

Overview of the Vermont Plan of Safe Care (POSC) & Newborns Exposed to Substances Tracing (NEST) system

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Disclosures

- I have no relevant financial relationships to disclose or conflicts of interest to resolve

Objectives

- Review federal regulations regarding substance-exposed newborns
- Understand the indications for CAPTA/DCF notifications
- Understand importance of completing a Plan of Safe Care for all substance-exposed newborns
- Discuss data collection and the development of the NEST system

Federal Legislation regarding substance-exposed newborns

1974

Child abuse prevention and treatment act (CAPTA): Federal funding to support prevention, assessment and treatment of child abuse and neglect

2003

- Amendment 2003: address the needs of infants “*born with and identified as being affected by **illegal** substance abuse or withdrawal symptoms resulting from prenatal drug exposure*”. Added Plan of Safe Care (POSC)

2010

- Amendment 2010: clarified the definition of substance exposed infant and added **Fetal Alcohol Spectrum Disorder (FASD)**

2016

- Amendment: **Comprehensive Addiction and Recovery Act (CARA):** states must address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms (removed illegal terminology). Clarified POSC

2018

Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act: grants to States to promote collaboration in developing, updating, implementing, and monitoring POSC

Federal requirements from CARA/CAPTA

1. Identify infants affected by substance abuse, withdrawal or Fetal Alcohol Spectrum Disorder
2. Health care providers notify child protective services
3. Develop a Plan of Safe Care (POSC)
4. State child protective services agency report data to Children's Bureau annually

1. Identify substance exposed newborns

1. Known exposures (before birth)
 - Identified on prenatal screening (reported use)
 - Treatment during pregnancy (prescribed)
2. Infant with clinical signs/symptoms of substance exposure or withdrawal (after birth)
 - Constellation of physical findings or symptoms after birth (FASD)
 - Neonatal abstinence syndrome (NAS)

2. Notify child protective services

States instructed to set up their own definitions and systems

Vermont defined two separate pathways

- A. Notifications: Specific exposures without child safety concerns

- B. Reports: Child safety concerns OR illicit/non-prescribed substance use

CAPTA/DCF Notifications

Must meet the following criteria

1. NO child safety concerns

2. Infant exposed to maternal use of:

- Medication assisted treatment (MAT)- stable in program
- Prescribed opioids for pain
- Prescribed benzodiazepines
- Marijuana
 - November 1, 2017 DCF changed the criteria regarding marijuana.
 - DCF does not intervene in when the only concern is marijuana use.

Vermont CAPTA Notification *(Revised 1.8.18)*

Please do not include patient identifiers

Please check the box next to the following criteria, if applicable:

- Mother is engaged in medication-assisted treatment with methadone or buprenorphine
- Mother is being treated with opioids for chronic pain by a provider
- Mother is being treated with benzodiazepines by a provider
- Mother used marijuana during pregnancy

Please check if any of the following are applicable:

- Plan of Safe Care was completed and will be provided to infant's PCP for ongoing monitoring
- Mother was engaged in services prior to delivery (ex: counseling, treatment, parenting classes)
- Additional referrals were made for services at the time of delivery for the infant and/or mother/caregivers

Unique hospital identifier: - (Hospital code followed by last 4 digits of hospital medical record number)

Fax Number: (802) 241-9060 or scan to AHS.DCFESDCaptaNotification@vermont.gov (No cover sheet necessary)

DCF Reports

Prenatal Report

- Can report 30 days prior to due date
 - Maternal illegal substance use in 3rd trimester
 - Maternal non-prescribed medication use or misuse 3rd trimester
 - Maternal substance use is serious threat to child health/safety

Newborn Report

- Report made after birth
 - Infant with positive screen for illegal substance or non-prescribed medication
 - Infant with NAS due to illegal substance or non-prescribed medication
 - Infant with suspected fetal alcohol syndrome disorder

Current Work-flow

DCF/CAPTA Notification

- Infant exposed to MAT, prescribed medications or THC **only**
- NO child safety concerns
- De-identified notification to DCF
- POSC completed prior to hospital discharge

DCF Report

- Infant exposed to illicit substances or non-prescribed medications
- ANY child safety concerns
- Identified report to central intake
- If accepted, DCF develops discharge plan and POSC

3. Develop Plan of Safe Care

- Requirement: a POSC will be developed for all infant's affected by substance abuse or withdrawal symptoms
- Goal: to address the needs of both the infant and the affected family or caregiver
- Each state tasked to develop it's own pathway and documentation
 - Some States wrote legislation, others with informal policies or protocols
 - Vermont CAPTA workgroup convened in 2017 with VT POSC implemented in 2018
 - May 31, 2018, Governor Phil Scott signed the federal Governor's Assurance acknowledging Vermont's compliance with the new CARA requirements

