

# Vermont Family Care Plan

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# National Center on Substance Abuse & Child Welfare In-Depth Technical Assistance (IDTA)

## Vermont In-Depth Technical Assistance Initiative

National Center on Substance Abuse and Child Welfare

### Key Partners

- Department of Children and Families
- Department of Health / Family and Child Health
- Department of Health / Substance Use Programs
- KidSafe Collaborative
- Division of Planning & Court Services, Court Administrator's Office
- University of Vermont Medical Center
- UVM Larner College of Medicine: Vermont Child Health Improvement Program (VCHIP)
- Lund
- Families with lived experience



### Current IDTA Sites

- |               |                      |
|---------------|----------------------|
| Connecticut   | Texas                |
| Louisiana     | Vermont              |
| Massachusetts | Wyoming              |
| Michigan      | Orange County, CA    |
| New Jersey    | Riverside County, CA |
| Oklahoma      |                      |

The map is from the National Center on Substance Abuse and Child Welfare.



### Vermont Work Plan Goals

**Goal 1:** Map existing clinical and community-based services and supports across the state that work with pregnant individuals and families experiencing substance use and identify barriers and gaps in care.

**Goal 2:** Ensure integration among existing (and new) clinical and community-based services/supports.

**Goal 3:** Apply a health equity approach to the issue of substance use in pregnancy and in families, including a review of policy and structural factors that contribute to health disparities.

**Goal 4:** Improve data collection as a strategy to apply quality improvement methods in clinical and community care towards the goal of increased care coordination and systems integration.

**Goal 5:** Address gaps and concerns related to the current process of developing plans of safe care and CAPTA notifications.



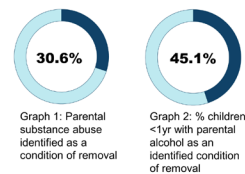
### Current Cohort Themes

- Wider dissemination and uptake of currently implemented POSC policies and practices
- Alternative notification pathways for infants with prenatal substance exposure
- Need for environmental scan/community mapping to understand gaps and opportunities
- Moving beyond pilots or regional policy and practice to state-wide services
- Establish evaluation framework to assess what works for all families

### Vermont Key Data Points

#### Substance Use and Child Welfare Involvement

#### 2020 Data from the Adoption and Foster Care Analysis and Reporting System (AFCARS)



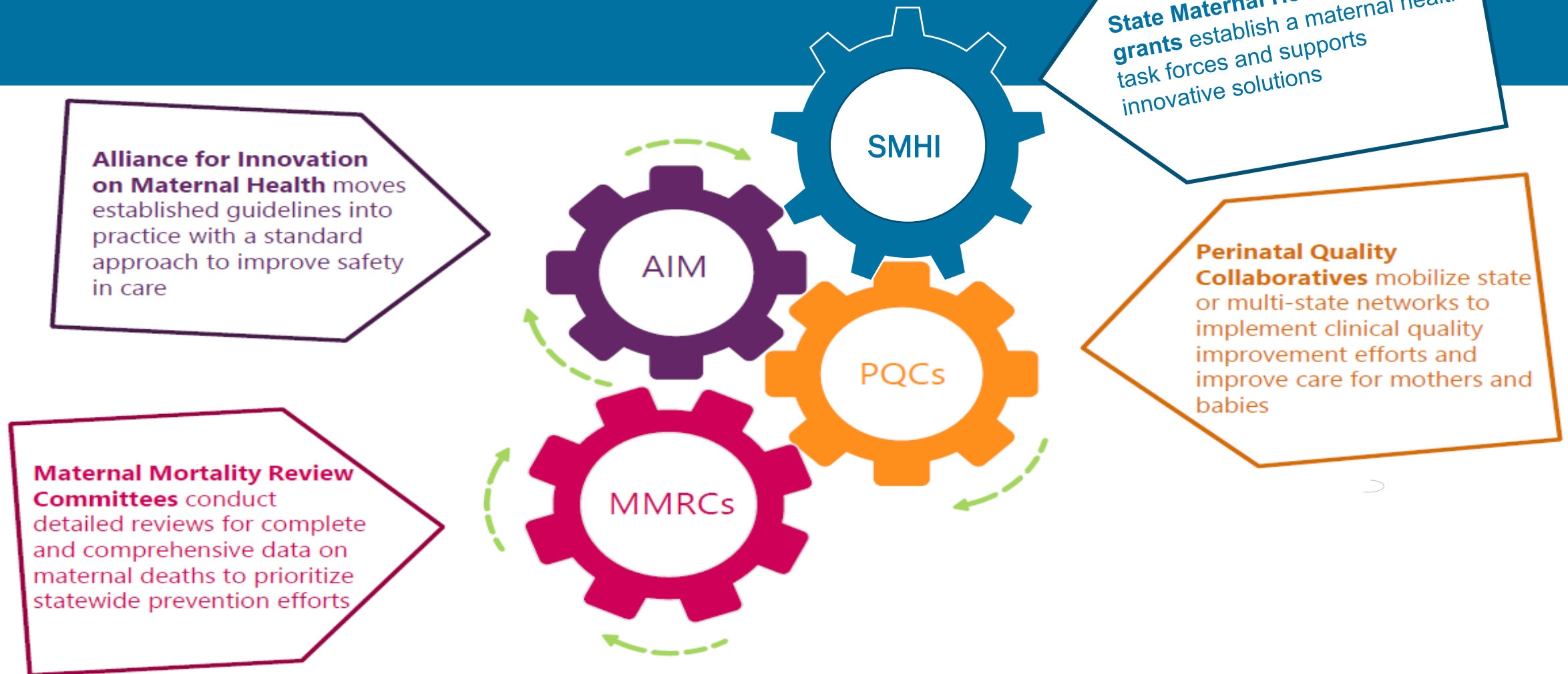
Prepared by Michelle Shepard, MD, PhD, Angela Zinno, MA, Katy Leffel, RN, BSN, IBCLC, and Julie Parent, MSW on behalf of the Vermont IDTA team.



