

# Vermont Plan of Safe Care 2.0: Updates and Tools to Improve Communication

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**Title of Program:** OB/GYN GRAND ROUNDS  
**Title of Talk:** "Vermont Plan of Safe Care 2.0: Updates and Tools to Improve Communication"  
**Speaker/Moderator:** Michelle Shepard, MD  
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**Date:** Tuesday, January 12, 2021  
**Workshop #:** 21-117-15

**Learning Objectives: Participants will be able to:**

1. describe the indications for a Vermont Plan of Safe Care related to substance use during pregnancy.
2. differentiate between the need for a DCF report or CAPTA notification for substance use during pregnancy.
3. identify where to get more information and ask questions about the Vermont Plan of Safe Care and CAPTA notification processes.

**DISCLOSURE:**

**Is there anything to disclose? NO**

**Please list the Potential Conflict of Interest (if applicable): NONE**

**All Potential Conflicts of Interest have been resolved prior to the start of this program. YES**

*(CMIE staff members do not have any interests to disclose)*

**All recommendations involving clinical medicine made during this talk were based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. YES**

**COMMERCIAL SUPPORT ORGANIZATIONS (if applicable): \_X\_ This activity is free from any commercial support**



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This program has been reviewed and is acceptable for up to 1 Nursing Contact Hours

# Disclosures

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

# Objectives

1. Participants will be able to describe the indications for a Vermont Plan of Safe Care related to substance use during pregnancy.
2. Participants will be able to differentiate between the need for a DCF report or CAPTA notification for substance use during pregnancy.
3. Participants will be able to identify where to get more information and ask questions about the Vermont Plan of Safe Care and CAPTA notification processes.

# Outline

- Review CARA and CAPTA legislation regarding substance-exposed newborns and Vermont's response
- Describe the steps for creating the Vermont specific Plan of Safe Care and CAPTA notification process
- Steps for revising the Vermont Plan of Safe Care
- Introduce the updated Plan of Safe Care, CAPTA notification process, and supporting documentation
- Review Vermont specific processes and the impact on communication between teams supporting families affected by substance use disorder





Mother's  
providers  
(PCP, MAT)

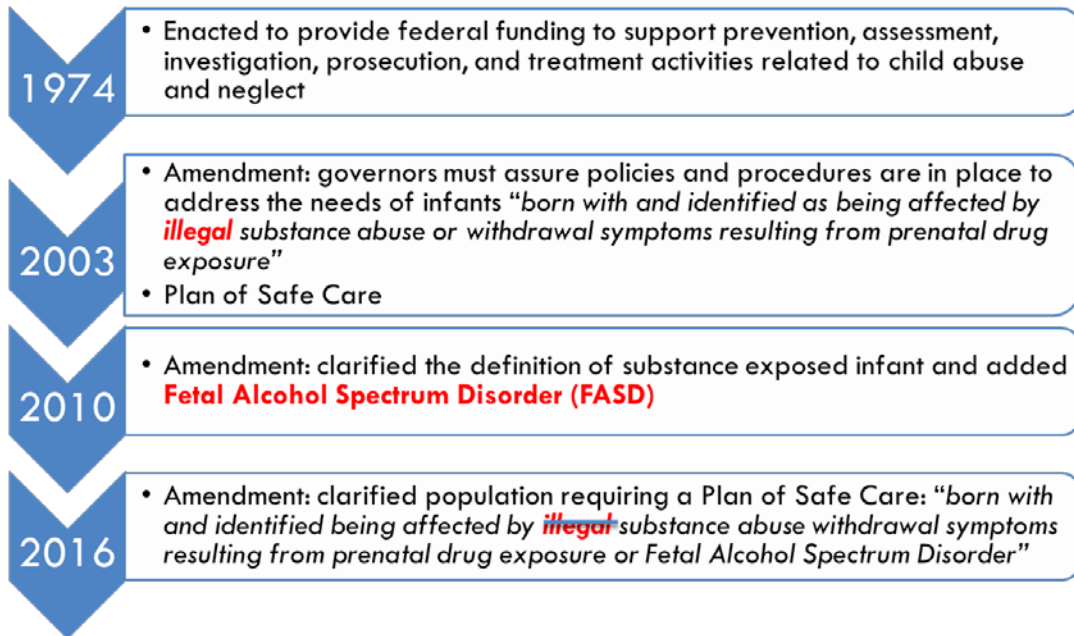
OB/midwife

Infant PCP

Community  
Supports

# 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. Healthcare providers caring for affected infants must "notify" child protective services
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

# Federal requirements from CARA/CAPTA

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



# Implementation in Vermont: Considerations

- How will Vermont determine the need for DCF involvement?
- Which substances and under which conditions are DCF reports required?
- How do we handle use of marijuana during pregnancy?
- Who is responsible for developing the “Plan of Safe Care”?
- What information should be in the “Plan of Safe Care”?
- Who should have it and where should it reside?
- How can we continue to attract pregnant opioid-dependent women into treatment while following CARA/CAPTA?