Vermont POSC Goals

- Continue to support women currently engaged in treatment
- Support existing relationships between the mother and her providers and supports
- Facilitate referrals to local community resources
- Encourage communication with the infant's primary care provider

POSC: Who, What, When, & Where

- Who is responsible for developing the POSC
 - Prenatal providers
 - Hospital staff (nurses, care managers, social work)
- What information is included?
 - Identified supports & strengths
 - Services in place and new referrals placed
- When should the POSC be developed?
 - Ideally started prenatally, must be completed by hospital discharge
- Where does the POSC reside?
 - Copy given to mother/family
 - Stored in hospital infant medical record
 - Sent to infant's PCP as part of discharge paperwork

Vermont Newborn Plan of Safe Care

I. VERMONT PLAN OF SAFE CARE (POSC)					
<p>The POSC should be developed with the mother and other involved caregivers during pregnancy and completed after the infant is born. The goal of the POSC is to ensure mothers, infants and families are connected to appropriate services in their communities. The completed POSC should be sent to the infant's primary care provider at hospital discharge to facilitate communication and follow-up of new referrals. It should be scanned into the infant's medical record and the family should also receive a copy.</p>					
II. DEMOGRAPHIC INFORMATION:					
Name of Mother:		Mother's DOB:		Infant's DOB:	
Name of Infant:		Infant's date of discharge:			
Infant's primary care provider & contact information:					
III. HOUSEHOLD MEMBERS					
Name	Relationship to Infant	Age	Name	Relationship to Infant	Age
IV. CURRENT SUPPORTS (include emergency childcare contact and other support persons)					
Name	Role			Contact information	
V. STRENGTHS AND GOALS (ex: recovery, housing, parenting, smoking cessation, breastfeeding)					

VI. SERVICES, SUPPORTS, and REFERRALS					
	Currently receiving	Discussed	New Referral	Organization/Contact Name	Phone Number
Infant Supports					
Children's Integrated Services (CIS): Strong Families Vermont Home Visiting, Early Intervention, Specialized Child Care)					
VT 211/ Help-Me-Grow					
Pediatric specialty care (Neomed clinic, feeding team)					
Caregiver Supports					
Medication Assisted Treatment (MAT)					
Mental Health Counseling					
Substance Use Counseling					
Community Empaneled Team					
Recovery Supports (coaching, 12-step group)					
Case Management					
Smoking Cessation					
Parenting Supports					
Housing Supports					
Financial Supports (WIC, Fuel, Reach Up)					
Childcare Resources					
Transportation					
Legal Assistance					
Other:					
VII. PARENT/CAREGIVER SIGNATURE					
I participated in the development of this Plan of Safe Care, have received a copy, and understand it will be shared with my baby's primary care provider.					
Signature: _____ Date: _____					

VIII. NOTES/FOLLOW-UP NEEDED**IX. VERMONT CAPTA/DCF NOTIFICATION**

Infant exposures to certain substances during pregnancy are tracked by the Department for Children and Families for reporting to the Children's Bureau based on federal law. Exposures to marijuana and the prescribed substances listed below are submitted in a de-identified way via a CAPTA notification. Identifying information such as names, medical record numbers, social security numbers, or full dates of birth are NOT shared. The de-identified CAPTA/DCF notification should be sent to the Department for Children and Families by the hospital that completed the POSC and discharged the infant.

Reminder: For any concerns about child safety, including prenatal use of illicit or unprescribed substances, a report should be made to the Vermont Department for Children and Families at 1-800-649-5285. For cases that are accepted by DCF, the Plan of Safe Care will be developed by DCF as part of the discharge planning process.

PRENATAL EXPOSURE (check all that apply):

Medication Assisted Treatment (Methadone/Buprenorphine)	<input type="checkbox"/>
Prescribed opioids for chronic pain	<input type="checkbox"/>
Prescribed benzodiazepines	<input type="checkbox"/>
Marijuana (prescribed or recreational)	<input type="checkbox"/>

OTHER EXPOSURES (check all that apply):

Alcohol	<input type="checkbox"/>
Nicotine/Tobacco/e-cigarettes	<input type="checkbox"/>
Other prescribed medications: _____	<input type="checkbox"/>

X. TRACKING

Date POSC initiated: _____ Date(s) Revised: _____ Date Completed: _____

Sent to infant's PCP Copy in infant's chart Copy given to family CAPTA notification completed

For questions about the Vermont Plan of Safe Care or CAPTA/DCF notification, please visit the Department for Children and Families website at: <https://dcf.vermont.gov/fsd/partners>

