



From Policy to People: Human-Centered

Collaboration on Perinatal Substance Use in Vermont

Improving Care of Newborns with Substance Exposure (ICoNS)
Statewide Conference - Working Together: Optimizing Care
through Statewide Collaboration

May 20, 2025

Today's Discussion

- 1 Historical context and purpose
- 2 Family experience with the system of care
- 3 Vermont In-Depth Technical Assistance: Process and Accomplishments
- 4 How will we (and you) continue this work

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 cooccurring 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.

Family experience with the system of care

Wrap-around services for those with SUD and pregnancy are important.

The challenge of managing multiple providers and recovery support can feel overwhelming.

Having teams that communicate and wrap around you as a person helps to relieve some of the stress and helps individuals feel supported.

Having everyone on the same page and working together is important.



Context: Vermont's Maternal Mortality Review Panel

- Established in 2011 by act of Vermont Legislature
 - Multidisciplinary team
 - Membership from across the state
 - Reviews perinatal deaths from all causes, pregnancy through one year post-partum
 - Identify factors associated with these deaths
- Creates an annual report to the legislature with recommendations for system change

Maternal Mortality Review Panel Annual Report
2025 Report to the Legislature

In Accordance with 18.V.S.A. § 1552.

Submitted to: House Committee on Human Services
Senate Committee on Health and Welfare

Submitted by: Mark A. Levine, MD
Commissioner, Vermont Department of Health

Prepared by: Ilisa Stalberg, Chair of the Maternal Mortality Review Panel
Division Director of Family and Child Health,
Vermont Department of Health

Report Date: January 15, 2025

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MMRP Findings: 2012 to 2023

There were a **significant increase in maternal overdose deaths over time**, with all deaths reviewed heavily impacted by substance misuse and related co-occurring issues.