Vermont applied, and was accepted for, IDTA through NSCACW. IDTA began in March 2023 and continued through March 2025.

- Improve coordination between clinical and community care.
- To develop strategies, systems, and policies whereby treatment is tailored to the needs of families
- To improve the system of care to focus on the dyadic care of parent/child and the early relationship health of the family system.

# How it all comes together



Created from a Centers for Disease Control, Division of Reproductive Health source

# 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.

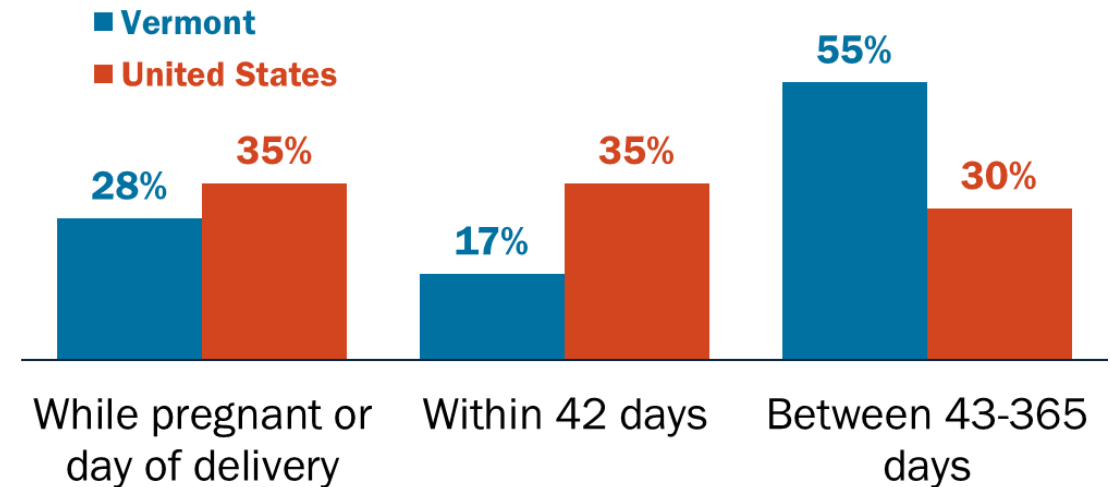
I'd like to take a moment to acknowledge Vermont residents who died during and after pregnancy, their loved ones, and the community who cares for them.

# Vermont Maternal Mortality Review Panel

## Established in 2011

- Reviews perinatal deaths from all causes, pregnancy through one-year post-partum
- Identify factors associated with these deaths for prevention of future death
- Creates an annual [report](#) with recommendations for system change

In **Vermont**, the period after OB care has been identified as a time of increased risk.



\*Note: At the time of data collection, 36 states were reporting maternal deaths.

# Maternal Mortality

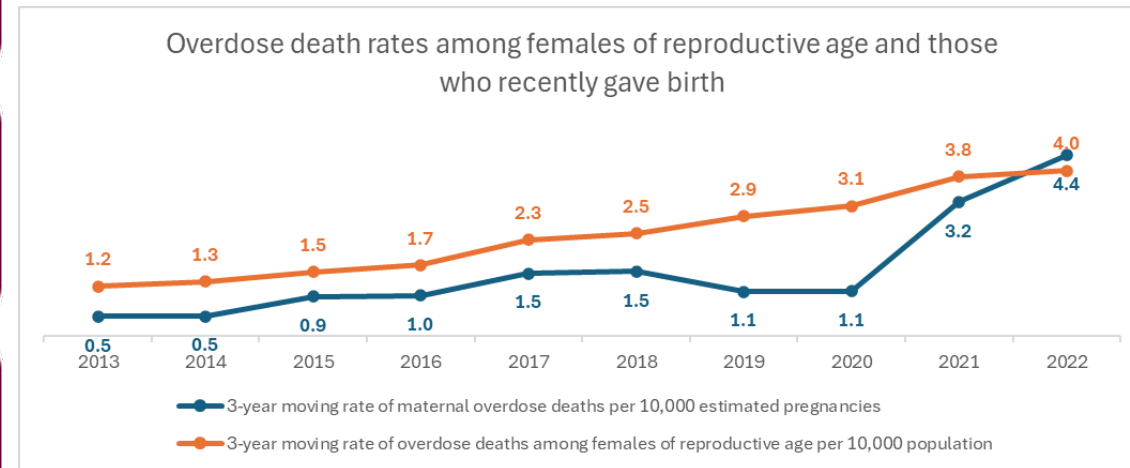
## Accidental overdose is Vermont's leading cause of maternal death