4. Data Collection and Reporting

States report data to the Federal Children's Bureau annually

- # of substance exposed infants

- # of infants with plan of safe care developed

- # mothers already engaged in services

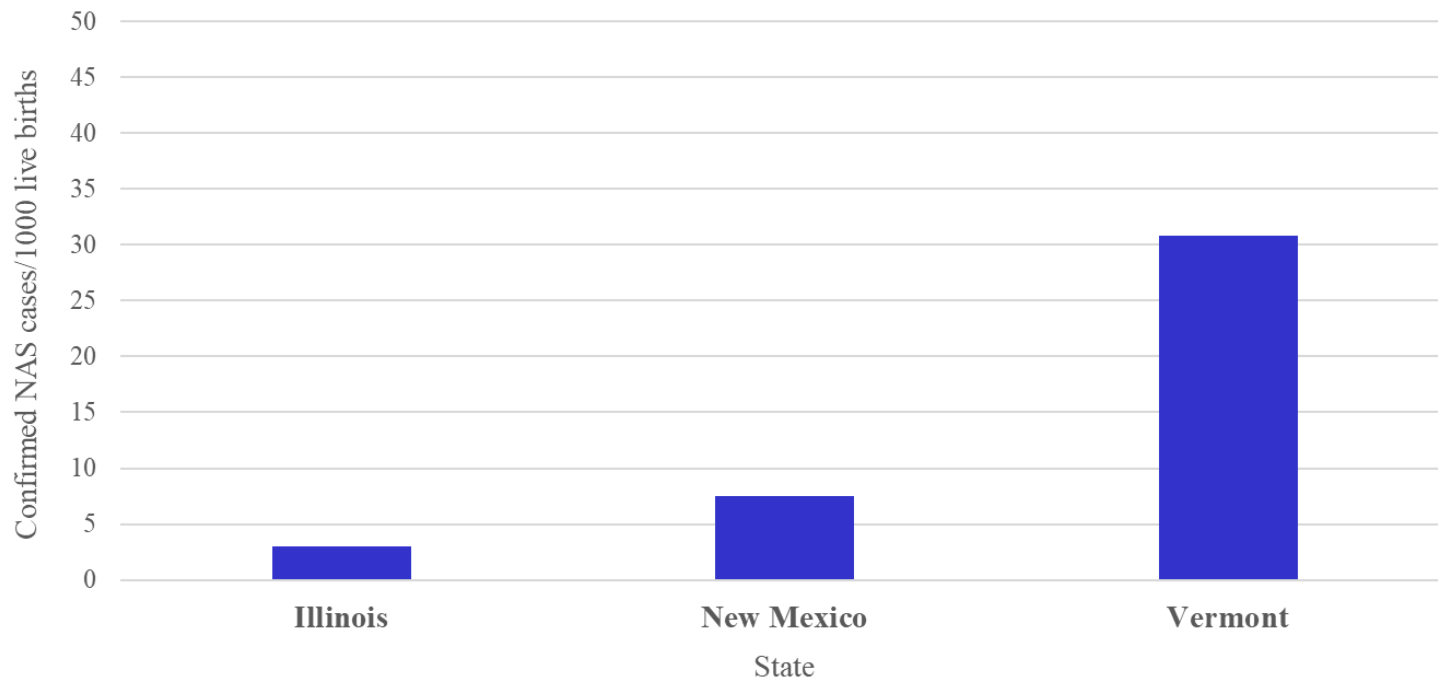
- # of infants for whom a referral was made for appropriate services

How data is collected is up to the State to determine

Who collects VT specific data?

- Vermont Department of Health
 - Hospital discharge and claims data
- Vermont Department for Children and Families
 - CAPTA notifications
- Improving Care for Opioid-Exposed Newborns (ICON)
 - EHR data from UVM Medical Center only
- Vermont Regional Perinatal Health Project (VRPHP)
 - Community hospital data via faxed report/REDCap
- Northern New England Perinatal Quality Improvement Network (NNEPQIN) NAS workgroup
 - REDCap housed at Dartmouth

