SEPI-CT: MAPOC Meeting 3.13.23

Substance Exposed Pregnancy Initiative of Connecticut

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SEPI CT (formally SEI-FASD Statewide Initiative) aims to:

Strengthen capacity at the community, provider, and systems levels to improve the health and wellbeing of infants born substance exposed through supporting the recovery of pregnant people and their families.

This initiative is funded by CT DMHAS and CT DCF and contracted through Wheeler.
THE EVOLVING LEGISLATION

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.
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.

The CAPTA Reauthorization Act incorporates infants with Fetal Alcohol Spectrum Disorder and adds state data reporting requirements.

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.
The SEPI-CT Work Supports These Requirements

Each state is required to:

- Collect data about infants born with substance exposure

  and

- Have providers create a “Family Care Plan”* to address any health and treatment needs of the mother/birthing person, infant and significant others

* Note: Family Care Plan was previously known as a “Plan of Safe Care”
Overview of CAPTA and Family Care Plans
Newborn Notification Portal

FAQ's (Frequently Asked Questions):
- CAPT  
- PORTAL  
- Questions  
- Flow  

CAPT/AARA Legislation  
CAPT/AARA Provider Bulletin  
CAPT/AARA 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.”

Plan of Safe Care 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 CARLINE 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 CARLINE.
A Sample Family Care Plan

Template Family Care Plan

Mother/Birthing Person’s Name: Jill S.  
Provider’s Name: Root Center for Advanced Recovery  
Anticipated delivery date: 10/27/2022  
Provider Contact #: (860)555-1234 – clinician Elaine

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 birthing person with input from the other parent or other caregivers, as well as engaging professional partners and agencies involved in caring for the infant and family. A Family Care Plan and subsequent CAPTA Notification is for mothers/birthing people who are prescribed medications during their pregnancy that may result in withdrawal symptoms in the newborn.

- Check all substances used by mother/birthing person prenatally:
  - Methadone
  - Buprenorphine (Subutex, Suboxone)
  - Opioids
  - Alcohol
- Identify all applicable services currently engaged and new referrals for infant, mother/birthing person and/or caregivers:

<table>
<thead>
<tr>
<th>Service</th>
<th>Discussed</th>
<th>Current</th>
<th>New Referral</th>
<th>Organization</th>
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<td>Root Center for Advanced Recovery</td>
</tr>
<tr>
<td>(Methadone, Buprenorphine,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Naloxone)</td>
<td></td>
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<td></td>
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<tr>
<td>Mental Health Counseling</td>
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<tr>
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<td>Medical Care</td>
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<td>Medication Safe Storage Plan</td>
<td>n/a-client does not store medication at home</td>
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<tr>
<td>Reproductive Health</td>
<td>n/a-client has OB/GYN through Trinity Health</td>
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<tr>
<td>Safe Sleep Plan</td>
<td>X</td>
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<td>Pediatrician – Dr. Smith discussed 9/1/2022</td>
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<tr>
<td>12 Step Group</td>
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<td></td>
<td></td>
<td>Narcotics Anonymous CT</td>
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<tr>
<td>Recovery Supports</td>
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<td>Narcotics Anonymous CT</td>
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<td>Childcare</td>
<td>N/A = client denies need</td>
<td></td>
<td></td>
<td></td>
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<td>Home visiting</td>
<td>N/A = client denies need</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIC</td>
<td>X</td>
<td></td>
<td></td>
<td>Receives WIC benefits</td>
</tr>
<tr>
<td>Birth to Three</td>
<td>X</td>
<td></td>
<td></td>
<td>Pediatrician – Dr. Smith discussed 9/1/2022</td>
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<tr>
<td>Housing Assistance</td>
<td>N/A = client denies need</td>
<td></td>
<td></td>
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<tr>
<td>Insurance Support</td>
<td>N/A = client has health insurance through job</td>
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<tr>
<td>Financial Assistance</td>
<td>N/A = client denies need</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Parenting Groups</td>
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<td>Other – Smoking Cessation</td>
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<td>OB/GYN – Dr. Jules discussed 7/10/2022</td>
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<tr>
<td></td>
<td>options</td>
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* Identified Family Strengths, Supports and Goals [Ex. breastfeeding, housing, parenting, and recovery]:

Jill has strong family support from her wife and children. She is currently on a methadone regimen and receives substance use/mental health disorder counseling through the Root Center for Advanced Recovery in New London, CT.

