

# Perspectives from the Field: Testing Revisions to the Vermont Plan of Safe Care

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With introduction by: Michelle Shepard, MD, PhD  
UVM Larner College of Medicine & UVM Children's Hospital



# Disclosures

None of today's presenters have relevant financial relationships to disclose or conflicts of interest to resolve.

# Objectives

- Review CAPTA and CARA legislation
- Understand the Vermont specific Plan of Safe Care and CAPTA notification processes and documentation
- Review revisions to the Vermont Plan of Safe Care and supporting documents
  
- List three potential benefits for women, infants and families regarding the POSC and CAPTA notification process.
- Recognize the basic elements of the POSC/CAPTA notification process within NVRH's workflow example and assess and compare this to your organizations current workflow and your understanding of this process.
- Identify several potential barriers to completing the POSC and CAPTA notification process and name at least three ideas or strategies which may help to reduce these barriers.

# CAPTA- Child Abuse Prevention and Treatment Act

1974

- Enacted to provide federal funding to support prevention, assessment, investigation, prosecution, and treatment activities related to child abuse and neglect

2003

- Amendment: governors must assure policies and procedures are in place to address the needs of infants *“born with and identified as being affected by **illegal** substance abuse or withdrawal symptoms resulting from prenatal drug exposure”*
- Plan of Safe Care

2010

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

2016

- Amendment: clarified population requiring a Plan of Safe Care: *“born with and identified being affected by **illegal** substance abuse withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder”*

CARA



# CARA- Comprehensive Addiction and Recovery Act

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

## Requirements:

1. Healthcare providers caring for affected infants must “notify” child protective services (each State sets up their own definitions and systems)
2. A Plan of Safe Care must be developed for affected infants
3. States must report annually to the Children’s Bureau the numbers of:
  - affected infants born
  - infants that had a POSC developed
  - infants for whom a referral was made for appropriate services

# Goals of the Vermont POSC

- Continue to support pregnant individuals who are currently engaged or seeking treatment for substance use disorders.
- Support the existing relationships between the pregnant individual 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.

# Common Misconceptions

## The POSC IS:

A living document created with the pregnant individual.

Document of current supports and strengths, needs, and new referrals.

Shared with the infant's primary care provider after birth and given to the caregiver.

## The POSC is NOT:

A form just for hospitals and providers.

Punitive.

Shared with DCF unless they are involved for child safety concerns.

# Timeline- VT POSC

- Sept- Dec 2017: Policy Academy Team develops the Vermont POSC and supporting documents
- Nov 2017- March 2018: education and implementation of the POSC process at Vermont community birth hospitals
- Dec 2018- March 2019: Nursing honors student conducts survey of birth hospital use of the Vermont POSC
- May-Dec 2019: Policy Academy Team reconvenes and begins collecting information and revising the POSC
- Jan- Oct 2020: multiple revision cycles of the POSC, CAPTA notification form and supporting documents
- November 2020: final updated documents and new DCF FSD website launched

# Updates to the Original Vermont POSC

- 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
- Will be available as a fillable form on the new DCF POSC website

## Vermont 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 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.

### DEMOGRAPHIC INFORMATION:

Name of Parent:	Parent's DOB:		
Name of Infant:	Infant's DOB:	Infant's date of discharge:	
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 (VNA) Children's Integrated Services: Strong Families VT Home Visiting		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Children's Integrated Services: Early Intervention Specialized Child Care		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Help Me Grow	Phone: 2-1-1 extension 6 <u>or</u> Online: <a href="https://helpmegrowvt.org/form/referral-form">https://helpmegrowvt.org/form/referral-form</a>	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Pediatric specialist referral (ex. <del>Neomed</del> clinic)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable

## Vermont POSC (continued)

Caregiver Supports	Contact information	Status
Medications for Addiction Treatment (MAT)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Mental Health Counseling		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Substance Use Counseling		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Community Empaneled Team (ex. <del>ChARM</del> )		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Recovery Supports (ex. coaching, 12-step group)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Case Management		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Smoking Cessation		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Parenting Supports		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Financial Supports (WIC, Fuel, Reach Up)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Housing Supports		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Childcare Resources		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Transportation		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Legal Assistance		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Other		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable

### 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 declined participation

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

# 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

# When is a DCF report made?

## 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

# Vermont CAPTA Notification

- Form sent to DCF FSD for tracking and reporting numbers
- De-identified- no names, DOB, or medical record numbers
- Required for infants exposed to the following substances during pregnancy:
  - Medications for addiction treatment (MAT)
  - Prescribed opioids for pain
  - Prescribed benzodiazepines
  - Marijuana (prescribed or recreational)

## 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, social security 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](mailto:AHS.DCFFSDCaptaNotification@vermont.gov) (No cover sheet necessary)

**Reminder:** For any concerns about child safety or prenatal use of illegal substances, non-prescribed prescription medications, or misuse of prescribed medications a report should be made via the DCF child protection hotline at 1-800-649-5285. Cases of suspected Fetal Alcohol Spectrum Disorder or maternal alcohol intake with suspected effects on the infant should also be reported to DCF via the child protection hotline. For reports that are accepted by DCF, the POSC and CAPTA tracking 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

The pregnant individual used the following additional substances during pregnancy:

- Alcohol
- Nicotine/Tobacco/E-cigarettes
- 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)

### Vermont Hospital Codes

University of Vermont Medical Center	UVM
Brattleboro Memorial Hospital	BMH
Copley Hospital	CH
Central Vermont Medical Center	CVMC
Gifford Medical Center	GMC
North Country Hospital	NCH
Northeastern Vermont Regional Hospital	NVRH
Northwestern Medical Center	NMC
Porter Medical Center	PMC
Rutland Regional Medical Center	RRMC
Southwestern Vermont Medical Center	SVMC

For questions about the Vermont Plan of Safe Care or the CAPTA/DCF notification, please visit the Department for Children and Families website at: <https://dcf.vermont.gov/fsd/partners> or email [AHS.DCFFSDCAPTA@vermont.gov](mailto:AHS.DCFFSDCAPTA@vermont.gov)

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

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

### Resources:

- POSC handout for families
- Flowcharts

### Recently Updated!

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

VERMONT OFFICIAL STATE WEBSITE

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](mailto:AHS.DCFFSDCAPTA@vermont.gov).

# What happens after birth?



## Birth hospital staff

- Help monitor for signs and symptoms of opioid withdrawal (neonatal abstinence syndrome)
- Support families in caring for their infant
- Encourage and assist with breastfeeding
- Complete the Plan of Safe Care before discharge to send to the infant's PCP\*\*
- Send a de-identified CAPTA notification to DCF for annual reporting to the Children's Bureau\*\*

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

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# Northeastern Vermont Regional Hospital Women's Wellness Center / Birth Center: Who We Are

- ❖ **NVRH** is a 25-bed critical access hospital, multiple primary care clinics, specialty and surgical services, birth center, and a 24-hour, physician-staffed emergency department.
- ❖ **NVRH - Women's Wellness Center**
  - Three CNMs
  - Three OB/GYNs
  - Two NPs
- ❖ **NVRH - Birth Center**
  - Average 205 Births/Year
  - POSC- 2 per month average (12% of our population)





**Crisis**

**危機**

**Danger + Opportunity**

## Crisis and Opportunity

For...

- Infants, Siblings
- Pregnant Women/Mothers
- Fathers / Partners
- Families including extended families
- Medical Providers and Health / Mental Health Systems
- Child Welfare Agencies
- Communities

**POSC Form Updates  
2017 to Present**

**2017  
Original VT POSC Form**

**2017- 2018  
Original VT POSC with edits**

**2019  
Adaptation NH's POSC with edits**

**2019-2020  
Current VT POSC Form**

**2020  
DRAFT VT POSC Form**

**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(es) next to applicable criteria:

Methadone / Buprenorphine	<input type="checkbox"/>
Prescribed opioids for chronic pain	<input type="checkbox"/>
Prescribed benzodiazepines	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>

Additional exposures:

Nicotine/tobacco	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>
Other	<input type="checkbox"/>
Other	<input type="checkbox"/>

Comments:

Check box(es) for all applicable services and new referrals for infant and mother/caregivers:

	Discussed	Current	New Referral	Organization	Contact person (if applicable)
Medication Assisted Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Mental Health Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Substance Abuse Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12 Step Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Recovery Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Smoking Cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Parenting Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Home visiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Children's Integrated Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Housing Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Financial Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Safe Sleep Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Post-discharge Family Strengths and Goals (Eg: breastfeeding, housing, smoking cessation, parenting, recovery)


Comments:

Signature of parent /caregiver: \_\_\_\_\_

Signature of staff: \_\_\_\_\_

## Supported Care for Mothers and Infants

I. PLAN OF SAFE CARE (POSC)	
This POSC, developed collaboratively with the mother and other involved caregivers, reinforces existing supports and coordinates referrals to new services to help infants and families stay safe and connected when they leave the hospital. The POSC must be given to the mother upon discharge and should go to the infant's primary care provider along with the infant's other medical records. Providers should encourage the mother to share the POSC with those who do and will provide her services and supports. The POSC includes private health information. For an electronic version of this form, visit: <a href="https://nhcenterforexcellence.org/governors-commission/perinatal-substance-exposure-task-force/plans-of-safe-care-posc/">https://nhcenterforexcellence.org/governors-commission/perinatal-substance-exposure-task-force/plans-of-safe-care-posc/</a> .	

II. DEMOGRAPHIC INFORMATION	
Name of Mother:	Mother's Medical Providers:
Name of Father:	Infant's Medical Providers:
Name of Infant:	Mother's Admission Date:
Name of Other Caregiver (if relevant):	Mother's Discharge Date:
Infant's DOB:	Infant's Discharge Date:
Mother's Phone Number:	Father's Phone Number:
Mother's Health Insurance:	Other Caregiver's Phone Number:
Current Address:	

III. CURRENT SUPPORTS (e.g. partner/spouse, family/friends, counselor, spiritual faith/community, recovery community, etc.)

IV. STRENGTHS AND GOALS (e.g. breastfeeding, parenting, housing, smoking cessation, in recovery)

V. HOUSEHOLD MEMBERS					
Name	Relationship to Infant	Age	Name	Relationship to Infant	Age

VI. EMERGENCY CHILDCARE CONTACT/OTHER PRIMARY SUPPORTS		
Name	Relationship to Infant	Phone Number

VII. NOTES/HELP NEEDED (please time/date entries)

VIII. SERVICES, SUPPORTS and NEW REFERRALS					
	Discussed	Active	Referred	Contact Name	Organization/Phone Number
Visiting Nurse Association (VNA)					
Women, Infants, and Children Program (WIC)					
health insurance enrollment					
Family Resource Center (FRC)					
parenting classes					
safe sleep education/plan					
childcare					
other home visiting					
Early Supports and Services					
voluntary child welfare services					
family planning					
mental health					
smoking cessation/no smoke exposure					
housing assistance					
Temporary Assistance for Needy Families (TANF)					
financial assistance					
transportation					
legal assistance					
personal security/Domestic Violence					
substance use					
Medication Assisted Treatment					
recovery support services (e.g. recovery coaching, meetings)					
Drug Court participation					
Other ( )					
Other ( )					

IX. PRENATAL EXPOSURE		
	Y/N	Notes
Does the infant have prenatal substance exposure?		
Is the prenatal substance exposure a result of prescribed medication?		
Is there prenatal substance exposure in addition to prescribed medication?		

X. IS THE INFANT DISCHARGED IN THE CARE OF SOMEONE OTHER THAN THE MOTHER?		
Name:	Relationship to Infant:	Court Involvement (Y/N):
Phone Number/Address:		

XI. PARENT/CAREGIVER SIGNATURE	
I acknowledge I have participated in the development of this Plan of Safe Care, I have a copy of the Plan of Safe Care, I will share the Plan of Safe Care with my baby's primary care provider, and I will make reasonable efforts to follow-up with the services and supports listed above.	
Signature: _____	Date: _____