90% had a mental health disorder diagnosis, most with multiple diagnoses



61% impacted by substance use

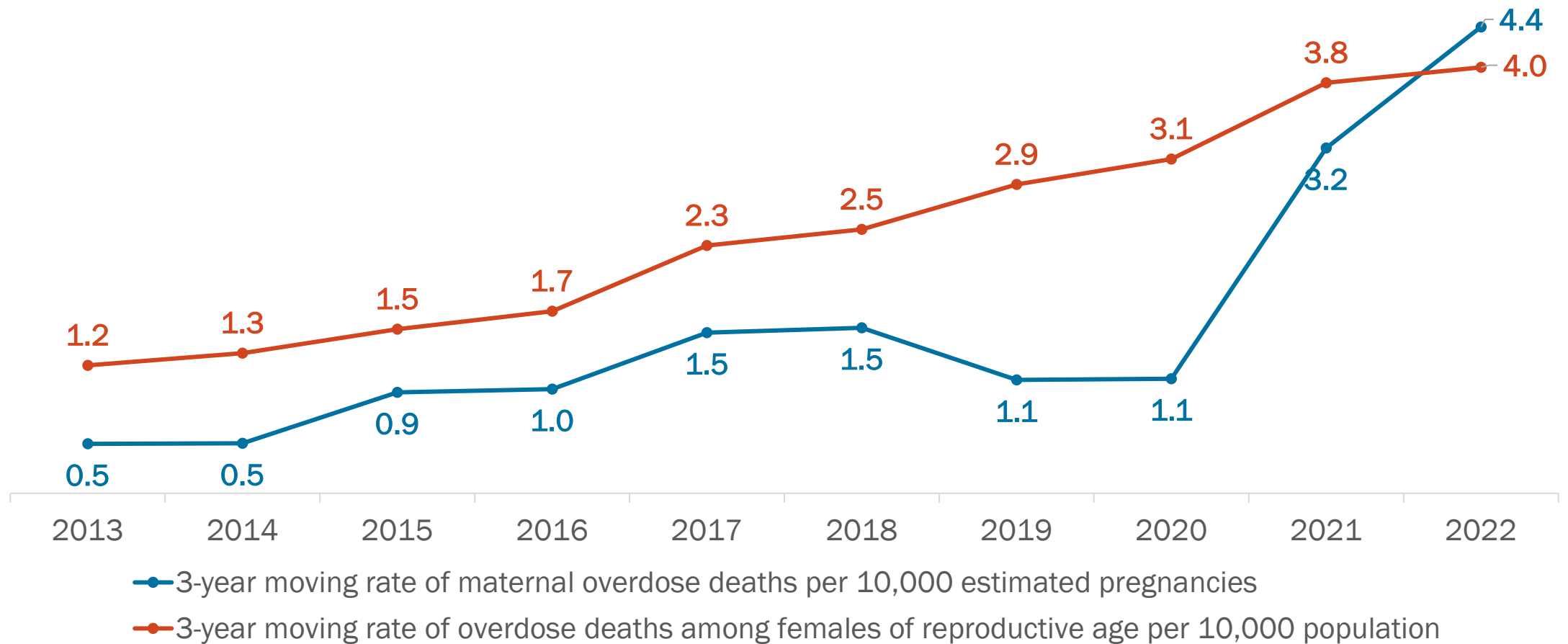


11% due to suicide

12 of the 28 (46%) were the **direct result of accidental overdose or substance misuse**.

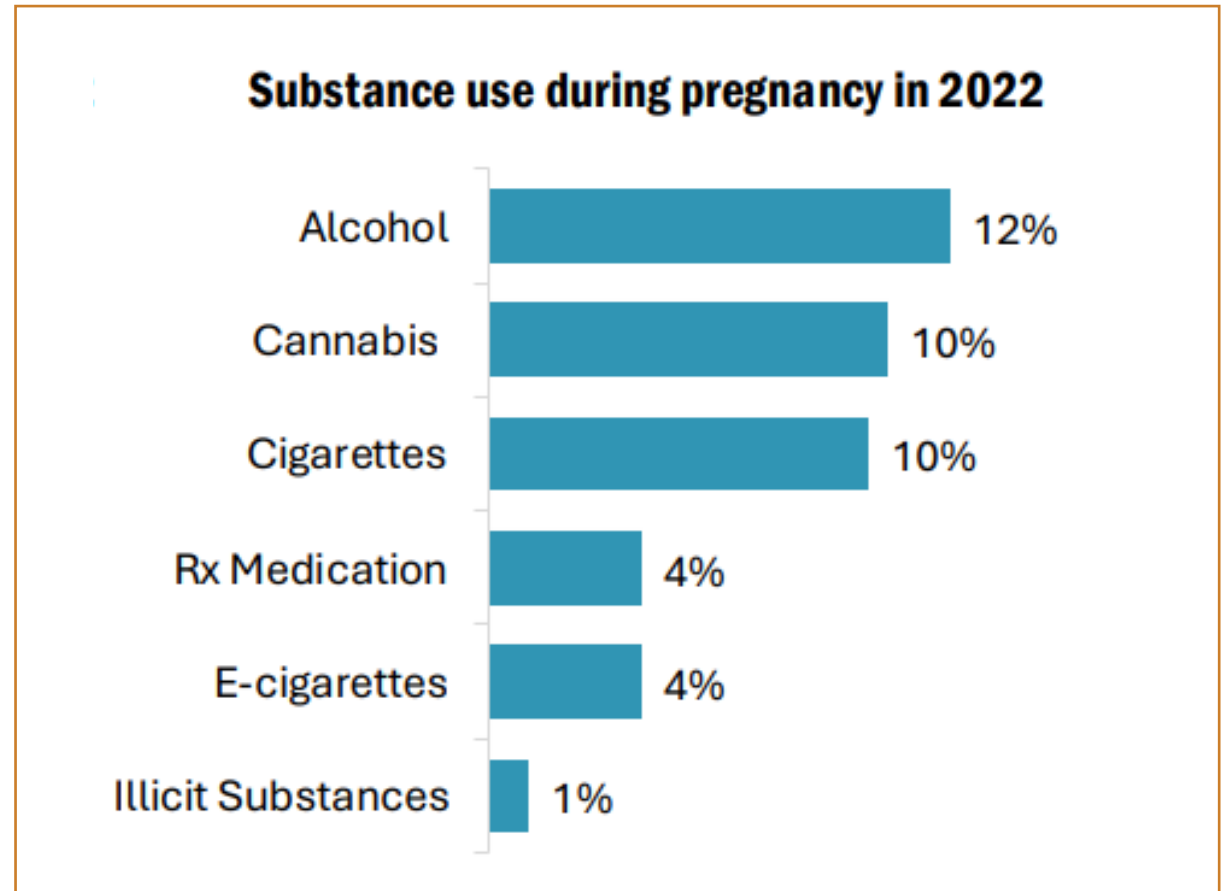
Most accidental overdose deaths involved **polysubstance use**.

