

Perinatal Quality Collaborative Vermont

Putting Families First: 2025 Revisions to the Family Care Plan

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Disclosures

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

Learning Objectives

- Understand Vermont's approach to the FCP and changes over time
- Review federal Child Abuse Prevention and Treatment Act (CAPTA) Family Care Plan (FCP) legislation
- Review updated CAPTA and FCP tools
- Review next steps for state partners

Let's take a moment...

This is difficult content and many of us have either personal experience of substance use or have family and friends impacted by substance use and other co-occurring issues including: Maternal death, suicide, intimate partner violence, and trauma

Please take the time you need and/or feel free to step away if the content presented today is difficult.

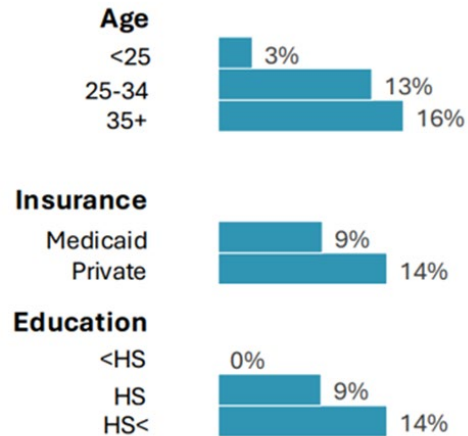
I'd like to take a moment to acknowledge Vermont residents who died during and after pregnancy, their loved ones, and the community who cares for them.

Data from Vermont's PRAMS and the MMRP

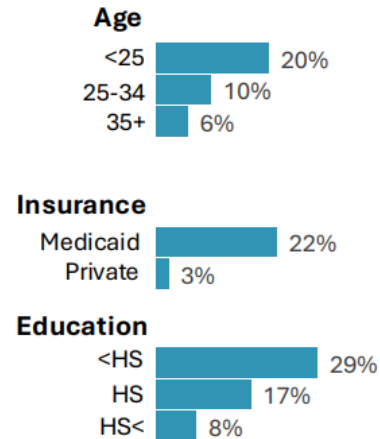
Vermont has among the highest rates of substance use in both pregnancy and in caregivers in the nation including tobacco, alcohol, marijuana, and other substances.

The odds of overdose death among those who experienced pregnancy are 1.5 times the odds of overdose among females of reproductive age who did not experience pregnancy

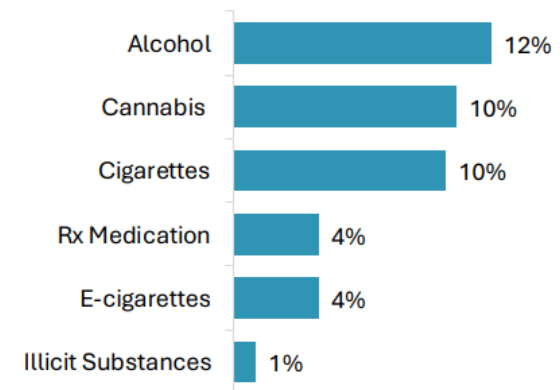
Drinking during pregnancy in 2022



Cannabis use during pregnancy in 2022

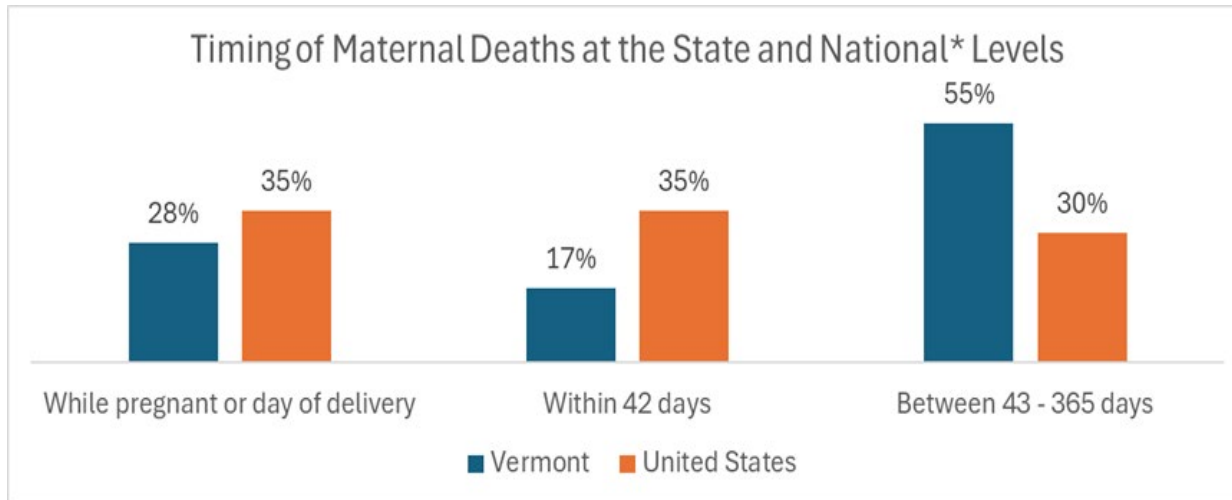


Substance use during pregnancy in 2022



Putting it all together

The period after OB care has been identified as a period of increased risk



Perinatal people with SUD present in different ways:

- Some are stable on MOUD

- Some are not flagged with a known SUD

- Some are late to prenatal care and were identified as high risk.

We can't predict who will relapse and who will die. All we can do is connect ALL families with post partum supports.