Published Vermont NAS Data

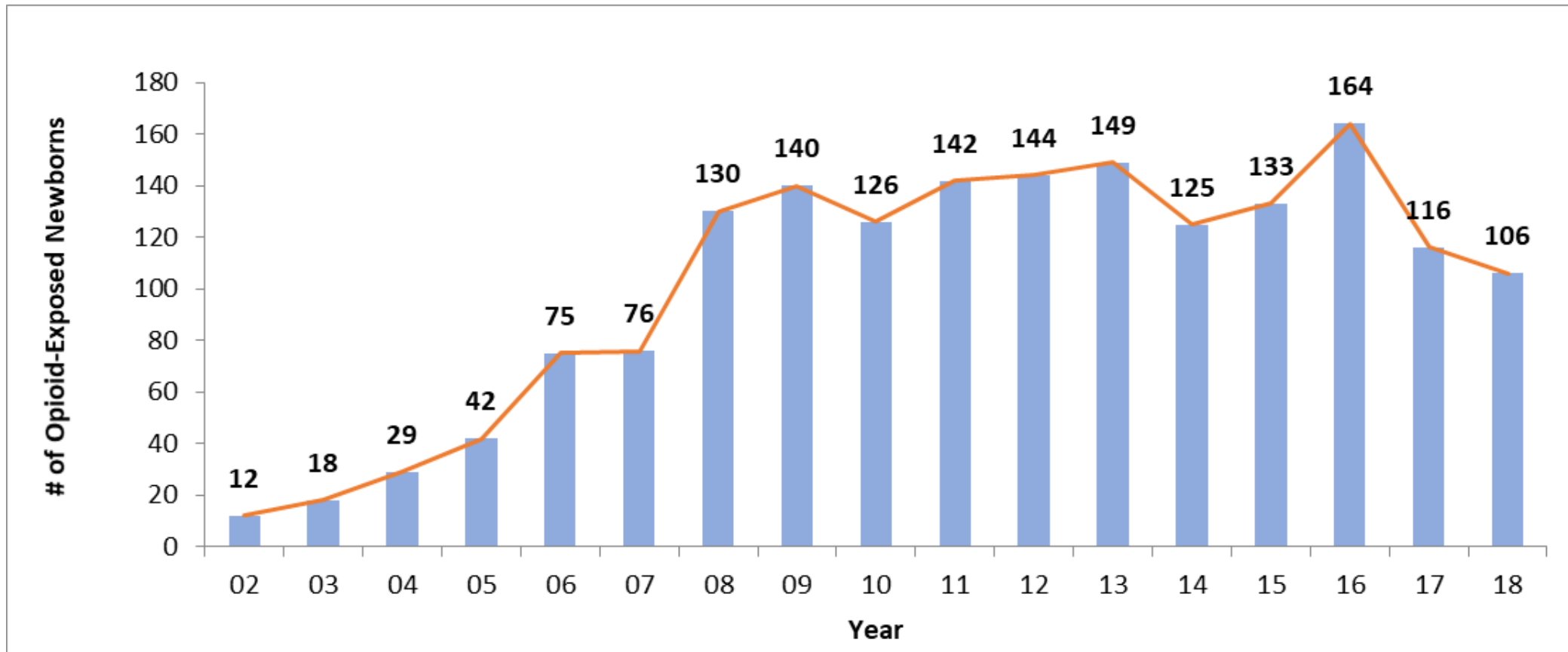


- NAS tracked via hospital discharge data and Vermont all payers claims database
- VT incidence higher than other states
 - Less stigma
 - Better access- more women getting treatment prior to birth
 - Better identification of NAS
 - More consistent reporting