# 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)

# Federal requirements from CARA/CAPTA

1. Identify infants affected by substance abuse, withdrawal or Fetal Alcohol Spectrum Disorder: individual reports, lab results, clinician diagnosis
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

# Vermont Procedure: CPS Notifications

States instructed to set up their own definitions and systems- some opted for CPS involvement in all cases of substance use in pregnancy...

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

# Substance use in pregnancy: DCF report vs. notification

## DCF Report

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

## CAPTA Notification

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



# VT Policy: DCF reports during pregnancy

Since January 2007, Vermont is able to accept a DCF report and open an assessment during pregnancy

Prenatal reports may be made within 30 days of the estimated delivery date in these situations:

- 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.
- There is 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).

# VT Policy: DCF reports after birth

## Newborn Acceptance Criteria:

- A newborn has a positive toxicology screen for illegal substances or prescription medication not prescribed to the patient or administered by a physician
- A newborn has been deemed by a medical professional to have Neonatal Abstinence Syndrome as the result of maternal use of illegal substances or non-prescribed prescription medication
- A newborn has been deemed by a medical professional to have Fetal Alcohol Spectrum Disorder.

\*\* If a report is accepted: DCF will assess child safety and engage caregivers in the development of a Plan of Safe Care as part of the infant discharge planning process

# VT Policy: Marijuana Use During pregnancy

Effective November 1, 2017, DCF policy change:

- If there are no other child safety concerns, marijuana use during pregnancy will no longer be accepted as a report and instead will lead to a DCF notification at birth and a plan of safe care should be developed

## 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

Allowed tracking  
of substance  
exposure

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

Allowed tracking  
of POSC  
completion and  
referrals

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

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

# Federal requirements from CARA/CAPTA

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



# 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
- VT focus: to implement the new CAPTA requirements in a way that would continue to attract pregnant opioid-dependent women into treatment and not create unintentional barriers

# 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.

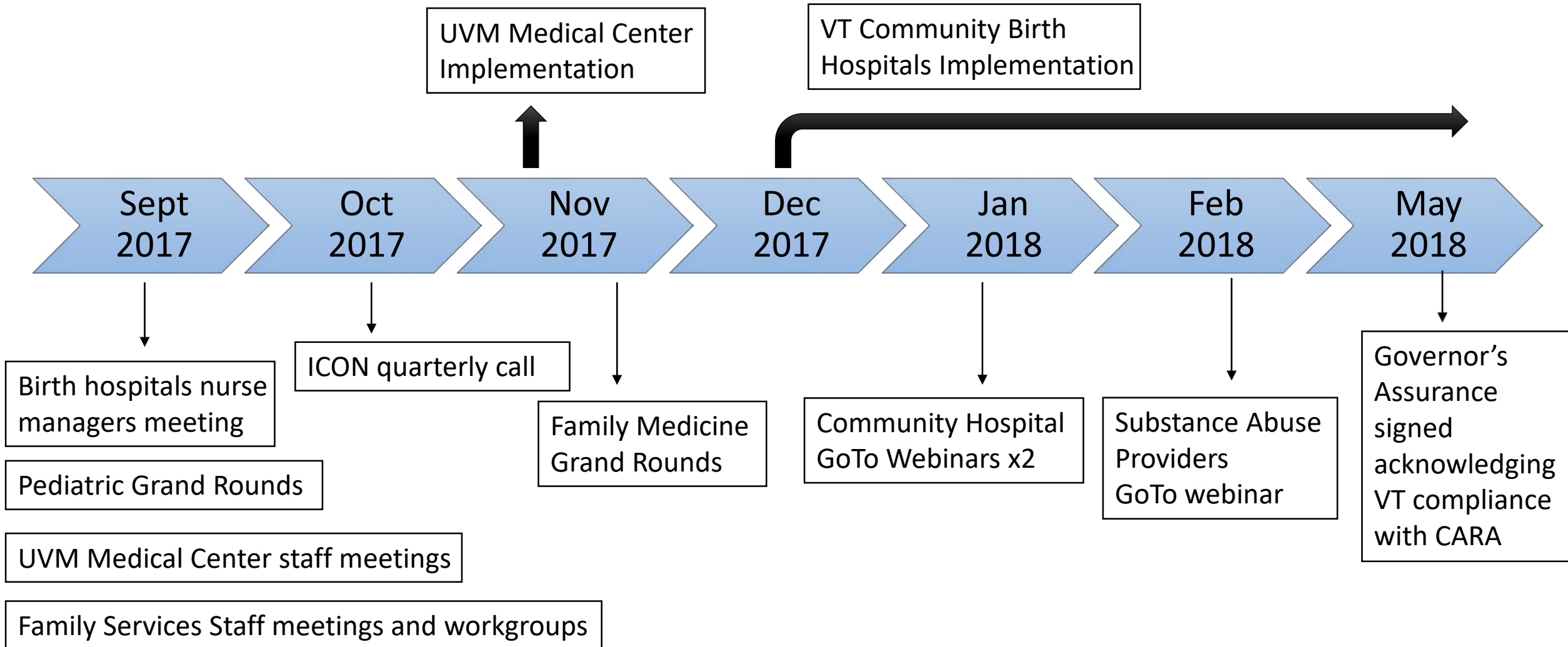
# POSC: Who, What, When, & Where

- 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

# 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

# Timeline- VT POSC Rollout





# 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(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: \_\_\_\_\_

