Implementing the Plan of Safe Care in Vermont: Training, Technical Support and Live Q&A Session

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Disclosures

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

Pre-call survey

Do you know the difference between a Department for Children and Families (DCF) report and a CAPTA notification?

Do you know who should receive a copy of the POSC?

Do you know under which circumstances a CAPTA notification should be completed?

Do you know under which circumstances a plan of safe care should be completed?

Objectives

1. Review indications for Plan of Safe Care and CAPTA notifications for substance use during pregnancy.

2. Review updates to the Vermont Plan of Safe Care and CAPTA notification form.

3. Identify where to get more information about the Vermont Plan of Safe Care and CAPTA notification processes.

4. Answer your questions!

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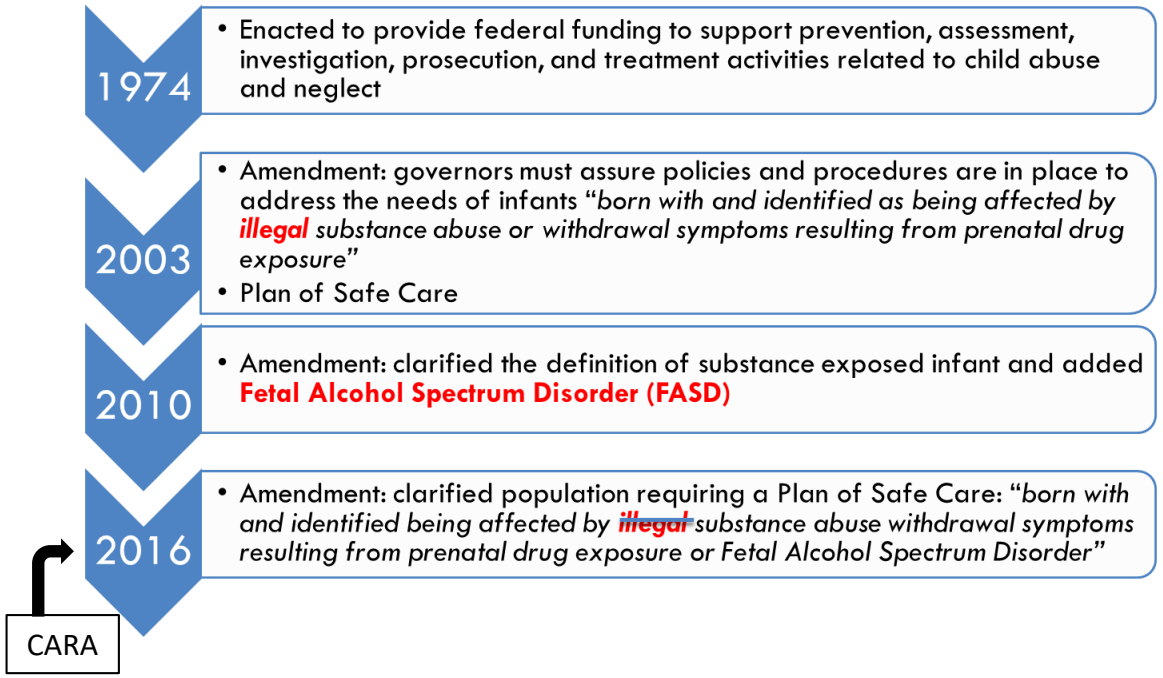
Review of Federal Legislation

CAPTA- Child Abuse Prevention and Treatment Act



Goal: To address the needs of infants affected by substance abuse, withdrawal or Fetal Alcohol Spectrum Disorder.

CARA- Comprehensive Addiction and Recovery Act

Requirements:

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

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CAPTA/CARA and the 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 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 to develop state specific policies
- The initial Vermont Plan of Safe Care and DCF notification pathway was launched in 2018, it was formally updated in January 2021

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Implementation: questions VT had to answer

- When will DCF reports be required?
  - Which substances?
  - When during pregnancy?
- What information should be included in the Vermont Plan of Safe Care?
- Who is responsible for developing the VT POSC?
- Who should receive a copy of the VT POSC and where should it reside?
- How will data be collected for reporting to the Children's Bureau?
- How can we continue to attract pregnant people with opioid use disorder into treatment while following CARA/CAPTA?

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Requirement 1: Identify Substance-exposed Newborns

Prenatal exposure

- Identified via conversations or on prenatal screening (reported use)
- Use of medications during pregnancy prescribed by healthcare providers

Identification after birth of infant

- Clinical signs/symptoms of substance exposure or withdrawal (Neonatal abstinence syndrome)
- Constellation of physical findings or symptoms after birth (Fetal Alcohol Syndrome Disorder)

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Requirement 2: Notify CPS

States instructed to set up their own definitions and systems- some opted for CPS involvement in all cases of substance use in pregnancy (including MAT/MOUD)

Vermont defined two separate pathways:

DCF Report	CAPTA Notification
Child safety concerns	No child safety concerns
Call DCF centralized intake with identifying information	Transmit de-identified data set to DCF
DCF develops Plan of Safe Care with family and relevant providers	Hospital staff develops Plan of Safe Care with family and transmits to PCP

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Substance use in pregnancy: DCF report vs. notification

DCF Report

- Use of illegal substances during 3rd trimester of pregnancy
- Use of non-prescribed or misuse of prescribed prescription meds in 3rd trimester
- Active alcohol use disorder in 3rd trimester or suspected FASD after birth

CAPTA Notification

- MAT/MOUD during pregnancy
- Prescribed opioids for pain during pregnancy
- Prescribed benzodiazepines during pregnancy
- Use of marijuana during pregnancy (after 1st trimester)

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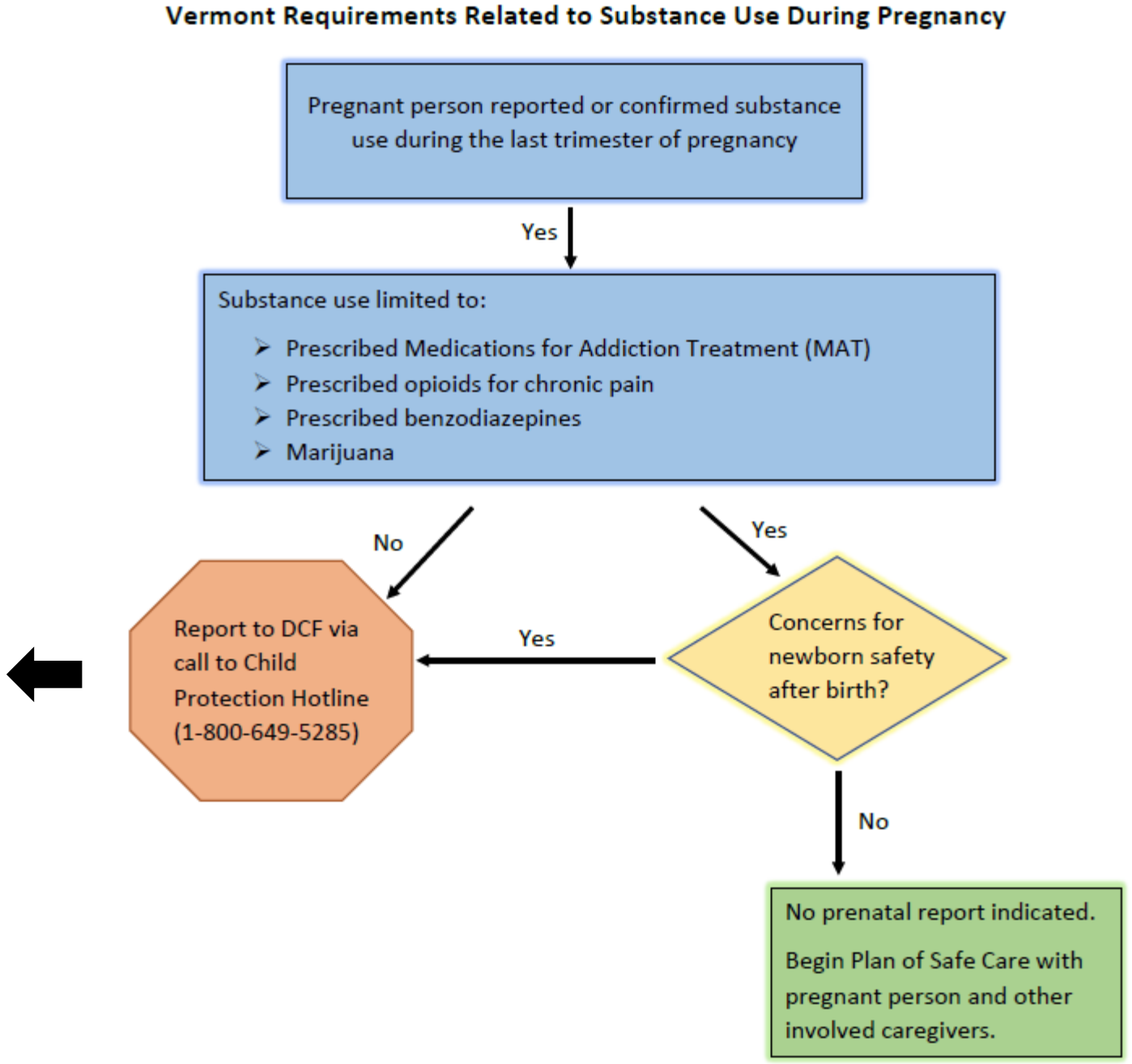
Prenatal reports:
Since January 2007, VT DCF is able to accept a report and open an assessment during pregnancy within 30 days of the estimated delivery date

Prenatal report acceptance criteria:
Use of an illegal substance or non-prescribed medication, or misuse of prescription medication during the last trimester of pregnancy.

