

Working Together in Clinical and Community Settings

Recovering Loudly: Stories from Vermont Moms in Recovery

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Alliance for Innovation on Maternal Health (AIM) SUD Bundle: A Look at the Data and Areas of Focus

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Bidirectional Learning for Improved Support and Services (BLISS) Initiative: Supporting Community Partners in Addressing Perinatal Substance Use

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Recovering Loudly: Stories from Vermont Moms in Recovery

Natasha Payton
Lund

May 20, 2025

Disclosure

I do not have financial relationships or conflicts of interest to disclose.

Objective

To highlight the therapeutic value of storytelling in supporting perinatal individuals with substance use disorder and promoting collaborative care approaches.



**Lund strengthens families so
that children can thrive.**

ADOPTION | CLINICAL TREATMENT | PARENT CHILD CENTER SERVICES



“Recover loudly so
others don’t have
to die quietly.”

Project Partners



Power of Collaboration

- Funding
 - Expert storytelling coach
 - Stipends for participants
 - Materials and support
- Reach interested participants from across Vermont
- Reach interested participants with different treatment and recovery experiences



Process



Bring in the
Experts



Client-Centered
Voice and
Decision Making



Distribution of
Materials

Outcomes

	Before Workshops	After Workshops
I feel that I have an important story to tell about recovery.	43% agreed	100% agreed
I feel good about myself and my lived experience.	29% agreed	100% agreed
I feel confident that my story can help others in recovery.	14% agreed	100% agreed

Post-film Interview Themes

Why did you want to do this project?

- I wanted to share my story, so others don't feel alone in their struggle
- Being able to help parents find recovery is a passion for me
- It's my mission to help other people suffering in silence, who currently believe they cannot do better for themselves
- I thought that if my story could help one person, then this project was worth doing

Post-film Interview Themes

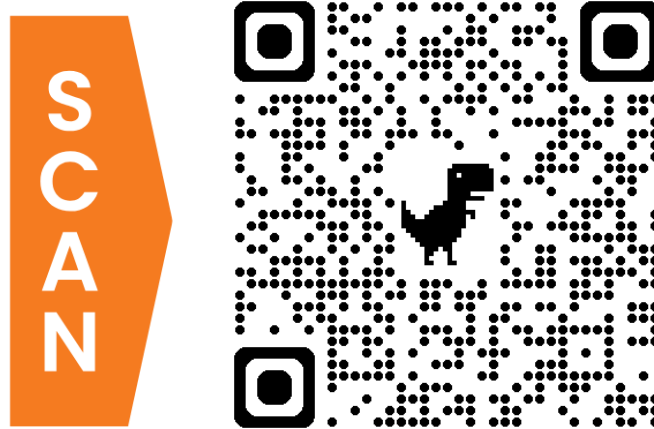
What was a key factor in finding recovery?

- Having my family as a support system (there is always support available)
- People showing me kindness and holding space for me
- Having one person who believed that I could do better, that helped me believe in myself
- People who are understanding, gentle, and loving through the process



Full stories coming soon:

lundvt.org/recovering-loudly



Want to connect?

Natasha Payton at natashap@lundvt.org

Vermont Alliance For Innovation On Maternal Health

presents



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

Disclosures

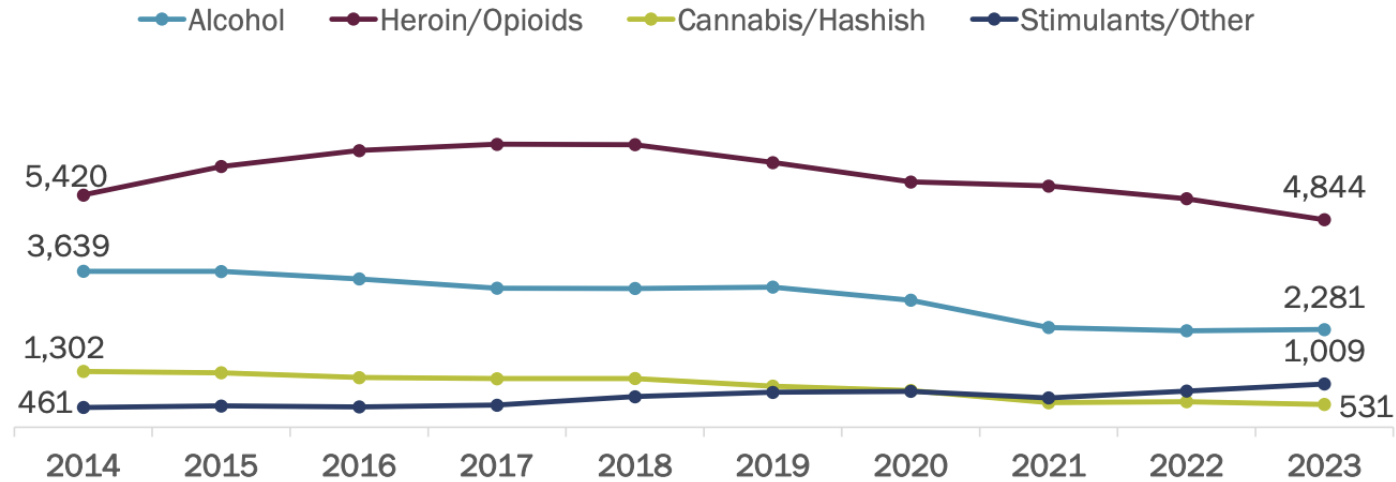
This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award for the Alliance for Innovation on Maternal Health. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.



