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?

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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

2013 National Survey on Drug Use and Health, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality
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

Increase from 1% to 19% among pregnant treatment admissions for prescription opioids as the primary substance of abuse.

Increase from 2% to 28% among pregnant treatment admissions for any prescription opioid abuse.

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

Source: AFCARS Data Files
Parental Alcohol or Other Drugs as Reason for Removal, 2013

PERCENTAGE OF CHILD REMOVALS

National Average: 31%

Source: AFCARS 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.

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)

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
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).

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

- Chronic pain or other medical conditions maintained on medication
- Actively abusing or dependent on heroin
- Misuse of own prescribed medication
- Misuse of non-prescribed medication
- In recovery from opioid addiction & maintained on methadone or buprenorphine (e.g. medication assisted treatment)

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

Past Month Substance Use by Pregnant Women

- Tobacco: 640,000 (15.9%)
- Alcohol: 340,000 (8.5%)
- Illicit Drugs: 240,000 (5.9%)
- Binge Drinking: 108,000 (2.7%)
- Heavy Drinking: 12,000 (0.3%)

Incidence of Infant Disorder

- FAS/ARND/ARBD: 30,000 (0.5-7 per 1,000 births)
- NAS: 13,000 (3.3 per 1,000 births)

Includes nine categories of illicit drugs, including heroin and the nonmedical use of prescription medications.

References:
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 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
- Lack of Collaboration
Policy and Practice Framework: Five Points of Intervention

1. Pre-pregnancy awareness of substance use effects

2. Prenatal screening and assessment

3. Identification at Birth

4. Ensure infant’s safety and respond to infant’s needs

5. Identify and respond to the needs of
   - Infant
   - Preschooler
   - Child
   - Adolescent

Initiate enhanced prenatal services

Respond to parents’ needs

Identify and respond to parents’ needs

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


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
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
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.*

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.

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

3) Opioid Use in Pregnancy: A Community’s Approach, The Children and Recovery Mothers (CHARM) Collaborative

4) The Use of Medication-assisted Treatment during Pregnancy: Clinical Research Update
https://cft-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
Additional Resources

www.ncsacw.samhsa.gov
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