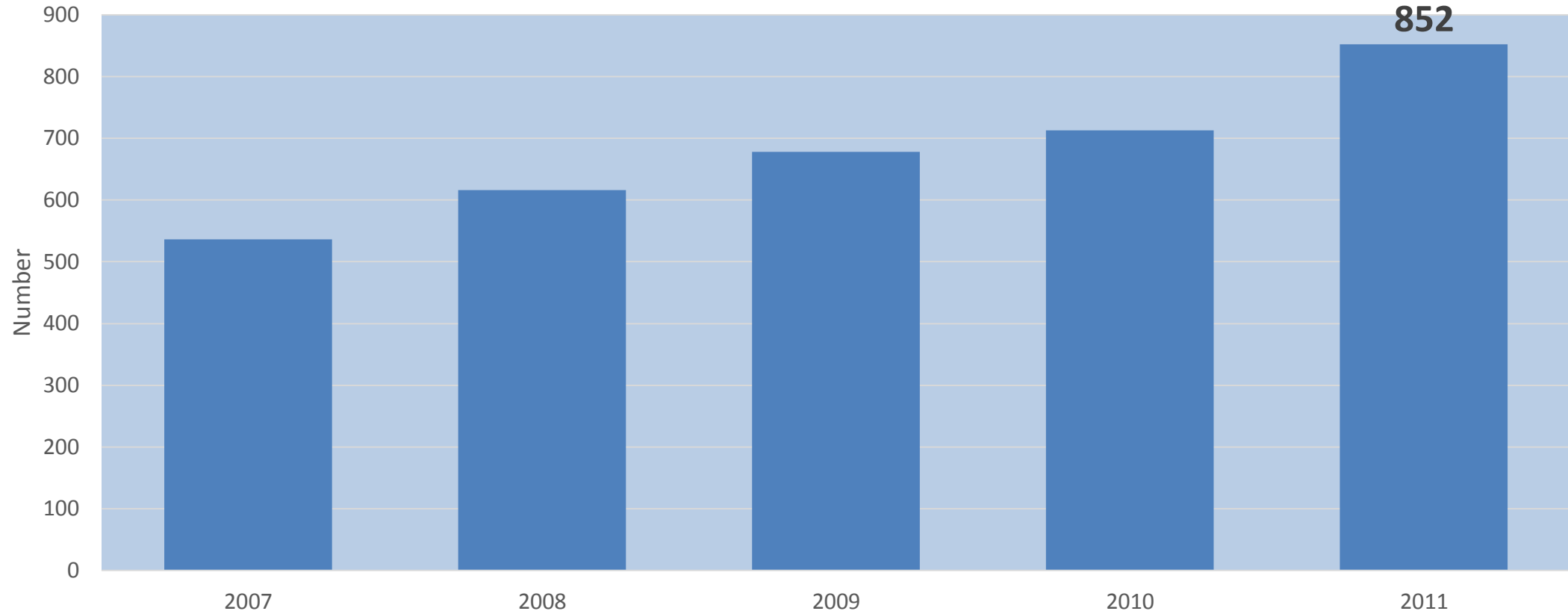
\*Approximately 4 million (3,952,841) live births in 2012

Estimates based on: National Survey on Drug Use and Health, 2012; Martin, Hamilton, Osterman, Curtin & Mathews. Births: Final Data for 2012. National Vital Statistics Report, Volume 62, Number 9; Patrick, Schumacher, Benneyworth, et al. NAS and Associated Health Care Expenditures. Journal of the American Medical Association (JAMA) 2012; 307(18):1934-1940. doi: 10.1001/jama.2012.3951; May, P.A., and Gossage, J.P.(2001). Estimating the prevalence of fetal alcohol syndrome: A summary. Alcohol Research & Health 25(3):159-167. Retrieved October 21, 2012 from <http://pubs.niaaa.nih.gov/publications/arh25-3/159-167.htm>

# Incidence of Neonatal Abstinence Syndrome Over Time



# Number of NAS Cases in Texas, 2007-2011



Source: Furdek, N. (2014). Neonatal Abstinence Syndrome. Mental Health and Substance Abuse Division Texas Department of State Health Services PPT Presentation