Jill has a pediatrician who sees her older children and will become the new baby’s doctor too. Jill has spoken to them about aiding her in making a Birth to Three referral for an initial evaluation once the baby is born.

Jill has stable housing and is engaged in the 12 Step recovery community in New London. The Root Center has also offered Jill a spot in their parenting group if she feels this would be beneficial.

Signature of parent/caregiver: ___________________  Signature of provider: ___________________

Please check any of the following are applicable:
Why is the FCP so important? What is my responsibility as a provider/professional?

- **Legislative mandate** to provide a FCP for individuals/families with substance exposed pregnancies
- Best practice is to create one **in collaboration with provider or other professionals**, working with the individual/family
- Having a FCP created before birth, readily verifiable at birth and/or created at birth can **prevent potentially avoidable DCF reports**

Creating a FCP (as early as possible in the pregnancy) and accurately completing a CAPTA notification (at birth) are key to ensuring the best outcomes for both birthing person/family and baby
What Does Our Work Look Like?
Structure of the Work In Connecticut

Executive Team
DMHAS, DCF, Program Manager/Family Care Plan Coordinator
Leadership and oversight
Meet biweekly

Core Team
Stakeholders
Provide guidance to the work
Meet quarterly

Work Groups
Individuals from Core Team
Support each respective Work Group
Meet monthly
SEPI-CT’s 4 Priorities and Work Groups

- CAPTA/Family Care Plans
- Treatment, Wellness, and Recovery
- Marketing and Training
- Screening and Brief Intervention
Priority 1:

CAPTA
(Child Abuse Prevention & Treatment Act)

and

FCP
(Family Care Plan)

GOAL: Promote broad understanding of CAPTA reporting requirements and the value of Family Care Plan

Provide ongoing educational opportunities for providers and systems that touch families to remain current on accurate CAPTA reporting practices and statewide progress and opportunities within CAPTA

1. Continue to empower birthing people to use the Family Care Plan and normalize it as a tool for anyone who is thinking about becoming pregnant, currently pregnant, or has recently given birth

2. Explore continued opportunities to enhance CAPTA portal data

3. Explore the ethical, stigma, and health equity themes that surround reporting practices
Priority 1: In Action

- Continued system and practice improvements to ensure accurate reporting practices and positive outcomes for families
- Broad marketing and transparency around CAPTA and FCP
- Continuous data monitoring and improvements
- Ongoing outreach to birthing hospitals and associated provider for support/education
Presentations About:

**CAPTA**
(Child Abuse Prevention and Treatment Act)

&

**FCP**
(Family Care Plan)

**Presentation:**
The Evolution of CAPTA: Supporting Families Impacted by Substance Use)

Key Points:
- Legislation
- CAPTA notification
- Notification is not equivalent to a DCF Report
- Family Care Plan development
- Awareness of stigma/health inequities
- Community connections and resources

**Presentation:**
CAPTA Notification Process:

Key Points:
- When is a CAPTA notification required
- How to access the portal
- Screen by screen review of CAPTA notification process
- Review of differences between a CAPTA notification and a DCF Report
Priority 2: Screening and Brief Intervention

GOAL: Improve screening for substance use and substance use disorders and to provide appropriate services through provider education and enhancement of statewide referral systems

1. Understand barriers to screening from a provider perspective and provide opportunities to build screening capacities within our local systems

2. Promote strategies that enhance brief intervention and referral to treatment practices and understanding of community and state SUD treatment and recovery resources
Alignment of statewide recommendations

Identified champions within health care settings to understand and/or enhance screening, brief intervention, and/or referral to treatment within their systems

SBIRT and Screening Tool trainings

Collaboration with ACCESS Mental Health for Moms
Priority 3: Marketing and Training

GOAL: Create and enhance opportunities for SEI-FASD professional development and promote statewide awareness and knowledge

1. Increase knowledge, awareness, and professional development opportunities regarding SEI and FASD and other topics that are related to and impact substance use and recovery such as: stigma, trauma informed care, adverse childhood experiences, etc.
Priority 3: In Action