Overdose death rates among females of reproductive age and those who recently gave birth



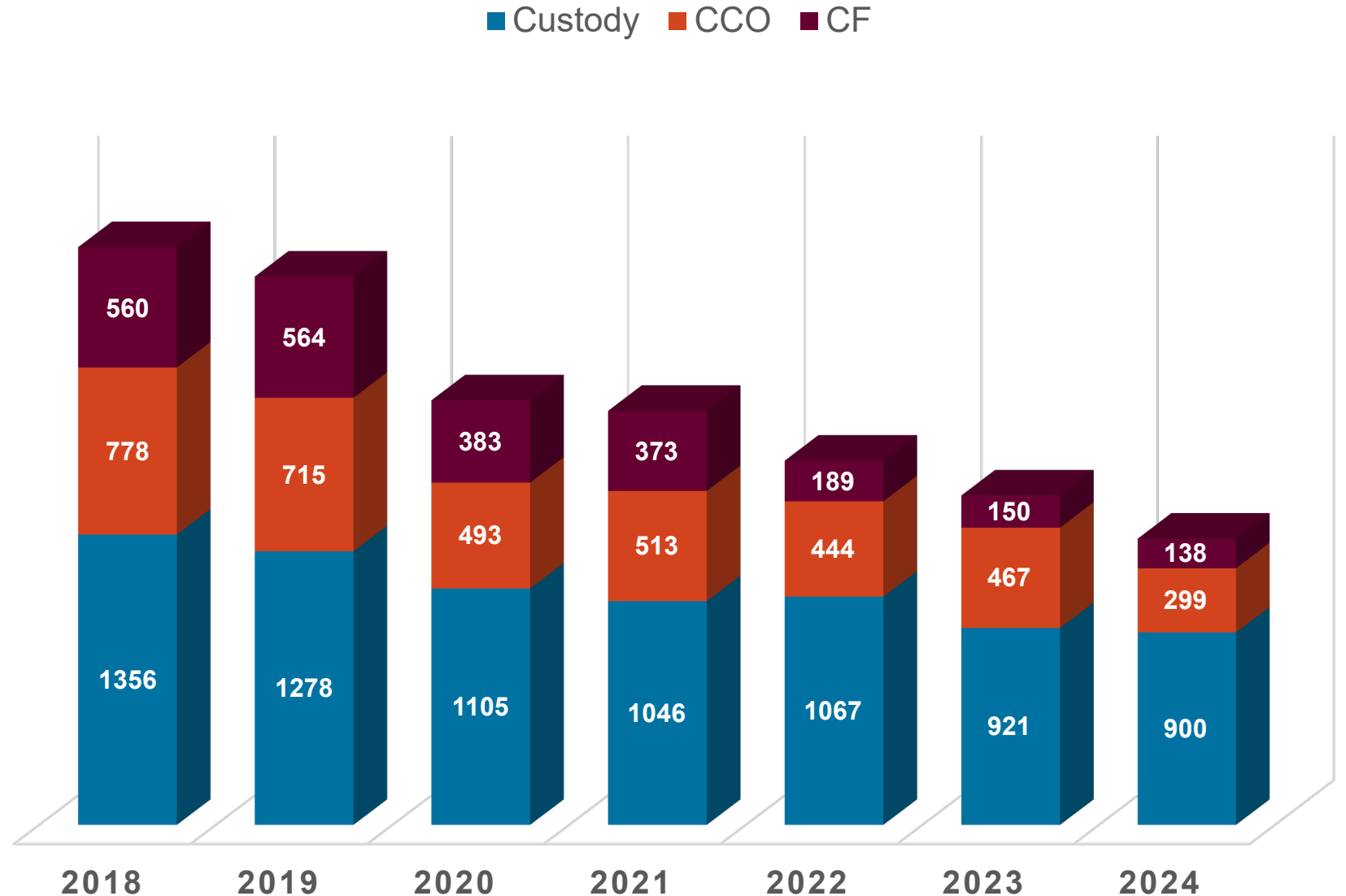
Context: Pregnancy Risk Assessment & Monitoring System (PRAMS)