The FULL year after a birth is a key period for support

Child Abuse Prevention and Treatment Act: CAPTA

Federal legislation that provides funds to states to mitigate child abuse and neglect

1974

- Enacted to provide federal funding to support prevention, assessment, investigation, prosecution, and treatment activities related to child abuse and neglect

2003

- Amendment: governors must assure policies and procedures are in place to address the needs of infants *“born with and identified as being affected by **illegal** substance abuse or withdrawal symptoms resulting from prenatal drug exposure”*
- Plan of Safe Care

2010

- Amendment: clarified the definition of substance exposed infant and added **Fetal Alcohol Spectrum Disorder (FASD)**

2016

- Amendment: clarified population requiring a Plan of Safe Care: *“born with and identified being affected by **illegal** substance abuse withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder”*

Comprehensive Addiction and Recovery Act (CARA)

2016 amendment to CAPTA

- Plan of safe care developed for infants with prenatal substance exposure, withdrawal symptoms, or Fetal Alcohol Spectrum Disorder.
- Goal: to address immediate safety needs of the infant and health and SUD treatment for affected family or caregiver.

Requirements:

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

CAPTA 2021 Reauthorization- Title IV

Public health response to infants affected by substance use disorder

Purpose: “to ensure the safety, permanency, and well-being of infants affected by substance use by supporting States in providing a public health response to the impact of substance use on infants, mothers, and families”

Language update: “infants born with, and identified as being affected by, substance use disorder, including alcohol use disorder”

CAPTA 2021: The Family Care Plan

Development of a multi-disciplinary FCP for the infant and affected parent/caregiver, to ensure the safety and well-being of the infant by:

- (A) using a family assessment approach to develop each FCP
- (B) addressing through coordinated services, the health, well-being, and SUD treatment needs of the infant and affected parent/caregiver
- (C) Develop systems to determine if referrals to appropriate services for the infant and affected parent/caregiver are occurring

CAPTA 2021: Notifications

- Distinct and separate from the child abuse and neglect reporting
- Designed to promote a public health response to infants born with, and identified as being affected by, substance use disorder, including alcohol use disorder
- **Not for the purpose of initiating an investigation of child abuse or neglect.**

CAPTA/FCP Next Steps: 2022-2025

Vermont has been a leader setting the stage for change in other states

Vermont already decoupled notifications from reporting and had a mechanism to collect data.

Time to re-engage with our partners to update language and pilot new workflows to further separate DCF from the Family Care Plan

VT POSC Revisions for 2025

In Depth Technical Assistance (IDTA) provided by



Change name to Family Care Plan (FCP)

Implement prenatal completion of Family Care Plan

Develop new process for online completion and sharing of FCP

Electronic method for CAPTA notifications

New family centered website and support materials

Updated and enhanced data collection

Partners in this work included:

- Person with living experience/Peer Recovery
- Family Services Division
- Family and Child Health Division
- Division of Substance Use
- Child Development Division
- Childsafe Collaborative
- Perinatal Quality Collaborative of Vermont
- Alliance for Innovation on Maternal health

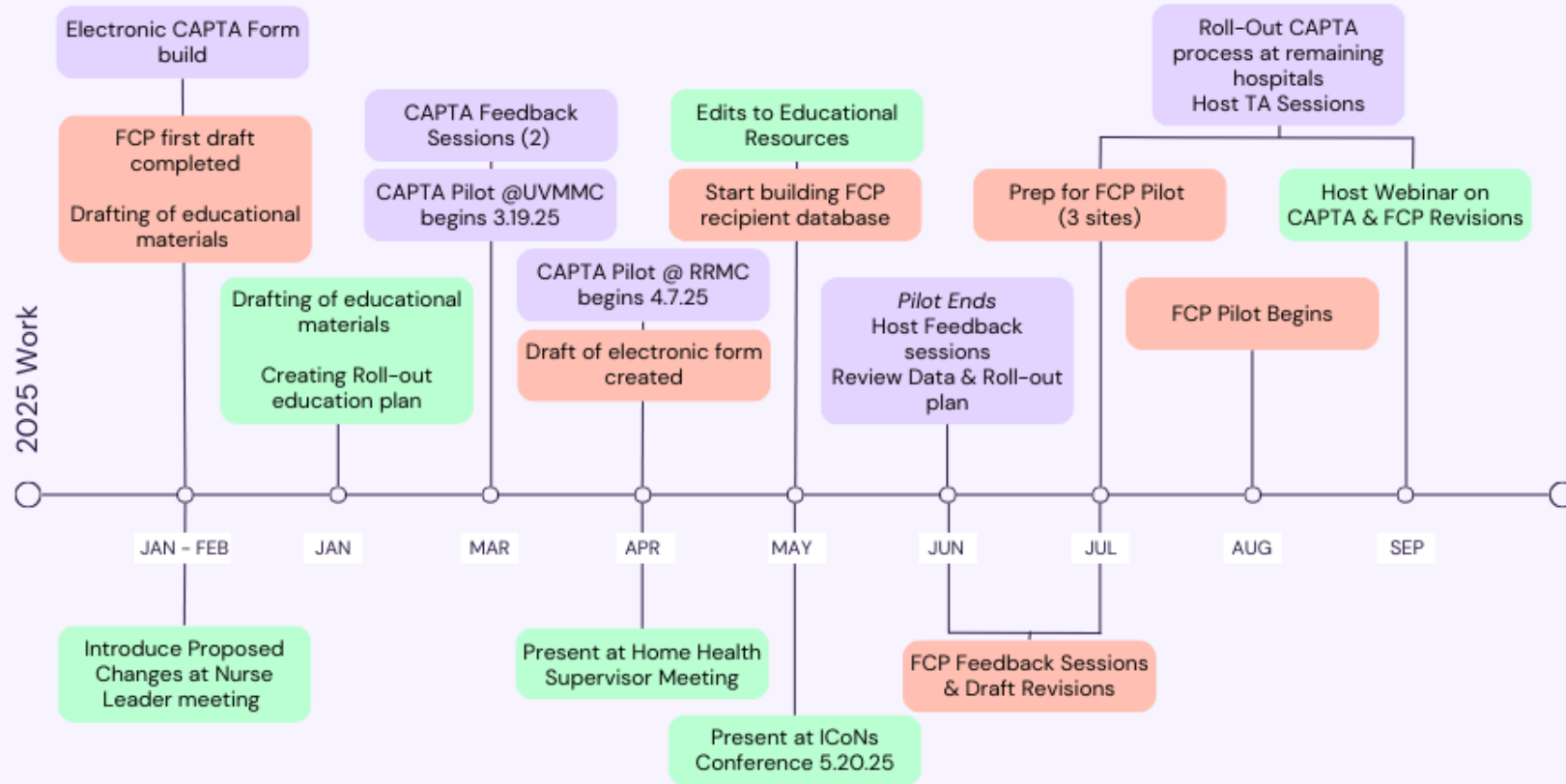
ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

A quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes and save lives.

[Learn More About AIM](#)

Process Type	Timing	Responsible Party	Inclusion Criteria	Details	Connection to DCF
Family Care Plan Goal: facilitate community resources and family support (mandated)	Starts Prenatal or at time of disclosure Completed at time of infant discharge	Birth parent HH Nurse OB Clinic MOUD Provider	For any pregnant patient that screens positive for substance use <i>*For Cannabis or Alcohol; if patient commits to abstinence; rescreen at X weeks; if use continues then initiate referral for FCP</i>	Care plan document listing current resources and referrals – patient driven	Need for FCP does not indicate a DCF report DCF only sees this document IF the family decides to share it with them if there’s active involvement
CAPTA Notification Goal: federal reporting	Complete at time of infant discharge	Hospital Designee	Any newborn exposed to substances during pregnancy (should follow FCP completion)	De-identified data sent to Family Services Division for Federal Reporting	Substance exposure alone does not indicate a DCF Report to be made De-identified reporting
Report to DCF Goal: child safety	30 days prior to due date	Any mandated reporter	use of illegal substances, non-prescribed medications, or misuse of prescribed medications during the third trimester of pregnancy		Report called in to DCF Intake Line
	any time there are child safety concerns		Any newborn regardless of substance exposure where there are safety concerns		

2025 CAPTA & FCP Revision



LEGEND

CAPTA CAPTA

Family Care Plan Family Care Plan

Both Both

Updated Virtual Forms

Microsoft Forms for CAPTA and FCP

- Secure server
- Mobile friendly
- Limit the steps in the process
- Streamline data collection

FCP Specific:

- Client can re-access for updates to their plan
- Client able to edit who receives their updates at any time

CAPTA Revisions

Changes to Practice:

- Utilize an URL or QR Code to access and submit
- Address Residency: Will complete for ANY baby born in Vermont meeting criteria regardless of maternal state of residency
- Submit for multiples without having to submit form multiple times
- Include exposures to alcohol and cannabis (following the first trimester)

Medications or Substances Newborn Exposed to in Current Pregnancy

Please check the boxes that applied during this pregnancy

**Do NOT include cannabis or alcohol use in first trimester alone

**Do NOT include medications given for labor/post-birth pain

Medications for Opioid Use Disorder (MOUD/MAT) Methadone, Buprenorphine, Subutex, Suboxone

☒ Yes

☐ No

Was the use of Medications for Opioid Use Disorder (MOUD/MAT) Methadone, Buprenorphine, Naloxone... *

