

# Welcome!

## 2022 Annual ICON Statewide Teleconference

### Reaching Across the Continuum: Making Connections to Optimize Care for Opioid- Exposed Newborns and Their Families

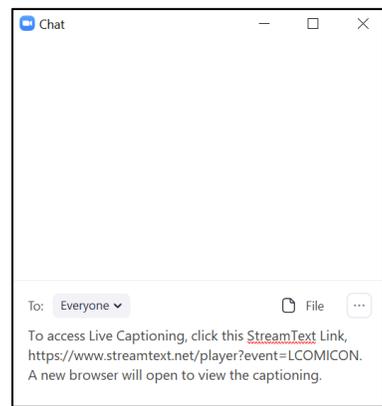
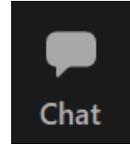
May 9, 2022  
8:00am – 11:45am



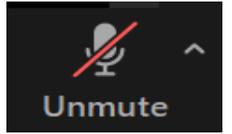
# Housekeeping

Use the *Chat* box to ask a question.

To access Live Captioning, click the link provided in the *Chat* box. This will open a new browser for viewing captioning.

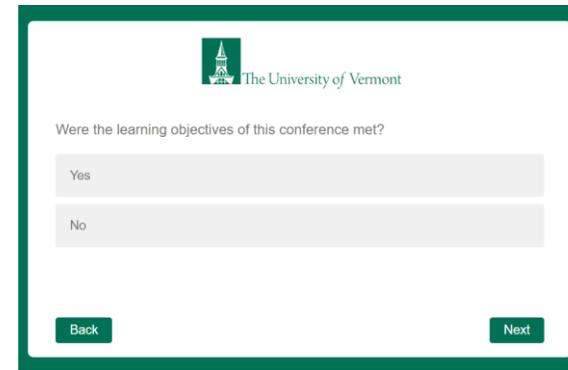


You will automatically be muted when you join the conference. During the Q&A portion of each presentation, you may wish to *Unmute* to verbally ask your question.



Before leaving the conference, please complete the evaluation!

A link will be provided in the *Chat* box near the end of the conference.



# Updates on Opioid-Exposed Newborn Care in Vermont

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UVM Larner College of Medicine & UVM Children's Hospital

May 9<sup>th</sup>, 2022



# Disclosures

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

# What is ICON?

## Improving Care for Opioid-Exposed Newborns

- Vermont Child Health Improvement Program (VCHIP) quality improvement project
- Our focus: to improve the quality of care for opioid-dependent pregnant and parenting people and opioid-exposed newborns in Vermont.
- A collaborative team including partners from Vermont Dept of Health, Dept for Children and Families, UVM Children's Hospital, community birth hospitals and partner organizations

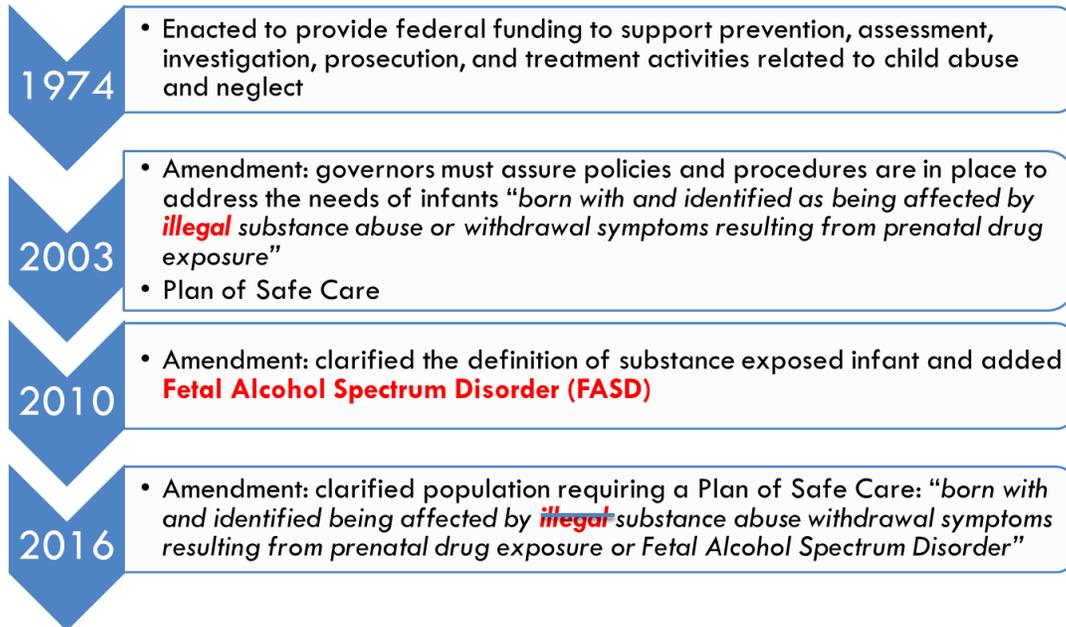
# ICON Initiatives

- Provide education and support implementation of current guidelines and best practice recommendations
- Provide technical assistance to hospitals including the Vermont Plan of Safe Care education and workflow development
- Partner with other VCHIP projects in the Perinatal Quality Collaborative (PQC-VT)
- Collect hospital data for quality improvement initiatives.



# 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
  - affected infants born
  - infants that had a POSC developed
  - infants for whom a referral was made for appropriate services

# Vermont's approach to CARA/CAPTA

- Focused on attracting pregnant opioid-dependent people into treatment of their OUD rather than pushing them away.
- Separate pathways for DCF reports and CAPTA notifications when no child safety concerns are present.
- Updated DCF policy to not accept reports for prenatal cannabis use.
- Developed CAPTA notification pathway to allow de-identified data collection for the federal Children's Bureau while maintaining family privacy.