- Trainings: SEI-FASD 101, Evolution of CAPTA, CAPTA Portal Training, and more
- Stand alone website and informational materials for individuals and providers
- Intersection with other topics such as IPV, LGBTQ+ population, maternal mental health, etc.
- Digital campaigns
SEPI-CT can Provide Trainings and Technical Assistance

**Virtual or In Person Trainings:** The Evolution of CAPTA, CAPTA Notification Walkthrough, SEI-FASD 101, Overview of DMHAS Women’s Services, DCF Mandated Reporter, and others

**Technical assistance** with the implementation of new or existing CAPTA/FCP policies and procedures

**Promotional and educational materials** such as brochures, pamphlets, and other resources

**One-on-one assistance** (in-person or virtual) with questions or concerns on CAPTA/FCP
Another Available Presentation

Presentation:
SEI-FASD 101

Key Points:

• SEI and FASD information: prevention, intervention, and treatment
• How stigma impacts care
• CAPTA and Family Care Plans
FOR PROFESSIONALS

Those struggling with substance use during pregnancy need compassionate care and nonjudgmental support from their providers. You can make a difference for these families and help ensure better medical outcomes for their babies by staying informed on relevant legislation, reporting requirements, and the resources available in Connecticut.
WORKING TO CREATE THE BEST OUTCOMES
for infants born substance-exposed and their families

SEPI-CT works with both providers and families across Connecticut to bring awareness to substance exposure during pregnancy, and to ensure families have access to the treatment, recovery, and support resources they need.

What is a Family Care Plan?
WHAT IS A FAMILY CARE PLAN?

For people who are pregnant and using substances, a family care plan helps them prepare for the arrival of their baby. This is a document that outlines all the services, strategies, and supports in place to meet the wellness needs of the birthing person and their family.

Family Care Plan FAQs
IPV AWARENESS MONTH

IPV During Pregnancy
If you are pregnant, IPV can increase risk of pregnancy and other health complications for both you and your baby. IPV against pregnant women can often be physical, but it can take other forms too. It’s important to recognize all forms of abuse. IPV during pregnancy can include:

- Physical Abuse
  - Physical or sexual abuse
  - Verbal abuse
  - Emotional abuse
  - Threatening to harm you or your children

- Physical Abuse
  - Threatening to harm you or your children

- Emotional/Psychological Abuse
  - Verbal abuse
  - Threatening to harm you or your children

- Financial Abuse
  - Loss of access to money or property

CT Safe Connect
SafeConnect es una red de programas de apoyo para las personas que necesitan ayuda por cualquier motivo. CT Safe Connect está disponible en todas las regiones del país y ofrece servicios de apoyo telefónico, en línea y presencial para personas que necesitan ayuda.

Sobre la violencia doméstica

Violencia Doméstica Durante el Embarazo
La violencia doméstica puede causar complicaciones de salud para usted y su bebé. Los expertos aconsejan que también pueden adoptar otras formas. Es importante reconocer todas las formas de abuso. La violencia doméstica durante el embarazo puede incluir:

- Abuso Físico
  - Contactos físicos no intencionales
  - Abuso sexual
  - Abuso psicológico

- Abuso Emocional/psicológico
  - No te dejas abusar por otras personas

- Abuso Financiero
  - Control de acceso al dinero del seguro médico

- Abuso de Mensajes
  - Mensajes de amenazas o intentos de pulsar el botón de contacto

Sobre la violencia doméstica y el uso de sustancias
El uso de sustancias durante el embarazo no solo es peligroso para la madre, sino que también puede causar daño a la salud del bebé. Es importante buscar tratamiento para el consumo de sustancias durante el embarazo.

Obteniendo Ayuda: CT Safe Connect
SafeConnect es una red de programas de apoyo para las personas que necesitan ayuda por cualquier motivo. CT Safe Connect está disponible en todas las regiones del país y ofrece servicios de apoyo telefónico, en línea y presencial para personas que necesitan ayuda.

Estigma y Violencia Doméstica: ¿Por qué se quedan en silencio?
El estigma y la violencia doméstica son problemas comunes en el mundo. Muchas personas no hablan sobre esto debido a la vergüenza o la miedo. Es importante contar con ayuda para enfrentar estos problemas.