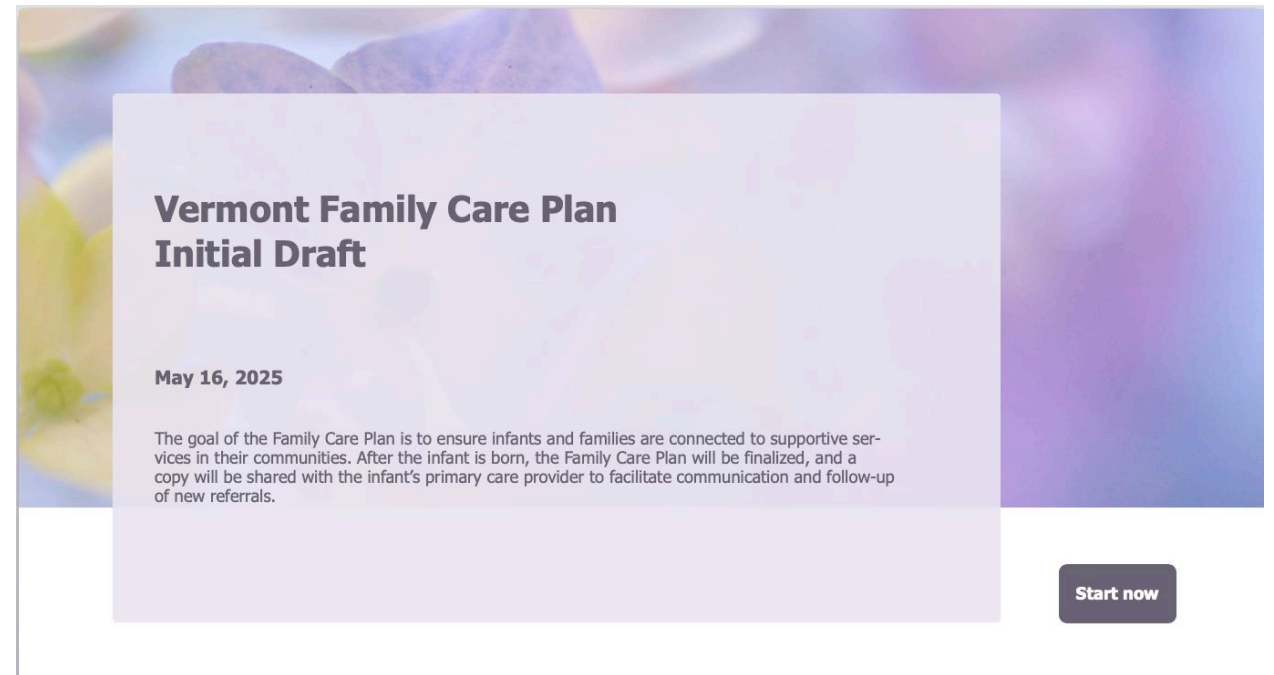
☐ Prescribed use

☐ Nonprescribed use

Family Care Plan (FCP) Revision

Changes to Practice:

- Utilize an URL or QR Code to initiate, update and submit
- Will have an associated PIN for additional level of security
- Started in prenatal setting
- Who it will be shared with will be driven by the pregnant patient



CAPTA and FCP Piloting Approach

Draft updated forms

Create Microsoft Forms draft

Review with Partners for initial feedback

Identify Pilot sites and provide education on pilot

Following Pilot:

- Feedback session with End-Users
- Data pull from VDH IT Team
 - Review with FSD to ensure it's meeting the data needed for federal reporting requirements

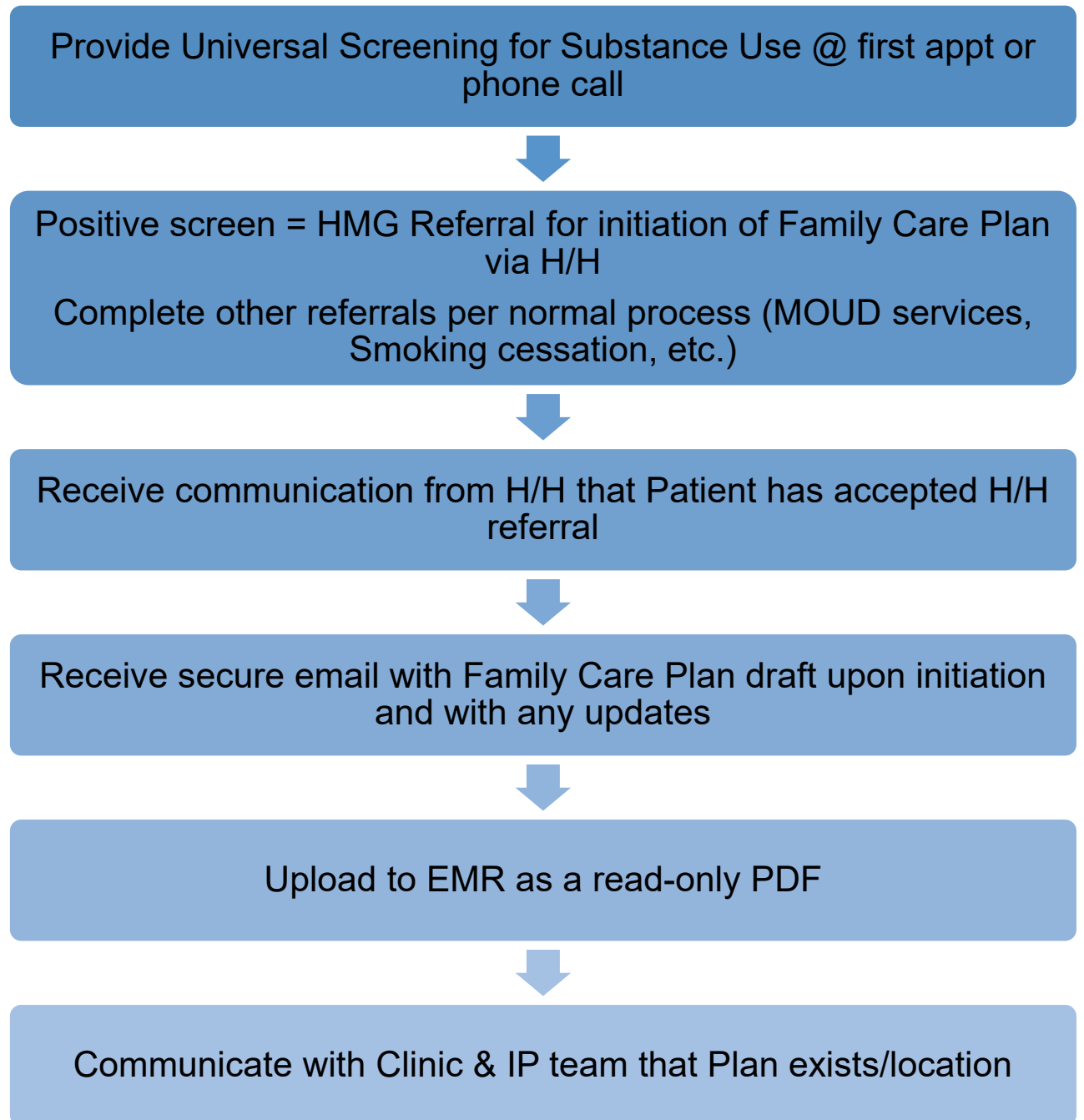
Provide Educational Materials for Patients/Families & Healthcare Professionals