# What is a CAPTA Notification?

A de-identified tracking form sent via secure fax to DCF family services to allow annual reporting to the Children's Bureau.

- CAPTA notifications are completed for:
  - MOUD (MAT) during pregnancy
  - Prescribed opioids for pain during pregnancy
  - Prescribed benzodiazepines during pregnancy
  - Use of marijuana during pregnancy (after 1st trimester)
- DCF reports are made in these situations:
  - Use of illegal substances during 3rd trimester of pregnancy
  - Use of non-prescribed or misuse of prescribed prescription meds in 3rd trimester
  - Suspected fetal alcohol spectrum disorder

# 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](mailto: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)

Allows tracking  
of substance  
exposure(s)



Allows tracking of  
POSC completion  
and referrals



# What is a Plan of Safe Care (POSC)?

- Document created with the pregnant individual and other involved caregivers, ideally started during pregnancy and completed prior to birth hospital discharge.
- Lists current supports and strengths in addition to areas of needed supports and referrals.
- Shared with the infant's primary care provider after birth and given to the caregiver, but it is NOT shared with DCF unless they are involved for child safety concerns.

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



## 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 1<sup>st</sup> 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)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Children's Integrated Services: Early Intervention		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <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"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Pediatric specialist referral (NeoMed clinic)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <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"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Mental Health Counseling	**	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Substance Use Counseling	**	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Community Empaneled Team (ex. ChARM)	**	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Recovery Supports (ex. Recovery coaching, 12-step group)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Case Management		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Smoking Cessation		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Parenting Supports		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Financial Supports (WIC, Fuel, Reach Up)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Housing Supports		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Childcare Resources (Children's Integrated Services: Specialized Child Care)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Transportation		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Legal Assistance		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Other		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable

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

# Vermont POSC page on the DCF Family Services website:

Recently Updated!

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

CAPTA related questions: [AHS.DCFFSDCAPTA@vermont.gov](mailto:AHS.DCFFSDCAPTA@vermont.gov)  
DCF POSC Website: <https://dcf.vermont.gov/fsd/partners/POSC>

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).

# Vermont POSC Parent Handout

## *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.

# Data Collection & Reporting in VT

Data collected from CAPTA notification forms for annual reports to the Federal Children's Bureau