And/or:
Concern for infant's health or safety related to ANY substance use (with the goal to address the safety concerns prior to birth).

Flowchart available on the DCF POSC Website:
https://dcf.vermont.gov/fsd/partners/POSC



DCF policy on marijuana use:
Effective November 1, 2017, if there are no other child safety concerns, marijuana use during pregnancy will not be accepted as a report.

Update 2021: POSC and CAPTA notification for marijuana use after the 1st trimester

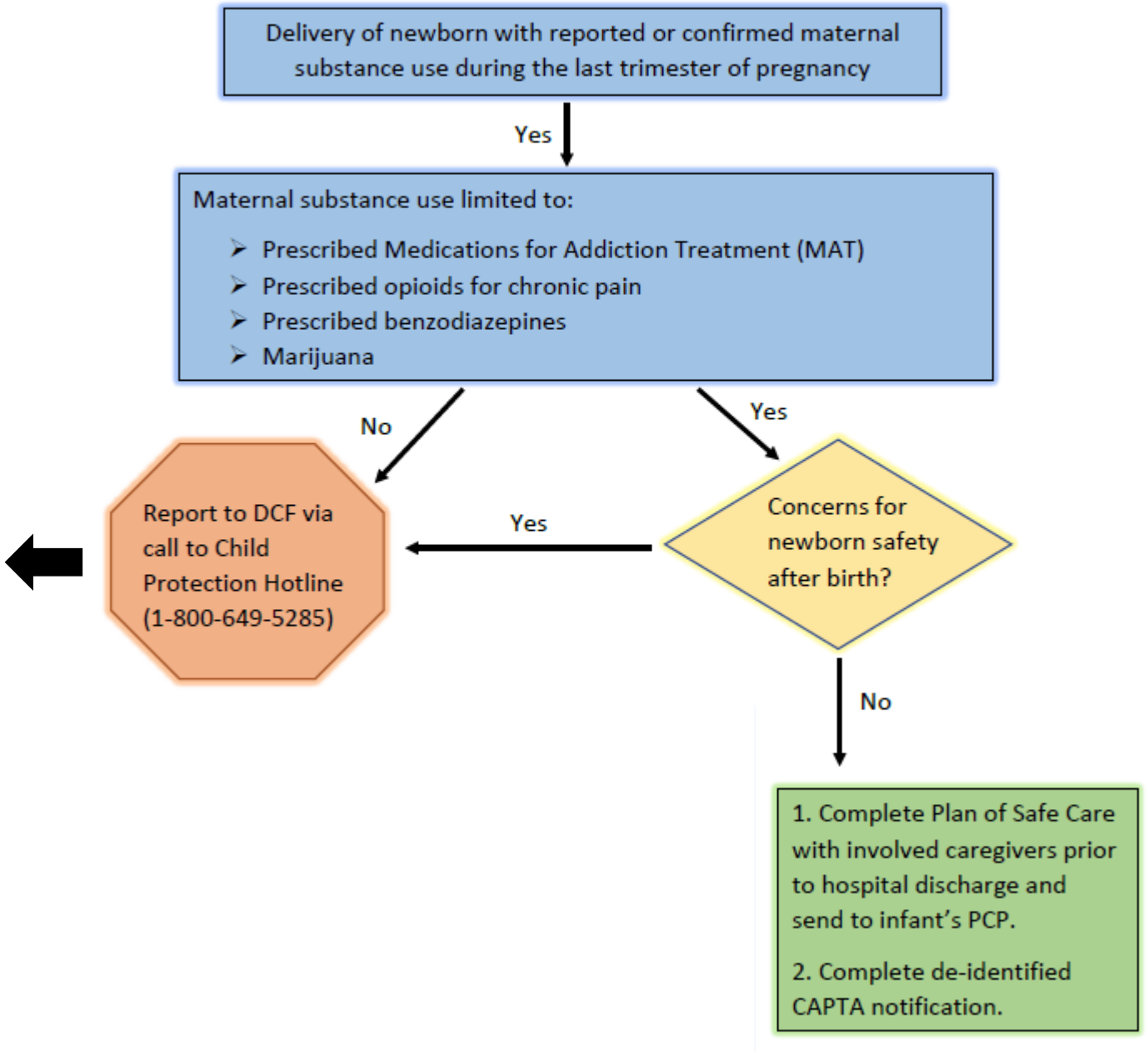
Newborn report acceptance criteria:

Positive toxicology screen or diagnosis of Neonatal Abstinence Syndrome related to maternal use of illegal substances or non-prescribed medication.

Diagnosis of Fetal Alcohol Spectrum Disorder.

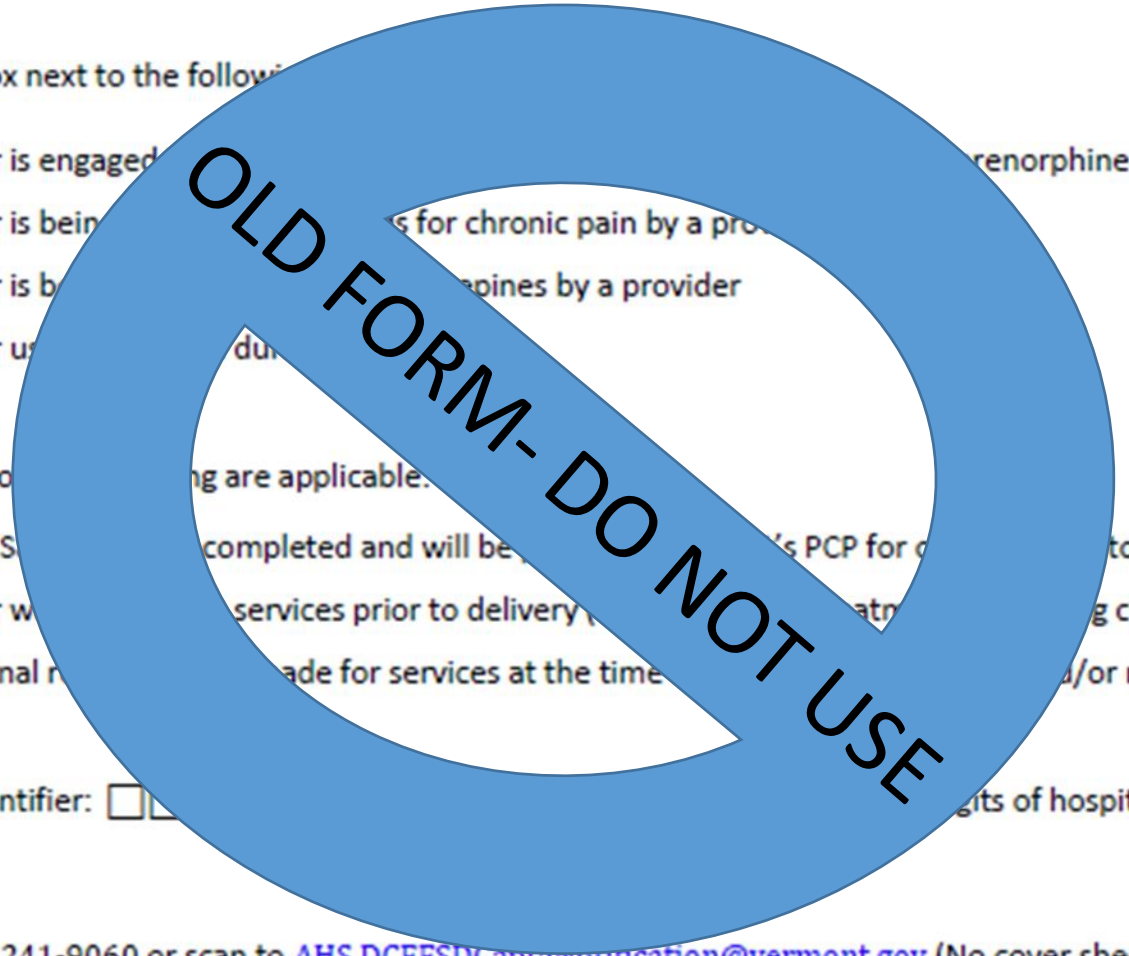
Flowchart available on the DCF POSC Website:
https://dcf.vermont.gov/fsd/partners/POSC

Vermont CAPTA Requirements Related to Newborns Exposed to Substances During Pregnancy



Vermont CAPTA Notification *(Revised 1.8.18)*

Please do not include patient identifiers



Please check the box next to the follow

- ☐ Mother is engaged renorphine
- ☐ Mother is bein s for chronic pain by a pro
- ☐ Mother is b pines by a provider
- ☐ Mother u du

Please check if any o g are applicable:

- ☐ Plan of S completed and will be 's PCP for toring
- ☐ Mother w services prior to delivery (atn g classes)
- ☐ Additional r ade for services at the time d/or mother/caregivers

Unique hospital identifier: ☐☐ its of hospital medical record number)

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

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Version 1: January 2018

NEW! 2021 CAPTA Notification

Updates:

Added instructions!