The POSC is developed by hospital staff in the same situations where CAPTA notifications are made:

There are no child safety concerns and the substance exposure consists of:

- Medications for addiction treatment (MAT), opioids for chronic pain, and/or benzodiazepines prescribed by a healthcare provider.
- And/or prescribed or recreational marijuana (after the first trimester).

\*Note: If a DCF report has been made and an assessment is opened, DCF will complete the POSC.

# Federal requirements from CARA/CAPTA

1. Identify infants affected by substance abuse, withdrawal or Fetal Alcohol Spectrum Disorder: individual reports, lab results, clinician diagnosis
2. Health care providers notify child protective services: DCF reports and CAPTA notifications
3. Develop a Plan of Safe Care (POSC): Vermont Newborn POSC
4. State child protective services agency report data to Children's Bureau annually

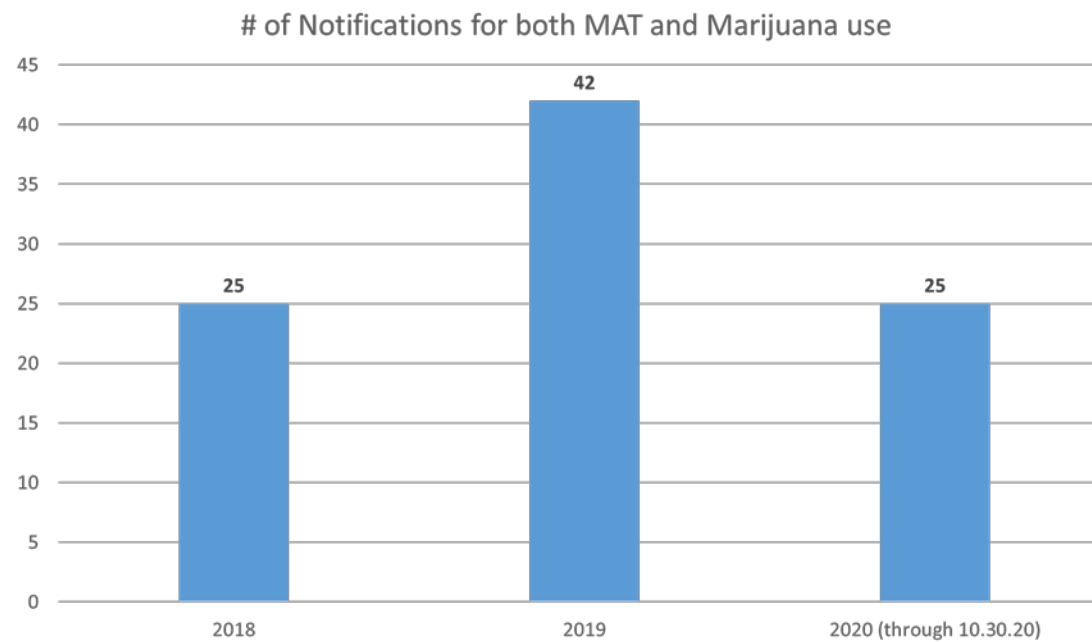
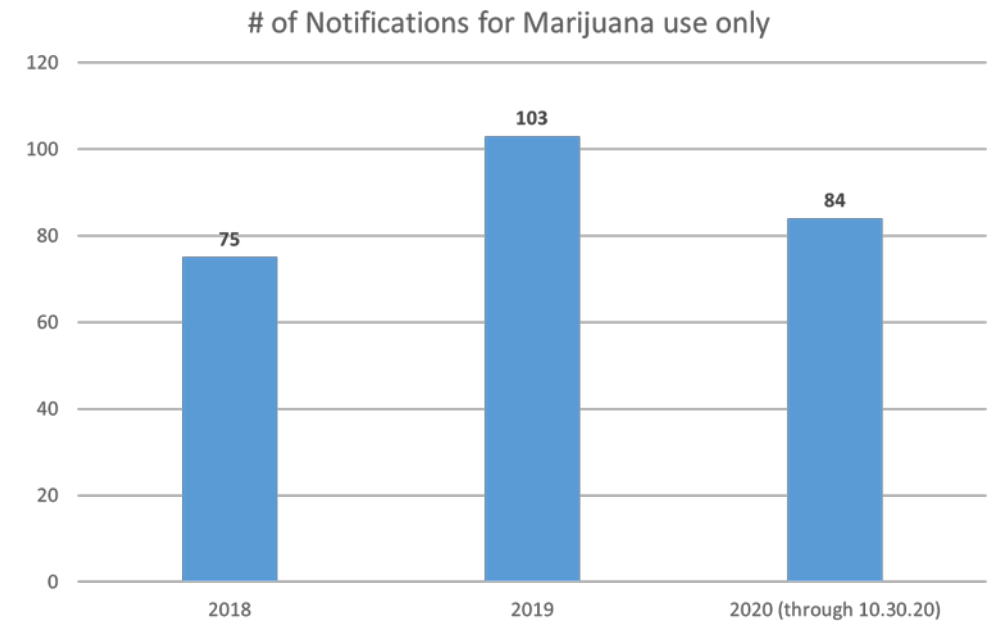
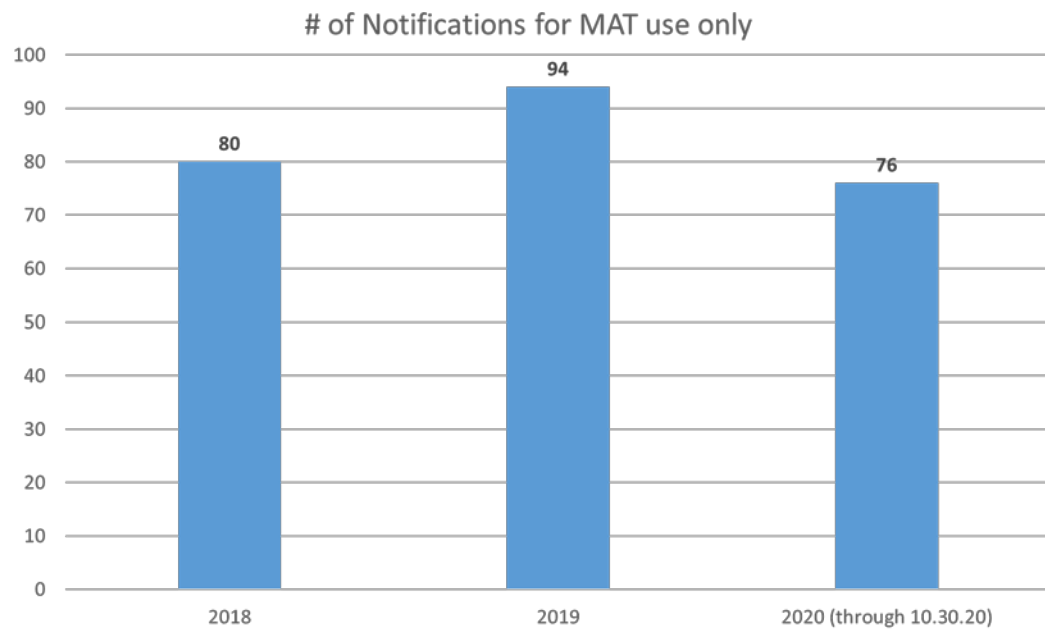
# Vermont Data Collection and Reporting