48% of the cases reviewed were directly caused by accidental overdose or endocarditis related to IV drug use. In 55%, substance use impacting decedents even when not a direct cause of death

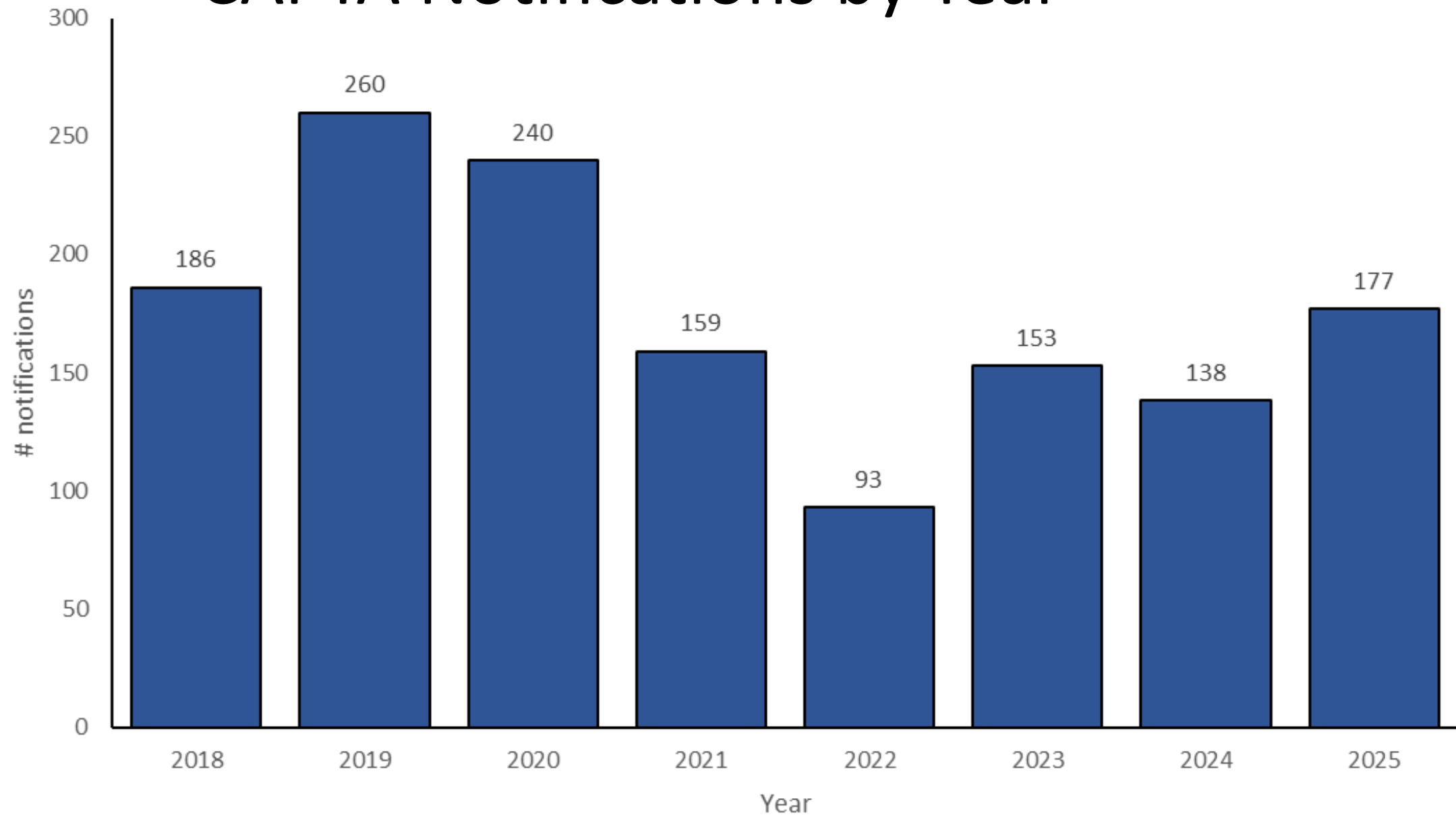
Most accidental overdose deaths involved polysubstance use. Many of the cases reviewed from other causes were heavily impacted by IPV, SU, MH and the child welfare system

More than 90% of perinatal deaths in Vermont occurred among people with a diagnosis of a mental health disorder; 13% of deaths were identified as being caused by suicide.