Clarified when DCF reports should be made

Allows tracking of substance exposure(s)

Allows tracking of POSC completion and referrals

Vermont CAPTA Notification

INSTRUCTIONS:

Infant exposures to certain substances during pregnancy are tracked by the Vermont Department for Children and Families (DCF) for reporting to the Children's Bureau based on federal law (CAPTA). The use of the prescribed substances listed below and/or marijuana during pregnancy requires the completion of the Vermont Plan of Safe Care (POSC) prior to infant discharge from the hospital and submission of this de-identified CAPTA notification form to DCF. Identifying information such as names, medical record numbers, and dates of birth should not be included on this form. The POSC and de-identified CAPTA notification should be completed by the hospital that discharged the infant.

Please submit via secure fax (802) 241-9060 or scan to AHS.DCFFSDCaptaNotification@vermont.gov
(No cover sheet necessary)

Reminder: A report to the DCF child protection hotline (1-800-649-5285) should be made in these situations:

- Substance use is a concern for child safety
- Use of an illegal substance or non-prescribed prescription medication, or misuse of prescription medication during the third trimester of pregnancy.
- Newborn has a positive confirmed toxicology result for an illegal substance or non-prescribed medication.
- Newborn develops signs or symptoms of withdrawal as the result of exposure to illegal substances, use of non-prescribed medications, misuse of prescribed medication, or due to undetermined exposure.
- Newborn is suspected to have fetal alcohol spectrum disorder, or the pregnant individual had active alcohol use disorder during the third trimester of pregnancy.

For reports that are accepted by DCF, the POSC will be completed by DCF.

Please check the boxes that apply to the current pregnancy:

The pregnant individual was treated by a healthcare provider with:

- ☐ Medications for Addiction Treatment (MAT): Methadone, Buprenorphine, Subutex, Suboxone, Naloxone
- ☐ Prescribed opioids for chronic pain
- ☐ Prescribed benzodiazepines

The pregnant individual used marijuana during pregnancy (use continued after the first trimester):

- ☐ Recreational THC
- ☐ Prescribed THC

Additional exposures:

- ☐ Alcohol Amount if known: _____
- ☐ Nicotine/Tobacco/E-cigarettes Amount if known: _____
- ☐ Other prescribed medications (ex. SSRIs): _____

Please check if any of the following apply:

- ☐ A Plan of Safe Care was completed and was sent to the infant's primary care provider
- ☐ The pregnant individual was engaged in services prior to delivery (ex: counseling, treatment, parenting classes)
- ☐ New referrals were made for services for the infant and/or parents/caregivers after birth

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

Poll #1

In which of the following situations should a CAPTA notification be done related to substance use during pregnancy in VT?

A. Marijuana use
B. Prescribed suboxone use
C. Prescribed oxycodone for chronic pain
D. Prescribed Ativan for anxiety
E. All of the above

Poll #1

In which of the following situations should a CAPTA notification be done related to substance use during pregnancy in VT?

A. Marijuana use
B. Prescribed suboxone use- MAT
C. Prescribed oxycodone for chronic pain- opioid
D. Prescribed Ativan for anxiety- benzodiazepine
E. All of the above

A Vermont Plan of Safe Care should also be developed in any of these situations!

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Poll #2

In which of the following situations should a DCF report be made related to substance use during pregnancy in VT?

A. Reported maternal heroin use with positive urine drug screening at delivery
B. Infant with neonatal abstinence syndrome related to maternal use of “street” non-prescribed Subutex
C. Substantial daily maternal marijuana use with sleepiness
D. Infant with signs of fetal alcohol syndrome disorder
E. All of the above

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Poll #2

In which of the following situations should a DCF report be made related to substance use during pregnancy in VT?

A. Reported maternal heroin use with positive urine drug screening at delivery

Illicit substance use in 3rd trimester

B. Infant with neonatal abstinence syndrome related to maternal use of "street" non-prescribed Subutex

Non-prescribed medication use in 3rd trimester (reported) and/or infant with withdrawal symptoms

C. Substantial daily maternal marijuana use with sleepiness

Maternal substance use concerning for infant safety

D. Infant with signs of fetal alcohol syndrome disorder

E. All of the above

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Summary: Vermont Specific Procedures

Prenatal Report

- Made up to 30 days prior to due date
- Pregnant individual used substances in the 3rd trimester:
  - Illegal substance (ex. heroin, fentanyl, cocaine, methamphetamine)
  - Non-prescribed medication use (ex. opioids, benzos, amphetamines, or street MAT)
  - Misuse of prescribed medications
- Or substance use is serious threat to child health/safety (ex. excess alcohol, marijuana causing sedation)

Newborn Report

- Made after infant birth
- Infant with confirmed positive toxicology for:
  - Illegal substance
  - Non-prescribed medication
- Infant with signs and symptoms of withdrawal (NOWS/NAS) due to illegal substance or non-prescribed medication exposure
- Infant with suspected fetal alcohol syndrome disorder

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Summary: Vermont Specific Procedures

CAPTA (DCF) Notification

- Infant exposed to prescribed MAT, prescribed medications or THC
- NO child safety concerns
- De-identified CAPTA notification form sent to DCF Family Services Division
- Plan of Safe Care completed prior to hospital discharge

DCF Report

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

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Requirement 3: Develop a POSC

Vermont Goals:

- Continue to support pregnant people who are currently engaged or seeking treatment for substance use disorders.
- Support the existing relationships between the pregnant person and their current providers and supports.
- Facilitate referrals to local community resources for any identified needs for the family after the infant is born.
- Encourage communication with the infant's primary care provider to strengthen family centered care.

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Goal of the POSC- decrease silos and improve communication to support families

Mother's providers (PCP, MAT)

OB/midwife

Infant PCP

Community Supports

VT 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 parents/caregivers
  - Stored in hospital infant medical record
  - Sent to infant's PCP as part of discharge paperwork

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VT POSC: What happens after discharge?

- Infant's PCP office should follow-up on any new referrals made for the infant (home visits, CIS, etc.)

- The family should be encouraged to follow-up on new referrals made for caregivers in conjunction with their PCP or other providers

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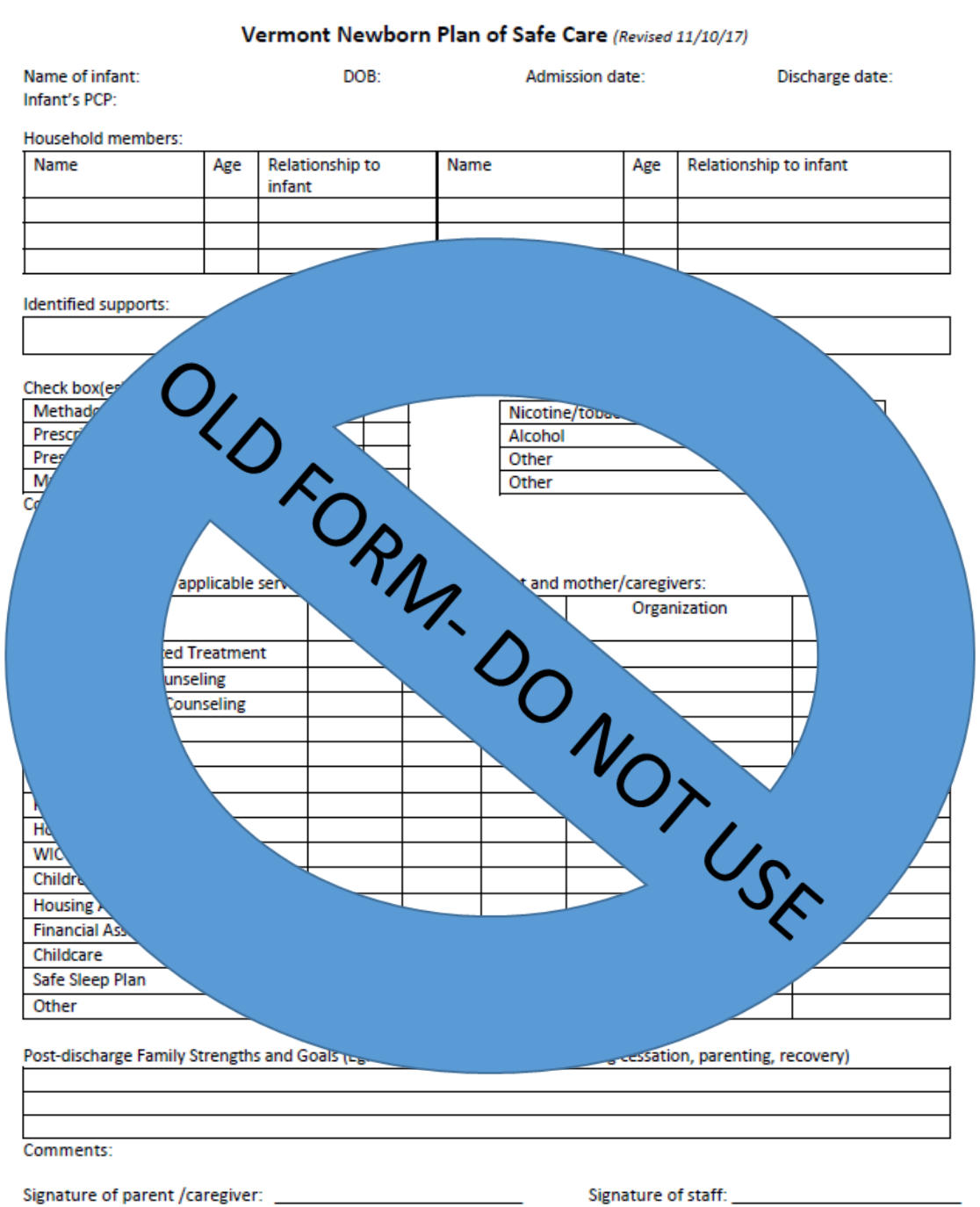
Vermont POSC: 2017 edition