## Reported data:

- # 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



Do these totals seem right?

# We Met the Federal Requirements, Now What?

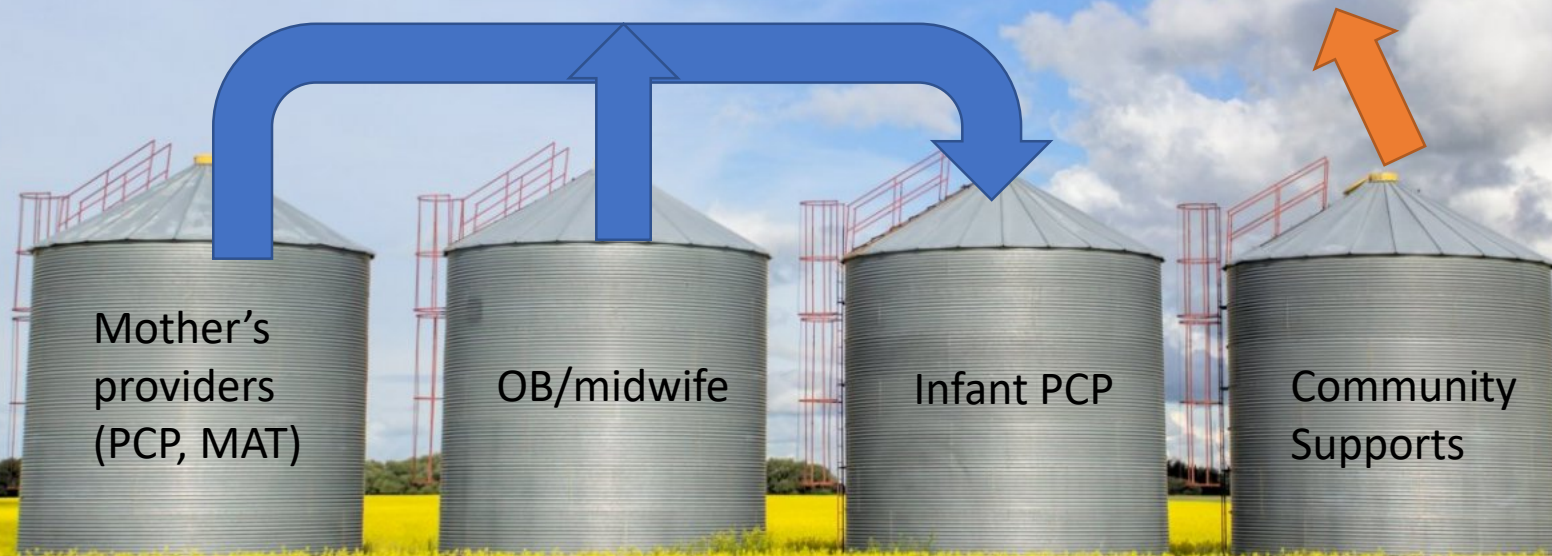
- ✓ Identify infants affected by substance abuse, withdrawal or Fetal Alcohol Spectrum Disorder: individual reports, lab results, clinician diagnosis
- ✓ Health care providers notify child protective services: DCF reports and CAPTA notifications
- ✓ Develop a Plan of Safe Care (POSC)
- ✓ State child protective services agency report data to Children's Bureau annually

Time for some quality improvement!!!





Is the POSC improving communication??



# Feedback on the POSC

Collected feedback to increase uptake and use of the POSC as a communication tool.

## Feedback from UVMMC:

- Double documentation of information in POSC and EMR discharge info
- Form inconsistently put in infant's chart
- OB providers not always discussing THC use so family surprised by need to complete the POSC
- Explaining a de-identified DCF notification to families was confusing



# Statewide Feedback on the POSC

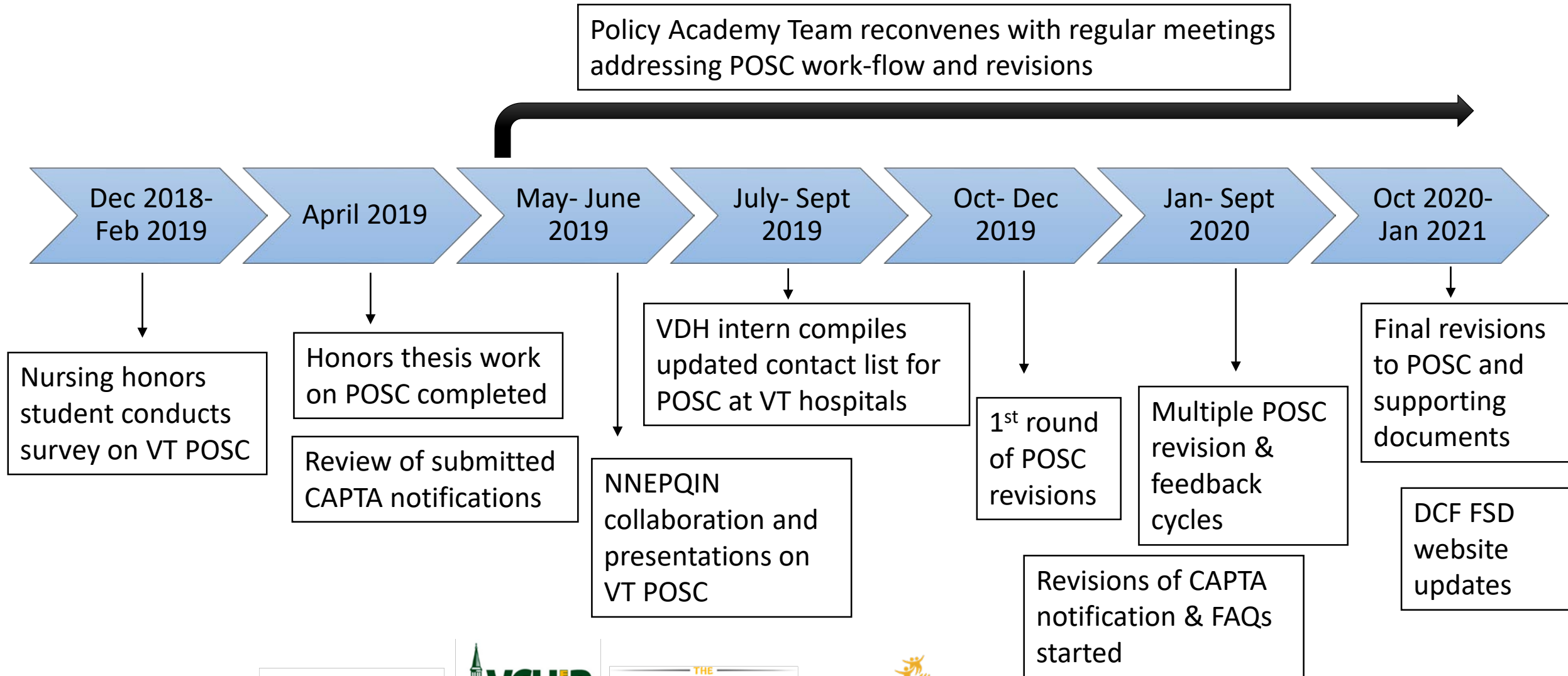
Survey developed by a UVM honors nursing student regarding POSC use and experience