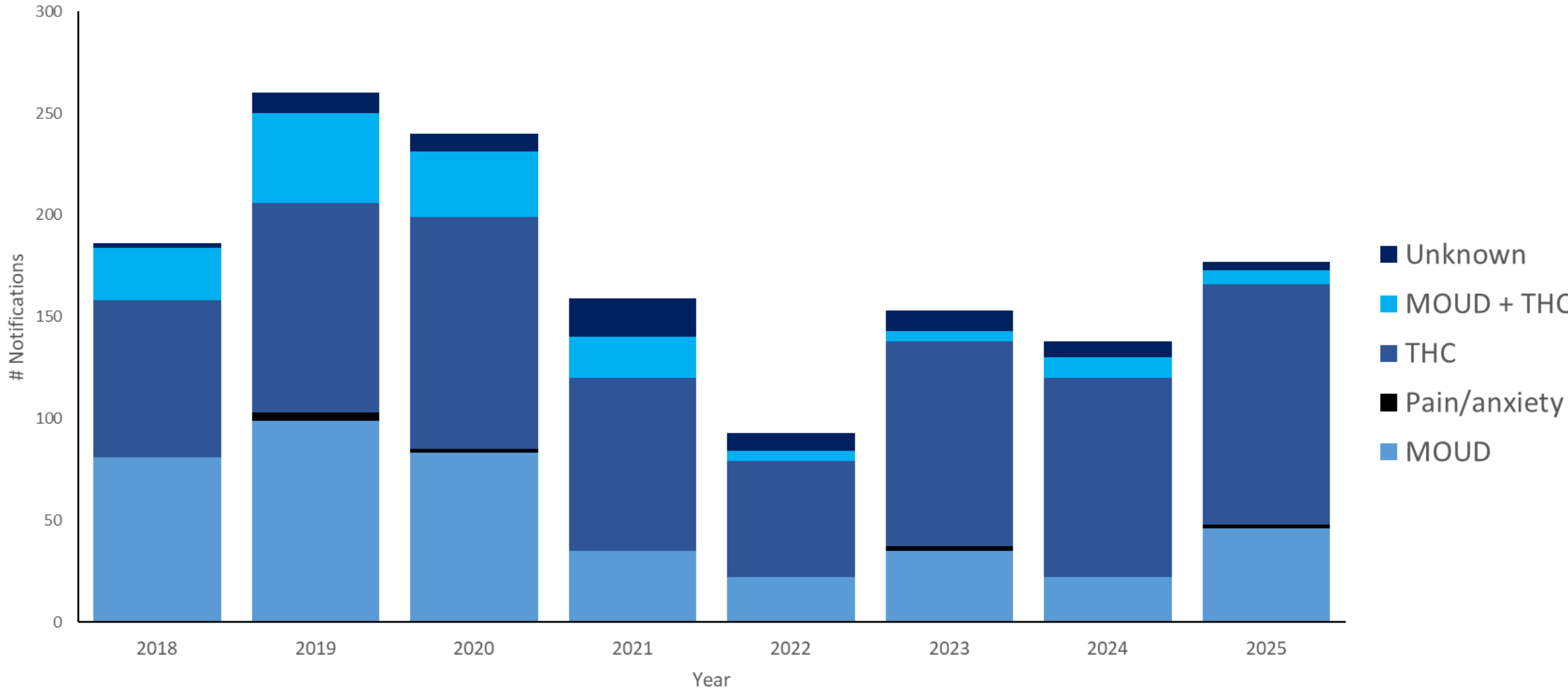
## Odds of overdose death among those who experienced pregnancy are 1.5 times the odds of overdose among females of reproductive age who did not experience pregnancy