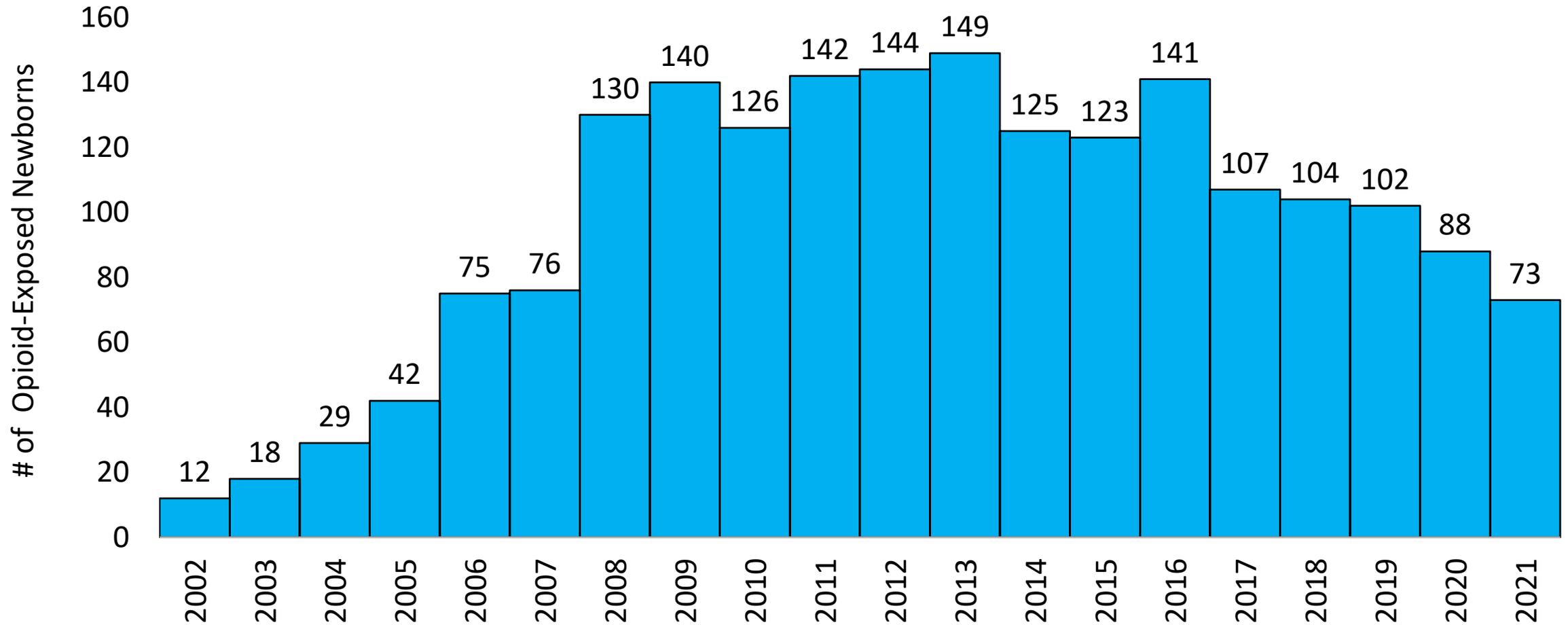
# of substance exposed infants

# of infants with plan of safe care developed

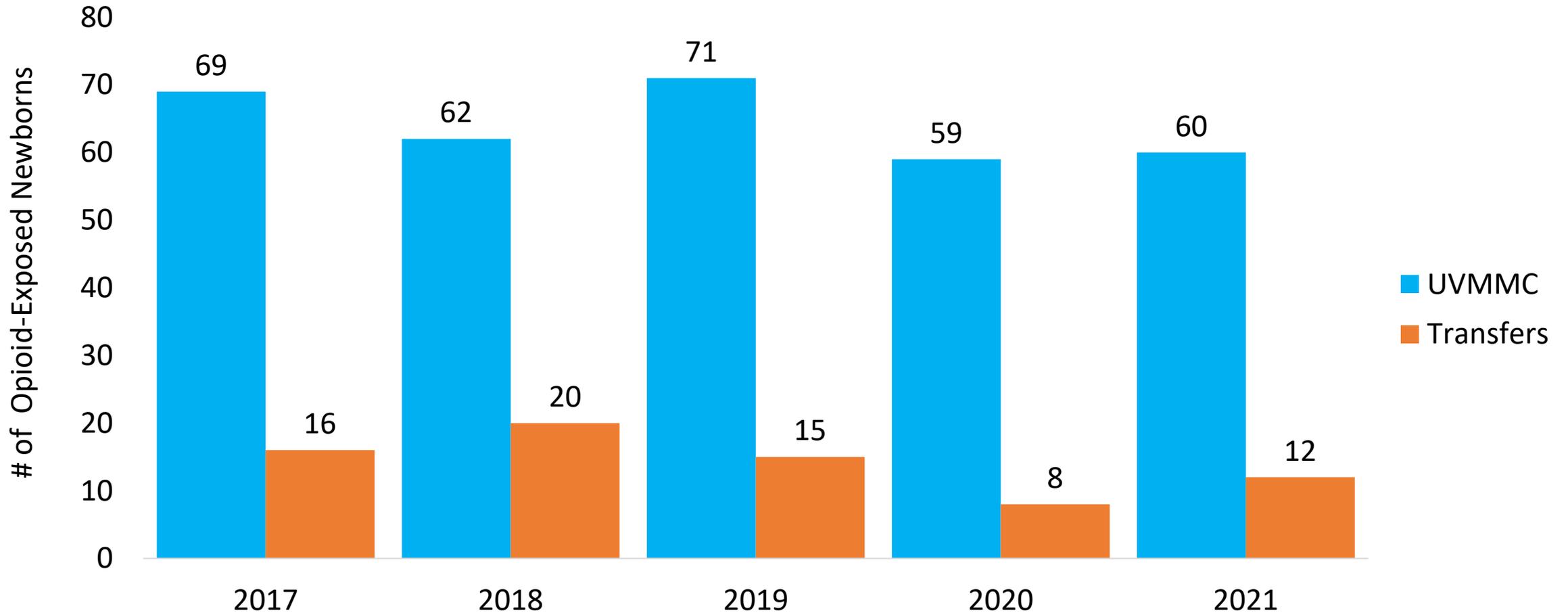
# pregnant people already engaged in services

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

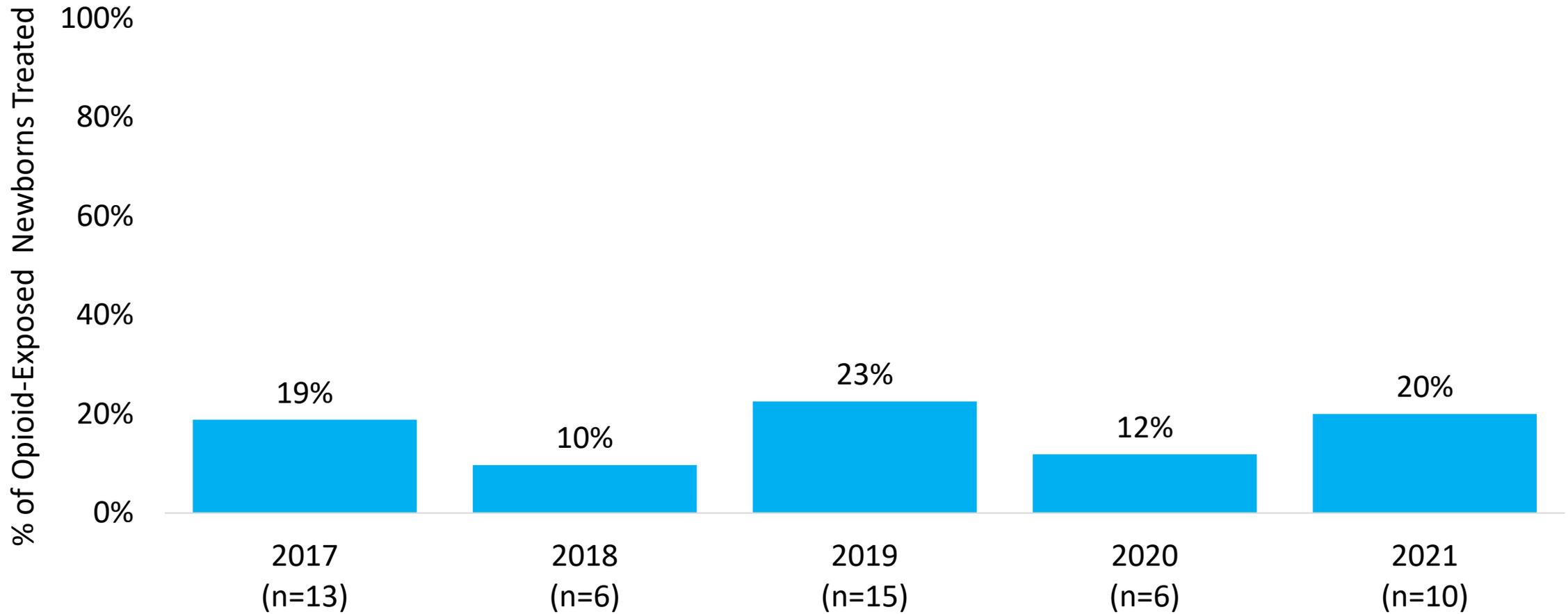
# Total Opioid-Exposed Newborns (OEN) Followed at UVMHC