# Identified Barriers in Working with Parenting and Pregnant Women with Substance Use Disorders

Variation in Child Welfare Response

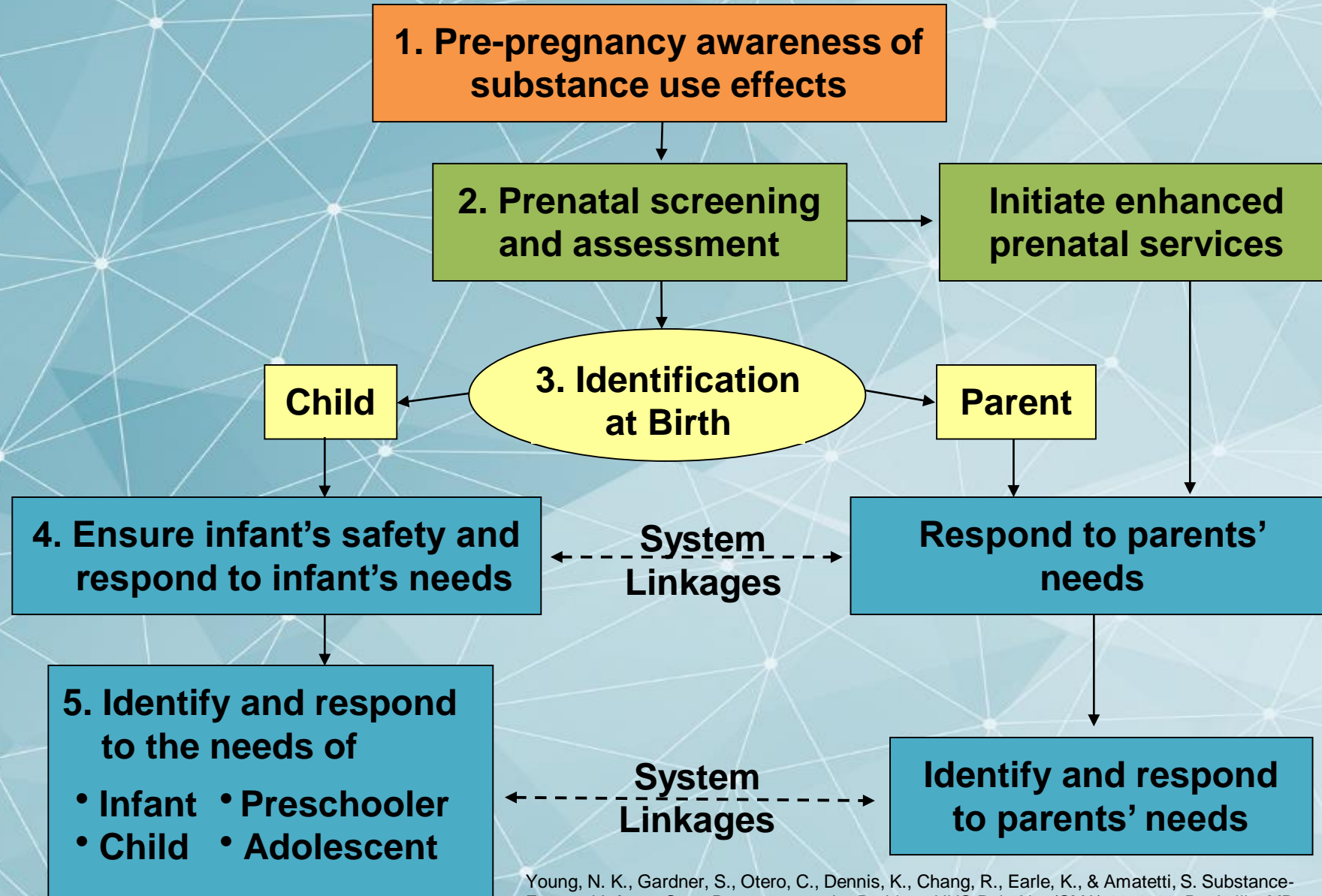
Lack of Medication Availability

Lack of Collaboration

Lack of Sufficient, Comprehensive, Long-Term Treatment for Women and Their Children