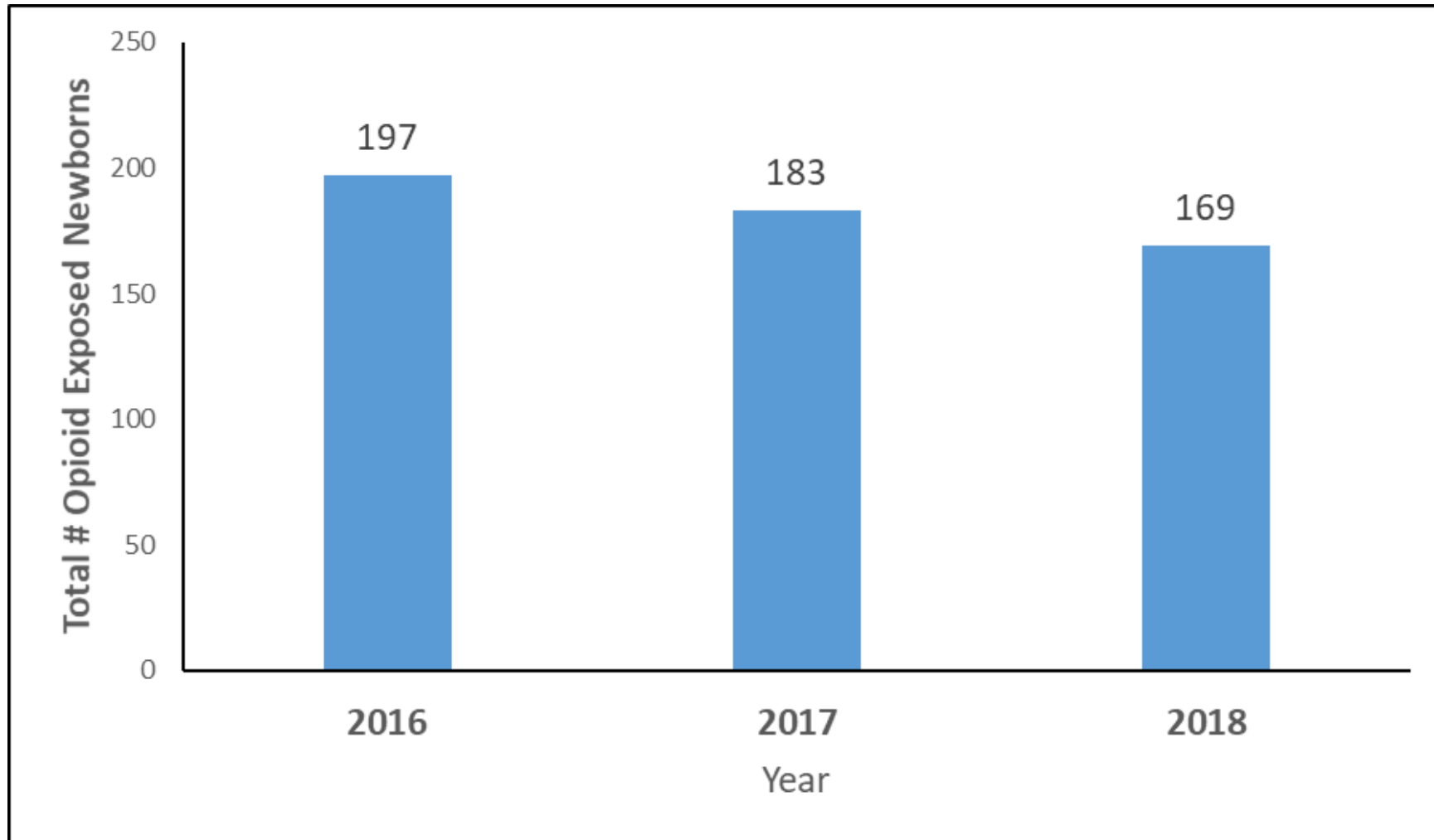
TABLE. Incidence of confirmed neonatal abstinence syndrome (NAS), by state and data source — Illinois, New Mexico, and Vermont, 2015 and Illinois, 2016

Data source	Illinois	New Mexico	Vermont
	No. of confirmed cases (cases per 1,000 births*)	No. of confirmed cases (cases per 1,000 births†)	No. of confirmed cases (cases per 1,000 births‡)
2015§	474 (3.0)	194 (7.5)	160 (30.8)
Hospital discharge data**	433 (2.7)	194 (7.5)	154 (29.6)
Adverse Pregnancy Outcomes Reporting System	351 (2.2)	—§§	—§§
Hospital-provided NAS score	70 (0.4)	—§§	—§§
Medicaid claims	—§§	—§§	144 (62.3)
Commercial claims	—§§	—§§	—†† (1.6)