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



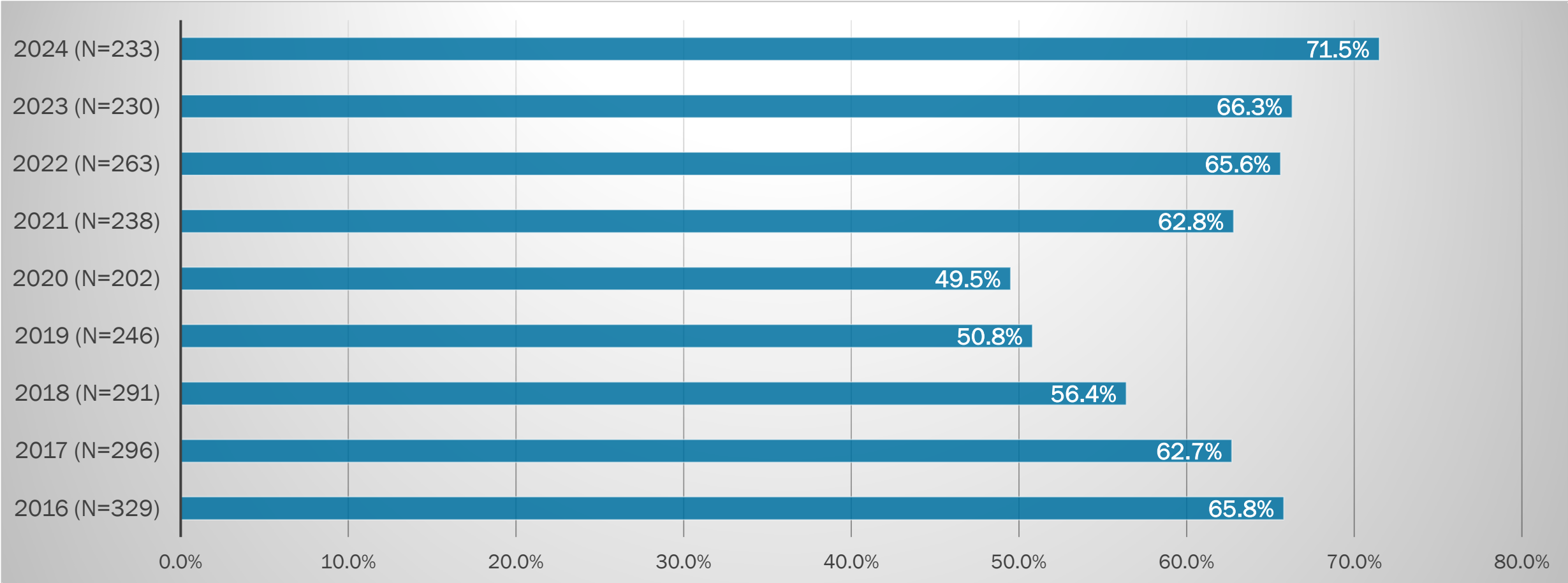
Children & Youth Involved with DCF Family Services

DCF Custody, Conditional Custody (CCO), Family Support (CF)

