



**FY 2022**

**JULY 1, 2021 - JUNE 30, 2022**

**SEPI CT:  
ANNUAL  
REPORT**

**SUBSTANCE EXPOSED  
PREGNANCY INITIATIVE OF CT**

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**IN COLLABORATION WITH WHEELER, CT DCF, AND CT DMHAS**

**PREPARED BY:  
BRIDGET ALIAGA-BRIAND, MPH, CPS  
SEPI CT PROGRAM MANAGER  
BALIAGA@WHEELERCLINIC.ORG**



# OVERVIEW

**The Substance Exposed Pregnancy Initiative of CT (previously known as Substance Exposed Infants/Fetal Alcohol Spectrum Disorders 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 women and their families. This initiative was conceptualized in 2015, is funded by CT DMHAS and CT DCF, and contracted through Wheeler.**

The work is guided by the [5 Year Strategic Plan \(2022-2027\)](#). The priority areas and goals of the plan are:

- **CAPTA and Plans of Safe Care**
  - **Goal:** Promote broad understanding of CAPTA reporting requirements and the value of Plans of Safe Care
- **Screening and Brief Intervention**
  - **Goal:** Improve screening for substance misuse and substance use disorders and to provide appropriate services through provider education and enhancement of statewide referral systems
- **Marketing and Training**
  - **Goal:** Create and enhance opportunities for SEI-FASD professional development and promote statewide awareness and knowledge
- **Treatment, Recovery, and Wellness Support**
  - **Goal:** Ensure birthing people, children and families have access to SEI-FASD and SUD treatment, recovery, and support resources



## UPDATE

The Core Team is a group of stakeholders who provide leadership and direction for the initiative. These individuals and agency representatives have expertise in maternal and child health, behavioral health, substance use, child welfare, and advocacy for women.

In FY22, the Core Team met quarterly (July, October, April, and June). The meetings averaged 26 participants and covered quarterly initiative specific updates/problem solving, quarterly CAPTA data overviews, PROUD updates, and DMHAS/DCF updates. The new meeting format was well received and had positive feedback from stakeholders both in attendance and those who received follow up meeting materials and resources.

There is an opportunity in FY23 to add an additional agenda item, which may include inviting presenters from other initiatives that are complementary to our work.



# CAPTA AND POSC

## MAJOR ACCOMPLISHMENTS

**POSC Coordinator:** In July 2021, the initiative received additional DCF funding to support a role to expand the POSC work. This role is responsible for increasing and enhancing understanding of the POSC among birthing hospitals, private/public agencies, and community organizations working with the target population. This will be accomplished through capacity building strategies such as facilitating trainings, meetings, technical assistance, etc. In January 2022, the POSC Coordinator was hired. In April 2022, they co-facilitated their first CAPTA/POSC training and also implemented the first training evaluation survey. In June 2022 they were given approval to start facilitating trainings independently. The coordinator has also been instrumental in other areas of the work including assisting with developing monthly campaigns, note taking, and other administrative tasks. In FY 2022, 8 CAPTA/POSC trainings took place across a variety of sectors. Additionally, one CAPTA virtual conference was supported in October 2021 in collaboration with DMHAS and CHA ("Supporting Not Reporting") hosting over 200 attendees.

**POSC Marketing Efforts:** After two years of CAPTA portal implementation, FY22 focused on identifying ways to increase understanding and utilization of the POSC among individuals, healthcare providers, and other professionals working with these individuals. In addition to hiring the POSC Coordinator, the initiative also updated various CAPTA/POSC documents hosted on the DCF and DMHAS CAPTA landing pages, developed POSC informational videos and other resource materials, and began to work on a standalone website.

## NEXT STEPS

Having established the fundamental content and understanding of CAPTA/POSC in FY22, the coordinator will take an independent lead on the work in FY23. This individual will be instrumental in growing our network of providers and systems that work with pregnant individuals. They will also collect new key data such as training evaluations. The POSC Coordinator will also be trained to train in other areas including One Key Question and other related topics to enhance availability and access of these important trainings. Legislation that is currently pending will change POSC to "Family Care Plan." Capitalizing on this change, the initiative will also rebrand including a shift to "SEPI CT" and preemptively start promoting the POSC as the "Family Care Plan" across all of the work moving forward. The standalone website is anticipated to launch early Fall 2022 and we will also be exploring options for a POSC web based app within the website.