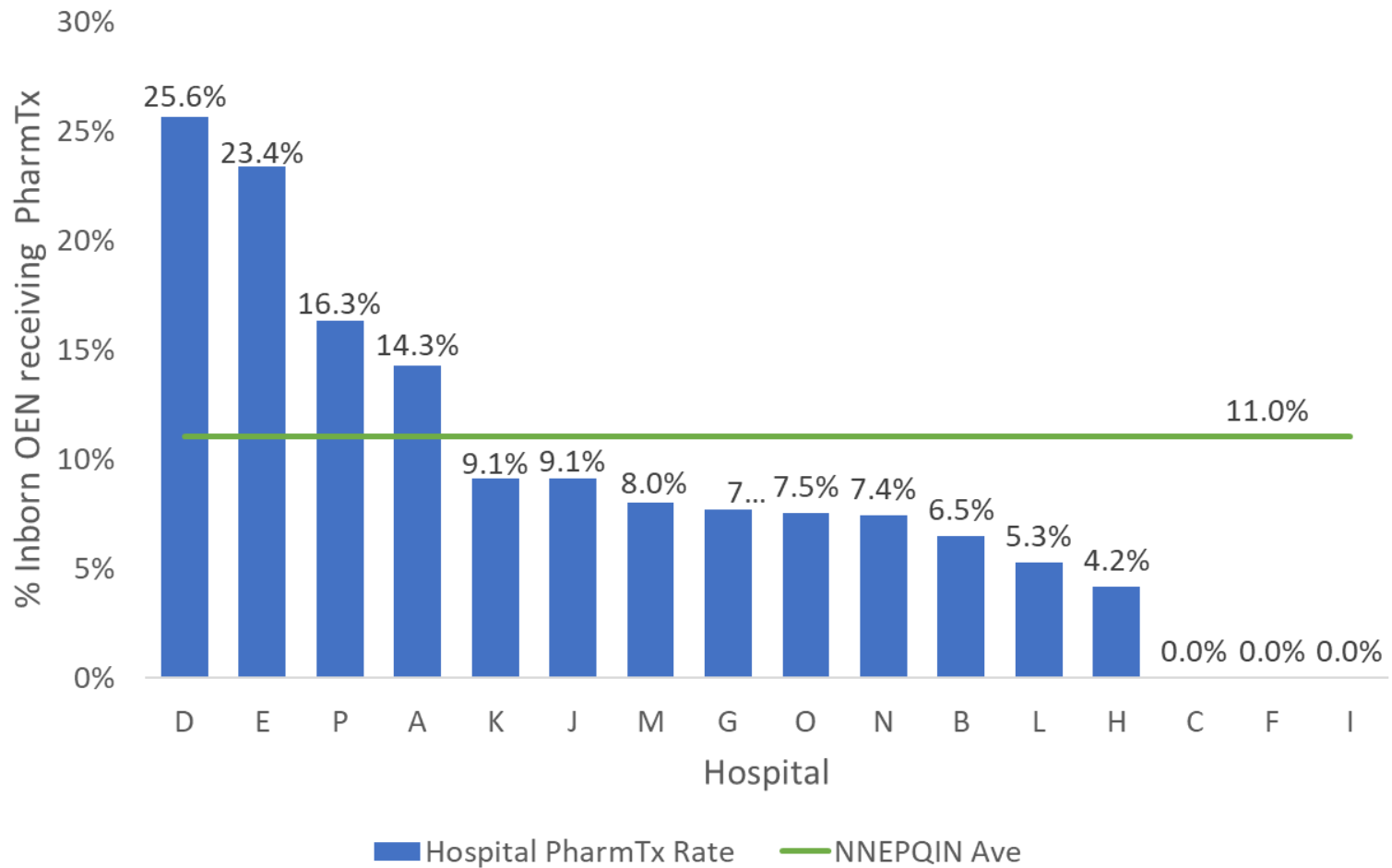
ICON Database: UVM MC OEN's by Year



VRPHP: Community Hospitals OEN's



NNEPQIN- OEN requiring Pharmacologic treatment for NAS



Can we simplify?

- Multiple groups collecting similar data
 - Hospital discharge data and claims data limited by accuracy of coding
 - ICON only UVM MC, no longer the predominant area for births of OENs
 - VRPHP only community hospitals (not UVM MC)
- What about a single database to allow comparisons around the state?
 - NEST: Newborns Exposed to Substances Tracing

NEST- Purpose

- Identification of substance exposed newborns born in Vermont
 - Opioid-exposed and other substances
- Estimate incidence of substance exposure and NAS in the state
- Help hospitals standardize completion of DCF notifications and POSC
- Facilitate reporting to birth hospitals for quality improvement

NEST Overview

- REDCap based online data entry that is HIPAA compliant
- De-identified data collection and reporting
- Tracks completion of the POSC
- Includes CAPTA notification (if indicated)
- Allows DCF to track and make required annual report to Children's Bureau (includes both notifications and reports)
- Held by a neutral entity (VCHIP at UVM College of Medicine)

NEST Data

- Limited set of de-identified information on mother-infant dyad
 - Prenatal use of drugs, alcohol, nicotine, and prescribed medications
 - Prenatal care initiation and screening
 - Maternal engagement in services (MAT)
 - Infant GA, BW, HC
 - Diagnosis of NAS and treatment

Newborn's SEX

- Male
- Female
- Ambiguous
- Unknown at this time

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Newborn's BIRTH WEIGHT in grams

Newborn's GESTATIONAL AGE at delivery (weeks, 0-44)

Newborn's GESTATIONAL AGE at delivery (days, 0-6)

Newborn's HEAD CIRCUMFERENCE at delivery (in mm)

BIRTH MOTHER INFORMATION

Please complete as many fields as possible based on available information.

Birth mother's AGE

Select STATE in which the BIRTH MOTHER RESIDES. If she does not reside in one of the listed states, please select 'other'.

- Vermont
- Massachusetts
- New Hampshire
- New York
- Other

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When did birth mother enter PRENATAL CARE?

- First trimester
- Second trimester
- Third trimester
- No prenatal care
- Not sure

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VERMONT DEPARTMENT FOR CHILDREN & FAMILIES (DCF) NOTIFICATION

Thanks for completing the NEST system form. Please remember to submit after you complete the questions in this section. The submit button is all the way at the end!