Vermont Newborn Plan of Safe Care *(Revised 11/10/17)*

Name of infant: DOB: Admission date: Discharge date:
Infant's PCP:

Household members:

Name	Age	Relationship to infant	Name	Age	Relationship to infant

Identified supports:

Check box(e

Methad		Nicotine/tob	
Prescr		Alcohol	
Pres		Other	
M		Other	

C

applicable serv t and mother/caregivers:

			Organization	
		ed Treatment		
		unseling		
		Counseling		
H				
WIC				
Childr				
Housing				
Financial As				
Childcare				
Safe Sleep Plan				
Other				

Post-discharge Family Strengths and Goals (E cessation, parenting, recovery)

Comments:

Signature of parent /caregiver: _____ Signature of staff: _____

OLD FORM- DO NOT USE

2021 updates:

- Added instructions
- Included areas for family supports and strengths
- Updated and added community supports
- More streamlined appearance to facilitate completion and integration into the hospital EHR if desired
- Now available as a fillable form on the updated DCF POSC website

NEW VT POSC

Vermont Newborn Plan of Safe Care (POSC)

INSTRUCTIONS

The Plan of Safe Care should be developed with the pregnant individual and other involved caregivers prenatally and completed after the infant is born. The goal of the POSC is to ensure infants and families are connected to supportive 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.

POSC INDICATION

☐ MAT ☐ Prescribed Opioids ☐ Prescribed Benzodiazepines ☐ Marijuana use (prescribed or recreational after 1st trimester)

DEMOGRAPHIC INFORMATION

Name of Parent:	Parent's DOB:	EDD:
Name of Infant:	Infant's DOB:	Infant discharge date:
Infant's primary care provider & contact information:		

HOUSEHOLD MEMBERS

Name	Relationship to Infant	Age	Name	Relationship to Infant	Age

CURRENT SUPPORTS (include emergency childcare contact and other support people)

Name	Role	Contact information

STRENGTHS AND GOALS *(ex: recovery, housing, parenting, smoking cessation, breastfeeding)*

SERVICES, SUPPORTS, and REFERRALS

Infant Supports

	Contact information	Status
Nurse home visiting (Home Health & Hospice, VNA, Children's Integrated Services Strong Families Vermont)		☐ Currently Receiving ☐ Discussed ☐ New referral placed ☐ Not applicable
Children's Integrated Services: Early Intervention		☐ Currently Receiving ☐ Discussed ☐ New referral placed ☐ Not applicable
Help Me Grow	Phone: 2-1-1 extension 6 or Online: https://helpmegrowvt.org/form/referral-form	☐ Currently Receiving ☐ Discussed ☐ New referral placed ☐ Not applicable
Pediatric specialist referral (NeoMed clinic)		☐ Currently Receiving ☐ Discussed ☐ New referral placed ☐ Not applicable

Caregiver Supports

	Contact information	Status
Medications for Addiction Treatment (MAT)	**	☐ Currently Receiving ☐ Discussed ☐ New referral placed ☐ Not applicable
Mental Health Counseling	**	☐ Currently Receiving ☐ Discussed ☐ New referral placed ☐ Not applicable
Substance Use Counseling	**	☐ Currently Receiving ☐ Discussed ☐ New referral placed ☐ Not applicable
Community Empaneled Team (ex. ChARM)	**	☐ Currently Receiving ☐ Discussed ☐ New referral placed ☐ Not applicable
Recovery Supports (ex. Recovery coaching, 12-step group)		☐ Currently Receiving ☐ Discussed ☐ New referral placed ☐ Not applicable
Case Management		☐ Currently Receiving ☐ Discussed ☐ New referral placed ☐ Not applicable
Smoking Cessation		☐ Currently Receiving ☐ Discussed ☐ New referral placed ☐ Not applicable
Parenting Supports		☐ Currently Receiving ☐ Discussed ☐ New referral placed ☐ Not applicable
Financial Supports (WIC, Fuel, Reach Up)		☐ Currently Receiving ☐ Discussed ☐ New referral placed ☐ Not applicable
Housing Supports		☐ Currently Receiving ☐ Discussed ☐ New referral placed ☐ Not applicable
Childcare Resources (Children's Integrated Services: Specialized Child Care)		☐ Currently Receiving ☐ Discussed ☐ New referral placed ☐ Not applicable
Transportation		☐ Currently Receiving ☐ Discussed ☐ New referral placed ☐ Not applicable
Legal Assistance		☐ Currently Receiving ☐ Discussed ☐ New referral placed ☐ Not applicable
Other		☐ Currently Receiving ☐ Discussed ☐ New referral placed ☐ Not applicable

**confidentiality must be protected, parent/caregiver may choose to disclose contact information or leave blank

PARENT/CAREGIVER PARTICIPATION

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.

Parent/Caregiver Signature: _____ **Date:** _____ ☐ Parent/caregiver declined participation

Staff Signature: _____ **Date:** _____

NOTES/FOLLOW-UP NEEDED

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

Poll #3

Who should receive a copy of the Plan of Safe Care?

A. Parents/caregivers
B. Infant's primary care provider
C. DCF
D. A and B
E. All of the above

Poll #3

Who should receive a copy of the Plan of Safe Care at hospital discharge (if there are no concerns for infant safety)?

A. Parents/caregivers
B. Infant's primary care provider
C. DCF
D. A and B
E. All of the above

A copy of the Plan of Safe Care should also be stored in the infant's medical record.

DCF should not receive a copy of the POSC when there are no concerns for infant safety. If a DCF report has been made AND accepted, DCF will complete their safe discharge planning process which includes similar information as a POSC.

Summary: Vermont POSC

The POSC IS:	The POSC is NOT:
A living document created with the pregnant individual.	A form just for hospitals and providers.
Document of current supports and strengths, needs, and new referrals.	Punitive.
Shared with the infant's primary care provider after birth and given to the caregiver.	Shared with DCF unless they are involved for child safety concerns.

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Requirement 4: Data Reporting

Required data to Children's Bureau:

- # 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

- Vermont opted to use the CAPTA notification form in combination with DCF reports