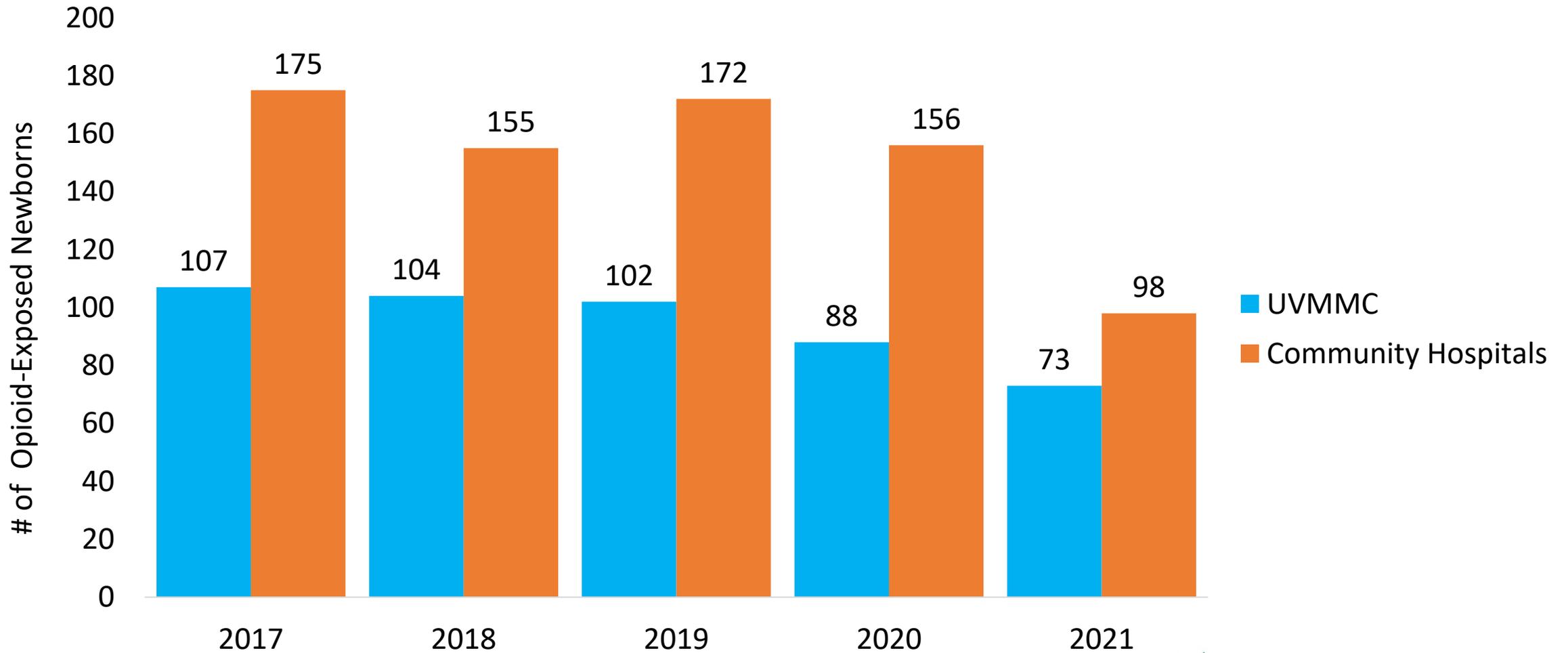
# Total Opioid-Exposed Newborns (OEN) Followed at UVMMMC