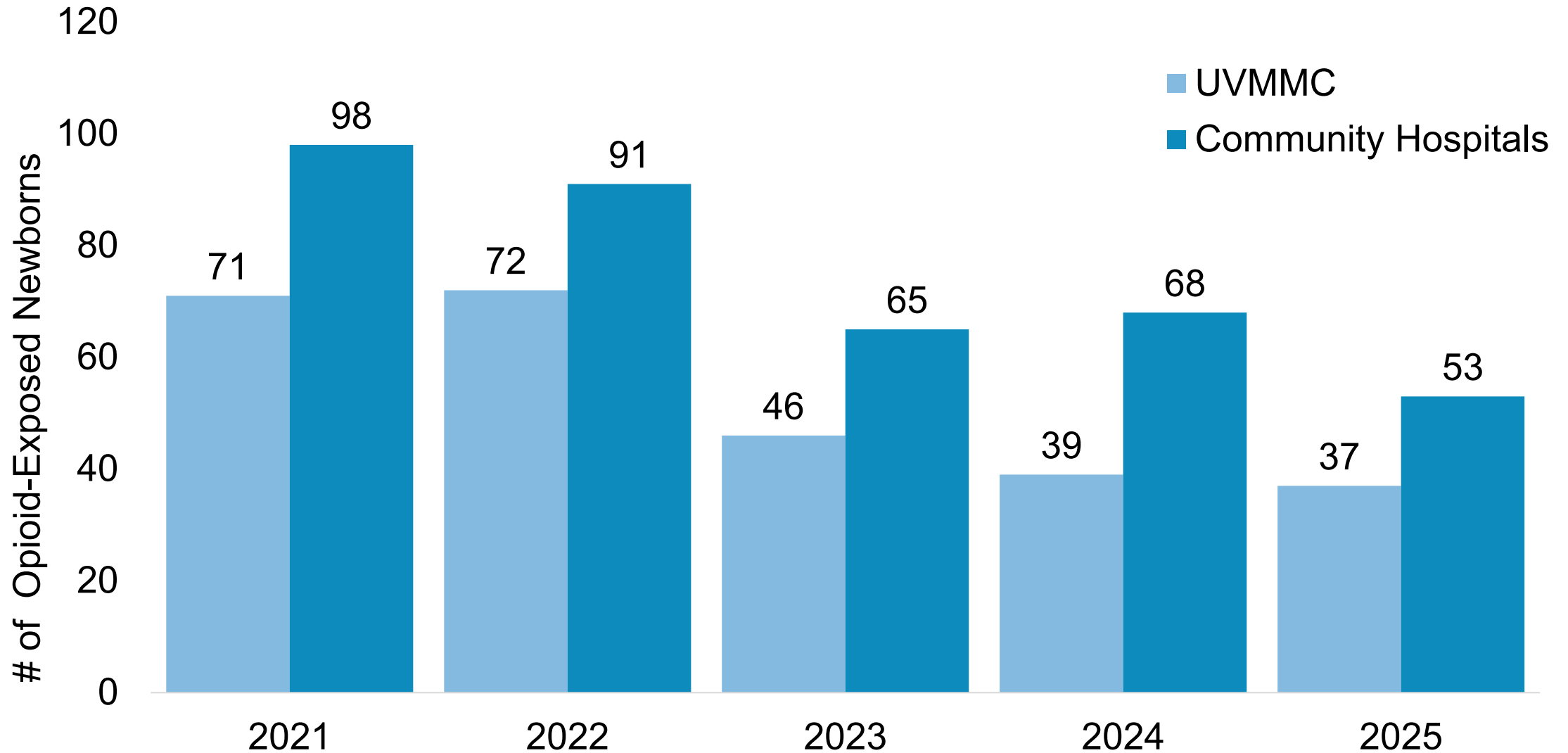
# CAPTA Notifications by Year



# CAPTA Notifications by Type & Year



# Number of OEN born in VT hospitals



Note: Data is from Hospital Medical Records and confidentially shared with PQC-VT for purposes related to education and quality improvement; 2025 Data contains preliminary data collection from Vermont Community Hospitals

# Coming Together to Support Pregnant People, Infants and Families



PERINATAL  
QUALITY  
COLLABORATIVE  
VERMONT



# Perinatal Quality Collaborative-Vermont

The **PQC-VT's Mission** is to optimize care and health outcomes for perinatal people and infants through collaboration and continuous quality improvement.

The **PQC-VT's Goal** is to improve care and health outcomes of Vermont's pregnant people, newborns and their families by:

- Setting State Perinatal Priorities
- Providing Outreach and Education
- Advancing Quality Improvement Efforts
- Monitoring Health Care Outcomes

# PQC-VT Focus Areas

Quality Improvement  
Coaching Activities

Obstetrics and Neonatal  
Clinical Expertise

Perinatal Statistics  
Report and statistics  
Conference for Vermont  
Community Hospitals

Perinatal Transport  
Conferences for  
Vermont Community  
Hospitals

Education and skilled  
Training for Perinatal  
Health Care  
Professionals

Expertise in Substance  
Use Exposure in  
Newborns (ICON)

(STAMPP) Perinatal  
Mood and Anxiety  
Screening and referrals

Maternal Mortality  
Review Panel (MMRP)

Data Analytics and  
Dissemination

Alliance for Innovation  
on Maternal Health  
(AIM) Safety Bundles



# Improving Care of Newborns with Substance Exposure (ICoNS)

Explore 

 THE ROBERT LARNER, M.D. COLLEGE OF MEDICINE / VERMONT CHILD HEALTH IMPROVEMENT PROGRAM / IMPROVING CARE OF NEWBORNS WITH SUBSTANCE EXPOSURE (ICONS)

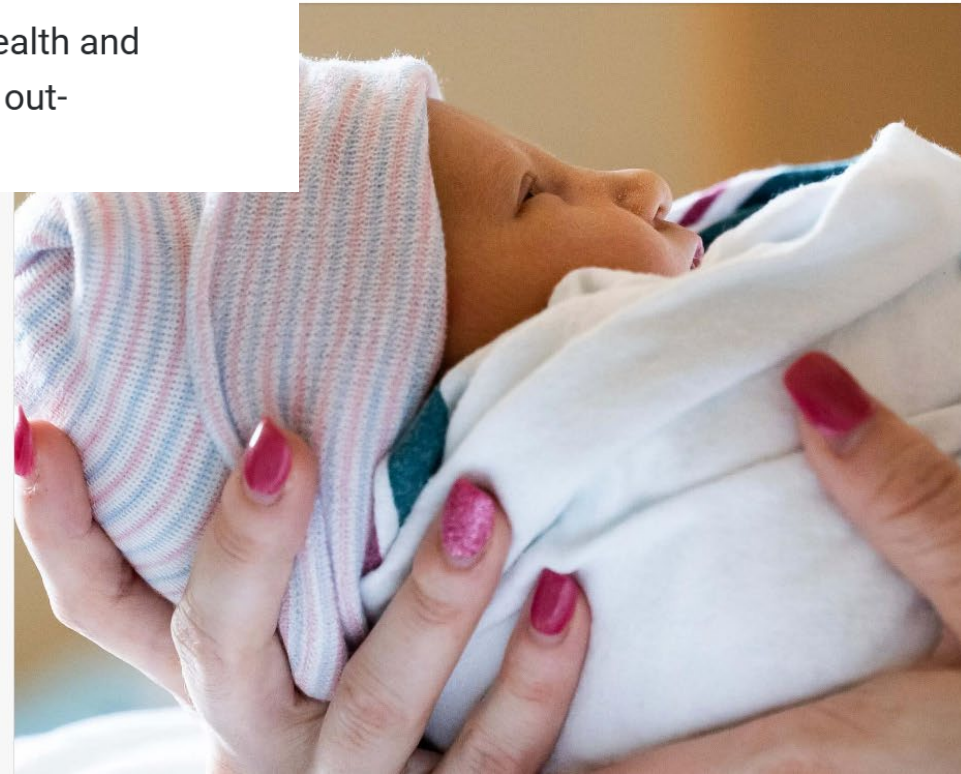
Visit our new website!