Active CAPTA Pilots

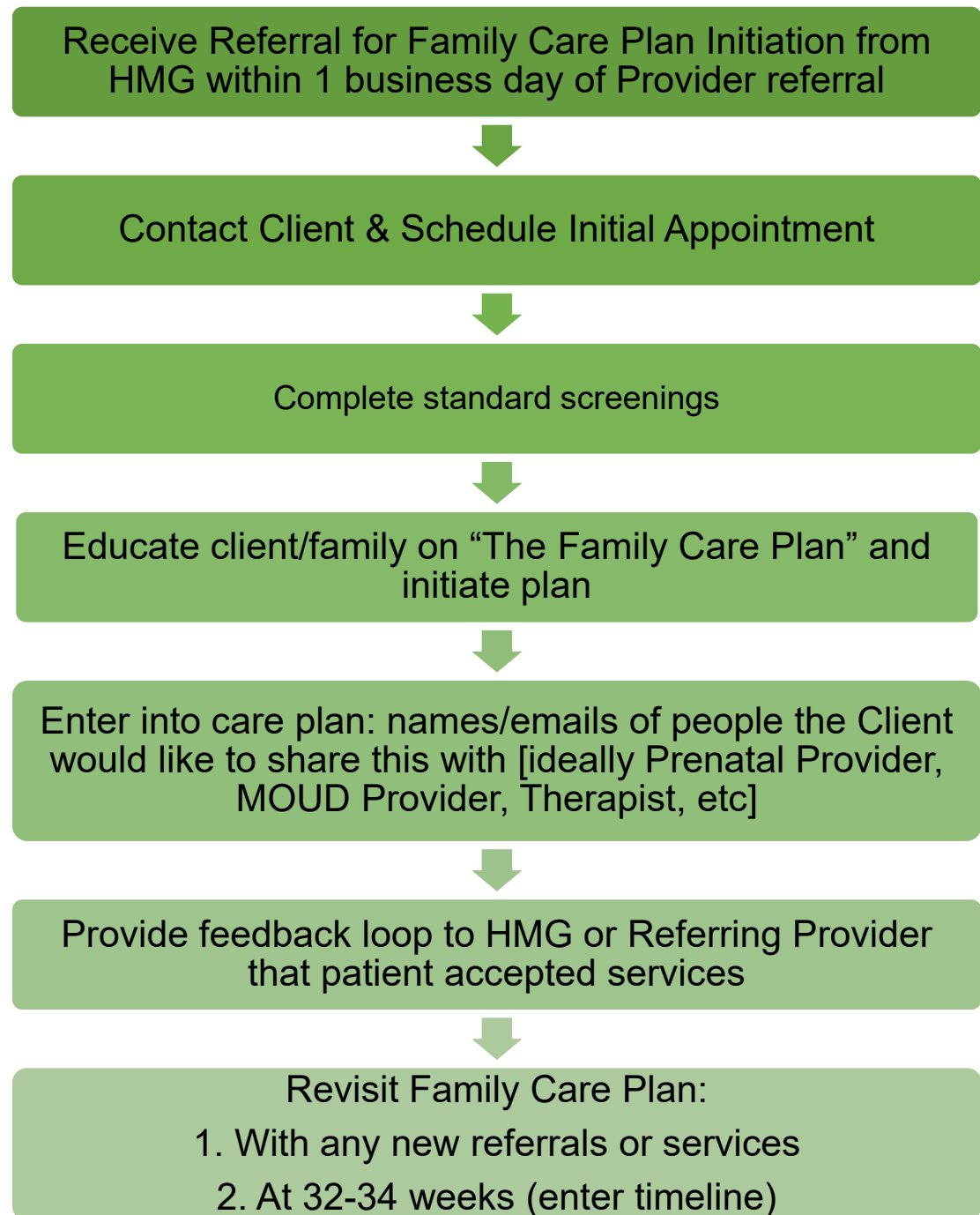
UVMMC & Rutland Regional Medical Center

- Both sites utilize Social Work/Case Management Team to complete CAPTA
- Trialing the new electronic form
- Pilot through June
 - Feedback session with End-Users
 - Data pull from VDH IT Team
 - Review with FSD to ensure it's meeting the data needed for federal reporting requirements