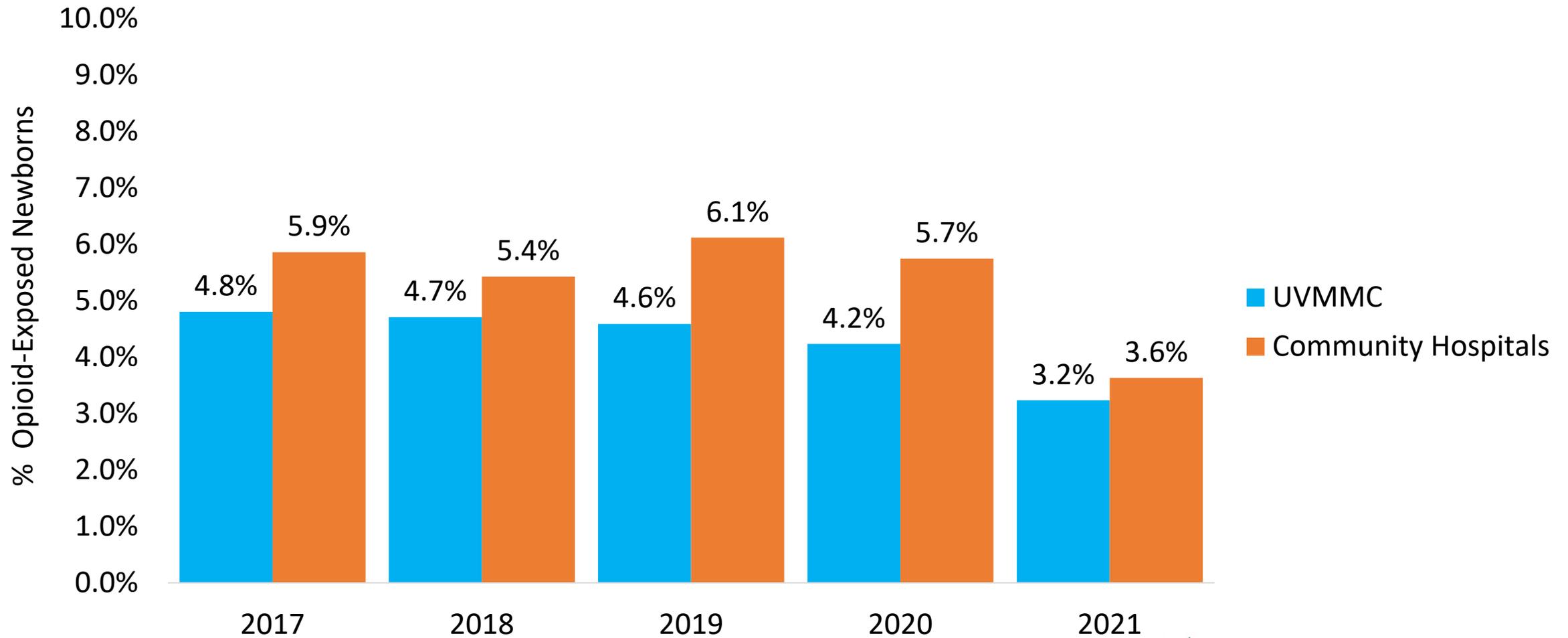
# Percent of Opioid-Exposed Newborns (OEN) Receiving Any Pharmacologic Treatment at UVMMMC



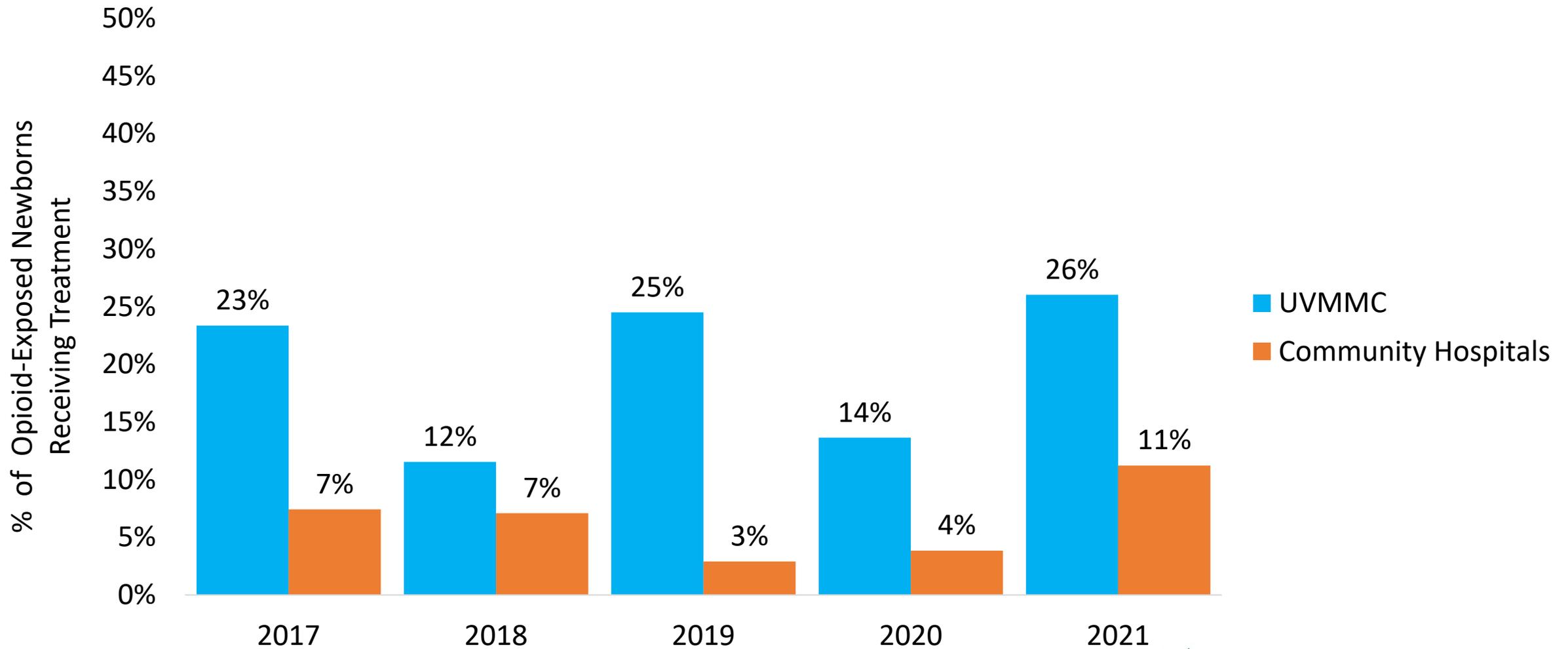
# Total Opioid-Exposed Newborns (OEN) Born at VT Hospitals