Recurso: CT Safe Connect
SafeConnect es una red de programas de apoyo para las personas que necesitan ayuda por cualquier motivo. CT Safe Connect está disponible en todas las regiones del país y ofrece servicios de apoyo telefónico, en línea y presencial para personas que necesitan ayuda.
NAVIGATING THE HOLIDAYS WHILE IN RECOVERY

There is no singular path to recovery. All journeys come with unique challenges and strategies for healing. We asked pregnant, parenting, and people from the LGBTQIA+ communities how they successfully navigate the holidays while struggling with substance use or while in recovery.

Q: How can people who are pregnant and exploring recovery in recovery prepare for challenging times in the holiday season?
A: “Reach out for help when needed. Holidays can bring up many different feelings along with tough situations with family, friends, and lack of support. Having support groups, recovery supports and a sober network set up before the holidays come worked for me.”

Q: What supports do/did you access as a pregnant person who is exploring recovery or is in recovery?
A: Having a variety of supports on hand can be very beneficial, including: “Food pantries, meetings, recovery coaches, WIC, 12-step, outpatient groups, and other methods helpful to your unique recovery.”

Q: What are some things that family/friends/support systems can do to help their loved one who is exploring and/or in recovery this holiday season?
A: “Some things family/friends/support systems could do to help their loved ones during this holiday season is to embrace and support their recovery, encourage and empower them to continue doing the best they can without judgment and with love.”

YOU ARE NOT ALONE.
CT has many resources that can support your recovery throughout the holidays.

CT DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
CT COMMUNITY FOR ADDICTION RECOVERY
CT 24/7 TREATMENT ACCESS LINE: 1-800-658-8888
DMHAS ADDICTION SERVICES BED AVAILABILITY
FIND A PROGRAM
SAFE-FAMILY RECOVERY
WOMEN’S REACH PROGRAM

SUPPORTING INDIVIDUALS IN RECOVERY DURING THE HOLIDAYS

The holidays can be a challenging time for those in recovery. This time may bring up painful memories or trigger feelings of loneliness, financial worries, or social pressures. But it can also be a time to connect, provide much needed resources, and celebrate recovery and strategies for healing.

SCREENING

If you are a provider, incorporating screening for substance use and substance use disorders into every encounter gives all patients the opportunity to receive support for their individual needs and challenges.
Consider validated screening tools such as 4 PS, 5 Ps, ASK, T-ACE, or AUDIT.

BE NON-JUDGMENTAL

Use non-judgmental, non-moralistic, and non-threatening language when asking individuals about substance use.
It is important to recognize personal attitudes that may influence a person’s response. Stress harm reduction and meet them where they are at.

HARM REDUCTION

Harm reduction saves lives.
If they are not ready to stop using substances, do not shame or judge them. Be compassionate and offer them resources that can help them use substances more safely.
Talk to them about:
- Decreasing their substance use.
- Narcan / Naloxone.
- Accessing safe injection resources through a local harm reduction organization.
- The dangers of fentanyl. Promote use of fentanyl test strips on any substance they use.
- Safe storage of medication. Offer a lockbox if you can.
- Not using substances alone and the symptoms of a potential drug overdose.
- Call 911 in the event of an emergency.
- The National Suicide Prevention Lifeline is now 988. Suicide and Crisis Lifeline. Dial 988.

NEED ADDITIONAL SUPPORT?

ACCESS Mental Health for Moms offers psychiatric expertise and consultation to medical providers treating perinatal women presenting with mental health and/or substance use concerns. For obstetric, pediatric and adult primary care, and psychiatric providers treating women up to one-year post delivery.
Monday through Friday, 9:00 am – 5:00 pm
833-978-MOMS (6687)

INCLUSIVE CARE

Providing affirming and respectful care makes a difference.
- Avoid assumptions about gender, sexual orientation, or family structure.
- People who are assigned female at birth may identify as trans, non-binary, or may be intersex.
- Introduce yourself with your pronouns to create a welcoming environment.
- Consider trauma-informed care in your approach.
- Update your agency’s paper work to be gender inclusive.

CT has many resources that can help support individuals that are in recovery or exploring recovery during the holidays.

CT DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
CT COMMUNITY FOR ADDICTION RECOVERY
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SAFE-FAMILY RECOVERY
WOMEN’S REACH PROGRAM
June 1–30, 2022

PRIDE MONTH

CELEBRATING LGBTQIA+ PARENTS AND FAMILIES

Planning for Parenthood

The road to parenthood can be stressful. For LGBTQIA+ individuals and families, the journey can be especially long and complicated. Deciding when and how to have a child may involve considering your goals, values, your body, and your partner. Selecting the right path for you depends on lots of considerations, including personal preferences, financial resources, life circumstances, and community and family support.