Knowledge and Practice Gaps in Best Practices in Screening and Assessment: Pregnancy, Post Pregnancy, Neonatal Abstinence Syndrome

# Policy and Practice Framework: Five Points of Intervention





# Costs

- \$53,400/infant in hospital charges for newborns v. \$9,500/infant for all other hospital births in 2009
- Average length of stay for NAS babies is 16 days vs. 3 days for all other hospital births
- Medicaid pays for majority of cases (77.6% in 2009)



# Principles of Effective Drug Addiction Treatment

1. Addiction is a complex but treatable disease that affects brain function and behavior
2. No single treatment is appropriate for everyone
3. Treatment needs to be readily available
4. Effective attends to multiple needs of the individual
5. Remaining in treatment for an adequate period of time is critical
6. Behavioral therapies are the most commonly used forms of drug abuse treatment

## **7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies**

8. An individual's treatment and services plan must be continually assessed and modified
9. Many drug-addicted individuals also have other mental disorders
10. Medically assisted detoxification is only the first stage of addiction treatment
11. Treatment does not need to be voluntary to be effective
12. Drug use during treatment must be monitored continuously as lapses do occur
13. Treatment programs should test patients for infectious diseases

# Medication Assisted Treatment (MAT) for Opioid Dependency

As part of a comprehensive treatment program, MAT has been shown to:

- Increase retention in treatment
- Decrease illicit opiate use
- Decrease criminal activities
- Decrease drug-related HIV risk behaviors
- Decrease obstetrical complications


*“...the all cause mortality rate for patients receiving methadone maintenance treatment was similar to the mortality rate for the general population whereas the mortality rate of **untreated individuals using heroin was more than 15 times higher.**”*

*- Bell 2000*

Fullerton, C.A., et al. November 18, 2013. Medication-Assisted Treatment with Methadone: Assessing the Evidence. *Psychiatric Services in Advance*; doi: 10.1176/appi.ps.201300235

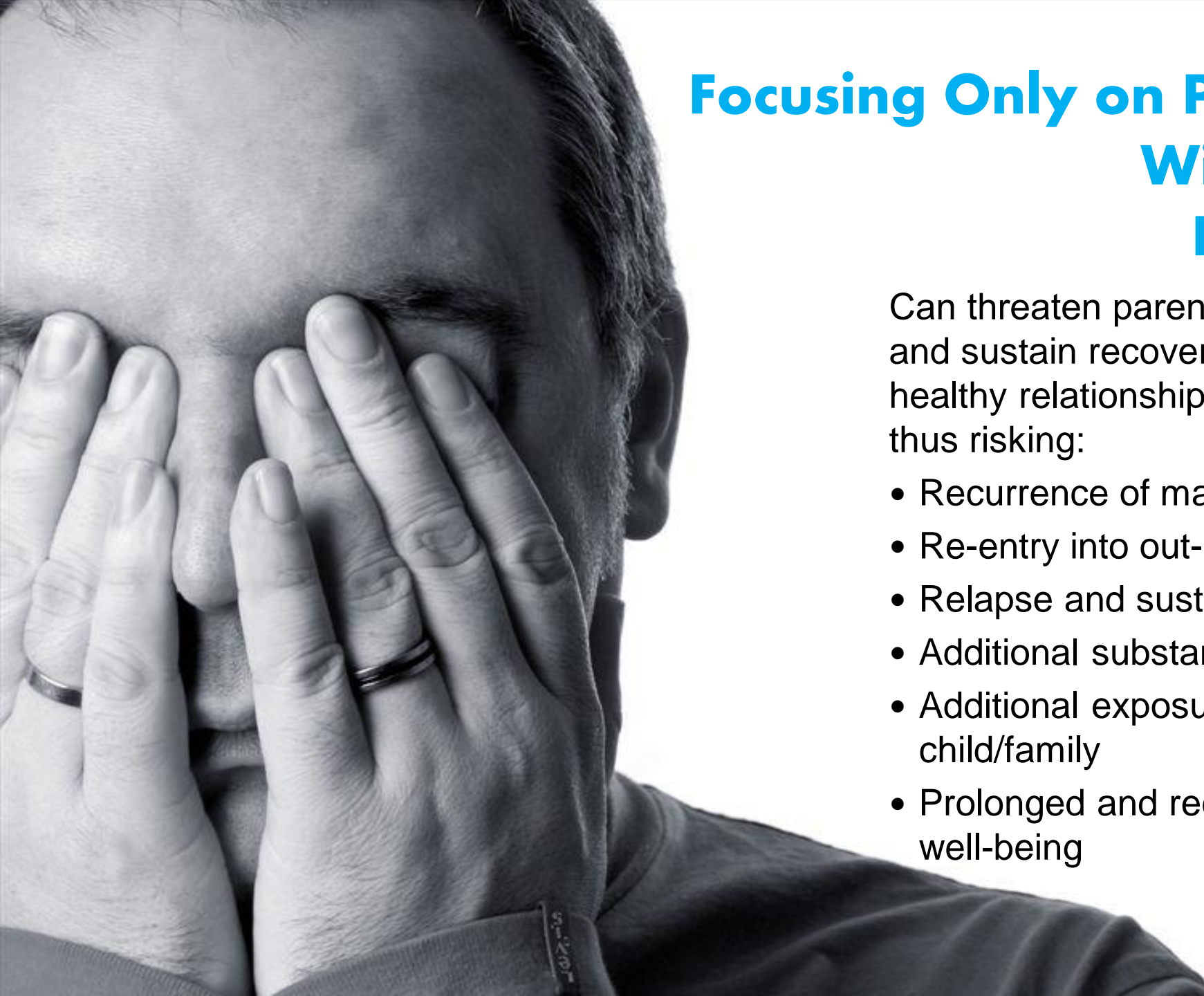
The American College of Obstetricians and Gynecologists. (2012) Committee Opinion No. 524: Opioid Abuse, Dependence, and Addiction in Pregnancy. *Obstetrics & Gynecology*, 119(5), 1070-1076.