OB Office

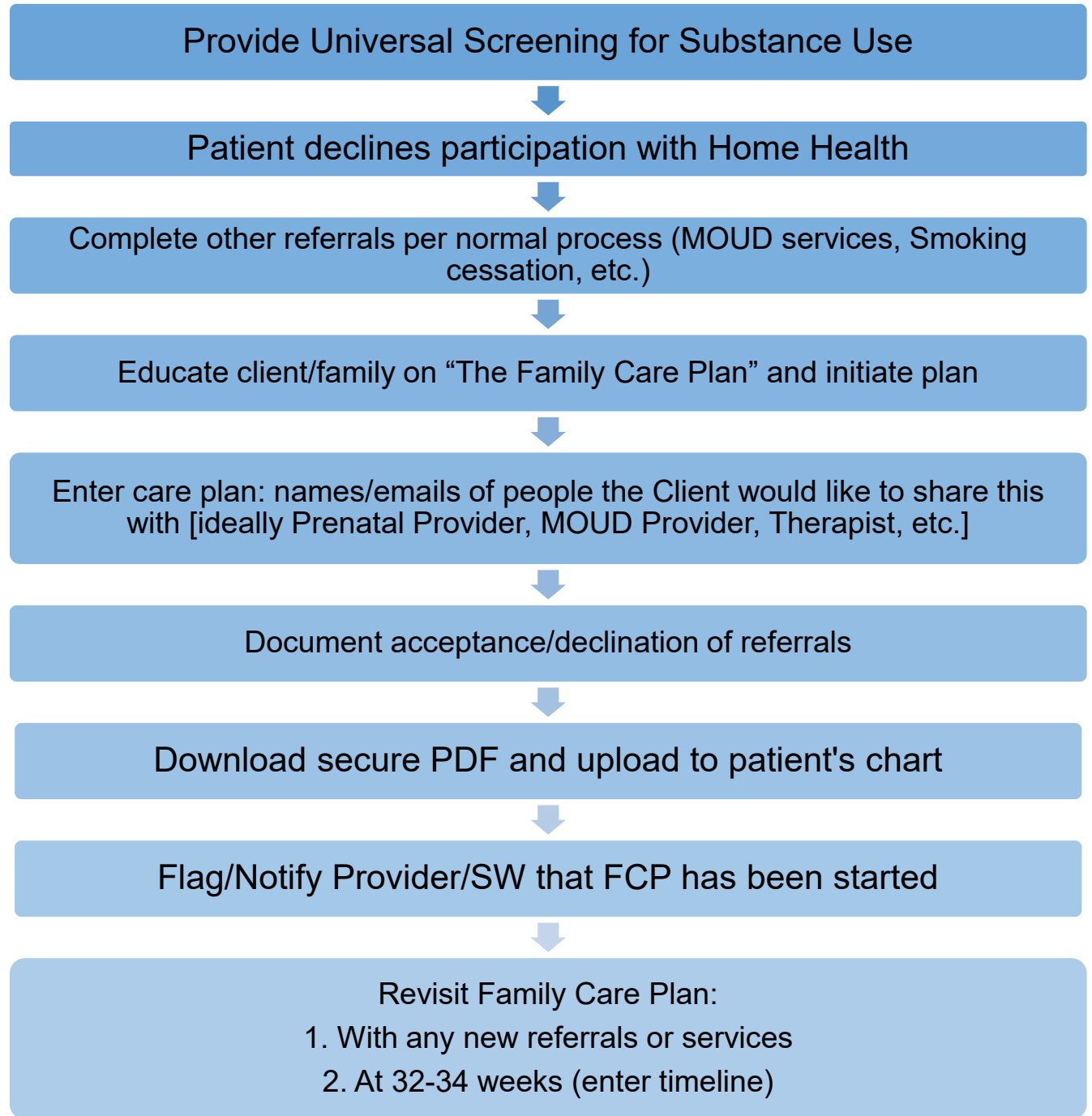


Home Health



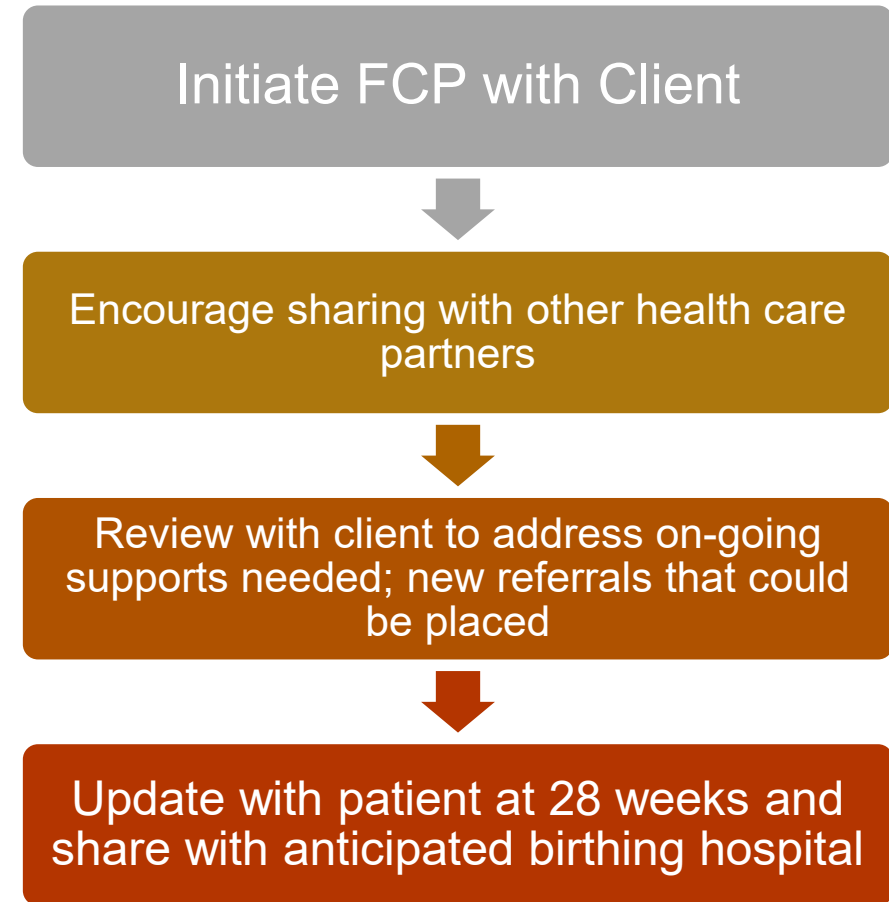
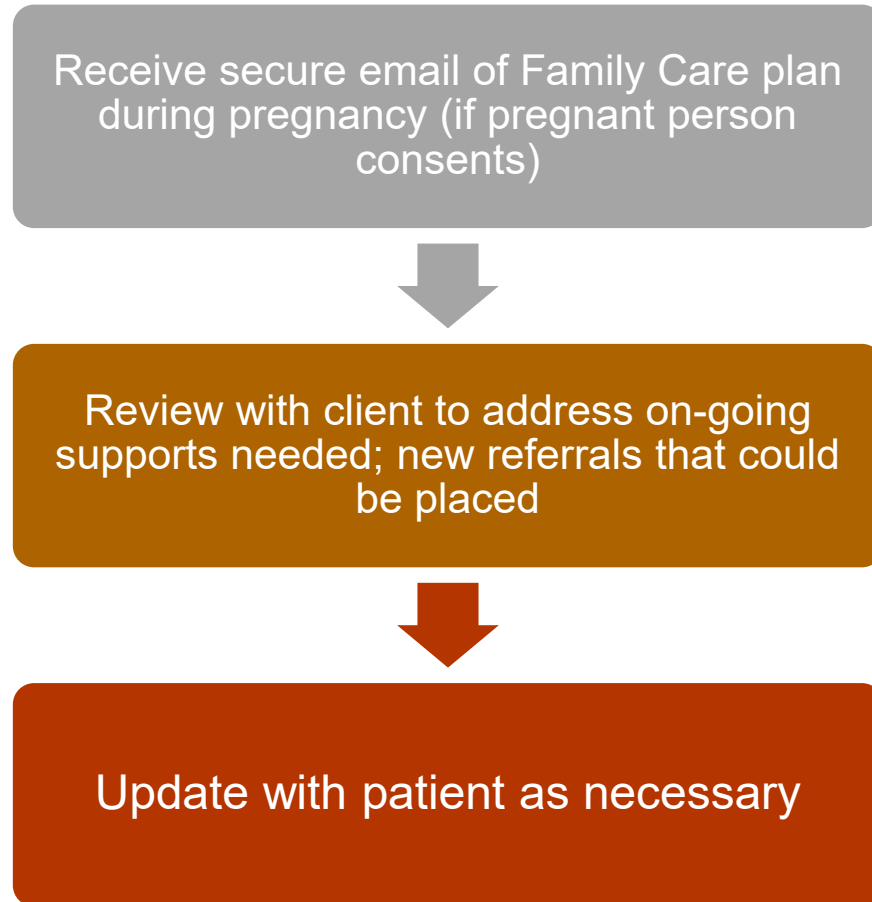
OB Office

(patient declines H/H referral)



MOUD Office

Either Option



Hospital Inpatient Unit

Receive secure email of Family Care plan prior to delivery



Following birth of infant, complete FCP with family



Update contacts (including Pediatrician/FMS offices) to send secure final PDF



Complete CAPTA notification

Pediatric Medical Home

Receive secure email of Family Care plan
following delivery



Review with family to address on-going
supports needed; place any new referrals

FCP Pilot

3 Tracks:

1. Home Health Referral for initiation of FCP
2. OB office personnel initiates FCP
3. HUB personnel initiates FCP

Educational Materials & Resources

- Patient/Family-Facing
 - Handouts
 - Video
 - Website Links

Family Handout

VERMONT CAPTA NOTIFICATION



What is a CAPTA notification?

The federal Child Abuse Prevention and Treatment Act (CAPTA), requires each state to send annual data to the Children's Bureau about newborns exposed to substances during pregnancy.

In Vermont the CAPTA notification form was developed to collect the required data in a way that is private and does not share information about you or your baby. A hospital staff member will submit the CAPTA notification after completing the Family Care Plan with you.

Who Needs A CAPTA?

Any newborn exposed to substances during pregnancy

Which substances are included in the CAPTA notification?:

Prescribed and non-prescribed
Medications for opioid use disorder (MOUD/MAT)
Opioids
Stimulants
Benzodiazepines
Other: hallucinogens, injectable substances
Cannabis*
Alcohol*
*use after the first trimester



Does having a family Care Plan and CAPTA notification put me at risk for a Child Protective Services report (DCF report)?

NO. In Vermont, substance exposure alone does not indicate the need for DCF involvement. In general, DCF reports will not be accepted unless other child safety concerns related to substance use are present.
Having a Family Care Plan started prior to delivery helps demonstrate your strengths and the preparation you've done in pregnancy to be ready to parent your baby.

Vermont Family Care Plan

Vermont takes a family-centered approach to substance use in pregnancy.

One important resource for pregnant individuals who use prescribed or non-prescribed substances is the Family Care Plan.



The Comprehensive Addiction and Recovery Act (CARA) is an amendment to the federal Child Abuse Prevention and Treatment Act (CAPTA). Vermont's goal is to provide supports to pregnant individuals and their infants when prenatal substance use is identified.