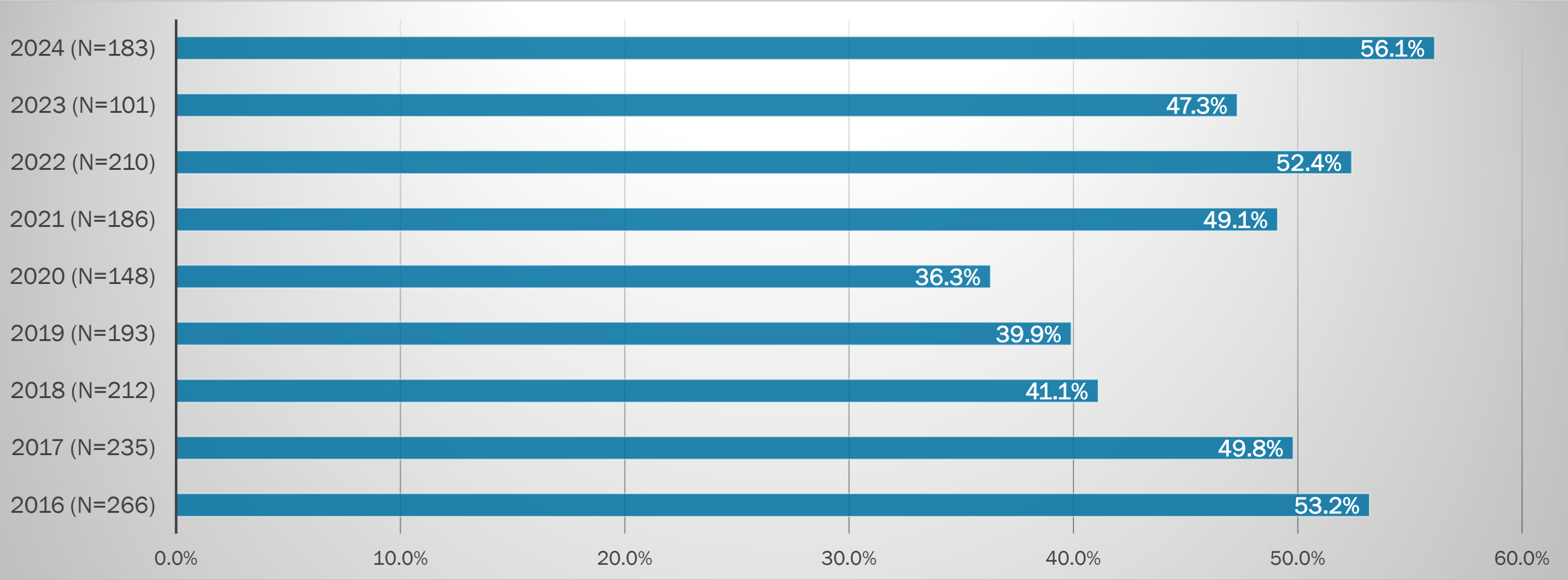


Data Source: FSD Quarterly Mgmt. Reports; Data Pulled On/Around 12/1, 2018-2024

Number & Percentage of All Children Ages 0-5 in DCF Custody where Substance Abuse broadly is a factor (2016-2024)



Number & Percentage of All Children Ages 0-5 in DCF Custody where Opiate Abuse specifically is a factor (2016-2024)



Lessons from the data and experience

- The second six months postpartum has been identified in Vermont as a period of increased risk for perinatal people with substance use disorder
- Perinatal people with SUD can present in many different ways: of the deaths reviewed in 2023 – several were identified in pregnancy as stable on MOUD, several were not flagged with a known SUD, and several were late to prenatal care and were identified as high risk. Yet all died of an overdose in the year after pregnancy.
- Our work is to connect with all families to ensure postpartum supports.



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 for 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)

30.6%

Graph 1: Parental substance abuse identified as a condition of removal

45.1%

Graph 2: % children <1yr with parental alcohol as an identified condition of removal

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.

- In January 2023, NSCACW invited states involved in the Policy Academy to apply for IDTA.
- IDTA was a 24-month engagement that provides support and expertise to sites through a technical assistance model that matches a site's strengths, needs, and priorities with a change liaison from NSCACW experienced in the subject matter.
- Vermont applied, and was accepted for, IDTA through NSCACW. IDTA began in March 2023 and continued through March 2025.

IDTA Purpose & Action Plan

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.

With the NSCACW change liaison, Vermont developed an IDTA action plan to detail the goals, steps, work assignments, and timelines developed during the Policy Academy.