- Sent to Vermont birth hospital nurse managers
  - 37 responses received from 10 hospitals

## Results:

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

# Timeline- VT POSC Revisions



# 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

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
<input type="checkbox"/> MAT <input type="checkbox"/> Prescribed Opioids <input type="checkbox"/> Prescribed Benzodiazepines <input type="checkbox"/> 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, <del>VNA</del> , Children's Integrated Services Strong Families Vermont)		<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		<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 ( <del>NeoMed</del> clinic)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable

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. Recovery 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 (Children's Integrated Services: Specialized Child Care)		<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

\*\*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: _____ <input type="checkbox"/> Parent/caregiver declined participation
Staff Signature: _____ Date: _____

NOTES/FOLLOW-UP NEEDED

TRACKING
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

# 2021 Revision

## 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)


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

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

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

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## 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).

# 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](mailto:AHS.DCFFSDCaptaNotification@vermont.gov) An electronic system is currently under development.



### 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.

### 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](mailto:AHS.DCFFSDCAPTA@vermont.gov) or call 802-760-0476 and ask to speak with DCF's Policy and Planning Manager.

## 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.

## 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.DCFSDCAPTA@vermont.gov](mailto:AHS.DCFSDCAPTA@vermont.gov) or call 802-760-0476 and ask to speak with DCF's Policy and Planning Manager.

# 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.





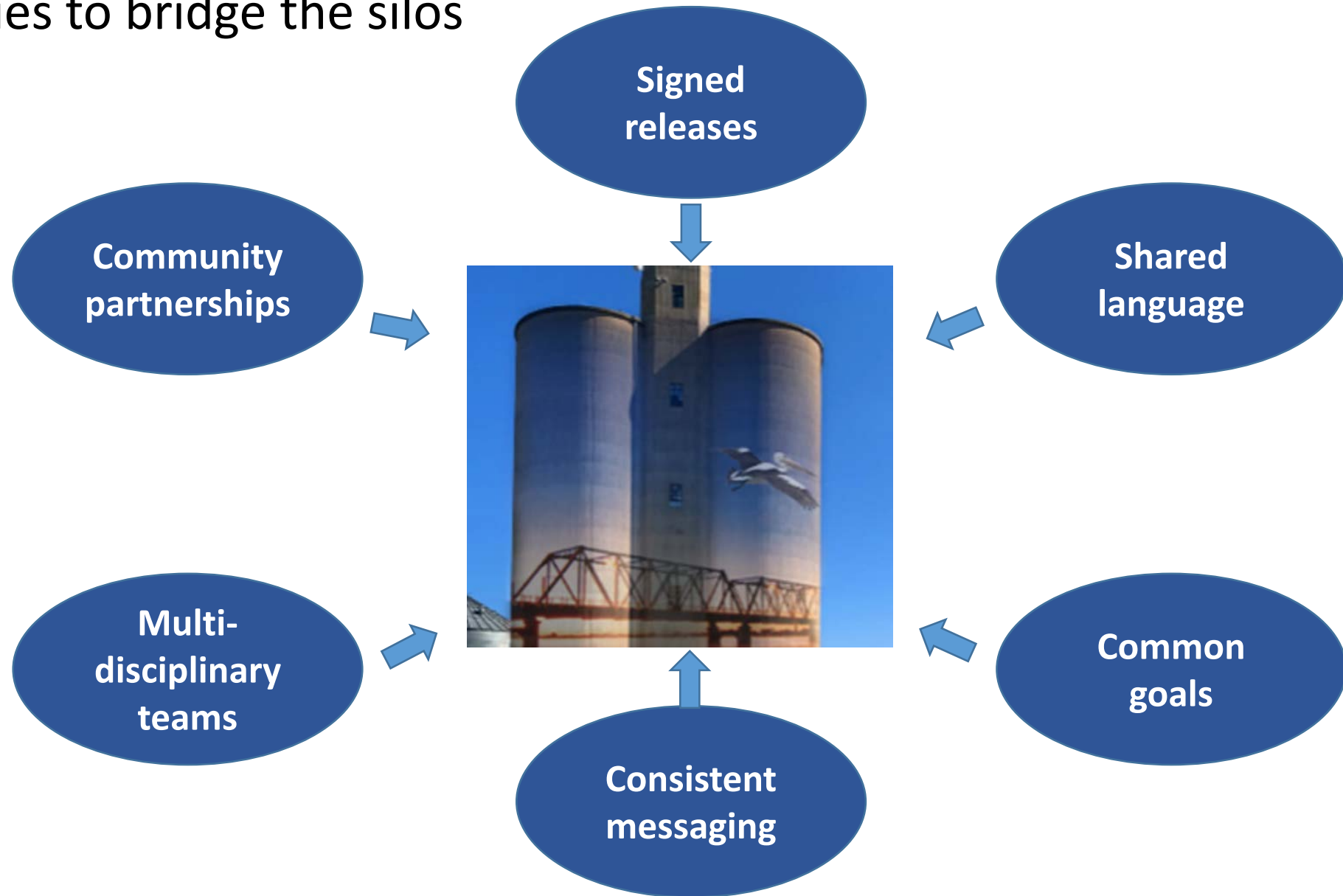
Mother's  
providers  
(PCP, MAT)