[Improving Care of Newborns with Substance Exposure \(ICoNS\) | Vermont Child Health Improvement Program | The University of Vermont](#)

The ICoNS project partners with the Vermont Department of Health and the University of Vermont Children's Hospital to improve health outcomes for opioid-exposed newborns.

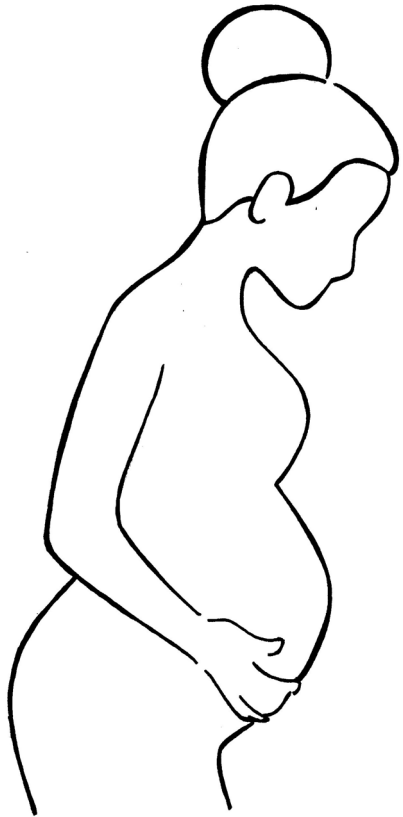
## About Us

Our educational sessions for healthcare professionals enhance outcomes for pregnant individuals with substance use disorders and their infants. The project also tracks maternal and newborn health metrics to identify care gaps for focused quality improvement.





ALLIANCE FOR INNOVATION  
ON MATERNAL HEALTH



# Alliance For Innovation on Maternal Health

VT AIM



# Care of Pregnant and Postpartum People with Substance Use Disorder

## Current Work:

- Educational Webinars
- PQC-VT Collaborations
- Planning for 2026 Initiatives

READINESS

RECOGNITION & PREVENTION

RESPONSE

REPORTING & SYSTEMS

LEARNING

RESPECTFUL, EQUITABLE &  
SUPPORTIVE CARE



ALLIANCE FOR INNOVATION  
ON MATERNAL HEALTH



Care for Pregnant and Postpartum  
People with Substance Use Disorder  
Patient Safety Bundle

# PQC-VT Collaborations

- *Patient & Family Advisory Committee → Lived Experiences Voices*
- CAPTA Revision
- *Family Care Plan Revision*



# Maternal Health Innovation Grant



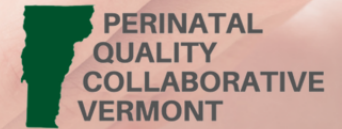
**Purpose:** To reduce maternal mortality and severe maternal morbidity (SMM) in Vermont and advance sustainable improvements in maternal health service delivery, data collection and policy development.

## **Goals:**

- 1. Improve access to care** that is comprehensive, high-quality, appropriate and ongoing throughout the preconception, prenatal, labor and delivery, and postpartum periods;
- 2. Enhance state maternal health surveillance and data capacity;** and
- 3. Identify and implement innovative interventions** to improve outcomes for populations disproportionately impacted by maternal mortality and SMM.

# VERMONT REGIONAL PERINATAL QUALITY COLLABORATIVES (RPQCs)

Community-Level Systems Changes Inclusive of Partners from all Perinatal Stages



A state investment in a regional partnership model approach that recognizes the importance of engaging local leaders from both community and clinical settings to improve perinatal health outcomes in communities.

Anchored in Maternal Health Innovation Goals and Efforts in Vermont:

- Reduce maternal mortality and severe maternal morbidity (SMM)
- Sustainable improvements in maternal health service delivery, data collection and policy development



## Six RPQCs

- Region 1: Newport and St. Johnsbury
- Region 2: St. Albans and Morrisville
- Region 3: Burlington and Middlebury
- Region 4: Barre and White River Junction
- Region 5: Rutland and Bennington
- Region 6: Springfield and Brattleboro



# Vermont Family Care Plan – 2026 Revision

## **What is a Family Care Plan?**

A care planning document to support pregnant people in consolidating their medical, community, and social supports throughout pregnancy and the postpartum period.