A photograph showing the lower half of an adult wearing a red t-shirt and blue jeans, and the upper half of a child wearing a white t-shirt. They are holding hands. The background is a bright, out-of-focus outdoor setting, possibly a beach or park. A semi-transparent yellow rectangular box is overlaid on the bottom right of the image, containing text.

What is the relationship between children's issues and parent's recovery?





## **Focusing Only on Parent's Recovery Without Addressing Needs of Children**

Can threaten parent's ability to achieve and sustain recovery, and establish a healthy relationship with their children, thus risking:

- Recurrence of maltreatment
- Re-entry into out-of-home care
- Relapse and sustained sobriety
- Additional substance exposed infants
- Additional exposure to trauma for child/family
- Prolonged and recurring impact on child well-being



# What is CAPTA?



# The Child Abuse Prevention and Treatment Act (CAPTA)

- As Amended by P.L. 111-320 The CAPTA Reauthorization Act of 2010
- CAPTA is one key piece of legislation guiding child protection and addressing child abuse and neglect
- 2010 reauthorization added Fetal Alcohol Spectrum Disorders in addition to the 2003 prenatal substance exposure provisions



# CAPTA: Key Provisions

## 2010 Reauthorization:

“Policies and procedures (including appropriate *referrals to child protection service systems and for other appropriate services*) to address the needs of *infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder*, including a requirement that health care providers involved in the delivery or care of such *infants notify the child protective services system of the occurrence of such condition* in such infants except that such notification shall not be construed to

- establish a definition under Federal law of what constitutes child abuse or neglect
- Require prosecution for any illegal action.”



# CAPTA: Key Provisions

- Development of Plan of Safe Care for infant identified as being affected by substance abuse or withdrawal symptoms, or FASD
- Early intervention services under Part C of Individuals with Disabilities Education Act



# CAPTA: Plan of Safe Care

The development of a *plan of safe care* for the infant born and identified as being affected by illegal substance abuse or withdrawal.

