

CAPTA Amendments: Vermont Plan of Safe Care and Notifications (revised 1.8.18)

Frequently Asked Questions

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

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

A **notification** to DCF occurs when the newborn has been prenatally exposed to substances but there are no child protection concerns. A notification does not contain identifying information.

2. *Isn't prenatal substance exposure a child protection concern?*

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

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

3. *Under what criteria do hospital staff make a notification to DCF?*

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

- Mother is stable and engaged in medication-assisted treatment with methadone or buprenorphine
- Mother is being treated with opioids chronic pain by a physician
- Mother is taking benzodiazepines as prescribed by her physician
- Newborn was prenatally exposed to marijuana

4. *Who is responsible for making the notification?*

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

5. *What is the purpose of the notification?*

The purpose is to provide states and the federal government with the number of substance exposed infants on an annual basis to address the ongoing services and needs for this population. The annual numbers reported to the federal government also include all accepted DCF child protection reports regarding substance-exposed newborns.

6. *Why isn't the use of marijuana during pregnancy a DCF report?*

Effective November 1st, 2017, DCF no longer accepts reports where the sole concern is regarding a pregnant woman's use of marijuana. Rather, health care providers are required to make a

notification to DCF unless there are child protection concerns (in which case a report should be made). This policy change was discussed with medical providers and other stakeholders. While some studies have suggested that prenatal exposure to marijuana maybe harmful, there is lack of sufficient evidence to warrant a child protection intervention. It was determined that the appropriate intervention would be the development of a Plan of Safe Care and a notification to DCF.

7. What if hospital staff believe the mother's use of marijuana is impacting her ability to safely parent her newborn?

A report to DCF should be made in any situation where there is belief that a child is at risk of harm.

8. How do hospitals make a notification to DCF?

Hospitals can fax the notification form to 1 (802) 241-9060 or email a scanned copy to AHS.DCFFSDCaptaNotification@vermont.gov

9. Where can hospital staff find the Plan of Safe Care form?

The DCF- Family Services website has the most updated version of the Plan of Safe Care and FAQs: <http://dcf.vermont.gov/fsd/partners>

10. When should DCF notifications be made?

Notifications should be made prior to the newborn's discharge for the following circumstances:

- Mother is stable and engaged in medication-assisted treatment with methadone or buprenorphine
- Mother is being treated with opioids chronic pain by a physician
- Mother is taking benzodiazepines as prescribed by her physician
- Newborn was prenatally exposed to marijuana*

10. Can reports to DCF still be made prenatally?

Yes, reports to DCF can be made prenatally. DCF may open an assessment 30 days prior to the accepted delivery date under the following conditions:

- A physician certifies or the mother admits to use of illegal substances use of non-prescribed prescription medication, or misuse of prescription medication during the last trimester of her pregnancy.
- When there is an allegation that there is likely to be a serious threat to a child's health or safety due to the mother's substance abuse during pregnancy, intervention before a child's birth may assist the family to remediate the issues and avoid the need for DCF custody after the birth.

11. Can notifications be made prenatally?

No, notifications need to be made after delivery under the following circumstances:

- Mother is stable and engaged in medication-assisted treatment with methadone or buprenorphine
- Mother is being treated with opioids chronic pain by a physician
- Mother is taking benzodiazepines as prescribed by her physician
- Newborn was prenatally exposed to marijuana

12. *Who is responsible for developing the Plan of Safe Care?*

When there are no child protection concerns related to the newborn, hospitals are required to complete the 1page Plan of Safe Care with the mother/caregivers prior to discharge.

If a DCF report has been made because of child protection concerns, if the report is accepted DCF will complete their own Plan of Safe Care.

13. *Is a report or a notification regarding a substance-exposed newborn required when there is already an open DCF case?*

- Regardless of whether or not there is an open case with DCF, hospital staff are mandated to make a report if there are child protection concerns including substance exposure:
 - A newborn has a positive toxicology screen for illegal or non-prescribed substances, other than solely marijuana
 - A newborn is being treated for NAS as the result of maternal use of illegal, non-prescribed, or misuse of prescribed medication, or due to undetermined exposure
 - A newborn has been diagnosed with fetal alcohol spectrum disorder

- Regardless of whether or not there is an open case with DCF, hospital staff are required to make a notification and complete Plan of Safe Care if the substance exposure consists of:
 - Mother is stable and engaged in medication-assisted treatment with methadone or buprenorphine
 - Mother is being treated with opioids chronic pain by a physician
 - Mother is taking benzodiazepines as prescribed by her physician
 - Newborn was prenatally exposed to marijuana*

14. *When the hospital creates a Plan of Safe Care, where should it reside and who is responsible for monitoring?*

The Plan of Safe Care should be provided to the newborn's primary care provider upon discharge. The primary care provider can use the information and engage the mother/care taker at follow-up appointments. Hospital staff may choose to incorporate the Plan of Safe Care into their electronic records. The mother/care takers should be given a copy of the Plan of Safe Care and they are free to share that information with other providers and extended support network.

15. *Can hospitals make modifications to Plan of Safe Care form?*

Hospitals may choose to make modifications to the Plan of Safe Care template as long as no content is removed. Hospitals may choose to incorporate the Plan of Safe Care into their electronic records.

16. *Is prenatal exposure to alcohol a required notification?*

No. If a healthcare provider suspects excessive drinking during pregnancy or the newborn has been diagnosed with Fetal Alcohol Spectrum Disorder, they should make a *report* to DCF.

17. *What if the mother/care taker declines to participate in developing a Plan of Safe Care?*

The goal is for all mothers/care takers to engage in the development of a Plan of Safe Care, but there will be times they will decline. In these instances, the health care providers will capture that information in the notification which will be faxed to DCF. Absent child protection

concerns, the refusal to develop a Plan of Safe Care does not warrant a DCF child protection report.

18. Should hospitals inform the mother/care takers they are making a notification to DCF?

Hospital providers will likely want to be transparent and should emphasize that the notification does not contain any identifying information.

19. How should hospitals respond to substance exposed-infants where a mother resides in another state and delivers in Vermont?

When there are **child protections concerns**, hospital staff should make a report to the child protective services in the state where the mother resides. Additionally, hospitals are encouraged to make a report to Vermont DCF if there are immediate safety concerns. Vermont's DCF will contact and coordinate with the child protection agency where the mother resides.

If there are **no child protection concerns**, and the substance-exposure consists any of the following listed below, hospital staff should make a notification to Vermont's DCF and forward the Plan of Safe Care to the newborn's primary care provider in their residing state:

- Mother is stable and engaged in medication-assisted treatment with methadone or buprenorphine
- Mother is being treated with opioids chronic pain by a physician
- Mother is taking benzodiazepines as prescribed by her physician
- Newborn was prenatally exposed to marijuana*

20. What if a hospital transfers a substance-exposed newborn to a higher level of care, who is responsible for making a notification and Plan of Safe Care?

The birth hospital and the receiving hospital should communicate to determine which hospital should be responsible for the plan of safe care and notification.

21. Who can hospital staff contact if they have questions?

Questions can be emailed to AHS.DCFSDCaptaImplementation@vermont.gov or call 802-241-0905 and speak with DCF's Policy and Planning Manager.