XII. STAFF SIGNATURE	
I, _____ provided _____ with the Plan of Safe Care upon discharge.	
Signature: _____	Date: _____

## Vermont Newborn Plan of Safe Care

I. VERMONT PLAN OF SAFE CARE (POSC)					
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.					
II. DEMOGRAPHIC INFORMATION:					
Name of Mother:		Mother's DOB:		EDD:	
Name of Infant:		Infant's DOB:		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.															
<p><b>Reminder:</b> 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.</p>															
<p><b>PRENATAL EXPOSURE (check all that apply):</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Medication Assisted Treatment (Methadone/Buprenorphine)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Prescribed opioids for chronic pain</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Prescribed benzodiazepines</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Marijuana (prescribed or recreational)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	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"/>	<p><b>OTHER EXPOSURES (check all that apply):</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Alcohol</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Nicotine/Tobacco/e-cigarettes</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other prescribed medications:</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Alcohol	<input type="checkbox"/>	Nicotine/Tobacco/e-cigarettes	<input type="checkbox"/>	Other prescribed medications:	<input type="checkbox"/>
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"/>														
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 <input type="checkbox"/> Copy in infant's chart <input type="checkbox"/> Copy given to family <input type="checkbox"/> CAPTA notification completed <input type="checkbox"/>															

**Please Fax copy of this form to infant's PCP, add ID with newborn's sticker and Send to HIM/Medical Records; proceed to CAPTA Notification.**

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>

## Vermont Plan of Safe Care (POSC)

<b>INSTRUCTIONS:</b>
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 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.

<b>DEMOGRAPHIC INFORMATION:</b>		
Name of Parent:	Parent's DOB:	
Name of Infant:	Infant's DOB:	Infant's date of discharge:
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

<b>STRENGTHS AND GOALS</b> (ex: recovery, housing, parenting, smoking cessation, breastfeeding)

SERVICES, SUPPORTS, and REFERRALS		
Infant Supports		
	Contact information	Status
Nurse home visiting (VNA) Children's Integrated Services: Strong Families VT Home Visiting		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Children's Integrated Services: Early Intervention Specialized Child Care		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Help Me Grow	Phone: 2-1-1 extension 6 or Online: <a href="https://helpmegrowvt.org/form/referral-form">https://helpmegrowvt.org/form/referral-form</a>	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Pediatric specialist referral (ex. <b>NeoMed</b> clinic)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable

## Vermont POSC (continued)

Caregiver Supports	Contact information	Status
Medications for Addiction Treatment (MAT)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Mental Health Counseling		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Substance Use Counseling		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Community Empaneled Team (ex. <b>CoARM</b> )		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Recovery Supports (ex. coaching, 12-step group)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Case Management		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Smoking Cessation		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Parenting Supports		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Financial Supports (WIC, Fuel, Reach Up)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Housing Supports		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Childcare Resources		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Transportation		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Legal Assistance		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Other		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable

<b>PARENT/CAREGIVER PARTICIPATION</b>
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. <input type="checkbox"/> Parent/caregiver declined participation
Signature: _____ Date: _____

<b>NOTES/FOLLOW-UP NEEDED</b>

<b>TRACKING</b>
Date POSC initiated: _____ Date(s) Revised: _____ Date Completed: _____
<input type="checkbox"/> Sent to infant's PCP <input type="checkbox"/> Copy in infant's chart <input type="checkbox"/> Copy given to family <input type="checkbox"/> CAPTA notification completed

# VT CAPTA Notification Form

## 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](mailto:AHS.DCFESDCaptaNotification@vermont.gov) (No cover sheet necessary)

## 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, social security 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](mailto:AHS.DCFFSDCaptaNotification@vermont.gov) (No cover sheet necessary)

**Reminder:** For any concerns about child safety or prenatal use of illegal substances, non-prescribed prescription medications, or misuse of prescribed medications a report should be made via the DCF child protection hotline at 1-800-649-5285. Cases of suspected Fetal Alcohol Spectrum Disorder or maternal alcohol intake with suspected effects on the infant should also be reported to DCF via the child protection hotline. For reports that are accepted by DCF, the POSC and CAPTA tracking 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

The pregnant individual used the following additional substances during pregnancy:

- Alcohol
- Nicotine/Tobacco/E-cigarettes
- 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)

### Vermont Hospital Codes

University of Vermont Medical Center	UVM
Brattleboro Memorial Hospital	BMH
Copley Hospital	CH
Central Vermont Medical Center	CVMC
Gifford Medical Center	GMC
North Country Hospital	NCH
Northeastern Vermont Regional Hospital	NVRH
Northwestern Medical Center	NMC
Porter Medical Center	PMC
Rutland Regional Medical Center	RRMC
Southwestern Vermont Medical Center	SVMC