IDTA Goals

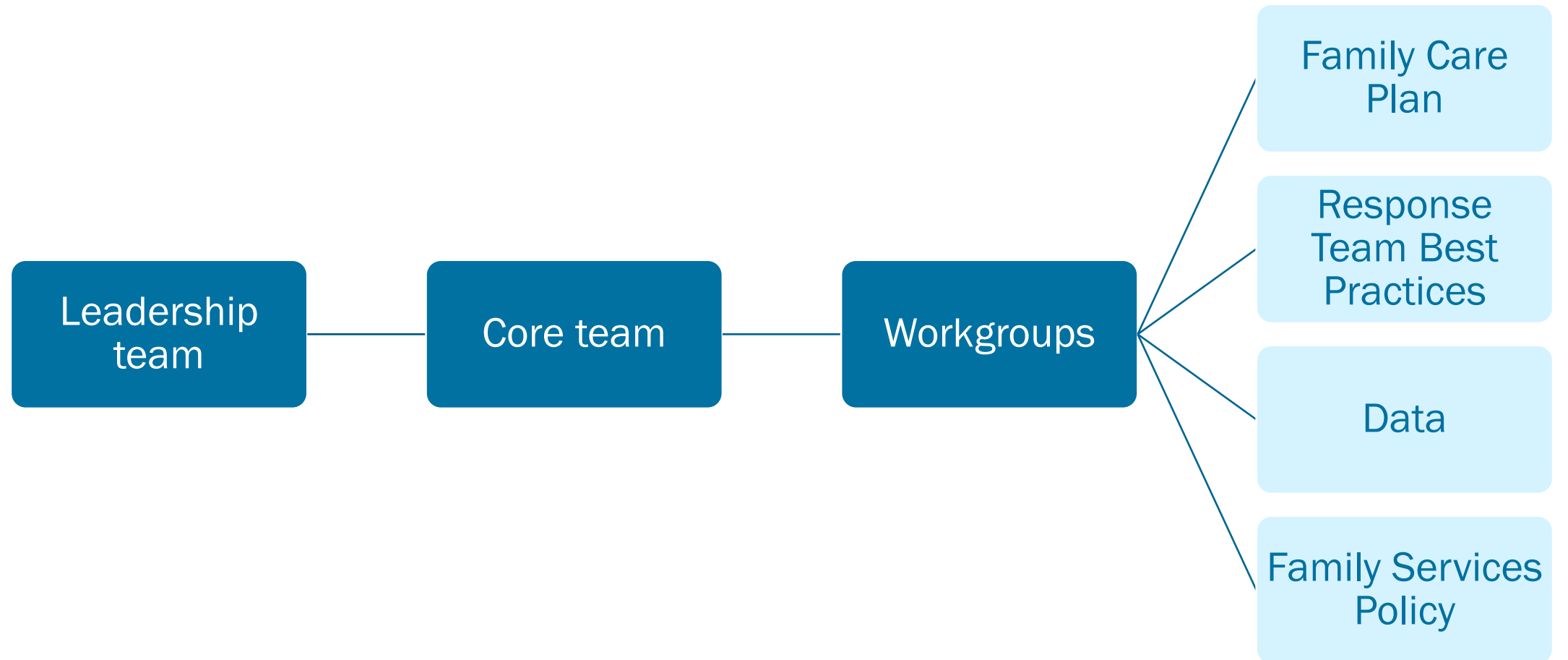
- 1 Map existing clinical and community-based services and supports that work with pregnant individuals and families experiencing SUD identify barriers and gaps in care.
- 2 Ensure integration among existing (and new) clinical and community-based services/supports.
- 3 Apply a health equity approach to the issue of substance use in pregnancy and in families, including a review of policy and structural factors that contribute to health disparities.
- 4 Improve data collection as a strategy to apply quality improvement methods in clinical and community care towards the goal of increased care coordination a systems integration.
- 5 Address gaps and concerns related to the current process of developing and notifying plans of safe care.

IDTA Partners



National Center on
Substance Abuse
and Child Welfare

IDTA Structure



IDTA Accomplishments: Assessment & Mapping

Overview of Peer Recovery Support in Vermont May, 2024 BRIEFING REPORT

BACKGROUND

In April 2023, Vermont was selected to receive In-Depth Technical Assistance (IDTA) from the National Center on Substance Abuse and Child Welfare (NCSACW). The goal of IDTA is to increase the State's capacity to improve the safety, health, permanency, and well-being of infants and families affected by prenatal substance exposure.

The Vermont IDTA (VT-IDTA) workplan includes the following goals:

GOAL 1: Map existing clinical and community-based services and working with perinatal people and families experiencing substance gaps in care.

GOAL 2: Ensure integration among new and existing clinical and community-based services/supports.

GOAL 3: Apply a health equity approach to the issue of substance use including a review of policy and structural factors contributing 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 and notifying plans of safe care.

The objective of this report is to present to the VT-IDTA team an overview of peer recovery support available in Vermont.

METHODOLOGY

The Vermont Department of Health (VDH) Division of Family and Child Perinatal Quality Collaborative Vermont (PQC-VT) met with a variety of support services to develop an understanding of the current landscape in Vermont. The VT-IDTA met with three PQC-VT parent advisors, with recovery coaching, program managers from the Division of Substance Use Disorders, a Doula program incorporating recovery coaching, and Turning Point Centers. Note this report may not be inclusive of all peer recovery support available in Vermont.