OB/midwife

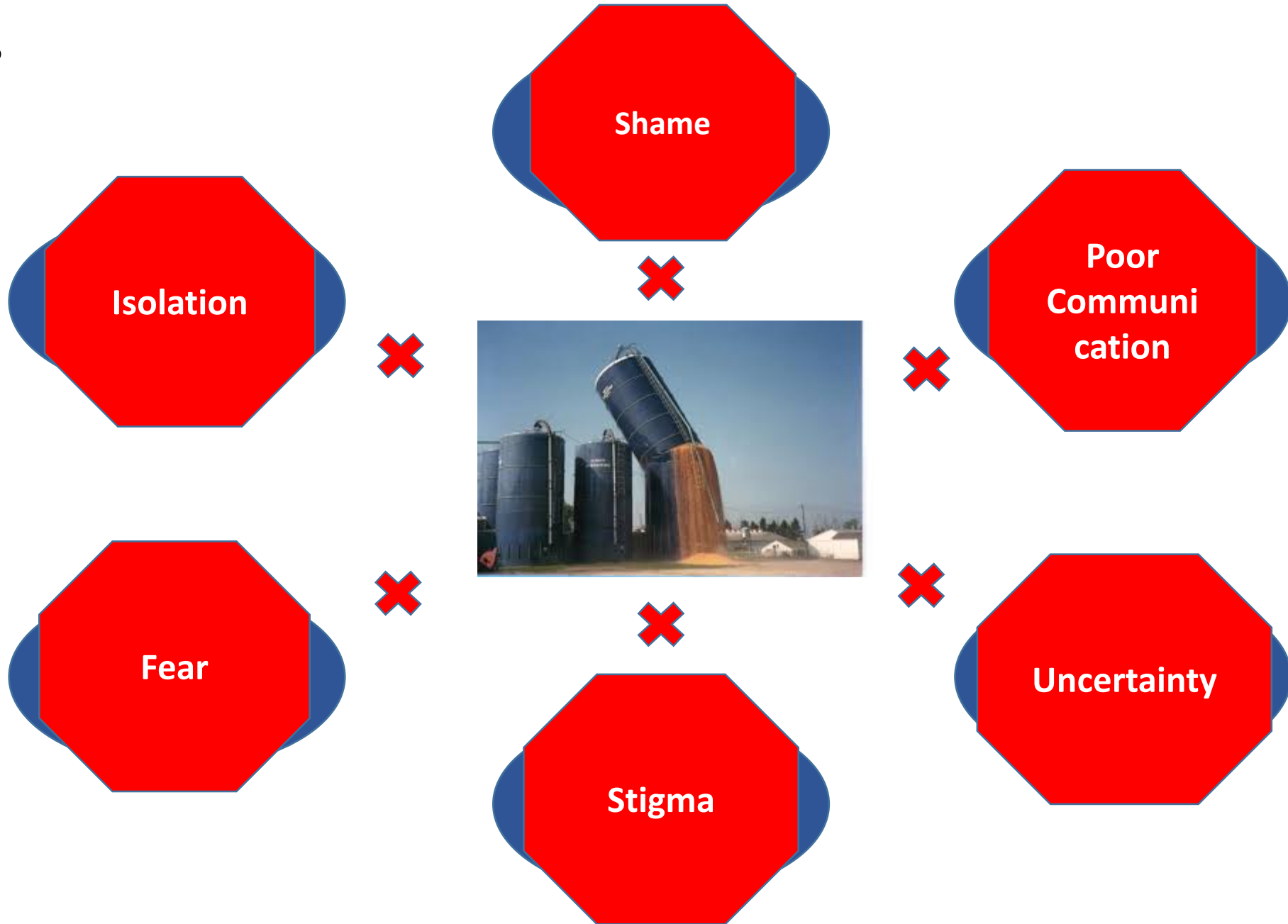
Infant PCP

Community  
Supports

# Strategies to bridge the silos



# Barriers





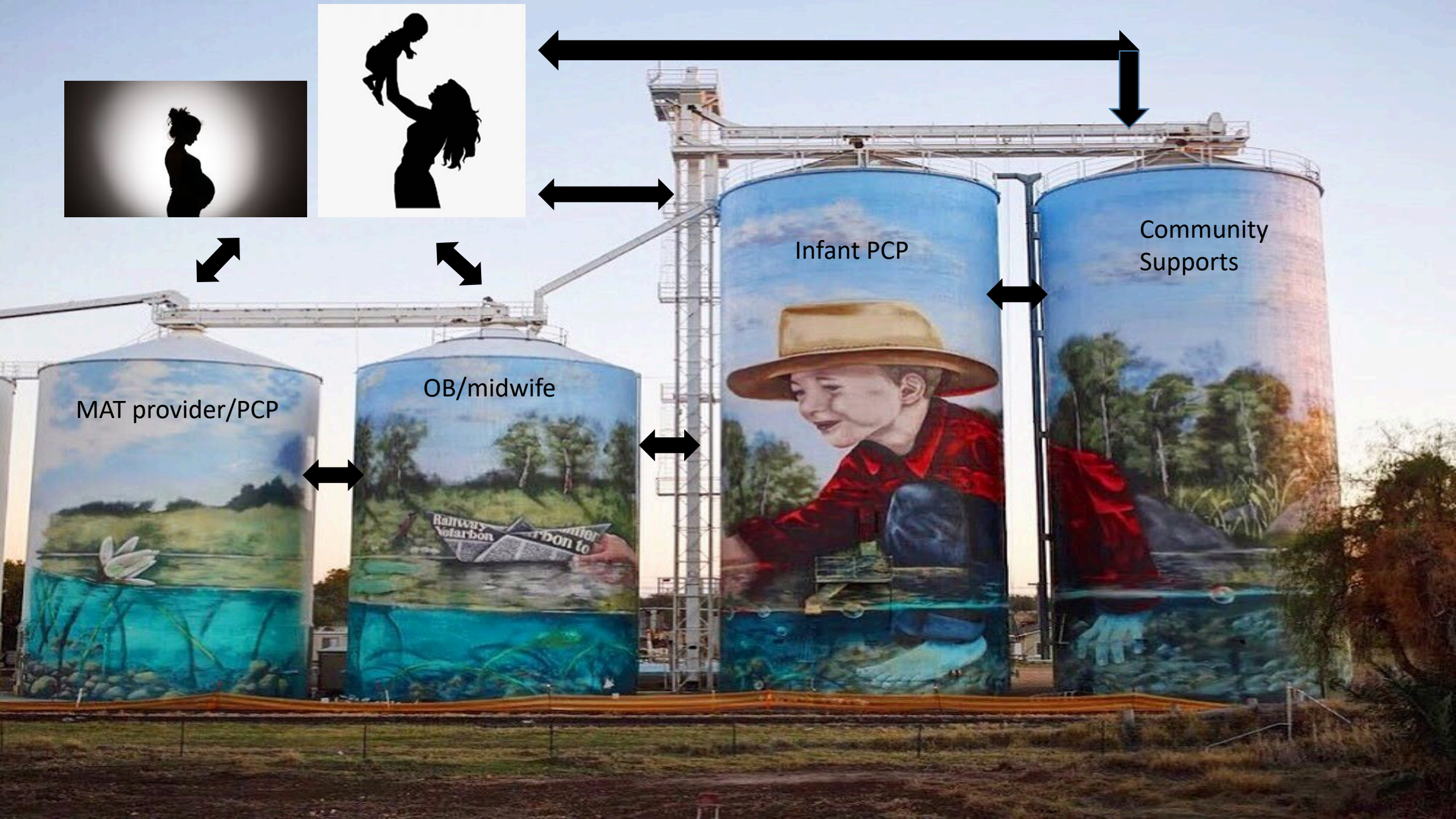


MAT provider/PCP

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!

# Summary: Vermont POSC

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

# 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

# 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

# Summary: 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

# Goals Moving Forward

## 1. 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

## 2. Provide education:

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

# It takes a village!

## ❖ UVM Children's Hospital & ICON Faculty

- ❖ Michelle Shepard, MD, PhD
- ❖ Molly Rideout, MD
- ❖ Adrienne Pahl, MD
- ❖ Marjorie Meyer, MD

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- ❖ 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](mailto:AHS.DCFFSDCAPTA@vermont.gov)  
ICON Website: <https://www.med.uvm.edu/vchip/icon>  
DCF POSC Website: <https://dcf.vermont.gov/fsd/partners/POSC>