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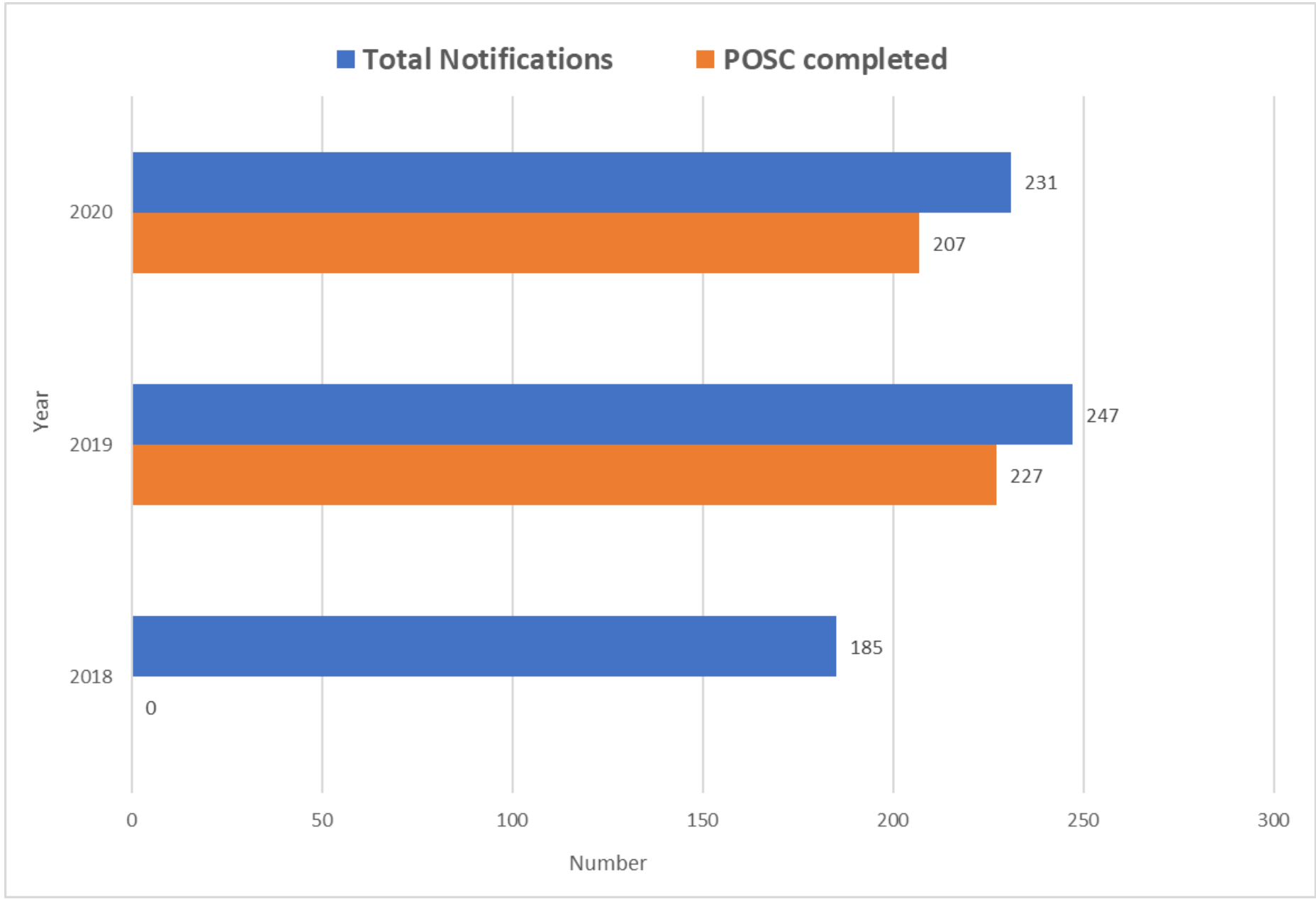
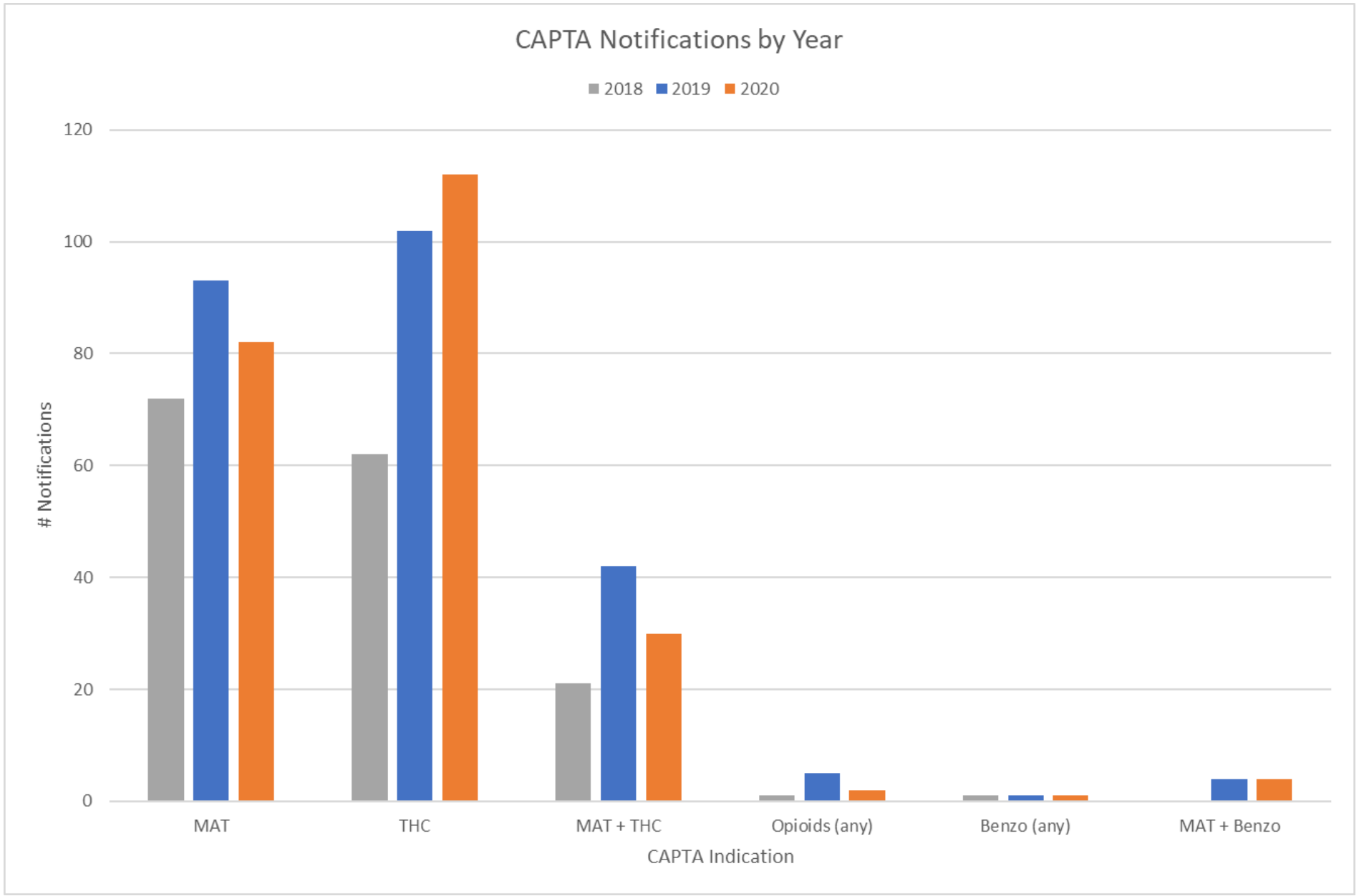

Total Notifications
POSC completed
Year
2020
2019
2018
231
207
247
227
185
0
0
50
100
150
200
250
300
Number


CAPTA Notifications by Year
2018
2019
2020
120
100
80
60
40
20
0
Notifications
MAT
THC
MAT + THC
Opioids (any)
Benzo (any)
MAT + Benzo
CAPTA Indication

Visit the NEW POSC page on the DCF Family Services website:

https://dcf.vermont.gov/fsd/partners/POSC

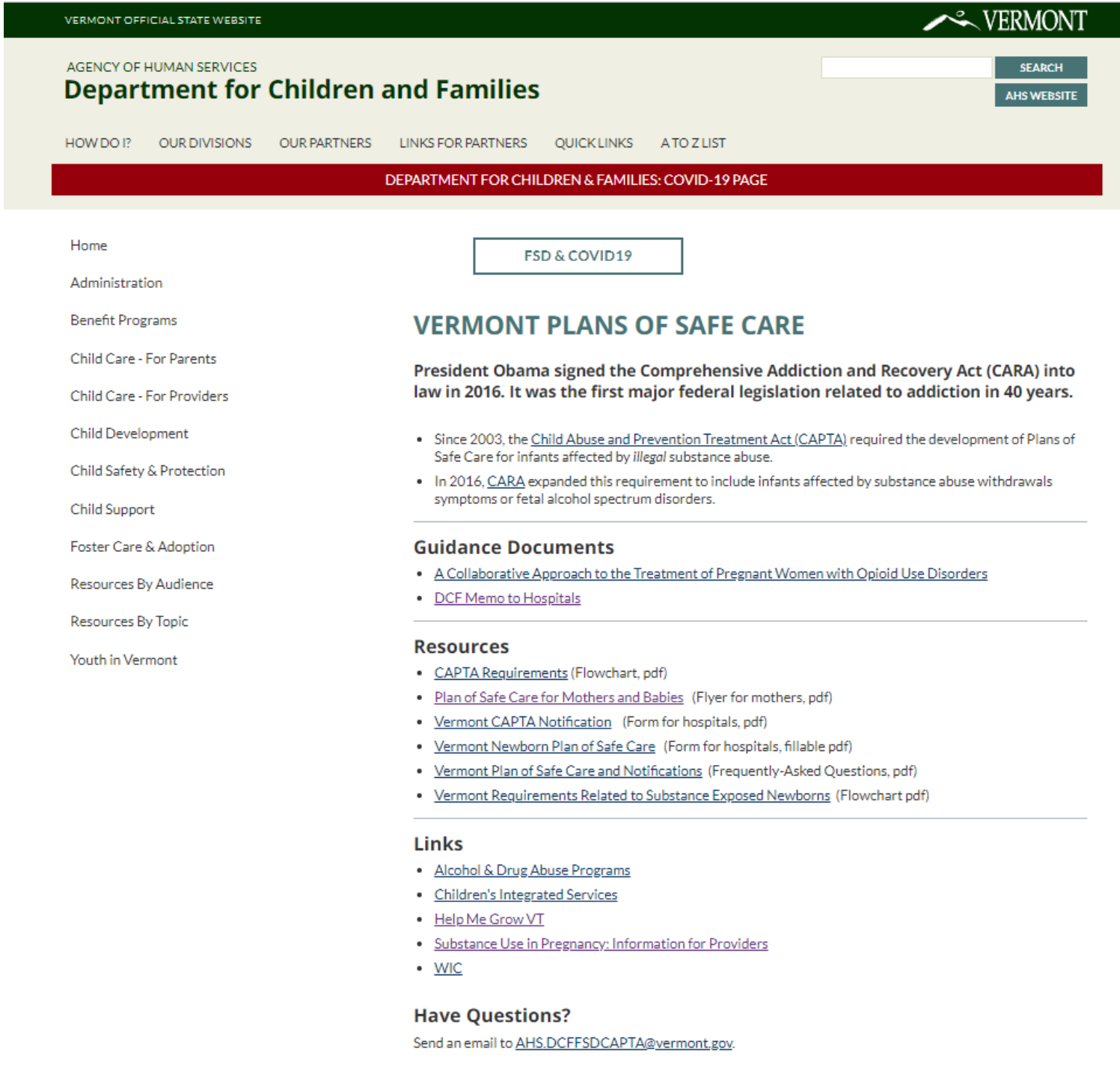
Send an email to:
AHS.DCFFSDCAPTA@vermont.gov

