Vermont's CHARM (Children and Recovering Mothers) Team:

A collaborative approach to supporting pregnant and parenting women with opioid use disorders and their infants

CARA Implementation:
DCF Notification and Plans of Safe Care

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KidSafe Collaborative, Burlington VT

July 2019 • Burlington Vermont
CARA Federal Requirement: VERMONT’s POLICY

DCF Reports and Notifications

- **If ANY child safety concerns:**
  - DCF *report* made via central intake
  - DCF develops **Plan of Safe Care**

- **If NO child safety concerns:**
  - CAPTA *notification* faxed (by birthing hospital) to DCF after birth of infant
  - De-identified notification
  - **Plan of Safe Care** completed by hospital staff
  - Copies sent to infant’s PCP and given to family
DCF Policy: Assessment may begin 30 days before due date, where:
- serious threat to a child’s health or safety,
- mother’s substance abuse during third trimester

Innovative approach:
- Allows time for family engagement prior to birth
- Focus: planning for safe environment for the infant
- Child maltreatment prevention: earlier indication of risk/parent is unable to parent safely
- Avoid unnecessary placement crisis at birth
CARA Federal Requirement: VERMONT’s POLICY

DCF Reports

**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 medication
- Infant with NAS due to illegal substance or non-prescribed medication
- Infant with fetal alcohol syndrome disorder
CARA Federal Requirement: VERMONT’s POLICY

DCF Notification

- **Notification** to DCF of substance-exposed newborn
  - De-identified notification
    - Faxed to DCF by hospital/health care provider
  - Infants exposed (only) to maternal use of:
    - MAT (stable in program)
    - Prescribed opioids for pain
    - Prescribed benzodiazepines
    - Marijuana*

*2017 policy change: DCF does not intervene where the sole reported concern is prenatal marijuana exposure
Vermont Requirements Related to Substance Exposed Newborns

**Prenatal**

3rd Trimester Concern = DCF Report (vs. notification)

**DCF Assessment 30 days before due**

**DCF develops POSC**

**DCF’s Prenatal report acceptance criteria:**

- A medical professional certifies or the mother admits to use of illegal substances, use of non-prescribed prescription medication, or non-medical use 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.
- DCF Family Services does not intervene in situations in which the sole concern is the mother’s use of marijuana

Assessments may begin approximately one month before the due date or sooner if medical findings indicated that the mother may deliver early.

DCF will assess child safety and engage mother/parents in the development of a Plan of Safe Care
At Birth:

- Child Safety Concern = DCF Report
- DCF Does POSC
- Prescribed meds or THC only: DCF Notification (Non-identifying)
- Hospital Does POSC

**Child Abuse Protection and Treatment Act (CAPTA) Requirements Related to Substance Exposed Newborns**

**Delivery of Newborn**

- Report to Department for Children and Families DCF Centralized Intake

**Child protection concerns related to maternal substance use**

Yes

- Hospital Staff are required to make a CAPTA Notification for any of the following:
  - Mother is stable and engaged in treatment
  - Mother is being treated with opioids for chronic pain by a physician
  - Mother is taking benzodiazepines as prescribed by her physician
  - Mother used marijuana during pregnancy

The notification system will request non-identifying information. A Plan of Safe Care will be developed by hospital staff.

**DCF’s 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, or
- A newborn is deemed by a medical professional to have neonatal abstinence syndrome as the result of maternal use of illegal substances, non-prescribed prescription medication or misuse of prescribed medication, or a newborn is being treated pharmacologically due to an undetermined exposure; or
- A newborn has been deemed by a medical professional to have Fetal Alcohol Spectrum Disorder
- DCF Family Services does not intervene in situations in which the sole concern is the mother’s use of marijuana.

DCF will assess child safety and engage mother/parents in the development of a Plan of Safe Care.
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.

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

Revised 4.19.2018
VT Plan of Safe Care

Notification to DCF

- Completed by hospital staff (social worker) with patient
- Sent to pediatrician

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

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<tr>
<th>Name of Infant:</th>
<th>DOB:</th>
<th>Admission Date:</th>
<th>Discharge Date:</th>
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Infant's PCP:

Household Members:

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<th>Name</th>
<th>Age</th>
<th>Relationship to Infant</th>
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Identified Supports:

Check box(es) next to applicable criteria:

- Methadone / Buprenorphine
- Prescribed opioids for chronic pain
- Prescribed benzodiazepines
- Marijuana

Additional Exposures:

- Nicotine/Tobacco
- Alcohol
- Other
- Other

Comments:

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

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<tr>
<th>Service</th>
<th>Discussed</th>
<th>Current Referral</th>
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<td>Other</td>
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Post-discharge Family Strengths and Goals (Eg: breastfeeding, housing, smoking cessation, parenting, recovery):

Comments:

Signature of parent / caregiver: __________________ Signature of staff: __________________

Please fax copy to infant’s PCP and file in infant’s chart; proceed to CAPTA Notification
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.DCFFPSDCaptaNotification@vermont.gov (No cover sheet necessary)

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
Springfield Hospital SH
Southwestern Vermont Medical Center SVMC
“Anything that drives pregnant women with opioid use disorder from seeking treatment results in more prematurity, higher infant mortality, less probability of successful parenting”

- Health of Baby depends on the mother’s health, the family’s health!

Dr. Anne Johnston, Neonatologist, UVM Children’s Hospital
The Children and Recovering Mothers (CHARM) Collaborative in Burlington, VT: A Case Study
National Center on Substance Abuse and Child Welfare

Vermont Health Department - Alcohol and Drug Abuse Programs: Care Alliance for Opioid Addiction
http://healthvermont.gov/adap/treatment/

**Hub and Spoke Model:**
https://blueprintforhealth.vermont.gov/about-blueprint/hub-and-spoke

University of VT - VC HIP: Improving Care for Opioid-exposed Newborns (ICON)
https://www.med.uvm.edu/vchip/icon
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Additional contacts:

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University of Vermont Children’s Hospital
Smith 575, 111 Colchester Ave.
Burlington, VT 05401
802.847.9089
www.uvmhealth.org

Comprehensive Obstetric and Gynecological Clinic
University of Vermont Medical Center
111 Colchester Avenue
Burlington, Vermont 05401
802-847-1400
www.uvmhealth.org

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