

Plan of Safe Care Update

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Disclosures

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

Objectives

- Understand federal regulations regarding substance-exposed newborns & Vermont's response
- Contrast DCF reports and notifications
- Describe the goals and clinical use of the Vermont Plan of Safe Care
- Review results since implementation of CAPTA notifications and the VT Plan of Safe Care
- Discuss future directions for the PSC

Substance Exposed Newborns- Federal Regulations

- Child abuse prevention and treatment act (CAPTA) amended in 2016 with the Comprehensive Addiction and Recovery Act (CARA)
 - Now includes all infants affected by substance exposure (legal and illegal), withdrawal or fetal alcohol spectrum disorder
- CARA/CAPTA requirements
 - Notification of child protective services (state specific)
 - Develop Plan of Safe Care for infants and families
 - States notify federal Children's Bureau annually

CARA/CAPTA Requirements in Practice

- Hospital staff caring for infants affected by substance exposure must:
 - Notify DCF after birth
 - Develop a Plan of Safe Care before discharge
- DCF collects information for annual reporting
 - # of substance exposed infants
 - # of infants with plan of safe care
 - # of infants for whom a referral was made for appropriate services

Vermont Specific Procedure After Birth

- If NO child safety concerns:
 - CAPTA report faxed to DCF after birth of infant
 - De-identified notification
 - Plan of Safe Care completed
 - Copies sent to infant's PCP and given to family
- If ANY child safety concerns:
 - DCF report made via central intake
 - DCF develops Plan of Safe Care

Vermont CAPTA Notification (aka DCF Notification)

- Infants exposed to maternal use of:
 - MAT (stable in program)
 - Prescribed opioids for pain
 - Prescribed benzodiazepines
 - Marijuana

Reminder: Notifications are only used if there are NO other child safety concerns

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.DCFESDCaptaNotifications@vermont.gov (No cover sheet necessary)

DCF Reports: made in the following situations

Prenatal Report

- Maternal illegal substance use in 3rd trimester
- Maternal non-prescribed medication use or misuse 3rd trimester
- Maternal substance use is serious threat to child health/safety

Newborn Report

- Infant with positive tox screen for illegal substance or non-prescribed med
- Infant with NAS due to illegal substance or non-prescribed med
- Infant with fetal alcohol syndrome disorder

Vermont Plan of Safe Care

- Required for all substance exposed newborns born in Vermont
- Completed by hospital staff and parent(s) before newborn discharge
- Sent to infant's primary care provider
- Families keep a copy and may choose to share with other providers

Vermont PSC Goals

- Continues to support women who are currently engaged or seeking treatment
- Supports the existing relationships between the mother and her providers and supports
- Facilitates referrals to local community resources for any identified needs
- Encourages communication with the infant's primary care provider

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:

Additional exposures:

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					
Mental Health Counseling					
Substance Abuse Counseling					
12 Step Group					
Recovery Supports					
Smoking Cessation					
Parenting Groups					
Home visiting					
TWIC					
Children's Integrated Services					
Housing Assistance					
Financial Assistance					
Childcare					
Safe Sleep Plan					
Other					

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

Comments:

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

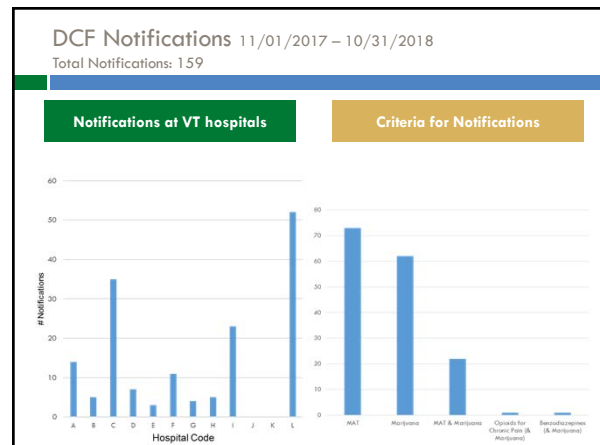
What happens after discharge?

- 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 the mother/caregivers in conjunction with her PCP or other providers

What about residents of other states?

If mother lives in another state but delivers at a VT hospital:

NO child safety concerns:	ANY child safety concerns:
<ul style="list-style-type: none"> □ VT DCF notification <ul style="list-style-type: none"> ▣ Stable MAT ▣ Prescribed opiates ▣ Prescribed benzos ▣ Marijuana use □ VT PSC by hospital staff to infant's PCP 	<ul style="list-style-type: none"> □ Report to child protective services in state mother <u>resides</u> □ If immediate concerns also report to VT DCF to allow coordination □ PSC by CPS/DCF



DCF notifications & Reports 11/1/2017 – 10/31/2018

- DCF Notifications and Plan of Safe Care
 - ▣ Total Notifications 159
 - ▣ Plan of Safe Care completed 133 (84%)
 - ▣ Mothers already engaged in services 90 (60%)
 - ▣ Additional referrals made 35 (22%)
- DCF reports for illegal substance abuse in last trimester or positive toxicology of newborn
 - ▣ Total accepted for assessment 64

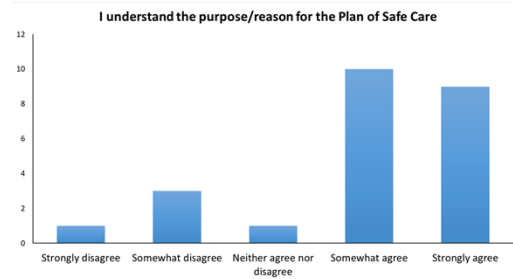
Marijuana Use During Pregnancy

- November 1, 2017 DCF changed the acceptance criteria regarding the use of marijuana.
 - ▣ The division does not intervene in situations where the sole concern is a pregnant woman's use of marijuana (or the newborn's prenatal exposure to marijuana).
- Since then over 120 notifications regarding the use of marijuana have been submitted which is the past could have resulted in DCF involvement.