In VT, the Family Care Plan is developed during pregnancy to help families access referrals to community supports.

What is a Family Care Plan (FCP)?

A FCP is a supportive document you create during pregnancy that includes services and supports you have in place for you and your baby. You choose who receives a copy of your FCP to help coordinate your care.

Does having a family Care Plan and CAPTA notification put me at risk for a Child Protective Services report (DCF report)?

NO. In Vermont, substance exposure alone **does not** indicate the need for DCF involvement. In general, DCF reports will not be accepted unless other child safety concerns related to substance use are present.
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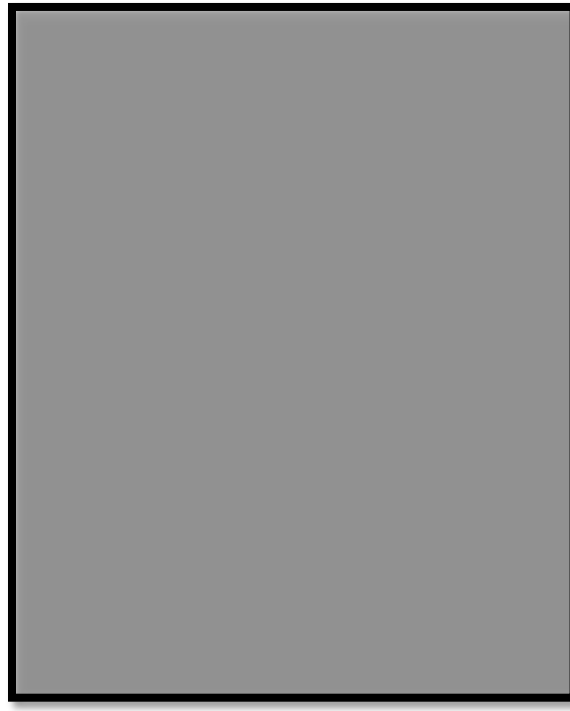
How is a FCP started?

At least once during pregnancy your prenatal provider (OB/Midwife) will screen for substance use via a paper form or conversation with you.

If you are using certain prescribed medications or non-prescribed substances (including cannabis and alcohol) your Prenatal Provider will provide a home health referral to start the FCP and help navigate local resources available to you. Some offices may have people that can also help initiate the FCP.

Educational Materials & Resources

- Health Care Professional Hand-Outs



2025 Vermont CAPTA Notification


Newborn born with exposure to substances during pregnancy

Maternal Substance Use To Include:
Medications for Opioid Use Disorder (MOUD/MAT)
Opioids
Stimulants
Benzodiazepines
Alcohol use after first trimester
Cannabis use after first trimester

Complete Family Care Plan
**If substance use disclosure occurs at time of hospitalization the inpatient team needs to initiate & complete the FCP (including placing referrals) with the family.

Complete CAPTA Notification with de-identified information via URL or QRCode

[Click Here](#)



The need for a FCP or CAPTA report **DOES NOT** indicate a DCF/CPS Report. Reports are to be made based on **safety** concerns for abuse and neglect.

Vermont Mandated Reporting Guidance

Substance Use alone does not warrant the need for a DCF report in the State of Vermont.

Per DCF Policies Indications for Reports are:


- Pregnancy Indications**
 - 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).
- Post-delivery Indications**
 - newborn has a positive confirmed toxicology result (urine, meconium or cord) for an illegal substance or non-prescribed medication.
 - 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.
 - 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.
 - concern that the pregnant individual's substance use constitutes a significant threat to an infant's health or safety
- Post-discharge Indications**
 - any concerns for the infant's health or safety

The need for a FCP or CAPTA report **DOES NOT** indicate a DCF/CPS Report. Reports are to be made based on **safety** concerns for abuse and neglect.

Mandated Reporting Questions — Enter Email/Phone Number Revised May 2025

Revision - 2025

VERMONT CAPTA NOTIFICATION



What is CAPTA?
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.

Who Needs A CAPTA?
Any newborn exposed to substances during pregnancy

Prescribed and Non-prescribed Substances Include:
Medications for opioid use disorder (MOUD/MAT)
Opioids
Benzodiazepines
Stimulants
Cannabis Use after the first trimester
Alcohol after the first trimester

When is a CAPTA completed & Who completes it?
A CAPTA notification is completed at time of infant discharge by a hospital designee. This may be a Registered Nurse, Social Worker, Case Manager, or other member of the health care team.
A CAPTA should follow the completion of the Family Care Plan FCP (formally known as Plan of Safe Care).

Does completing a CAPTA mean I need to make a DCF report?
In Vermont, substance exposure alone **does not** require a DCF Report by a mandated reporter. There must be concern of a present safety risk to require a DCF report to be made. That report has no ties to a CAPTA report.

[Click here to view a demo form.](#)
DO NOT use real patient data

Educational Materials & Resources

- Health Care Professional
 - Module
 - Video
 - Flowcharts
 - Hand-outs
 - FAQs

Next Steps

- Pediatric Home
 - Each Clinic will be receiving an email to identify if they want to receive the FCP via FAX or Email & submit that information
 - Recommend if email it's not tied to one individual person
 - Recommend deciding a workflow for getting the FCP into the patient's chart and notifying Provider or other team members of its existence
- Be aware of upcoming changes and disseminate materials to your team once they are available
- PQC/AIM
 - Supporting QI with HMG and Visiting Nurse teams
 - Supporting Implementation with Clinical teams