Find Support

It is vital to have a positive support system on the journey to parenthood. Find people who will support your goals, believe in you, and set boundaries with those who don’t. Build your support system in the form of family, friends, neighbors, healthcare providers, and others in your community.

What options are available to me?

- **Pregnancy:** Traditional pregnancy is possible for LGBTQIA+ individuals, but many are choosing to use surrogacy or adoption to have children.
- **Surrogacy:** Surrogacy is when a gestational carrier carries a pregnancy for you. This may be the right option if pregnancy is not possible for biological, hormonal, personal, or medical reasons.
- **Adoption:** Adoption options vary based on minority, independent adoption, public agency adoption, and international adoption.
- **Donor-Assisted Reproduction:** Men can use donor semen for intracytoplasmic sperm injection (ICSI), intratubal insemination (IT), and intracervical insemination (ICI).

Get more information and resources on starting your family, visit https://www.familiesandequality.org/family-building/guidance

What Are My Resources: Being LGBTQIA+, Pregnant, or Parenting, and Struggling with Substance Use

CT PROUD Program

The PROUD (Parenting Resource, Outreach, and Development) Program provides community outreach and engagement services, case management, and support services to LGBTQ+ families who are struggling with substance use or co-occurring disorders.

CT REACH Program

The REACH Family Supports Program provides community outreach and engagement services, case management, and support services to LGBTQ+ parents and pregnant individuals, with a focus on substance use.

Know Your LGBTQ+ Resources

CT has many supportive resources to assist you if you identify as LGBTQIA+ including:
- **Well’s With Me:** Call 1-800-799-5539 to speak with a counselor at the Women’s Resource Center.
- **New Haven Pride Center:** Located in New Haven, go to https://www.newhavenpridecenter.org/.
- **Triangle Community Center:** Located in New Haven, go to https://www.trianglecommunitycenter.org/.
- **The Center:** Located in New Haven, go to https://www.thenewhavencenter.org/.

You can also connect with them through the PrideLine: 860-724-2390. To learn more about resources in your area visit https://portal.state.ct.us/DMHAS/Programs-and-Services/DMHAS-Addiction-Services-BED-Availability.

Do Your Research

The first step toward parenthood is to do your research. Speak to families that already have been down the road before you and connect with resource groups. With healthy communication, support, and resources, LGBTQIA+ individuals can experience the joys of parenthood.

Be Non-Judgmental

At clinical practices that do not prioritize inclusive care, LGBTQIA+ patient experience can be invalidated many times over, by the intake forms, by health history questions and by you or your staff’s failure to use gender neutral pronouns. You as a healthcare professional are creating a non-judgmental, welcoming and inclusive environment for your patients.

Questions to Ask

- Not everyone who identifies as LGBTQIA+ is going to disclose their identity to their healthcare providers. You and your care team can begin patient encounters by asking three routine questions of all new patients and noting their preferences in the electronic health record.
  - What is your gender identity?
  - What are you assigned at birth?
  - What are your pronouns?
- Make sure that you encounter these questions in your digital intake forms and your intake templates.
- Get to know your patients and their preferences. Go to https://portal.state.ct.us/DMHAS/Programs-and-Services/DMHAS-Services/.
- The National LGBTQIA+ Health Education Center also offers learning resources on providing competent care for LGBTQ+ individuals.

Inclusive Language

- **Parenthood**
- **Birth Parenting**
- **Non-Pregnant Person**
- **Support Person**
- **Perinatal**
- **Pregnant People**
- **Postpartum Parent**
- **Siblings**

Exclusive Language

- **Motherhood and Fatherhood**
- **Mather, Male**
- **Father, Husband, Male Partner**
- **Maternal**
- **Pregnant Women**
- **Postpartum Women**
- **Sister, Brother**

Screen for SUD

In collaboration with the Connecticut Women’s Consortium, Women’s Center will be hosting a 4-month pilot, intersectionality and the Gender Continuum. Attendees must register online at 4pm on 06/22.

