



Date: December 12, 2017

To: Vermont State and Community Hospitals and Family Practice Providers

From: Karen Shea, Deputy Commissioner, DCF- Family Services

RE: *Vermont's response to the 2016 amendments to the Child Abuse and Prevent Treatment Act related to substance-exposed newborns*

On July 22, 2016, the Comprehensive Addiction and Recovery Act of 2016 (CARA) was signed into law. The legislation made several changes to the Child Abuse and Prevention Treatment Act (CAPTA) including the requirements that:

- states will develop policies and procedures to address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms (not just illegal substance abuse as was the requirement prior to this change).
- health care providers involved in the care and delivery of substance-exposed newborns will notify child protection
- a Plan of Safe Care will be developed to address the needs of both the infant and the affected family or caregiver
- the state's child protection system will report data annually to the Children's Bureau

Vermont's process in developing require protocols

Winter of 2017, Vermont created a CAPTA workgroup to develop procedures that would address the new requirements. The workgroup included representation from the Department of Health, Division of Alcohol and Drug Programs and the Division of Maternal and Child Health, the Department for Children and Families, Child Development Division and Family Services Division, Vermont Children's Hospital Neonatal-Perinatal Medicine/Vermont Child Health Improvement Program/Improving Care for Opioid-exposed Newborns (ICON), Lund, and KidSafe Collaborative. In February, the CAPTA workgroup attended the Policy Academy: *Improving Outcomes for Pregnant and Postpartum Women with Opioid Use Disorder and their Infants, Families, and Caregivers*. Over the last nine months the group has received technical assistance from the National Center on Substance Abuse and Child Welfare and focused on implementing the new requirements in a way that would continue to attract pregnant opioid-dependent women into treatment and not create unintentional barriers.

Vermont's new protocols to address requirements for substance-exposed newborns

The CAPTA workgroup incorporated stakeholder feedback and finalized the protocols in October 2017. The protocols and DCF policies create two pathways for healthcare providers who are responsible for the care and delivery of substance-exposed newborns, in order to comply with the federal requirements:

1. Report child safety to concerns to the child protection hotline. DCF's report acceptance criteria regarding substance exposed infants is:
 - A newborn has a positive toxicology screen for illegal or non-prescribed substances, other than solely marijuana
 - A newborn has is treated for NAS as the result of maternal use of illegal, non-prescribed, or misuse of prescribed medication, or due to undetermined substance exposure
 - A newborn has fetal alcohol spectrum disorder

2. 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.

The prenatal substance exposure which requires a DCF notification (but not a report) is:

- Mother is stable and engaged in medication-assisted treatment with methadone or buprenorphine
- Mother is being treated with opioids for chronic pain by a physician
- Mother is taking benzodiazepines as prescribed by her physician
- Newborn was prenatally exposed to marijuana, but not to other illegal or non-prescribed medications

Notification process: Absent any child protection concerns (which should be reported via DCF's child protection hotline), healthcare providers who are responsible for the care and delivery of substance-exposed newborns are now required by law to:

- 1) email/scan non-identifying notifications to DCF in order for the state's child protection agency to track and report the number of substance exposed newborns to the Children's Bureau annually, and
- 2) complete a Plan of Safe Care prior to the infant's discharge from the hospital, and forward it to the infant's primary care provider:

The attached flows chart and FAQs provide more details which will assist hospitals in implementing the new protocols.

Next steps and expectations of Vermont hospitals

The CAPTA workgroup wants to be available for questions and support in understanding the attached flow chart and Plan of Safe Care. Hospitals are encouraged to participate in one or more of the conference calls being offered and share what is going well, what are the challenges, and ask questions.

Call-in number: **1 (712) 770-5162**, access code: **802662**

- December 20th, from 9:00-10:00
- January 3rd, from 10-11:00
- January 22nd from 12-1:00

(The January dates will also have a GoTo meeting option. Please email

AHS.DCFFSDCaptaImplementation@vermont.gov

if you would like to join via GoTo. The call-in number will be the same as noted above.)

In addition, feel free to email questions at any point to AHS.DCFFSDCaptaImplementation@vermont.gov

The goal is for Vermont hospitals to have fully implemented this process by March 1, 2018.