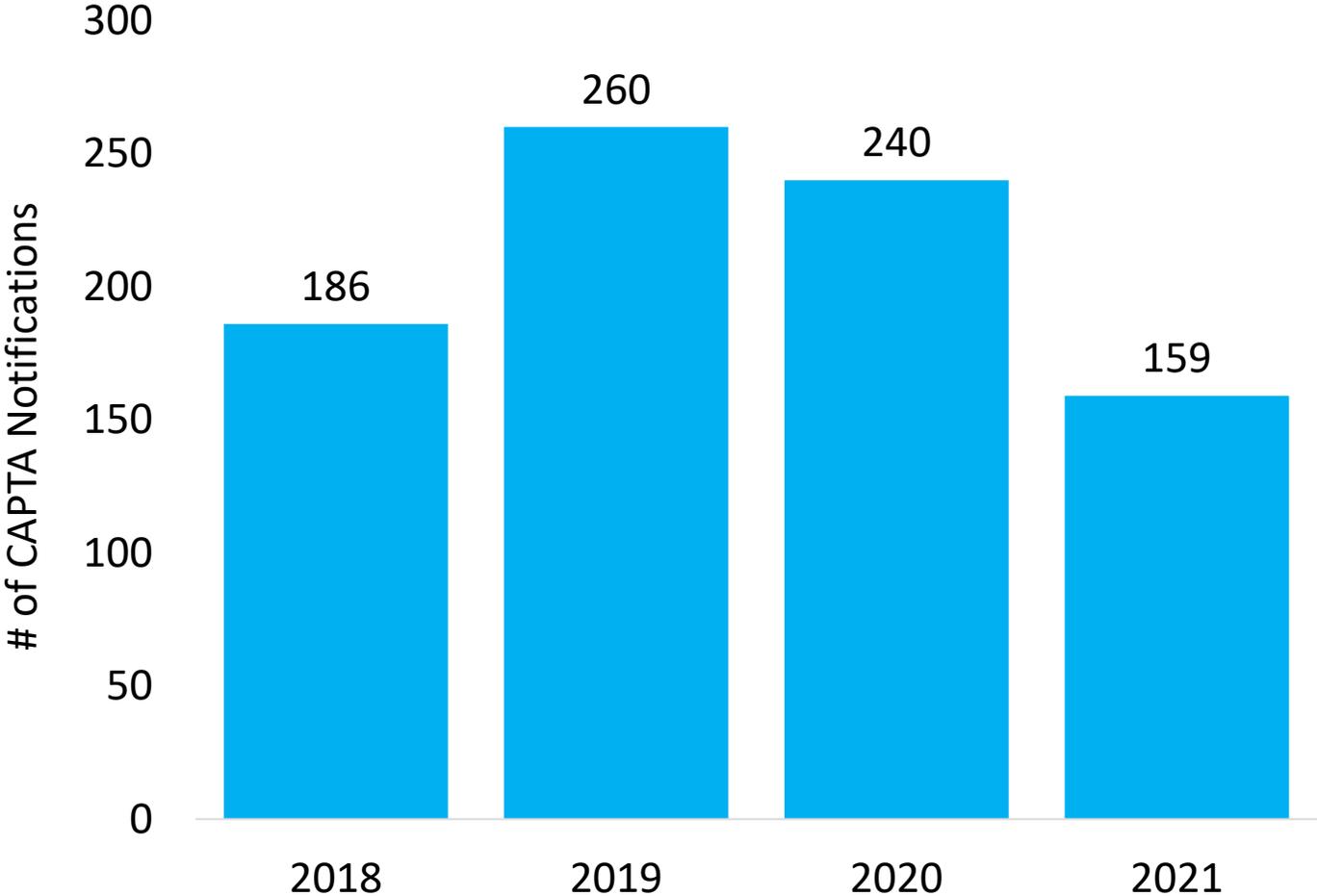
# Proportion Opioid-Exposed Newborns (OEN) of All Live Births at VT Hospitals