For questions about the Vermont Plan of Safe Care or the CAPTA/DCF notification, please visit the Department for Children and Families website at: <https://dcf.vermont.gov/fsd/partners> or email [AHS.DCFFSDCAPTA@vermont.gov](mailto:AHS.DCFFSDCAPTA@vermont.gov)

# VT CAPTA & POSC FAQ's

## Frequently Asked Questions

1. *What is the difference between a report to Department for Children and Families (DCF) and a notification?*

A **report** to DCF occurs when there are child protection concerns by calling the child protection hotline.

A **notification** to DCF occurs when the newborn has been prenatally exposed to substances but there are no child protection concerns. A notification does not contain identifying information.
2. *Isn't prenatal substance exposure a child protection concern?*

DCF has identified those situations which meets Vermont's report acceptance criteria regarding prenatal substance exposure to be:

  - A physician certifies or the mother admits to use of illegal substances use of non-prescribed prescription medication, or misuse of prescription medication during the last trimester of her pregnancy.
  - When there is an allegation that there is likely to be a serious threat to a child's health or safety due to the mother's substance abuse during pregnancy, intervention before a child's birth may assist the family to remediate the issues and avoid the need for DCF custody after the birth.
  - A newborn has a positive toxicology screen for illegal or non-prescribed substances, other than solely marijuana
  - A newborn is being treated for NAS as the result of maternal use of illegal, non-prescribed, or misuse of prescribed medication, or due to undetermined exposure
  - A newborn has been diagnosed with fetal alcohol spectrum disorder
3. *Under what criteria do hospital staff make a notification to DCF?*

When there are no child protection concerns, Vermont has identified the following as a required notification:

  - Mother is stable and engaged in medication-assisted treatment with methadone or buprenorphine
  - Mother is being treated with opioids chronic pain by a physician
  - Mother is taking benzodiazepines as prescribed by her physician
  - Newborn was prenatally exposed to marijuana
4. *Who is responsible for making the notification?*

As stated in federal law, health care providers involved in the care and delivery of substance-exposed newborns are responsible for making a notification to DCF. This ideally takes place prior to the newborn's discharge.