Pregnant patients with substance use in pregnancy is the primary population but this VT-specific tool was created to be used universally as a care planning tool for all pregnant patients.

# Revision Highlights

Both processes are de-coupled from mandated reporting

## Family Care Plan -

- Electronic
- Initiated in pregnancy
- Insert info only process
- Patient-driven
- Patient determines WHO receives a copy
- Build in 42 CRF Part II consent language per VDH Legal advice

## CAPTA Notification-


- Electronic
- Remains De-identified
- Attempts to capture ALL newborns born in VT with substance exposure in pregnancy

# VT CAPTA Process

- Great successful transition to E-Form in January 2025
- All hospitals are currently transitioned to the E-Form

## **2026 Goals**

- How to get data back to each region
- What a data report will look like

Process Type	Timing	Responsible Party	Inclusion Criteria	Details	Connection to DCF
<b>Family Care Plan</b>  <b>Goal: facilitate community resources and family support (mandated)</b>	Starts Prenatal or at time of disclosure  Completed at time of infant discharge	Birth parent HH Nurse OB Clinic	For any pregnant patient that screens positive for substance use  <i>*For Cannabis or Alcohol; if patient commits to abstinence; rescreen at 28 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
<b>CAPTA Notification</b>  <b>Goal: federal reporting</b>	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
<b>Report to DCF</b>  <b>Goal: child safety</b>  	30 days prior to due date is in FSD policy for its own staff and processes. It is not Vermont or federal law.  any time there are child safety concerns	Any mandated reporter	use of illegal substances, non-prescribed medications, or misuse of prescribed medications during the third trimester of pregnancy  Any newborn regardless of substance exposure where there are safety concerns		Report called in to DCF Intake Line



# Revision Timeline

Timeline	Task
Jan-May 2026	Creating Directory for E-form
Feb-March 2026	Feedback sessions with Partners <ul style="list-style-type: none"><li>• Implement edits</li></ul>
March/April	Determine Pilot Sites Process Map for each site
April-June	Pilot at 2-3 Sites <ul style="list-style-type: none"><li>• OB Office with H/H Referral</li><li>• OB Office initiates</li><li>• HUB initiates</li></ul> Edits made to form, system, educational materials
June 2 <sup>nd</sup>	PQC Webinar on Process, Pilot, Next Steps
July-December	Implement in every region with PQC QI assistance

# FCP Initiation Process Map

## Vermont Family Care Plan (FCP)

Pregnant person reports substance use during universal screening in OB/Midwifery office

### Reported Use of:

Cannabis  
Alcohol  
Prescribed Benzodiazepines  
Prescribed Opioids

Council on effects on pregnancy & fetus  
Offer Resources  
Offer alternatives for symptom management (if indicated)

Repeat screening at 28 weeks

Continued use reported

\*\*If substance use disclosure occurs at time of birth hospitalization the hospital team needs to initiate and complete the FCP & place referrals with the family.

Substance use in pregnancy alone **DOES NOT** indicate a DCF/CPS Report. Reports to DCF/CPS should be made only if there are child safety concerns.

### Reported Use of:

Medications for Opioid Use Disorder (MOUD/MAT)  
Non-prescribed Benzodiazepines  
Non-prescribed Opioids  
Non-prescribed Stimulants  
Alcohol or Cannabis use concerning for substance use disorder  
Other Substances