# SCREENING AND BRIEF INTERVENTION

## MAJOR ACCOMPLISHMENTS

**Realignment and Collaboration:** The original screening workgroup came together in early FY22 to shift focus from issuing broad screening recommendations to collaborating with other screening related initiatives across the state to discuss lessons learned and deliver any recommendations jointly. The group acknowledged that universal screening is a long term goal, but screening capacities differ across health care systems and support must be given to meet providers where they are at.

**Screening Mini Trainings and Screening Champions:** The group identified that training efforts have largely focused on the traditional SBIRT model, but no supplementary trainings/resources on the validated tools have been available. Late in FY22, the group started working on identifying screening champions in the state to support a “screening mini training series”. The trainings would consist of short recorded presentations delivered by providers using various validated screening tools. This type of resource will be hosted on the initiative webpage and provide providers with information on a range of screening tool options to consider.

## NEXT STEPS

Providers for the mini trainings were identified using 2019-2020 SBIRT billing code data provided by CT DSS and outreach will begin early in FY23. Broader outreach was also made to workgroup to solicit providers not identified in the data. We will be collaborating with Access Mental Health for Moms as the initiative rolls out. Connections have already been made and opportunities for support have been identified for FY23.



# MARKETING AND TRAINING

## MAJOR ACCOMPLISHMENTS

**SEI-FASD 101:** Throughout FY22, the workgroup developed a "101" training focused on delivering foundational information on SEI and FASD, as well as the challenges and stigma that birthing people face when experiencing a pregnancy impacted by substance use. The training was finalized late FY22 and currently awaits leadership approval for public dissemination. We anticipate a launch by Fall 2022.

**Monthly Digital Campaigns:** The initiative continues to develop monthly campaigns that address topics that intersect with SEI, FASD and substance use during pregnancy. Topics included: August 2021 (International Overdose Awareness), September 2021 (Tips for a Healthy Pregnancy/FASD Awareness), October 2021 (Pregnancy and Infant Loss Awareness), November to December 2021 (Holiday Recovery Support), January 2022 (Vision Board), February 2022 (Black History Month/Birth Justice), March 2022 (Transitional Aged Youth), April 2022 (International Women's Day), May 2022 (Maternal Mental Health Month), June 2022 (Pride). The campaigns were hosted on social media accounts across CT Clearinghouse, United Way 211, CT DMHAS, CT DCF, and CT Women's Consortium. Collectively, "reach" (total number of people who saw content on social media platforms) was 5139 and "impressions" (number of times content is displayed) were 6844. The campaigns are also broadly distributed through the Core Team listserv, the DHMAS Women's Services system of care listserv, the DCF system of care listserv, and the CT Clearinghouse listserv.

## NEXT STEPS

Feedback on the campaigns has been overwhelmingly positive and requests have been made for Spanish translations. Efforts will be made in FY23 to translate at least 1-2 campaigns, including languages other than Spanish if requested. Workgroup members have extended their support through their agency resources. We will also be discussing topics for a new training to follow SEI-FASD 101.



# TREATMENT, RECOVERY, AND WELLNESS SUPPORT

## MAJOR ACCOMPLISHMENTS

**Pregnant and Parenting Focus Groups:** The initiative collaborated with CHA and PROUD on a series of focus groups targeting pregnant and parenting birthing people (the vast majority experiencing substance use challenges) and their experiences with accessing healthcare. The focus groups were facilitated by Health Equity Solutions and a report and presentation was developed based on the results.

**Alignment with Fatherhood Initiative:** Recognizing the impact that fathers have on our target population, the initiative connected with the CT Fatherhood Initiative to align our work and identify opportunities for collaboration. CT Fatherhood Initiative now has representation at Core Team meetings and will continue to be instrumental community partners in our future work.

## NEXT STEPS

The focus group report and presentation are undergoing final edits and will be distributed broadly in FY23 when it is completed. Based on these results, this workgroup will discuss where our efforts should focus as well as where we can continue collaborations with CHA and PROUD. Additional efforts will be made to make more formal connections with other initiatives and sectors that support pregnant birthing people, such as doulas.