Where can I get more information?

Email me: michelle.shepard@med.uvm.edu

Recently Updated!

- POSC form for hospitals
- CAPTA notification form
- Frequently Asked Questions:
  - CAPTA notification
  - Vermont POSC
  - THC use in pregnancy
- POSC handout for families



VERMONT OFFICIAL STATE WEBSITE

VERMONT

AGENCY OF HUMAN SERVICES

Department for Children and Families

SEARCH

AHS WEBSITE

HOW DO I? OUR DIVISIONS OUR PARTNERS LINKS FOR PARTNERS QUICK LINKS A TO Z LIST

DEPARTMENT FOR CHILDREN & FAMILIES: COVID-19 PAGE

Home
Administration
Benefit Programs
Child Care - For Parents
Child Care - For Providers
Child Development
Child Safety & Protection
Child Support
Foster Care & Adoption
Resources By Audience
Resources By Topic
Youth in Vermont

FSD & COVID19

VERMONT PLANS OF SAFE CARE

President Obama signed the Comprehensive Addiction and Recovery Act (CARA) into law in 2016. It was the first major federal legislation related to addiction in 40 years.

- Since 2003, the Child Abuse and Prevention Treatment Act (CAPTA) required the development of Plans of Safe Care for infants affected by *illegal* substance abuse.
- In 2016, CARA expanded this requirement to include infants affected by substance abuse withdrawals symptoms or fetal alcohol spectrum disorders.

Guidance Documents

- A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders
- DCF Memo to Hospitals

Resources

- CAPTA Requirements (Flowchart, pdf)
- Plan of Safe Care for Mothers and Babies (Flyer for mothers, pdf)
- Vermont CAPTA Notification (Form for hospitals, pdf)
- Vermont Newborn Plan of Safe Care (Form for hospitals, fillable pdf)
- Vermont Plan of Safe Care and Notifications (Frequently-Asked Questions, pdf)
- Vermont Requirements Related to Substance Exposed Newborns (Flowchart pdf)

Links

- Alcohol & Drug Abuse Programs
- Children's Integrated Services
- Help Me Grow VT
- Substance Use in Pregnancy: Information for Providers
- WIC

Have Questions?

Send an email to AHS.DCFFSDCAPTA@vermont.gov.

Updated for 2021!

*Contains details about the differences between CAPTA notifications and DCF reports

Frequently Asked Questions: Vermont CAPTA Notifications

Q: What is the purpose of the CAPTA notification?

Under the federal Child Abuse Prevention and Treatment Act (CAPTA), each state must provide the Children's Bureau with certain data regarding substance-exposed newborns. In Vermont the de-identified CAPTA notification form was developed to allow the Vermont Department for Children and Families (DCF) to compile de-identified data for this annual reporting.

Q: What is the difference between a DCF report and a CAPTA notification?

- A report to DCF is made by calling the child protection hotline, which includes identifying information to allow investigation into whether an assessment should be opened.
- A notification is made via secure fax or email and does not contain any identifying information as they are used for reporting purposes only.

Q: In what situations is a CAPTA notification made based on substance use during pregnancy?

When there are no child safety concerns, a notification is required if a pregnant individual:

- Was treated by a healthcare provider with any of the following: medications for addiction treatment (MAT), prescribed opioids for chronic pain, or prescribed benzodiazepines.
- And/or used prescribed or recreational marijuana after the first trimester.

Q: Who is responsible for making CAPTA notifications?

In Vermont, birth hospital staff complete CAPTA notifications. Each birth hospital should develop a protocol and work-flow for completing and sending CAPTA notification forms to DCF in a timely fashion.

Q: Should hospitals inform the family they are sending a CAPTA notification to DCF?

Hospital staff should be transparent and should emphasize that the notification does not contain any identifying information. Give a copy of the "Vermont Plan of Safe Care for Families" handout to the family to review.

Q: When should CAPTA notifications be made?

Notifications must be made after the infant is born, submitted at hospital discharge.

Q: How do hospitals submit a CAPTA notification?

Hospital staff can either fax the notification form to (802) 241-9060 or email a scanned copy to: AHS.DCFFSDCaptaNotification@vermont.gov An electronic system is currently under development.

Frequently Asked Questions: Vermont Newborn Plan of Safe Care

Q: What is the purpose of the Plan of Safe Care (POSC)?

Under the federal Child Abuse Prevention and Treatment Act (CAPTA), a POSC should be developed for all infants exposed to substances during pregnancy. Each state had to create their own POSC document and process for completion. In Vermont, the goal of the POSC is to ensure that substance exposed infants and their families are connected to appropriate resources and services in their communities.

Q: In what situations is a POSC required based on substance use during pregnancy?

In Vermont, a POSC is required for infants when the pregnant individual:

- Was treated by a healthcare provider with any of the following: medications for addiction treatment (MAT), prescribed opioids for chronic pain, or prescribed benzodiazepines.
- And/or used prescribed or recreational marijuana after the first trimester.

Give a copy of the "Vermont Plan of Safe Care for Families" handout to the family to review.

In addition, a Vermont CAPTA notification should be completed. See "Frequently Asked Questions: Vermont CAPTA Notifications" for more details.

Q: Who completes the POSC?

The POSC should be developed with the pregnant individual and other involved caregivers. Ideally the POSC should be started prenatally at the obstetric/midwifery office or by MAT providers. The POSC would then be shared with the birth hospital staff for completion after the infant is born. Each birth hospital should identify a work-flow for POSC completion. This includes identifying care managers, social work, and/or nursing staff who will work with families to review and complete the POSC.

Q: When is the POSC completed?

In Vermont, birth hospital staff must complete a POSC after birth for newborns exposed to prescribed medications (MAT, opioids, or benzodiazepines) or marijuana (after the first trimester). Ideally the POSC should be started prenatally and must be completed prior to hospital discharge.
*Note: If a DCF report has been made and an assessment is opened, DCF will complete the POSC.

Q: Who should receive a copy of the POSC?

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 stored in the infant's medical record and the family should also receive a copy that they may choose to share with other providers.
*Note: the completed POSC forms should not be shared with DCF.

Q: What if the pregnant individual/caretakers decline to participate in POSC development?

The goal is to involve families in the POSC process; however, they may decline. In these instances, hospital staff should complete the POSC with available information and share it with the infant's primary care provider at discharge. The refusal to develop a POSC does not warrant a DCF child protection report if no child safety concerns are present.

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Q: What about other drug or alcohol use during pregnancy? Is a POSC required?
A POSC should be completed prior to hospital discharge for newborns exposed to prescribed medications (MAT, opioids, or benzodiazepines) or marijuana (after the first trimester). In other situations, a DCF report may be indicated and if accepted DCF would complete the POSC.

The following situations meet DCF's report acceptance criteria for substance use during pregnancy:

- A pregnant individual reports (or a healthcare provider certifies) the use of an illegal substance, use of non-prescribed prescription medication, or misuse of prescription medication during the last trimester of pregnancy.
- Concern that the pregnant individual's substance use constitutes a significant threat to an infant's health or safety (with the goal to address the safety concerns prior to birth).
- A newborn has a positive confirmed toxicology result (urine, meconium or cord) for an illegal substance or non-prescribed medication.
- A newborn develops signs or symptoms of withdrawal (neonatal abstinence syndrome) as the result of exposure to an illegal substance, use of non-prescribed medications, misuse of prescribed medication, or due to undetermined exposure.
- A newborn is suspected to have fetal alcohol spectrum disorder (FASD), or the pregnant individual had active alcohol use disorder during the last trimester of pregnancy.

Q: What if a pregnant individual resides in another state but delivers in Vermont?