# POSC Info Sheet for Moms

## 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



## *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.

**Patient Decline Note  
& Pediatrician to  
Birth Center Staff**

**Note to NVRH Birth Center Staff and Baby's Pediatrician  
re: Plan of Safe Care for Substance-Exposed Newborns**

Date: 9/4/20

**Mother:**

**Patient's DOB:**

**Baby's Due Date:**

**Baby's Name:**

**Baby's DOB:**

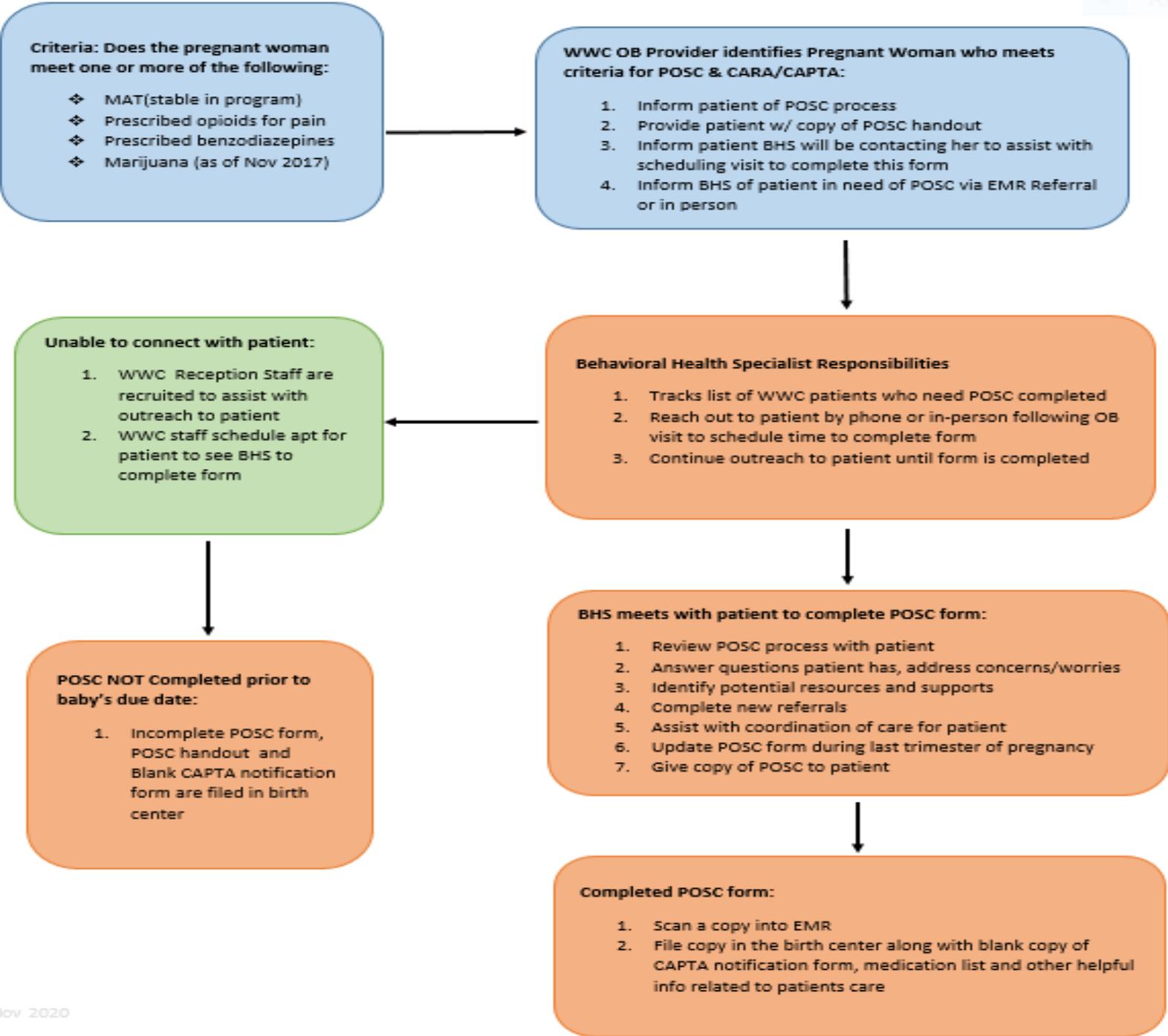
Dear Birth Center Staff and Baby's Pediatrician,

