

Prenatal Engagement and Family Support Working Group – Act 136 (H. 657)

September 30, 2026

Meeting Minutes (Draft, pending approval)

Members Present (all remote):

Lauren Higbee, Office of the Child Youth and Family Advocate
 Meghan Masterson, CHARM Team, KidsSafe Collaborative
 Raelyn Maynard, Lived Experience Expert
 Katelyn Larose, Individual with Lived Experience
 Lindsay Barron, Designee, Department for Children and Families, Family Services Division
 Valerie Wood, Vermont Family Network
 Cammie Naylor, Vermont Legal Aid
 Jessica Barquist, Planned Parenthood of Northern New England
 Kate Bailey, Voices for Vermont's Children
 Ilisa Stalberg, Department of Health's Maternal and Child Health Division
 Marshall Pahl, Office of the Defender General's Juvenile Division
 Alison Robinson, Recovery Partners Vermont

Non-Members Present (all remote):

Sarah Star
 Hannah Marble, Department for Children and Families, Family Services Division
 Katy Leffel, Vermont Department of Health

Agenda:

1. Introductions & Establish Quorum **10min**
2. Accept Agenda (including additions or deletions) **5min**
3. Review of Meeting Processes and Public Comment Procedures **10min**
4. Meeting #2 Note Review **10min**
5. Consideration of alternative note takers **10min**
6. Public Comment **as necessary**
7. Family Care Plan (formerly Plan of Safe Care) Presentation – *VDH Family and Child Health* **25min**
8. FSD Data Presentation – *DCF Family Services* **25min**
9. Invitation for Sharing: Best practices from outside Vermont **15min**
10. Adjourn

1. Introductions and Establishment of Quorum

- The Working Group members introduced themselves and quorum was established.

2. Acceptance of Agenda

- Valerie moved to accept the agenda. Kate seconded the motion. No changes were proposed, and the agenda was accepted by unanimous consent.

3. Meeting Processes and Public Comment Procedures

- The Working Group reviewed meeting procedures, including the process for making and seconding motions and requesting a roll-call vote. Public comment procedures were also reviewed. No questions were raised.

4. Review of Meeting #2 Notes

- The Working Group reviewed the notes from Meeting #2.

5. Consideration of Alternative Note Takers

- The Working Group discussed whether an alternative note taker was needed. DCF Family Services administrative support is available to assist with note taking. No requests for an alternative note taker were made.

6. Public Comment

- No public comments were provided.

7. Vermont Department of Health – Family Care Plan Presentation

- Ilisa Stalberg and Katy Leffel from the Vermont Department of Health presented information regarding the Family Care Plan, formerly referred to as the Plan of Safe Care. The presentation addressed maternal mortality, perinatal substance use, family support, mandated reporting, risk of harm, and the development and implementation of Family Care Plans. The presenters discussed building trust with families and connecting families with appropriate supports. The Working Group discussed the Family Care Plan process, including when plans are initiated, information sharing, referrals to services, and the relationship between the Family Care Plan process and DCF involvement. The group also discussed mandated reporting during the prenatal and perinatal periods and the distinction between substance use during pregnancy and circumstances involving risk of harm to an infant. Members requested additional information and materials, including presentation and training materials and research referenced during the presentation. The group also discussed statewide service capacity,

opportunities to strengthen supports for pregnant and parenting individuals, and potential gaps in care planning.

8. DCF Family Services Data Presentation

- Lindsay presented data from DCF Family Services regarding prenatal engagement, including information concerning intakes, accepted and unaccepted reports, contributing family factors, engagement prior to birth, and case outcomes.
- The Working Group discussed terminology associated with prenatal engagement assessments, CHINS B/JPA assessments, and family assessments. Members asked questions about how reports are processed, when individuals are notified, referrals to community-based services, and the relationship between prenatal engagement and subsequent DCF involvement.
- The group also discussed limitations in the available data and the need for additional information to better understand outcomes associated with prenatal engagement.

9. Request for Judiciary Data

- The Working Group discussed obtaining additional data from the Judiciary to better understand CHINS petitions involving young children and to compare that information with the DCF data presented at the meeting.
- Lauren moved that the Working Group submit a request to the Judiciary for data regarding CHINS petitions involving infants and children ages one through five for the period of 2023–2025, with the data broken down by district and statewide totals. Kate seconded the motion. The motion passed by unanimous consent.

10. Sharing of Best Practices and Other State Models

- The Working Group discussed programs and practices in other states that may provide useful models for Vermont. Topics included peer advocates, community health workers, legal representation, family defense programs, and the Zero to Three, Safe Babies and Best for Babies approaches.
- Members expressed interest in learning more about programs in Colorado and Washington and inviting representatives from other jurisdictions to present to the Working Group. The group also discussed federal technical assistance, national resources, and additional research that could inform its work.
- Links shared: [Best for Babies Colorado](#) and <https://www.zerotothree.org/resource/safe-babies-approach-core->

[components/](https://www.casey.org/first-clinic/components/). Casey Program memo from the Washington clinic:
<https://www.casey.org/first-clinic/>.

11. Adjournment

- Valerie moved to adjourn. Lauren seconded the motion. There were no objections, and the motion passed by unanimous consent. The meeting was adjourned.