A Vermont POSC should be completed prior to hospital discharge for all infants born in Vermont if there are no child safety concerns and the substance exposure consists of prescribed medications (MAT, opioids, or benzodiazepines) or marijuana (after the first trimester). The completed POSC is sent to the infant's primary care provider, regardless of the state they practice. In addition, a de-identified Vermont CAPTA notification form should be sent to Vermont DCF for tracking.
*Note: If an assessment has been opened by Vermont DCF or the child protective services agency in the state of residence, that office will complete the POSC as part of the infant discharge planning process.

Q: What if a newborn is transferred to another hospital, who is responsible for completing the POSC?

The hospital discharging the infant is responsible for the completing the POSC.

Q: Can hospitals make modifications to the POSC form?

Hospitals can make modifications to the Plan of Safe Care template as long as no content is removed. In addition, hospitals may choose to incorporate the POSC into their electronic health record system.

Q: Where can hospital staff find the POSC form?

The DCF Family Services Division website has the most updated version of the POSC and supporting documents.
https://dcf.vermont.gov/fsd/partners/POSC

Q: Who can hospital staff contact if they have questions?

Questions can be emailed to AHS.DCFFSDCAPTA@vermont.gov or call 802-760-0476 and ask to speak with DCF's Policy and Planning Manager.

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Frequently Asked Questions: Marijuana Use in Pregnancy

Q: When should healthcare providers ask pregnant individuals about marijuana use?

Conversations about substance use including marijuana, alcohol, tobacco, and other drugs should occur at every prenatal visit in an open, non-judgmental fashion.

Q: How should healthcare providers ask about marijuana use?

Prenatal providers should develop a work-flow for universal screening of pregnant individuals for substance use using questionnaires or verbally. Results should be documented to allow follow-up at subsequent visits.
For more information and resources, visit the Vermont Department of Health's One More Conversation campaign website: https://www.healthvermont.gov/family/pregnancy/substance-use-pregnancy-information-providers

Q: What should I do if a pregnant individual discloses marijuana or other substance use?

First, thank them for their honesty. Then ask about reasons for using and whether they have interest in cutting back or stopping use. Discuss any concerns they have around effects on their baby and provide both verbal and written information about the impact of substance use on development. Consider referring for substance use counseling or treatment if indicated.

Q: How are infants affected by marijuana use during pregnancy and breastfeeding?

Current data suggests marijuana use during pregnancy may impact fetal growth and development. Some studies also show long-term effects on attention and behaviors in school age children exposed to marijuana during pregnancy. Tetrahydrocannabinol (THC), the active ingredient in marijuana is concentrated in fat cells, easily passing into breastmilk and may cause sedation, poor feeding and problems with weight gain of infants who are breastfed.

Q: Marijuana use is legal in Vermont, what about federal laws regarding marijuana use in pregnancy?

Under federal law, each state must provide the Children's Bureau with certain data regarding substance-exposed newborns. In addition, this legislation states a Plan of Safe Care (POSC) should be developed for all infants exposed to substances during pregnancy. Each state created their own process, in Vermont the de-identified Child Abuse Prevention and Treatment Act (CAPTA) notification form was developed. Please see "Frequently Asked Questions: Vermont Plan of Safe Care" and "Frequently Asked Questions: Vermont CAPTA Notifications" for more information.

Q: When is a Plan of Safe Care (POSC) and CAPTA notification required?

When there are no child safety concerns, a POSC and CAPTA notification form is required if a pregnant individual:

- Was treated by a healthcare provider with any of the following: medications for addiction treatment (MAT), prescribed opioids for chronic pain, or prescribed benzodiazepines.
- And/or used prescribed or recreational marijuana after the first trimester.

Q: What if a pregnant individual stopped using marijuana after discovering they are pregnant?

If a pregnant individual stops using marijuana in the first trimester a POSC and CAPTA notification are not required. If use continues into the second or third trimester of pregnancy a POSC and CAPTA notification should be completed.

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FAQs: Marijuana Use in Pregnancy (continued)

Q: In what situations is a DCF report made based on substance use during pregnancy?

The following situations meet Vermont's report acceptance criteria:

- A pregnant individual reports (or a healthcare provider certifies) the use of an illegal substance, use of non-prescribed prescription medication, or misuse of prescription medication during the last trimester of pregnancy.
- Concern that the pregnant individual's substance use constitutes a significant threat to an infant's health or safety (with the goal to address the safety concerns prior to birth).
- A newborn has a positive confirmed toxicology result (urine, meconium or cord) for an illegal substance or non-prescribed medication.
- A newborn develops signs or symptoms of withdrawal (neonatal abstinence syndrome) as the result of exposure to an illegal substance, use of non-prescribed medications, misuse of prescribed medication, or due to undetermined exposure.
- A newborn is suspected to have fetal alcohol spectrum disorder, or the pregnant individual had active alcohol use disorder during the last trimester of pregnancy.

Q: Why isn't the use of marijuana during pregnancy a DCF report?

Effective November 1, 2017, DCF no longer accepts reports where the sole concern is regarding marijuana use during pregnancy. While some studies have suggested that prenatal exposure to marijuana may be harmful, there is lack of sufficient evidence to warrant a child protection intervention.

Q: What if hospital staff believe a pregnant individual's use of marijuana is impacting their ability to safely parent their newborn?

A report to DCF should be made via the child protection hotline at 1-800-649-5285 in any situation where there is a concern for infant safety.

Q: Where can prenatal providers go for more information and educational materials on marijuana use during pregnancy?

- The Vermont Department of Health Substance Use in Pregnancy Information for Providers:
  One More Conversation https://www.healthvermont.gov/family/pregnancy/substance-use-pregnancy-information-providers
- Centers for Disease Control and Prevention: https://www.cdc.gov/marijuana/factsheets/pregnancy.htm

Q: Where can hospital staff find the POSC and CAPTA notification forms?

The DCF Family Services Division website has the most updated version of these forms and supporting documents.
https://dcf.vermont.gov/fsd/partners/POSC

Q: Who can hospital staff contact if they have questions?

Questions can be emailed to AHS.DCFFSDCAPTA@vermont.gov or call 802-760-0476 and ask to speak with DCF's Policy and Planning Manager.

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Vermont POSC Parent Handout- revised for 2021

Vermont Plan of Safe Care for Families

What is a Plan of Safe Care?

The Plan of Safe Care is a document created with your help listing current supports and strengths your family has and any new community resources or referrals you may need after your baby is born. This plan will help your family and the infant's primary care provider communicate and be sure you have all the supports and services you need.

Who needs a Plan of Safe Care?

In Vermont, a Plan of Safe Care is developed when certain prescription medications or substances are used during pregnancy including:

- Prescribed medications for addiction treatment (MAT)
- Prescribed opioids for chronic pain
- Prescribed benzodiazepines
- Prescribed or recreational marijuana use continuing after the first trimester

What will be in your plan?

- Information about your current supports and services
- Information about new resources or referrals placed after the baby is born.
  Examples include: home health/nurse home visiting, parenting and recovery supports, financial or housing supports, and medical or developmental referrals.

Who keeps the plan?

You'll get a copy and one will be sent to your baby's primary care provider. A copy will also be stored in your baby's medical record.