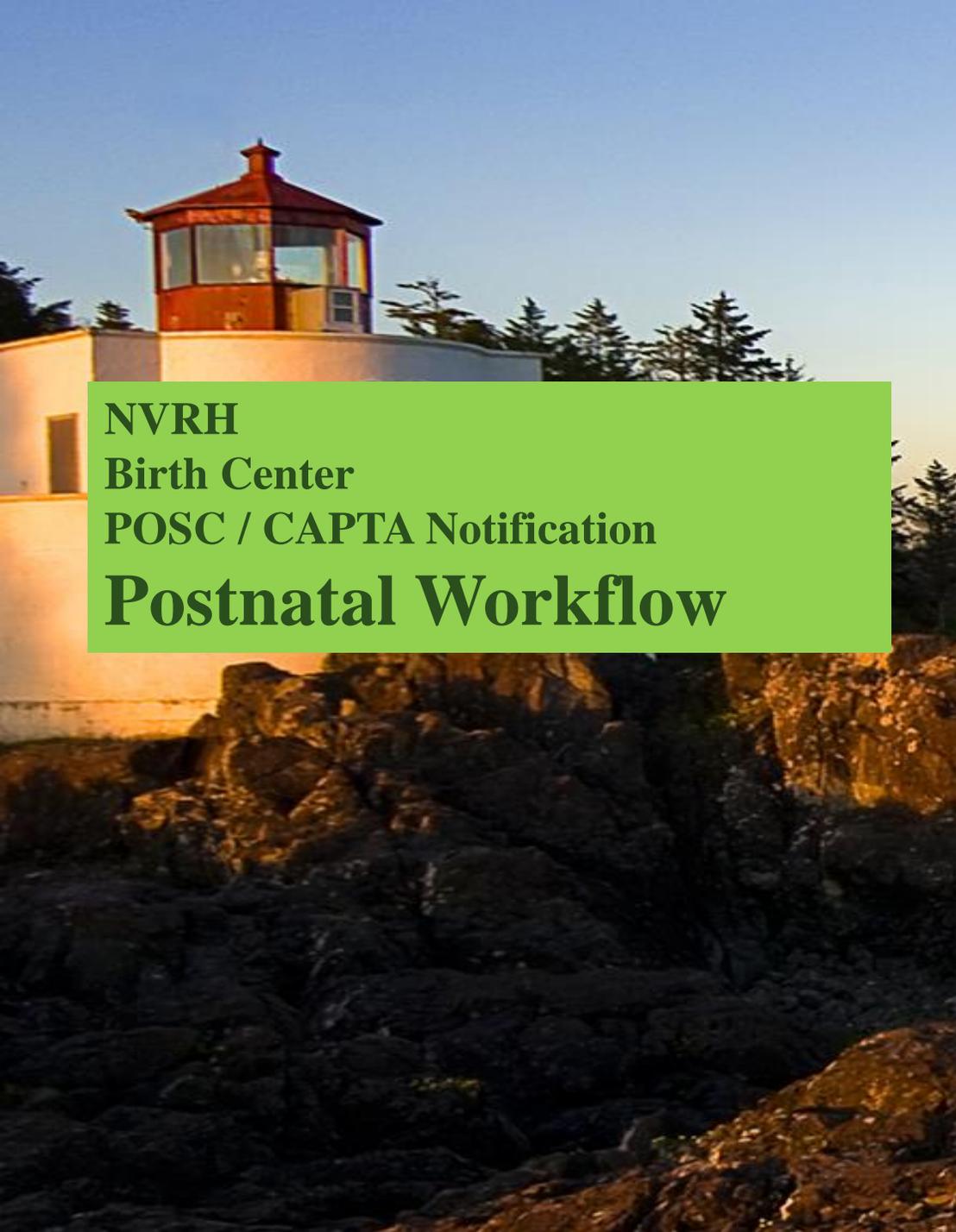
This note is to inform you that \_\_\_\_\_ has declined to complete the Plan of Safe Care (POSC) form.

*Per POSC FAQs: The goal is for all mothers/care takers to engage in the development of a Plan of Safe Care, but there will be times they will decline. In these instances, the health care providers will capture that information in the notification which will be faxed to DCF. Absent child protection concerns, the refusal to develop a Plan of Safe Care does not warrant a DCF child protection report.*

**Please Fax a copy of this note to infant's PCP, add ID with newborn's sticker and send to HIM/Medical Records; proceed to CAPTA Notification.**

**NVRH**  
**Women's Wellness Center**  
**POSC / CAPTA Notification**  
**Prenatal**  
**Workflow**





**NVRH  
Birth Center  
POSC / CAPTA Notification  
Postnatal Workflow**

**Prior to discharge of newborn:**

1. Birth center staff reviews POSC form with patient prior to discharge
2. Updates form with correct NB name, DOB, discharge date, NB PCP
3. Copy of form given to patient
4. Completes new referrals as needed



**Newborn is discharged:**

1. Fax POSC form to baby's PCP
2. Add ID with NB's sticker to completed POSC form
3. Send POSC form to HIM/Medical Records
4. Complete CAPTA Notification form and fax/scan to DCF



**Child Safety Concerns?**

YES



Complete DCF report to Central Intake; If report is accepted DCF will intervene and create a safety plan

NO



No DCF Report needed; or DCF Report NOT Accepted- DCF will not intervene

# DCF Considerations and Involvement

- ▶ Transparency re: mandated reporting
- ▶ Deciding when/if to make DCF Report
- ▶ To Inform Mother or Not?  
Weighing Potential Risks vs Benefits
- ▶ DCF is an Important Resource
- ▶ DCF reports can be made 30 days prior to EDD
- ▶ DCF assessments may begin one month prior to EDD or sooner if medical findings indicate the mother may deliver early
- ▶ If report is accepted, DCF will assess child safety and engage mother/parents in the development of a Safety Plan
- ▶ Supporting Infants / Women / Partners / Families – If an Infant is Placed in DCF Custody While in the Birth Center