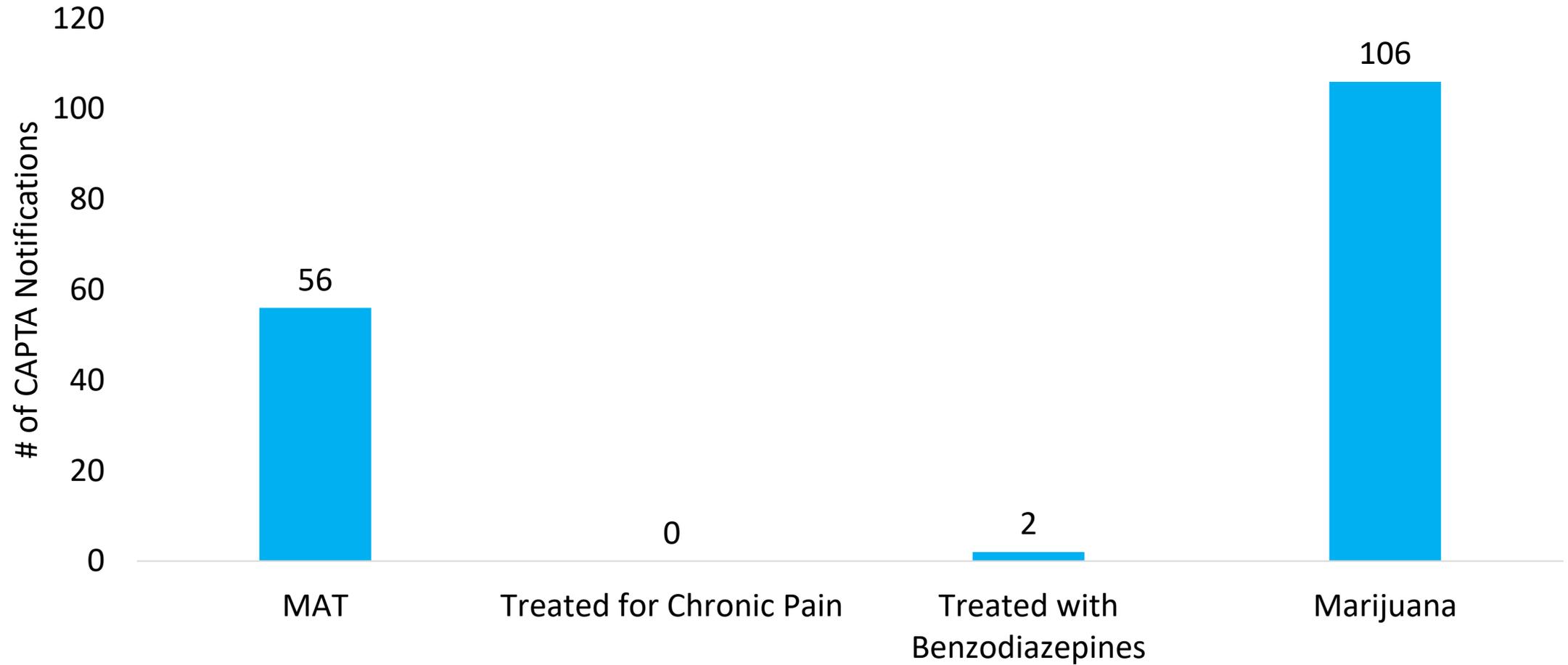
# Proportion Opioid-Exposed Newborns (OEN) Treated with Medications for NAS



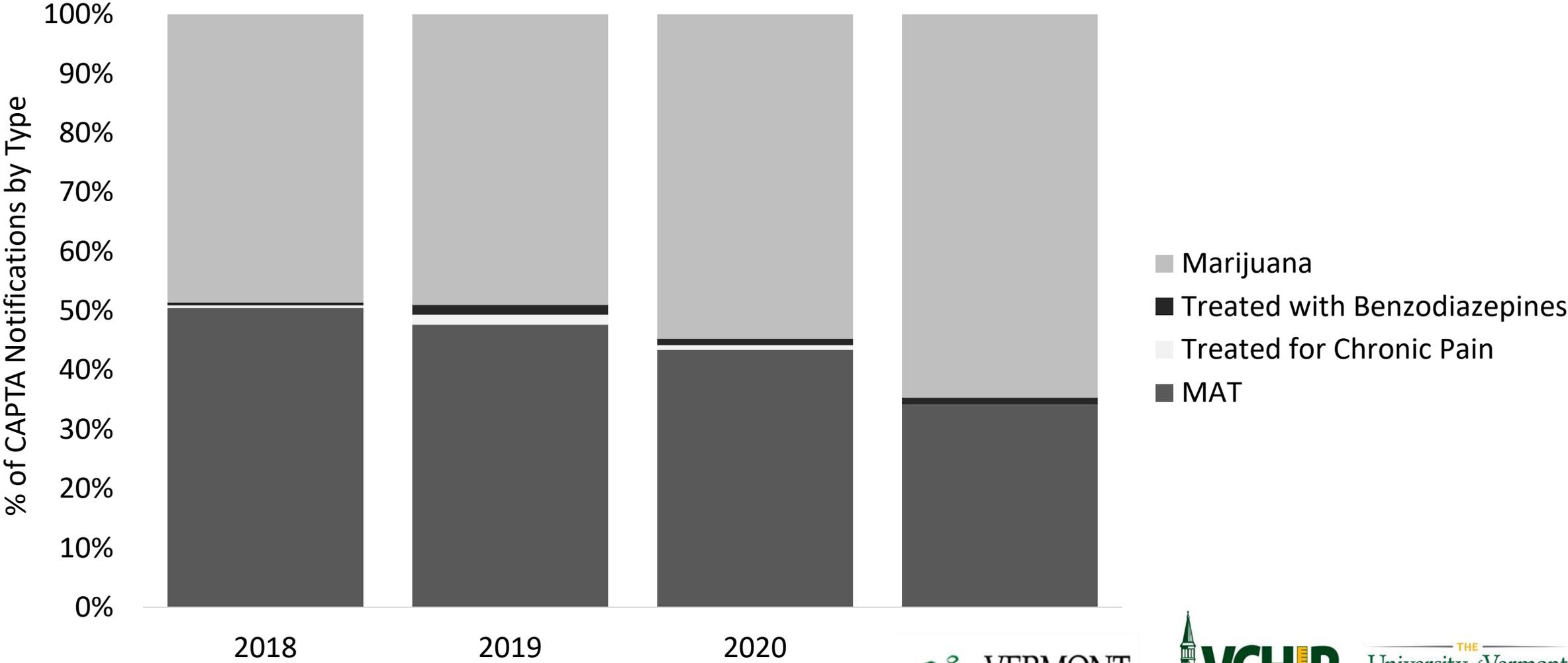
# Total CAPTA Notifications by Year



# 2021 CAPTA Notifications by Type



# CAPTA Notifications by Type & Year



# Current & Future Projects

## Reinforce community partnerships:

- Connect MAT providers, OB/midwifery practices and pediatric/family practice offices
- Increase participation in county based multidisciplinary teams
- Improve partnership with CIS!