Was a DCF notification or report made due to newborn substance exposure?

- Yes, and DCF notification was made
- Yes, and DCF report was made
- No
- Not sure

Which of the following exposures led to DCF notification?

Check all that apply

- Birth mother is engaged in medication-assisted treatment (MAT) (methadone or buprenorphine) for an opioid use disorder
- Birth mother is in treatment for chronic pain with opioids by a provider
- Birth mother is in treatment with benzodiazepines by a provider
- Birth mother used marijuana during pregnancy

Were there any additional exposures during pregnancy and/or after delivery?

Select all that apply

- Prescribed benzodiazepines
- Prescribed anti-depressants and/or anti-anxiety medications (e.g., SSRIs, SNRIs, Wellbutrin)
- Prescribed stimulants (e.g., ritalin)
- Prescribed marijuana
- Tobacco / nicotine delivery system (e.g., e-cigs, vaping device)
- Alcohol
- Other

Was a Plan of Safe Care (POSC) made in partnership with the family and completed prior to newborn's discharge?

- Yes
- No

Was POSC sent to newborn's primary care provider at hospital discharge for ongoing monitoring?

- Yes
- No

Was birth mother engaged in services prior to delivery?

- Yes
- No
- Not sure

If yes, which of the following services?

- Medication Assisted Treatment (MAT)
 - Mental health counseling
 - Substance use counseling
 - Medical / Dental / Health insurance
 - Recovery supports (e.g., coaching, 12-step groups)
 - Smoking cessation
 - Parenting supports
 - Housing supports
 - Financial supports (e.g., WIC, Food, Fuel, Reach Up)
 - Transportation
 - Legal assistance
 - Case management
 - Nurse home visiting (e.g., CHHC / VCCI)
 - Childcare resources
 - Other
-

If birth mother was engaged in some other type of service, please describe.

Were any new referrals placed for the birth mother / family / caregivers / newborn from the POSC?

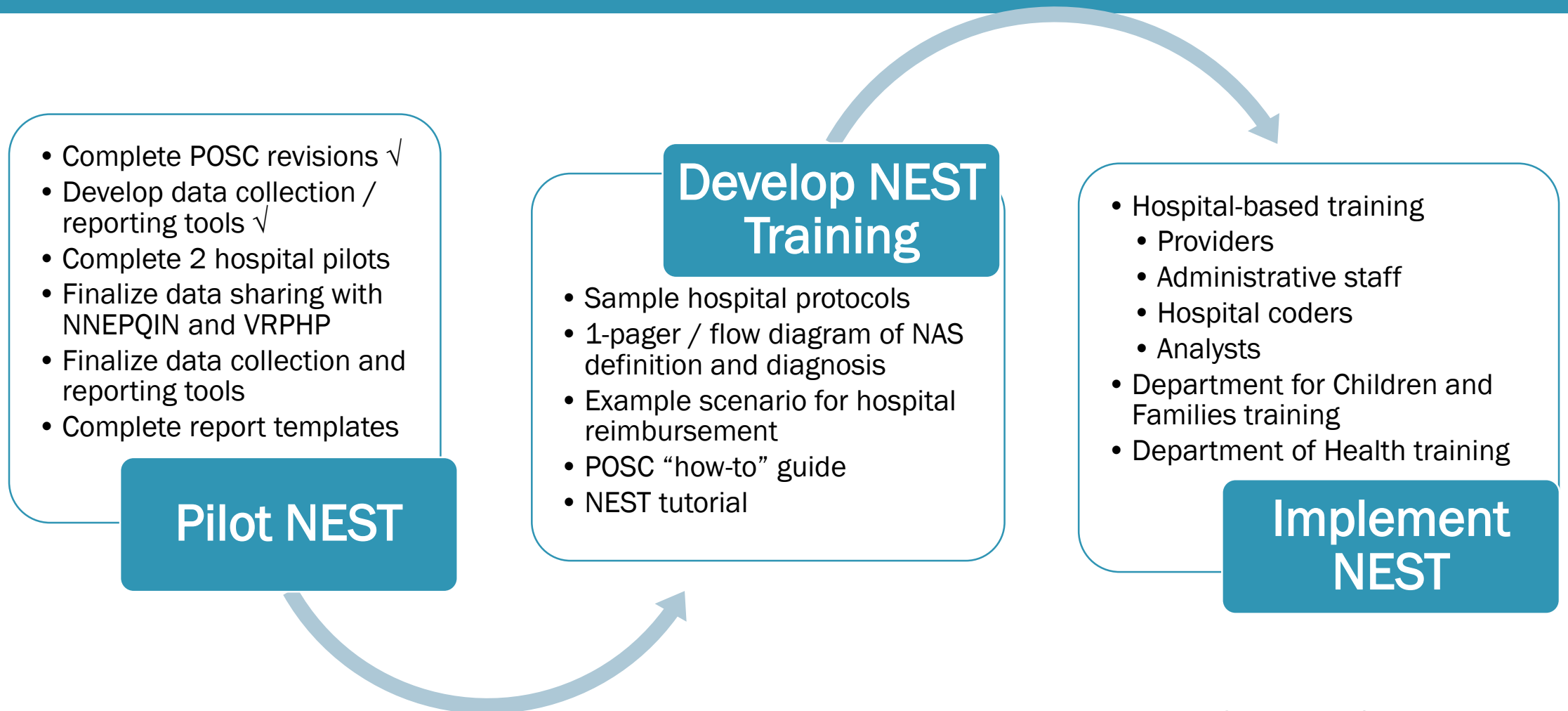
- Yes
 - No
 - Declined discussion
 - Not sure
-