*“should address the needs of the child as well as those of the parent(s), as appropriate, and assure that appropriate services are provided to ensure the infant's safety\*.”*



# CAPTA Implementation Challenges

- Identification of prenatally exposed infants *and* pregnant women with substance use disorders
- Referrals made by healthcare providers
- Referral to CW not grounds to substantiate child abuse/neglect
- Unclear who is responsible for the development of the plan of safe care.\*

\*ACF [http://www.acf.hhs.gov/cwpm/programs/cb/laws\\_policies/laws/cwpm/policy.jsp?idFlag=2](http://www.acf.hhs.gov/cwpm/programs/cb/laws_policies/laws/cwpm/policy.jsp?idFlag=2)  
Child Welfare Policy Manual. Retrieved March 31, 2015 from



**What is Being Done?**



# A Collaborative Approach

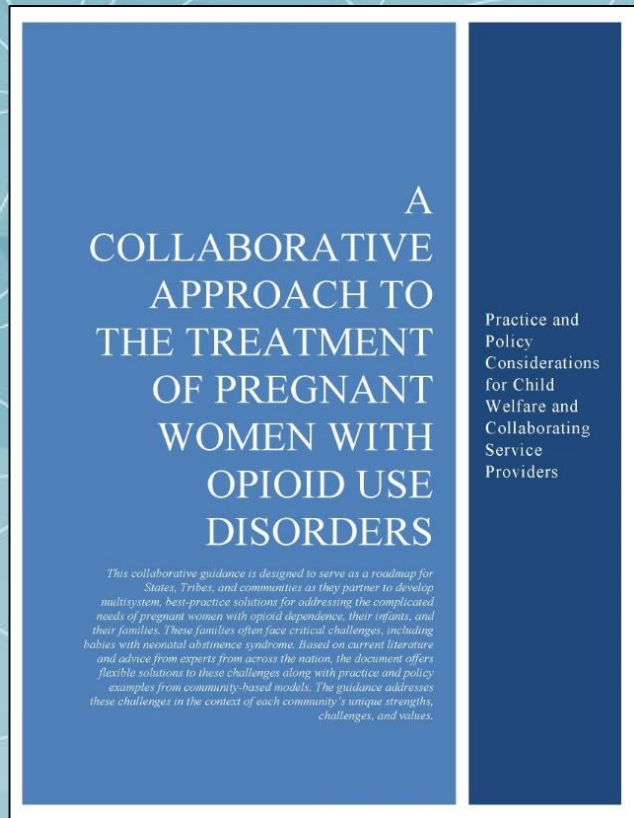


- Women with opioid use are identified during pregnancy...
- Engaged into prenatal care, medical care, substance use treatment, and other needed services...
- A case plan or plan of safe care for mother *and* baby is developed...

....Reducing the number of crises at birth for women, babies, and the systems.



# National Work Group: A Collaborative Approach



Document provides guidance on:

- Policy considerations that guide practice for professionals working with opioid dependent women, their infants and families
- Provide possible approaches for working together on behalf of the woman and her child, that reflects the input of this working group and identified supportive practices

# Case Study: CHARM Collaborative



1. Engage women in prenatal care as early in the pregnancy as possible
2. Reduce cravings and withdrawal symptoms using medication assisted treatment (MAT: methadone or buprenorphine)
3. DCFS able to conduct an assessment 30 days prior to the birth of the child
4. Engage women (and partners when possible) in substance abuse counseling
5. Provide social support and basic needs referrals for the family
6. A Plan of Safe Care collaboratively developed prior to the delivery of the infant

**Goal: Improve the health and safety outcomes of babies born to women with a history of opioid dependence**





**What can you do?**

# Best Practice Overview

**3Ns**

NUMBERS  
NEEDS  
NETWORK

A Framework





# Best Practice Overview

- Numbers – Early Prenatal Identification, Assessment and Screening Process
  - Comprehensive Assessments
  - Enhanced Prenatal Care
  - Assessment for Medication Assisted Treatment
  - Substance Abuse Counseling
  - Prenatal Neonatal Consultation

# Screening and Assessment – Barriers & Challenges

- Needs – Engaging and Retaining Families
  - Engage women in prenatal care early in pregnancy
  - Reduce craving and withdrawal symptoms
  - Engage women (and partners) in substance abuse counseling
  - Provide social support, follow-up services and basic needs referrals for mother and infant
  - Continued monitoring of and support