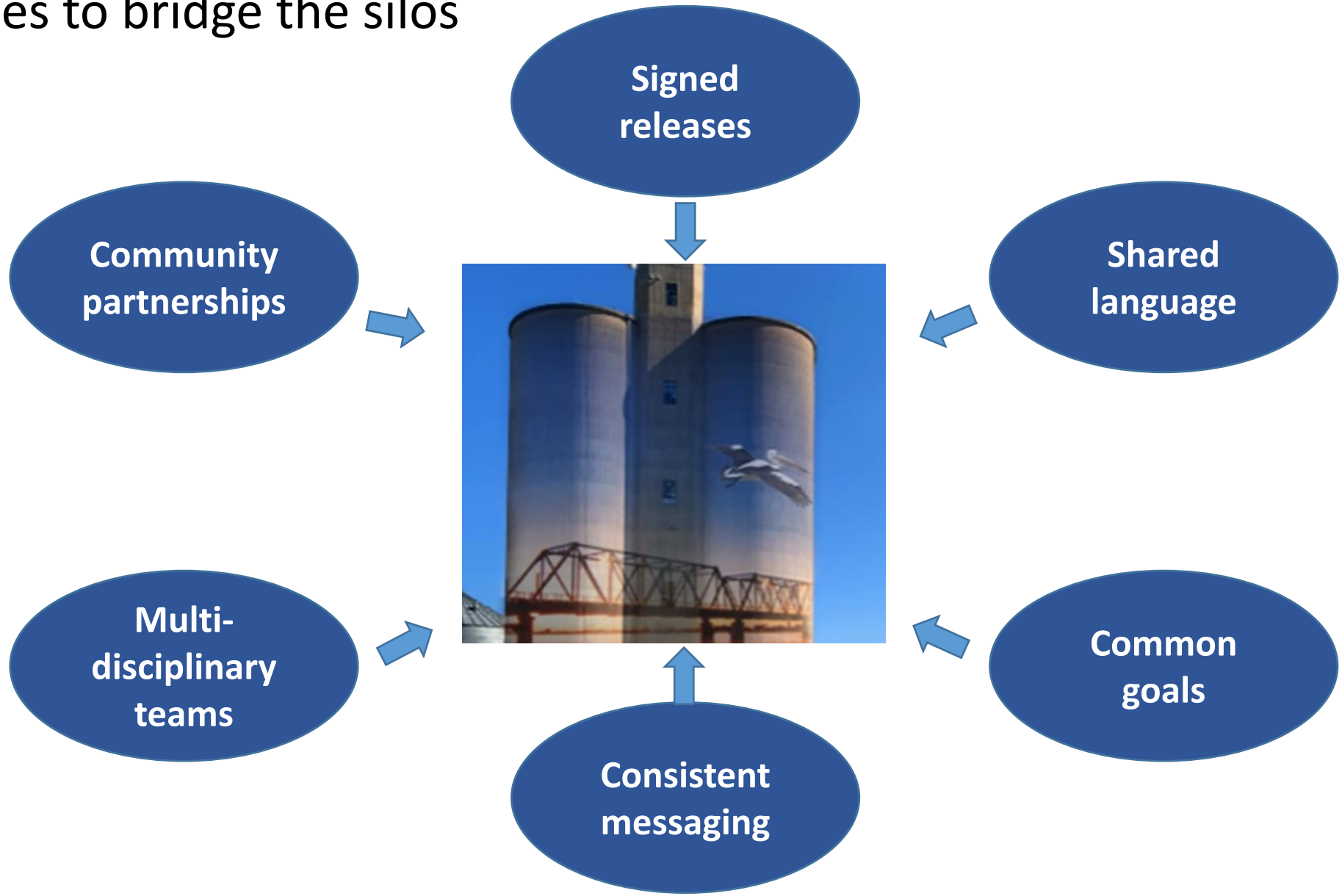
Will the hospital provide information about me or my newborn to DCF?

- The use of prescribed MAT, opioids, or benzodiazepines as directed by a health care provider and/or marijuana use during pregnancy are not reported to DCF when there are no child safety concerns.
- The federal government requires states to track the number of babies exposed to substances. In Vermont, a de-identified notification form was made. This form has no names, birth dates, or other identifying information and is sent to the Family Services Division for tracking purposes only.
- A report containing information is made to the Vermont Department for Children and Families (DCF) only if:
  - There are concerns for your infant's safety.
  - There was use of illegal substances, non-prescribed medications, or misuse of prescribed medications during the third trimester of pregnancy (reported, found on screening tests, or infant has withdrawal)
  - Your baby is suspected of having Fetal Alcohol Spectrum Disorder or there was active alcohol use disorder in the third trimester of pregnancy.

Where can I get more information?

Talk to your obstetrical care provider if you have any questions about the Plan of Safe Care.

Strategies to bridge the silos



Barriers

Shame

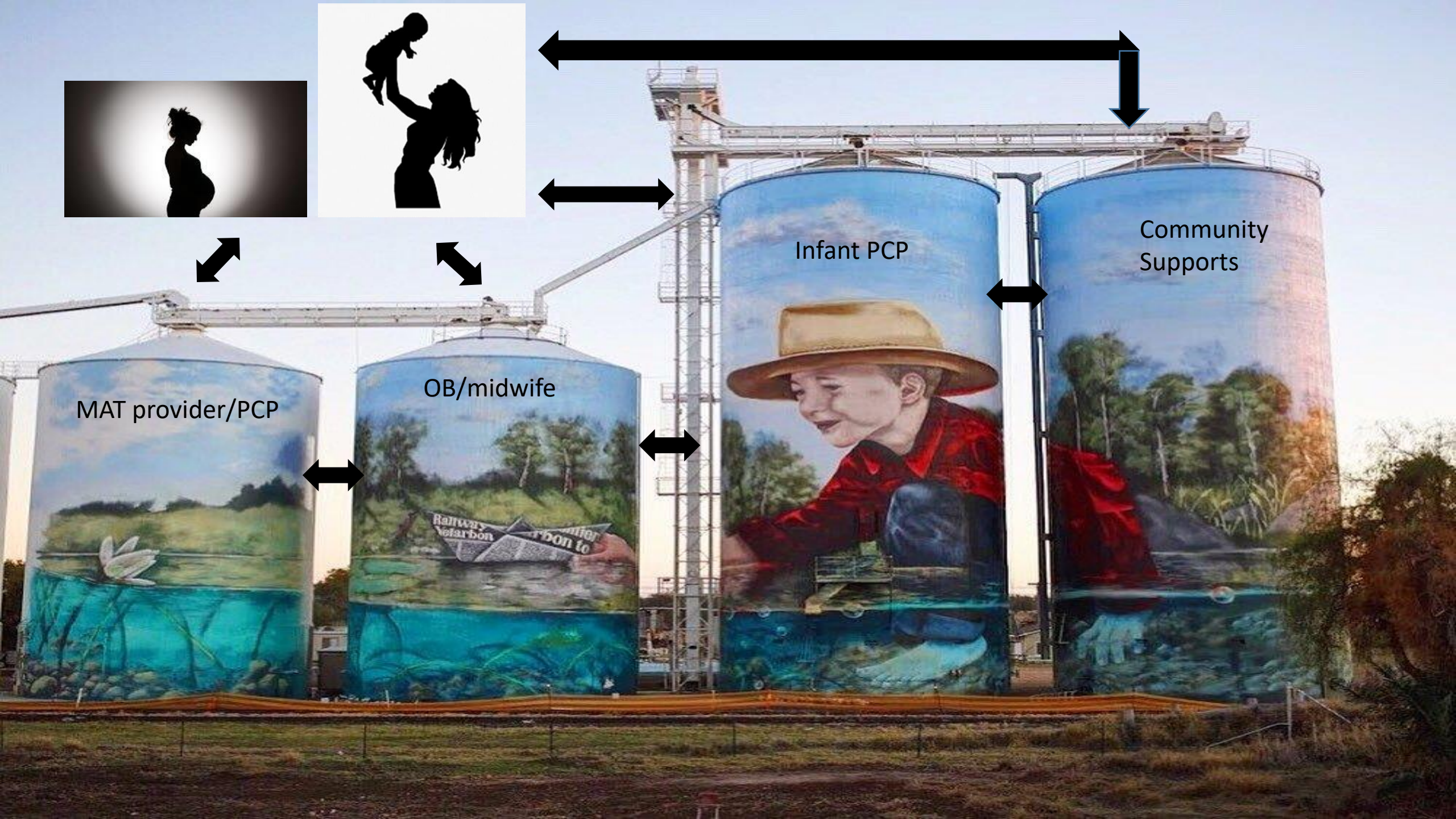
Isolation

Poor Communication

Fear

Uncertainty

Stigma


MAT provider/PCP
OB/midwife
Infant PCP
Community Supports

Early communication and clear messaging is key!

Combat fear with facts:

- Reinforce that MAT is the best treatment for OUD in pregnancy and is SAFE for mom and baby. Stopping MAT puts both at risk.
- In VT DCF does not get involved unless there are child safety concerns- MAT or THC use alone do NOT trigger involvement

Empower women to ask questions and seek answers:

- What will it be like in the hospital after the baby is born?
- Will my baby have withdrawal? What are the symptoms? How long does it last? How is it treated?

Fight stigma with TRUTH:

- Encourage women to be open and honest with all their providers.
- Help women feel pride in their recovery!

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Prepare families: What happens after birth?

Birth hospital staff

- Support families in caring for their infant
- Encourage and assist with breastfeeding (true contraindications very rare)
- Monitor for signs and symptoms of withdrawal (neonatal abstinence syndrome) using tools such as the Eat, Sleep, Console Care Tool
  - All infants are monitored for several days
  - Infants that have symptoms requiring medication treatment will need to stay in the hospital longer
- Complete the Plan of Safe Care with involved family/caregivers and send to the infant's PCP at hospital discharge

**Assuming no child safety concerns- if concerns are present a DCF intake is completed and they complete a POSC

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Goals Moving Forward

- Reinforce community partnerships:
  - Connect MAT providers, OB/midwifery practices and pediatric/family practice offices
  - Increase participation in county based multidisciplinary teams
  - Encourage parents to schedule a prenatal meet and greet visit with the baby's primary care provider

- Provide education:
  - Current survey to Vermont providers to identify gaps in resources and need for further education around the POSC

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Questions???

It takes a village!

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  - Marjorie Meyer, MD
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- **Vermont Department of Health: Division of Maternal and Child Health**
  - Ilisa Stalberg, MSS, MSLP
- **Department of Children and Families: Family Services Division**
  - Suzanne Shibley, MBA
- **Kidsafe Collaborative:**
  - Sally Borden, Executive Director

CAPTA related questions: AHS.DCFFSDCAPTA@vermont.gov
ICON Website: https://www.med.uvm.edu/vchip/icon
DCF POSC Website: https://dcf.vermont.gov/fsd/partners/POSC

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