**Initiate Family Care Plan** via referral pathway or office practice

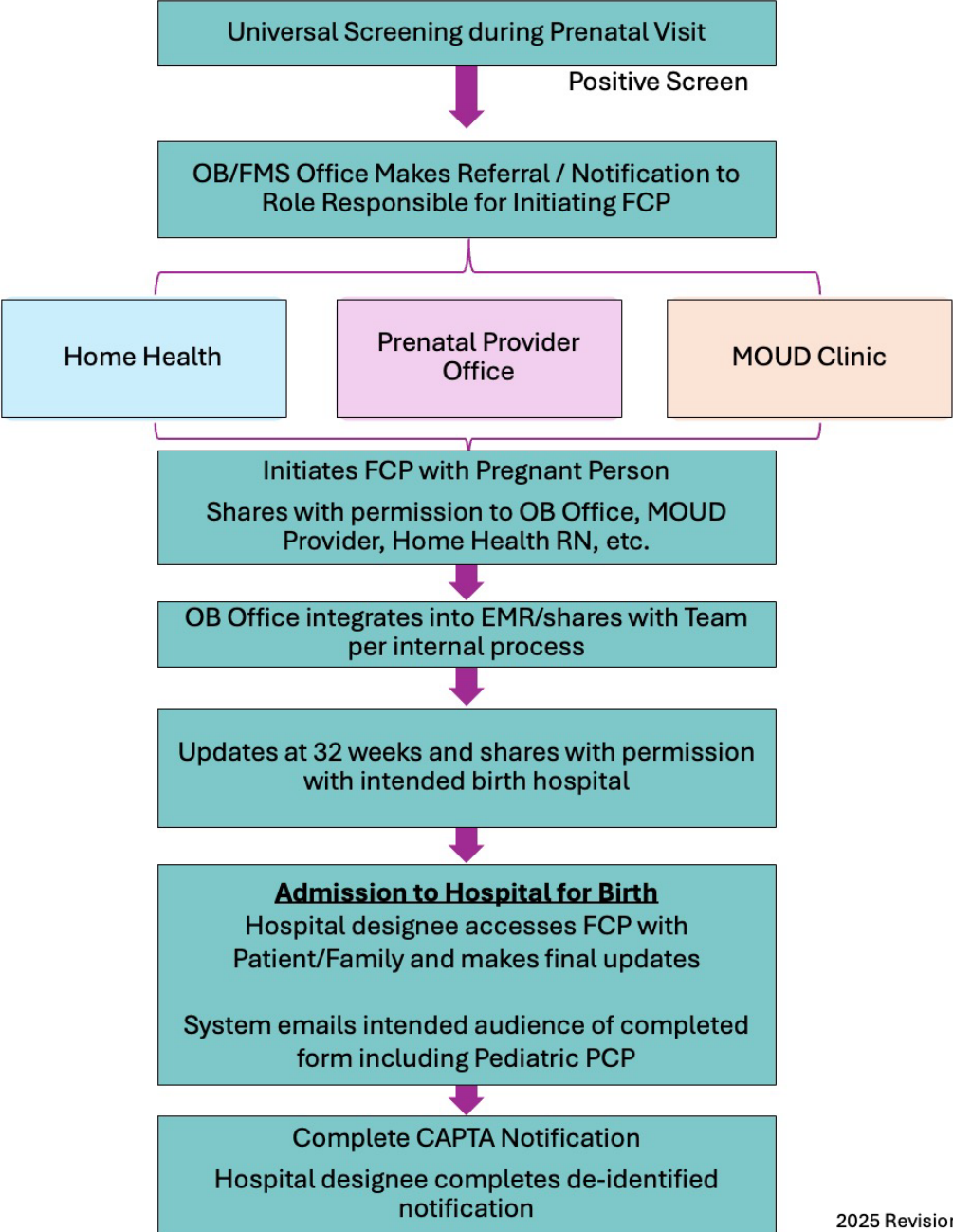
Place additional referrals for SUD treatment as indicated

Update Family Care Plan as needed and at 32 weeks  
Encourage sharing FCP with Birth Hospital team

**Family Care Plan is completed** following delivery by birth hospital team & family. Copies are sent to newborn's PCP and others as determined by birth parent.

**\*A CAPTA notification will be completed following the FCP completion**

# Vermont Family Care Plan Process



# FCP Form Process Map





### Vermont Family Care Plan - FCP

The goal of the Family Care Plan is to ensure infants and families are connected to supportive services in their communities.

Your Family Care Plan is a document to identify your health care providers and resources during your pregnancy. You choose who you share this care plan with. It is recommended you share it with your prenatal provider, MOUD provider, baby's pediatric provider and anyone part of your care team.

#### Consent Statement -

The Family Care Plan is created with/by the pregnant/postpartum person in order to provide support and care planning.

Based on federal requirements and protections please read the following statement and provide your signature at the end of Family Care Plan if you consent.

I understand that information disclosed in this Family Care Plan could include:

- pp*
- Medical
  - Mental health
  - Substance use treatment information.

I understand I decide what information is included on this document and who will receive it. I understand regulations regarding federally assisted drug and alcohol treatment programs, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Parts 160 & 164, ban the re-disclosure of this type of information without my written consent unless otherwise allowed by the regulations or required by law.

I understand that the confidentiality of such records is also protected by State law.

### Vermont Family Care Plan - FCP

#### Section 1: Learning More About You

Birth parent name: Pepper Potts

Birth parent date of birth: 02/10/2026

Birth parent address: 123 Main Street

Birth parent phone: 802-373-4514

Birth parent email: sahnsey@gmail.com

Birth parent preferred contact method: Phone call

Other parent name: Yes Tony Stark

Other parent contact information (phone/email): farmer@vermonttown.com

Other parent preferred contact method: Email

Communication access: intermittent access (WiFi only, buys minutes)

Phone:

Internet: intermittent access

#### Section 2: Your Health Care Team

Primary Care Provider: Has a Provider

Receive a copy of FCP: Yes

PCP Practice Name: Coach's Family Practice

PCP Contact Info: 802-123-4517

Pregnancy Care Provider (Ob/Gyn, midwife): Prefers not to disclose

Receive a copy of FCP:

OBGYN Practice Name:

PCP Contact Info:

Mental health counselor: Would like a referral

Receive a copy of FCP:

Mental Health Counselor Practice Name:

Mental Health Counselor Contact Info:

# Family Care Plan Pilot

- **3 Tracks:**

1. Home Health Referral for initiation of FCP \*\*

2. OB office personnel initiates FCP

3. HUB personnel initiates FCP

- \*\*Home Health is the preferred route to support long term connection to supportive perinatal and early childhood community-based systems for families\*\*

# Thank you!

## Let's stay in touch.

**Email:** [AHS.VDHFCPCAPTA@vermont.gov](mailto:AHS.VDHFCPCAPTA@vermont.gov); [Katy.Leffel@vermont.gov](mailto:Katy.Leffel@vermont.gov)

**Web:** [Perinatal Quality Collaborative of Vermont](#)

**Social:** @HealthVermont