Voices from Patients

- **Identity as a non-binary lesbian. Safety in healthcare for me means that my identity will be affirmed. They have to be people who love me before they think they are educated on everything. They don’t just assume. That is the most important thing. So that was one of the biggest challenges I was facing when I was speaking to nurses or any medical facility. There is a lot to learn from a non-LGBTQ+ perspective but just trying instead ofhaar is a huge step.**
- **Identity as a gay man. Providers should ask questions about LGBTQ+ care with in-depth and care. If you are unsure, ask me. If you don’t know what something is, don’t make assumptions about people’s experiences, history, or anything. We should not need to justify our lifestyle or relationships to access necessary care. Treating our patients with empathy, without judgment, creates a different environment.**

CT DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

CT 24/7 TREATMENT ACCESS LINE: 1-800-242-4888

DMHAS ADDICTION SERVICES BED AVAILABILITY 2/11/23
GOAL: Ensure birthing people, children and families have access to SEI-FASD and SUD treatment, recovery, and support resources

1. Maximize the use of existing CT resources available to birthing people, children, and families including substance use treatment and recovery supports, health care, developmental assessments, etc.

2. Enhance opportunities for priority SUD treatment entry for minority birthing people

3. Continue to support, enhance and/or create opportunities for family centered interventions

4. Empower individuals to work with their provider and/or local community resources to gain support with alcohol use and/or substance use disorder treatment
<table>
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<tr>
<td>Building new website page on providing gender affirming and inclusive care</td>
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<tr>
<td>Promote information on child and family resources across the continuum</td>
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<tr>
<td>Explore opportunities to collect LGBTQIA+ CT data on utilization/engagement with traditional women’s services</td>
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<td>Efforts to identify strengths and opportunities for system improvements for underserved populations</td>
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SEPI CT: Our Work at a Glance

Inclusivity
Recovery Oriented
Data Informed
Empowerment
Capacity Building
Harm Reduction
Destigmatize
Resources and Treatment Options
Medication Assisted Recovery

Improves birth outcomes among people who have SUD and are pregnant

Medications include: Buprenorphine/Suboxone, Methadone, 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.
Women’s Navigators are women with lived experience who are engaged in their own recovery and are willing to help others find their recovery path.

Women’s Navigators:
- Are 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.
- Offer Recovery Coaching & Case Management.
- Are regionally based with a focus on community outreach & engagement.
- Are experts at developing Family Care Plans.

Links:
- Link for Women’s REACH Program (ct.gov)
- Link for DMHAS Women’s and Children’s Services Website
Key Resources Accessible Through Our Website

- **ACCESS Mental Health for Moms**
  - [https://www.accessmhct.com/moms/](https://www.accessmhct.com/moms/)
  - Offers psychiatric expertise and consultation to medical providers treating perinatal women presenting with mental health and/or substance use concerns.

- **Beacon Health Options Resources**
  - [http://www.ctbhp.com/medication-assisted-treatment.html](http://www.ctbhp.com/medication-assisted-treatment.html)
  - Includes Interactive Map of all MAT providers
  - Provider connect for all Husky behavioral health providers

- **Safe Family Recovery**
  - [Safe FR](https://www.safefr.org/)
  - 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

- **CT Addiction Services**
  - [Real time bed availability for all withdrawal management & residential services](https://www.ct.gov/dmhas/realtimebedavailability)

- **Access Line**
  - Information on walk-in assessment centers throughout the state at [www.ct.gov/dmhas/walkins](https://www.ct.gov/dmhas/walkins) or 1-800-563-4086
  - Screening & Warm hand off to detox services
Questions?

THANK YOU FOR YOUR TIME AND CONTINUED SUPPORT
SEPI-CT Contact Information

GET PROFESSIONAL
Development & Assistance

SEPI-CT provides support services for professionals, practices, and agencies that work with pregnant people, including trainings, educational materials, and technical assistance.

Trainings  Other Resources for Professionals

Link to SEPI-CT Provider Training and Support Page (sepict.org)

Direct Contact for Training/ Technical Assistance and Family Care Plan Support:
Mary Fitzgerald, LMSW SEPI-CT Program Specialist (Family Care Plan Coordinator):
mkfitzgerald@wheelerclinic.org Phone: (860) 491-5311

Direct Contact For Training/Technical Assistance and to Become Involved In SEPI-CT Work Groups:
Pamela Mulready, MS, LPC, LADC, RSS Project Manager SEPI-CT:
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