# How Has Our Process Evolved Over Time?

- POSC Form
- Increased Comfort with Process
- More Flexibility, Patience & Creativity
- Greater Transparency
- Increased Collaboration
- More Strengths-Based, Woman and Family-Centered
- More Understanding & Supportive Approach, Less Punitive
- Greater Awareness of and Sensitivity to Bias, Stigma, Addiction, & Psychosocial Determinants of Health

# How has the Pandemic impacted our POSC and CAPTA Notification process?

**“Addiction can be very isolating. An antidote to this isolation is increasing their supports within the community.”**

**- Hendree Jones 10/6/20**



# Barriers/Challenges & What Has Helped?

## ❖ Organization

- ▶ Files, Folders, Checklists, Reminders, Prompts in EHR
- ▶ Workflows, Flowcharts
- ▶ Leadership alignment

## ❖ Bias, Stereotyping

- ▶ Staff Training, Support & Education
- ▶ Clinical Supervision
- ▶ Leading by example

## ❖ Communication

- ▶ Community Empaneled Teams (e.g. CHARM)
- ▶ Documentation & Secure Communication Tools
- ▶ Building and Nurturing Relationships with Care Team and Community Partners
- ▶ Ongoing Staff Support, Troubleshooting and Training re: POSC/CAPTA

**“If you want to manage complexity, intense structure is essential.”**

# Barriers/Challenges and What has Helped?

## ❖ Psychosocial Determinants of Health

## ❖ Fear, Stigma, Blame, Shame

- Referrals to BHS's, Community Partners, Resources
- Community Empaneled Team (e.g. CHARM)
- Warm Handoffs, Meet & Greet, Care Coordination
- Empathy, Kindness, Respect & Compassion
- Supportive, Non-Judgmental, Non-Punitive Approach
- Concern, Interest and a Search for Understanding
- Collaboration, Patience, Flexibility & Persistence
- Transparency & Information

**“The antidote to stigma is love.” - Steven Chapman, Pediatrician 10/6/20**

# Lessons Learned

- ❖ Identify and Address Psychosocial Determinants of Health
- ❖ Co-morbidity is the Rule Rather than the Exception
- ❖ Primary Care, Including OB Care is the De-facto Mental Health System
- ❖ Addressing Stigma of MH and SUD- All Of Us Have A Role
- ❖ Strive to be Transparent, Patient, Kind, Flexible and Persistent
- ❖ Utilize a Strengths-Based, Woman/Family Centered and Collaborative Approach
- ❖ Remember the Importance of Supportive Relationships & Take Time to Build Trust w/ Patients
- ❖ Have OB Provider Introduce CAPTA/POSC Process to Patient
- ❖ Allow Time to Identify and Address Patient's Questions & Worries
- ❖ Make Sure Staff are Well-Informed re: CAPTA/POSC Process
- ❖ Establish Workflows
- ❖ Utilize POSC FAQs
- ❖ Acknowledge and Celebrate "little wins"
- ❖ This is a Continually Evolving Process
- ❖ We All Have to Make do with Limited Time, Space and Resources
- ❖ Take Care of Yourself and Each Other

# Our POSC / CAPTA Goals

- Development and Implementation of State-Wide POSC and CAPTA Notification forms
- New DCF website, Updated CAPTA/POSC FAQs
- Streamlining CAPTA Data Entry Process
- Improving, Refining Communication Channels
- Refining Workflows
- Training Staff
- Involving Pediatricians and Family Docs
- Feedback to Michelle Shepherd, others about process



# Perspectives from the Field: Testing Revisions to the Vermont Plan of Safe Care

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References available upon request

# Upcoming Webinar

## A Trauma-Informed Approach to Prenatal Education and Preparation for Families Affected by Perinatal Substance Exposure

**Presented by:** Farrah Sheehan Desselle, MSN, RN, Perinatal Education Program Coordinator, Catholic Medical Center, NH

**Day & Time:** Thursday, December 10, 2020 from 12:00-1:00pm via Zoom

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**Attend all to receive CMEs.  
Stay tuned for registration details.**



Website: <https://www.med.uvm.edu/vchip/icon>

Email: VCHIP.ICON@med.uvm.edu