# Best Practice Overview

- Network – Engaging Community Partners
  - Collaboration between agencies serving pregnant and parenting women and their families
  - Share information critical to providing best care for mom and baby
  - Cross-systems information sharing

# Best Practice Overview – Plan of Safe Care

- Services and supports can be organized by the 5- Point Intervention Framework
- Interagency in nature and not restricted to child welfare or any other agency
- Both child- and parent-focused



# Plan of Safe Care

- Include specific details about services as well as the availability of those services.
  - An inventory of available services within the community and eligibility criteria to receive services can facilitate access to services.
- Services can include continuous screening and assessment, including family risk and safety assessments as well as family strengths assessments to ensure services are coordinated to meet the family's needs.
- Mechanisms in place to facilitate interagency coordination (e.g. web based plans; interagency memoranda of agreements)



If plans of safe care were developed and implemented for all newborns with prenatal substance exposure, as many as **500,000** infants would receive the care and services they need

Young, N. K., Gardner, S., Otero, C., Dennis, K., Chang, R., Earle, K., & Amatetti, S. (2009). Exposed Infants: State responses to the problem. HHS Publication No. (SMA) 09-4369. Rockville, MD: Substance Abuse and Mental Health Services Administration.





# CAPTA: Early Intervention Services

Referral of a child under the age of 3 who is involved in a substantiated case of abuse or neglect to *Early Intervention Services* funded under Part C of IDEA.

Part C, Section 637(a)(6)(A&B) has complementary language, requiring states participating in Part C to refer for early intervention services any child under the age of 3 who is involved in a substantiated case of child abuse or neglect; or is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure.

# What Happens to Children Whose Own Needs are Not Addressed?



- They are children who arrive at kindergarten not ready for school
- They are in special education caseloads
- They are disproportionately in foster care and are less likely to return home
- They are in juvenile justice caseloads
- They are in residential treatment programs



# Key Takeaways

- Provision of needed services/support for infants with prenatal exposure and their parents
- Not grounds to substantiate child abuse or neglect case
- Improve likelihood of new mothers obtaining treatment for their substance use disorder

# **Ask Questions, Share Information and Advocate for Appropriate Care**

- Ask about prenatal history – especially prenatal substance exposure
- Ask if parents understand the results of any prior tests and assessments
- Warm hand-off of children referred for Early Intervention, Infant-Child Mental Health or other special education services qualify



# **Ask Questions, Share Information and Advocate for Appropriate Care**

- Parenting Programs
- Understand hospital protocol for SEIs
- What happens after a SEI is identified?
- Mothers using MAT follow-up



# Understand Challenges for Parents

- Parental ability to cope with the needs of SEIs
- Identification of child's physical and/or developmental needs
- Parent/child services
- Access to on-going supportive services



# Resources: Substance Exposed Infants

## Webinar Series

1) Medication Assisted Treatment for Families Affected by Substance Abuse Disorders  
<http://www.cffutures.org/presentations/webinars/medication-assisted-treatment-families-affected-substance-abuse-disorders>


2) Medication Assisted Treatment During Pregnancy, Postnatal and Beyond  
<http://www.cffutures.com/presentations/webinars/medication-assisted-treatment-during-pregnancy-postnatal-and-beyond>

3) Opioid Use in Pregnancy: A Community's Approach, The Children and Recovery Mothers (CHARM) Collaborative  
<http://www.cffutures.com/presentations/webinars/opioid-use-pregnancy-community%E2%80%99s-approach-children-and-recovering-mothers-cha>

4) The Use of Medication-assisted Treatment during Pregnancy: Clinical Research Update  
<https://cff-ncsacw.adobeconnect.com/p5okpdezt3l/>

5) Substance Use in Pregnancy, The OB/GYN Perspective  
<http://www.cffutures.org/presentations/webinars/substance-use-pregnancy-obgyn-perspective>

6) Opioid Use Disorders and Treatment During Pregnancy  
<http://www.cffutures.org/presentations/webinars/opioid-use-disorders-and-treatment-pregnancy-webinar>




**Resources on Medication Assisted Treatment for Opioid Dependence**

This document describes resources on medication assisted treatment (MAT) for opioid dependence. Opioid dependence develops from the repetitive use of heroin and the misuse of prescription opioid analgesic medications, such as Cocaine, Morphine, and Oxycodone. Infants may become dependent upon opioids if exposed to them in-utero. Resources are categorized into 5 sections: 1) Essential Information on Medications and Treatment for Opioid Dependence, 2) Medication Assisted Treatment During Pregnancy, 3) Neonatal Abstinence Syndrome, 4) Access to Medication Assisted Treatment, and 5) Practice Examples.