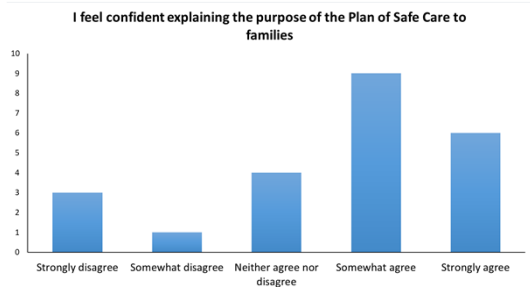
Feedback on the PSC

- Fall 2018 survey developed by a UVM honors nursing student regarding PSC use and experience
 - ▣ Survey was sent to Vermont birth hospitals via ICON/Perinatal outreach nurse managers email list
 - ▣ 37 responses received from 10 hospitals
- Data compiled and to be analyzed as part of honors thesis project
 - ▣ Raw data (total responses) included here

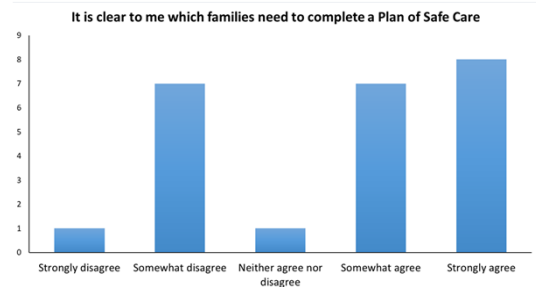
PSC survey responses:



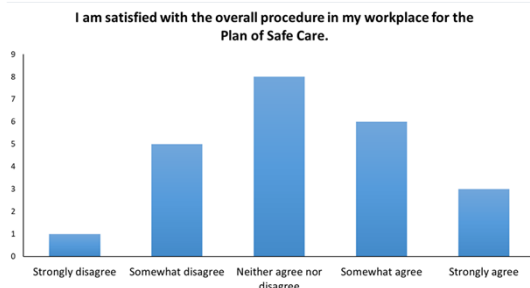
PSC survey responses:



PSC survey responses:



PSC survey responses:



Survey take-homes

- Those completing the PSC understand it's purpose and generally feel comfortable explaining this to families
- It is not always clear which families need a PSC completed prior to discharge
- The procedure for completing the PSC prior to hospital discharge could benefit from more clarity and/or standardization

Goals Moving Forward

- Provide hospital nurse managers with quarterly data on notifications
- Identify ways to better support hospitals with the implementation of new requirements
- Seek input from PCPs on the Plan of Safe Care
 - ICON to survey PCPs in next year
- Continue to seek feedback from stakeholders to refine and improve Vermont's system around the Plan of Safe Care

25

Questions?

CAPTA resources can be found on the DCF Family Services website
<http://dcf.vermont.gov/fsd/partners>

The screenshot shows the Vermont Department for Children and Families website. The main heading is "RESOURCES FOR PARTNERS". Under this heading, there are several categories of resources:

- Domestic Violence Protocols:**
 - DMV Youth Guidelines for Domestic Violence Reports
 - DCF and Criminal Justice System and Youth Offender Services, Violence Intervention Services, Child Abuse Investigation, Domestic Violence and Child Protection
 - DCF and Criminal Justice System and Youth Offender Services, Violence Intervention Services, Child Abuse Investigation, Domestic Violence and Child Protection
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 - DCF and Criminal Justice System and Youth Offender Services, Violence Intervention Services, Child Abuse Investigation, Domestic Violence and Child Protection
- Referral Forms: Psychotropic Drugs for Kids in DCF Care:**
 - DCF - Schedule
 - DCF - Form
 - DCF - Other Info
 - DCF - Request
 - DCF - Request
- Substance-Exposed Newborns:**
 - DCF - Schedule
 - DCF - Form
 - DCF - Other Info
 - DCF - Request
 - DCF - Request
- Training for Partners:**
 - DCF - Schedule
 - DCF - Form
 - DCF - Other Info
 - DCF - Request
 - DCF - Request

The document is titled "Plan of Safe Care for Mothers and Babies" and is from the Vermont Department for Children and Families. It provides information for hospital staff regarding reporting requirements for substance use during pregnancy.

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
- 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 medicine
- 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

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.
- Answer your questions. This could include public benefits, support groups, work-life work 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 the or my newborn to DCF?
 No, the federal government requires states to track the number of babies required for substances. Hospital staff has basic information to DCF when a baby is born including what substance they were exposed to, but it will NOT include any identifying information (e.g., name or date of birth) about you or your baby.

Revised 4.18.2018

28