Prepared by the VT-IDTA

Regional Status Assessment of Community Response Team (CRT) JANUARY 2024 BRIEFING REPORT

BACKGROUND

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The following report presents the summary findings of an assessment on the status of the community response teams (CRT) in Vermont, also known as the CHARM collaborative model approach. See SAMHSA resource for collaborative model approach below.

SAMHSA Resource for Collaborative Model Approach

A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders

Manual offers best practices to states, tribes and local communities on collaborative treatment approaches for pregnant women living with opioid use disorders.*

<https://store.samhsa.gov/product/A-Collaborative-Approach-to-the-Treatment-of-Pregnant-Women-with-Opioid-Use-Disorders/5A4672>

*Note: This resource was last updated in 2016.

Community Response Team Regional Status Assessment 01.17.24

- Map current use of peer recovery coaching in Vermont including Turning Point Parents in Recovery Program and other recovery coaches' initiatives.
 - Explore ways to expand peer recovery program in Vermont
- Lead regional status assessment of Vermont's Community Response Team (CRT)

IDTA Accomplishments: Family Care Plan (FCP) Workgroup



- Centered the use of FCP on the patient/client, allowing them control over who they fill out the form with and who receives the FCP and updates. They will be able to change these permissions at any time
- Consciously and clearly decoupled the CAPTA reporting and FCP initiation from mandatory reporting to DCF/FSD
- Revised and created a secure virtual platform for the CAPTA form. Has been reviewed by clinical teams and is in the pilot stage at three birthing hospitals
- Revision and creation of a secure virtual platform for easy initiation, updating and completion of the FCP is underway currently
- Updates to guidance materials in process, carefully timed inclusion of alcohol and cannabis use
- Engaged Help Me Grow Vermont and created an EMR referral process for clinical staff in the UVMMC network for the FCP
- Engaged home health MCH leadership in process and focused on connecting pregnant people with supports able to last the full postpartum period

IDTA Accomplishments: Community Response Team (CRTs aka CHARM teams) Best Practices Workgroup

- Presented to multiple active CRTs about IDTA and recruited several non-IDTA team members enhancing the diversity of perspectives of the suggestions.
- Selected a decision-making framework and process for creating recommendations, after much deliberation.
- Mapped out discussion items over the course of the summer and early fall, providing guidance and roadmap forward ensuring creation of a comprehensive set of recommendations.
- Developed list of recommended organizations that should participate on a CRT with attention given to address organizations that may not exist in all regions.
- Goal is to have a draft set of recommendations available in the fall.

The workgroup continues to meet monthly and remains open for anyone who is interested in joining us. To join the workgroup, folks can email Meghan Masterson directly at MeghanM@kidsafevt.org.



IDTA Accomplishments: Data Workgroup

- Reviewed substance use data available across systems to begin understanding how many infants and families are affected by prenatal substance exposure including
- Develop a data inventory to help streamline perinatal substance data collection across Vermont for improved care
- Developed a statewide portal to collect Family Care Plan (formerly POSC) and CAPTA notifications



IDTA Workgroup Accomplishments: Family Services Policy



- Reviewed national child welfare policies related to parental substance use
- Discussed policy vs. practice guidance content for staff
- Analyzed statewide drug testing data for alignment with policy
- Discussed substance use related Structured Decision Making (SDM) danger identification and safety planning
- Explored the UNCOPE Plus
- Initiated development of breastfeeding practice guidance

Over the past year, an unexpected disruption in contracted drug testing services limited one of our available tools for assessing child safety — but also pushed us to deepen our use of behaviorally specific assessment.

IDTA Accomplishments: System Walkthrough



System Walkthroughs in **St. Johnsbury and Rutland**

Invitees: **Leadership and direct client care providers** from the medical, treatment, recovery, and community settings.

Goal: To gain a deeper understanding of the experiences of clients and providers who participate across these systems.

Results: Greater clarity about the process from a client and family perspective and broader connections between local system providers

What's Next & How to We Continue to Partner

- The IDTA team will continue to meet and add new partners as identified
- We will continue to center the experiences of individuals and families and partner with families in the assessment, development, implementation, and evaluation of programs and policies
- Workgroup next steps:
 - Family Care Plan: Launch of the new FCP and secure virtual form
 - CRT Best Practices: Continue to develop and promote best practices
 - Data: Continue to monitor trends
 - Family Services Policy: Finalize the policy and practice guidance drafts worked on during IDTA



Thank you!

Let's stay in touch.

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