For additional information or technical assistance, contact the National Center on Substance Abuse and Child Welfare (NCSACW) at 1-866-493-2758 or [ncsacw@cffutures.org](mailto:ncsacw@cffutures.org).

**II) Essential Information about Medications and Treatment for Opioid Dependence:** There are different types of medications used to treat opioid dependence. The medications work differently - their effects include suppression of opioid cravings and withdrawal symptoms, and/or block the effects of opioids. The following resources provide additional information on medications used for the treatment of opioid dependence.

- Treatment Improvement Protocol (TIP) 43: Medication Assisted Treatment for Opioid Addiction in Opioid Treatment Programs and Clinician Guides  
<http://store.samhsa.gov/product/Medication-Assisted-Treatment-for-Opioid-Addiction-in-Opioid-Treatment-Programs/TIP43>
- Treatment Improvement Protocol (TIP) 43: Medication Assisted Treatment for Opioid Addiction in Opioid Treatment Programs and Clinician Guides  
<http://store.samhsa.gov/product/Medication-Assisted-Treatment-for-Opioid-Addiction-in-Opioid-Treatment-Programs/TIP43>
- Substance Abuse and Release Injectable Naloxone  
<http://store.samhsa.gov/product/Substance-Abuse-and-Release-Injectable-Naloxone/Substance-Abuse-and-Release-Injectable-Naloxone>
- Medication Assisted Treatment for Opioid Dependence: A two part webinar series addressing various issues and experiences of families affected by substance use.  
<http://www.cffutures.org/presentations/webinars/medication-assisted-treatment-for-opioid-dependence>
- Treatment Improvement Protocol (TIP) 43: Medication Assisted Treatment for Opioid Addiction in Opioid Treatment Programs and Clinician Guides  
<http://store.samhsa.gov/product/Medication-Assisted-Treatment-for-Opioid-Addiction-in-Opioid-Treatment-Programs/TIP43>



**Substance-Exposed Infants:  
State Responses to the Problem**



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Administration for Children and Families  
[www.samhsa.gov](http://www.samhsa.gov)

**The Children and Recovering Mothers (CHARM) Collaborative in Burlington, Vermont: A Case Study**

A Case Study of a successful Collaborative serving pregnant women with opioid dependence, their babies and families



# Additional Resources

[www.ncsacw.samhsa.gov](http://www.ncsacw.samhsa.gov)

**NCSACW Technical Assistance Products**

**PUBLICATIONS ON IMPROVING COLLABORATION (CONTINUED)**

**Introduction to Cross-System Data Sources in Child Welfare, Alcohol and Other Drug Services, and Courts**

An overview of the primary data reporting systems across the three agencies. It can be used to help identify the prevalence of substance abuse and child welfare issues and measure outcomes for families receiving substance abuse treatment and child welfare services.

**Navigating the Pathways: Lessons and Promising Practices in Linking Alcohol and Drug Services With Child Welfare (TAP 27)**

An overview of the challenges and opportunities that various State- and county-level jurisdictions experienced while building collaboration across the child welfare, substance abuse, and dependency court systems.

**TRAINING AND STAFF DEVELOPMENT RESOURCES**

**Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers**

An indispensable tool for anyone new to the child welfare system. It explains how to recognize substance abuse, motivate families to seek treatment, and facilitate cross-system collaboration.

**Child Welfare Training Toolkit: Helping Child Welfare Workers Support Families with Substance Abuse**

go to <http://www.ncsacw.samhsa.gov> for more information.

**ONLINE TRAINING COURSES**

All online courses are free and intended for anyone working with families involved with the child welfare, substance abuse, and court systems. The trainings take about 4 hours to complete and can be stopped and started as needed. A certificate is awarded upon completion, and RRIE continuing education units (CEU) or continuing legal education (CLE) can be credited for each course.

**Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals**

An online course that provides information to treatment professionals so that they better understand how child welfare and family dependency court requirements affect parents in treatment. It offers strategies for effective collaboration with courts.

**OTHER RESOURCES**

**Substance-Exposed Infants: State Responses to the Problem**

An overview of selected State policies and practices to address the needs of infants exposed to substances prenatally. A 5-point intervention framework is provided, which serves as a model for others and explains how to evaluate existing programs and identify gaps in services.

**Drug Testing in Child Welfare: Practice and Policy Considerations**

An excellent reference to help policymakers and program

**NCSACW Technical Assistance Products**

**OTHER RESOURCES (CONTINUED)**

**Funding Comprehensive Services for Families With Substance Use Disorders in Child Welfare and Dependency Courts**

A look at existing resources for providing comprehensive services to families with substance use disorders.

**Family-Centered Treatment for Women With Substance Use Disorders—History, Key Elements, and Challenges**

An introduction to the concept of family-centered treatment for women and their families, including application of various treatment modalities and strategies to overcome commonly encountered barriers.

**Funding Family-Centered Treatment for Women With Substance Use Disorders**

A resource paper that helps treatment providers and State substance abuse agencies identify and access potential sources of funding for comprehensive family-centered treatment. It is a companion to *Family-Centered Treatment for Women With Substance Use Disorders—History, Key Elements, and Challenges*.

**A Review of Alcohol and Drug Issues in the States' Child and Family Service Reviews (CFSRs) and Program Improvement Plans (PIPs)**

A summary and analysis of substance abuse issues from CFSRs and PIPs in all 50 States, the District of Columbia, and Puerto Rico.

**Annotated Bibliography on Cross-System Issues**

A bibliography including major literature and research papers on cross-system issues involving child welfare, substance use disorders, and dependency courts.

**Methamphetamine Addiction, Treatment, and Outcomes: Implications for Child Welfare Workers**

The latest, up-to-date research on parental use of methamphetamine and its effects on children and families.

**Methamphetamine Resource List**

A comprehensive list of all the methamphetamine resources available through the various agencies and associated organizations.

**Get a FREE copy of these tools and protocols today!**

To download these publications, go to <http://www.ncsacw.samhsa.gov> and <http://www.childwelfare.gov/index.cfm>.

Some publications are available in hard copy and can be ordered at <http://store.samhsa.gov/home> or by calling 1-877-726-4727.

**National Center on Substance Abuse and Child Welfare**  
Visit our Web site at <http://www.ncsacw.samhsa.gov>. For assistance, call 866-493-2750.

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Behavioral Science and Mental Health Services Administration  
Administration for Children and Families

**National Center on Substance Abuse and Child Welfare**  
Technical Assistance Products

**PUBLICATIONS ON IMPROVING COLLABORATION**

**Screening and Assessment for Family Engagement, Retention and Recovery (SAFER)**

This step-by-step guide provides a framework to strengthen screening and assessment practices while building a collaborative team among the child welfare, substance abuse, and dependency court systems. Appendices include examples of screening and assessment tools, fact sheets, and information about confidentiality.

**Facilitating Cross-System Collaboration: A Primer on Child Welfare, Alcohol and Other Drug Services, and Courts**

An essential reference providing an introduction to each of the child welfare, substance abuse, and court systems. It helps professionals become familiar with the operations of the other organizations that also serve their clients.

**NCSACW demonstrates the importance of cross-system collaboration among the child welfare, substance abuse treatment, and court systems by providing materials that document current best practices and policies from across the country. The following products are all available FREE online or via the U.S. mail.**

**National Center on Substance Abuse and Child Welfare**  
Visit our Web site at <http://www.ncsacw.samhsa.gov>. For assistance, call 866-493-2750.

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Behavioral Science and Mental Health Services Administration  
Administration for Children and Families



# Contact Information

**Phil Breitenbucher, MSW**

Program Director

National Family Drug Court Technical  
Assistance Program

Children and Family Futures

Phone: 1-866-493-2758

E-mail:

[pbreitenbucher@cffutures.org](mailto:pbreitenbucher@cffutures.org)