If yes, which of the following services or referrals were made?

- Medication Assisted Treatment (MAT)
 - Mental health counseling
 - Substance use counseling
 - Medical / Dental / Health insurance
 - Recovery supports (e.g., coaching, 12-step groups)
 - Smoking cessation
 - Parenting supports
 - Housing supports
 - Financial supports (e.g., WIC, Food, Fuel, Reach Up)
 - Transportation
 - Legal assistance
 - Case management
 - Community Empaneled Team (e.g., ChARM, SMART, etc.)
 - Children's Integrated Services
 - Early Intervention Services
 - Nurse home visiting (e.g., CHHC / VCCI)
 - Childcare resources
 - Help Me Grow (VT 211)
 - Primary care provider for newborn
 - Specialty care provider for newborn
 - Other
-

If some other type of service or referral was made, please describe.

Status on Building the NEST



Summary – VT Specific process

CAPTA/DCF Notification

- Only applies to infants exposed to maternal use of MAT, prescribed opioids or benzodiazepines, and/or marijuana
- If any child safety concerns- DCF report made via central intake

POSC

- Completed for ALL substance exposed newborns
- Started prenatally, completed before hospital discharge
- Given to family, stored in medical record, and sent to infant's PCP

NEST

- De-identified database for tracking substance exposed newborns

Questions??

- Contact: michelle.shepard@med.uvm.edu

VT CAPTA resources on the DCF Family Services website

<http://dcf.Vermont.gov/fsd/partners>

- ❑ CAPTA and POSC FAQ's
- ❑ Flowcharts
- ❑ DCF memo to hospitals
- ❑ Downloadable CAPTA notification
- ❑ POSC form for hospitals
- ❑ POSC handout for mothers



NEW Website planned 2020



Plan of Safe Care for Mothers and Babies

If you used certain prescription medications or substances while you were pregnant, the hospital staff caring for your baby will help you with a *Plan of Safe Care*.

This includes the following medications/substances:

- Prescribed opioids for chronic pain
- Prescribed methadone or buprenorphine
- Prescribed benzodiazepines
- Marijuana (prescribed or recreational)

What will be in your plan?

Your plan will:

- Explain how to keep your baby healthy. This could include supports such as financial help, child care and health care services.
- Connect you to resources. This could include public benefits, support groups, well-baby visits and information.

Who keeps the plan?

You'll get a copy and one will be given to your baby's primary care provider.

Will the hospital provide information about me or my newborn to DCF?

No, the federal government requires states to track the number of babies exposed to substances. Hospital staff fax basic information to DCF when a baby is born including what substance they were exposed to; but, it will NOT include any identifying information (e.g., name or date of birth) about you or your baby.

Revised 4.19.2018

Will the hospital call the Department of Children and Families (DCF) to make a report?

Hospital staff are required to make a report to DCF **only** when there are child safety concerns such as:

- the use of *illegal* substances, except marijuana, during the last trimester of your pregnancy
- the use of *non-prescribed* substances or *misuse* of prescription medication during the last trimester of your pregnancy
- your baby has a positive toxicology screen for illegal substances or prescription medication that were not prescribed to you by a physician, with the exception of marijuana
- your baby requires treatment for Neonatal Abstinence Syndrome (NAS) as a result of your use of *illegal* or *non-prescribed* substances or *misuse* of prescription medication
- your baby has Fetal Alcohol Spectrum Disorder
- there are concerns that your baby has been harmed or is at risk of being harmed

Revised 4.19.2018

Child Abuse and Protection Treatment Act (CAPTA) Requirements Related to Substance Exposed Newborns (Revised 01/22/18)