## Improve parental preparation:

- Written/online resources
- Encourage parents to schedule a prenatal meet and greet visit with the baby's primary care provider

# Project SCOPE: Supporting Children of the Opioid Epidemic

- Partnership between ICON and the Center on Disability and Community Inclusion (CDCI) at UVM with funding from the Wyoming Institute for Disabilities.
- Grant funding to improve training & supports for children and families with Neonatal Abstinence Syndrome (NAS).
- The goal of Project SCOPE Vermont is to help providers develop effective screening, monitoring, and interdisciplinary support for children and families with NAS.

# Project SCOPE

Website:

[Project SCOPE: Supporting Children of the Opioid Epidemic | Center on Disability and Community Inclusion | The University of Vermont \(uvm.edu\)](#)

Introduction video:

- <https://youtu.be/K-frEZTRGpY>



# Project SCOPE

## 2022 ECHO SESSION PROGRAM (All sessions Mondays 12-1:30 pm)

Date	Session Topic
March 7	Introduction to the Opioid Crisis and Social Determinants of Health
March 14	Trauma, Addiction, and Recovery
March 21	Neonatal Abstinence Syndrome
March 28	Monitoring Child Development and Linking to Services
April 4	Having Difficult Conversations
April 11	Trauma, Addiction, and Health
April 25	Understanding & Reacting to Emotions and Behaviors of Trauma-Exposed Children
May 2	Partnering Effectively with CIS to Address Developmental Delays
May 9	Models of Care ( <i>Presented in collaboration with the Improving Care for Opioid-Exposed Newborns annual conference</i> )

# Improving Parent Preparation

Materials to prepare families for the birth of their infant, hospital stay, and transition home

- Printable: Our Care Notebook
- Video: Preparing for your hospital stay and what to expect after your baby is born

# Our Care Notebook



Edition 4 (03-2022)

# Improving Parent Preparation

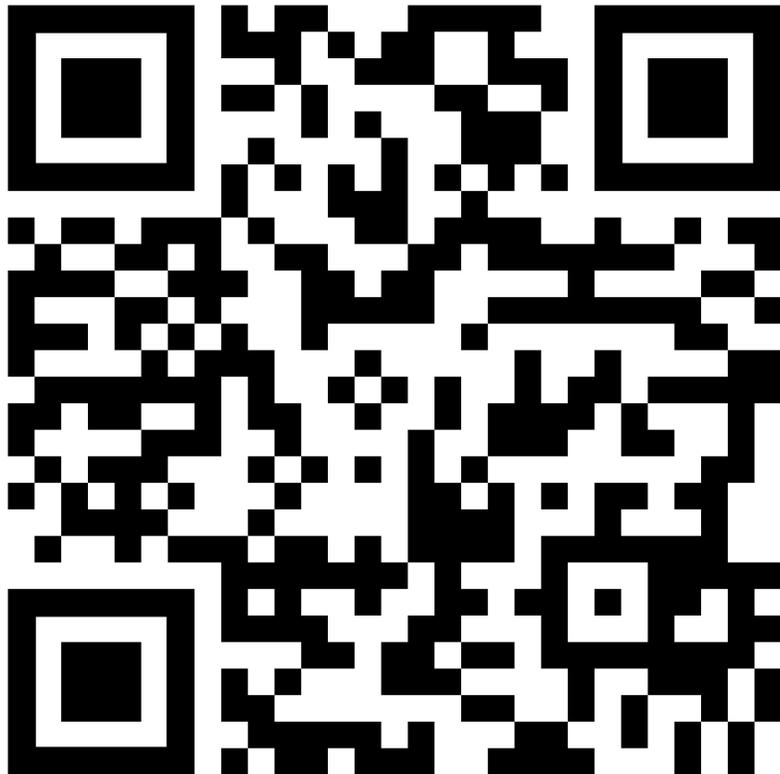
Coming soon! Fully updated  
Our Care Notebook!

Will be available on the ICON  
website:

[Improving Care for Opioid-exposed  
Newborns \(ICON\) | College of Medicine |  
University of Vermont \(uvm.edu\)](https://www.uvm.edu/collegeofmedicine/icon)

# Improving Parent Preparation- Video

- [Improving Care for Opioid-exposed Newborns \(ICON\) | College of Medicine | University of Vermont \(uvm.edu\)](https://uvm.edu/icon)



# ICON Team

## ❖ Faculty:

- ❖ Michelle Shepard, MD, PhD ∞ Pediatrics ∞  
ICON Lead Faculty
- ❖ Molly Rideout, MD ∞ Pediatrics
- ❖ Adrienne Pahl, MD ∞ Neonatology
- ❖ Marjorie Meyer, MD ∞ Obstetrics & MFM

## ❖ Collaborators

- ❖ Susan White, NP/APRN
- ❖ Bronwyn Kenny, MD
- ❖ Jerilyn Metayer, RN

## ❖ VCHIP:

- ❖ Julie Parent, MSW ∞ ICON Project Director
- ❖ Angela Zinno, MA ∞ ICON Project Coordinator
- ❖ Avery Rasmussen ∞ ICON Data Manager

## ❖ Parent Advisors:

- ❖ Victoria & Ashlee

## ❖ Vermont Department of Health Liaison:

- ❖ Ilisa Stalberg, MSS, MLSP, MCH Director

# Dr. Anne Johnston Legacy Storytelling Project



Our Care Notebook



Hearts for Strengths



NeoMed Clinic



ICON Team



Community Partners



Informational Sessions



ICON Team Member

ICON Parent Advisor



Storytelling Coach



**4** Lived Experience Stories  
and **3** Community providers  
Stories