Grounding the Work

Vermont's Landscape -

Vermonters Treated by Primary Substance and Fiscal Year



Substance	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Alcohol	3,639	3,635	3,461	3,244	3,240	3,270	2,966	2,328	2,251	2,281
Cannabis	1,302	1,269	1,160	1,133	1,138	959	858	572	594	531
Heroin/Opioids	5,420	6,084	6,456	6,605	6,594	6,178	5,724	5,629	5,335	4,844
Stimulants/Other	461	497	474	516	713	816	837	684	844	1,009

Vermont Department of Health

Source: Substance Abuse Treatment Information System (SATIS).

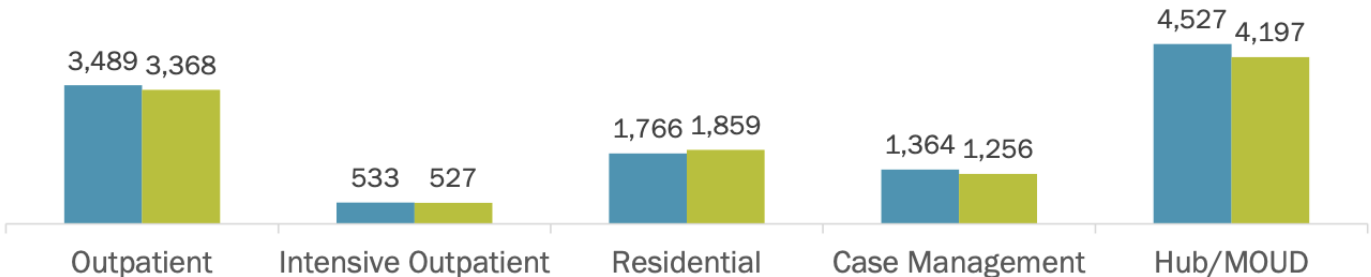
[Click here to return data chart list](#)

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Vermont's Landscape -

Type of Substance Use Disorder Treatment Received By Clients
in Fiscal Years 2022 & 2023

■ 2022 ■ 2023



Note: Clients may receive more than one type of treatment in the year

State Fiscal Year	Outpatient	Intensive Outpatient	Residential	Case Management	Hub/MOUD	Total Clients
2022	3,489	533	1,766	1,364	4,527	9,024
2023	3,368	527	1,859	1,256	4,197	8,665

Vermont Department of Health

Source: Substance Abuse Treatment Information System (SATIS).

[Click here to return data chart list](#)

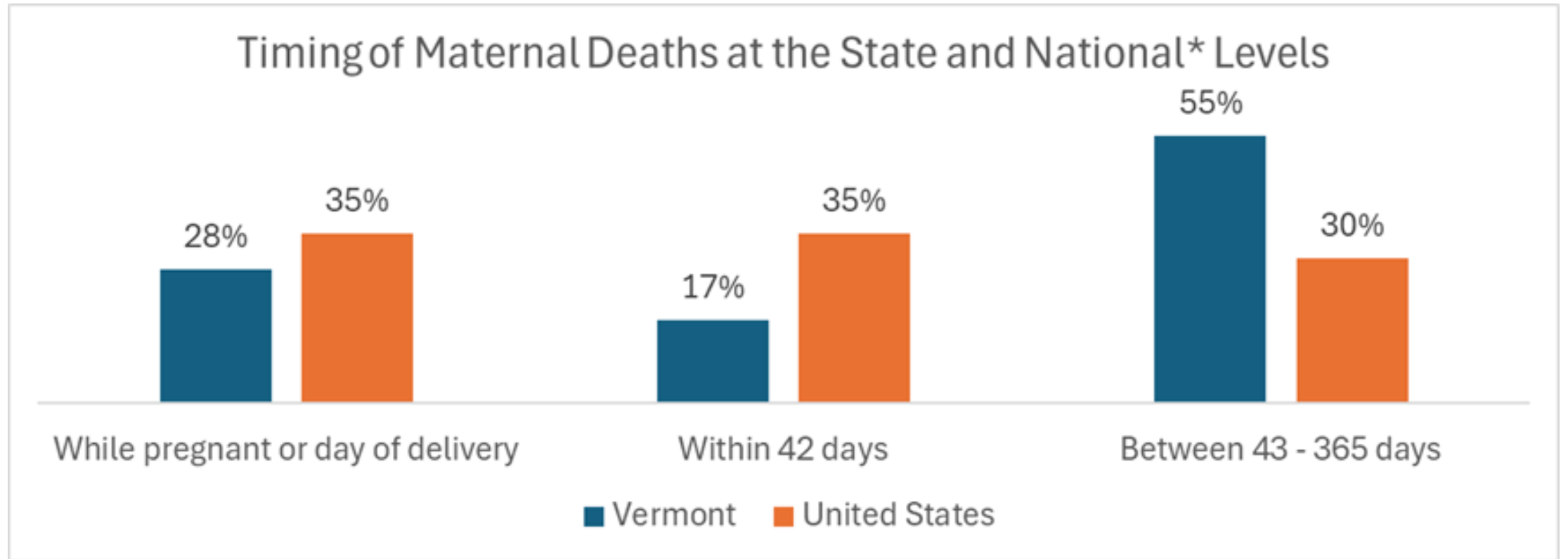
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Vermont's Maternal Mortality Review Data

- Since 2012, 43% of perinatal deaths in Vermont were the result of accidental overdose. Substance misuse contributed to a significant majority of overall deaths.
- Of the 8 maternal deaths reviewed by the panel since 2021, all were related to opioid misuse – 7 were directly caused by overdose and one by endocarditis due to IV drug use.



A deeper look into timing -



From the Newborn Lens -

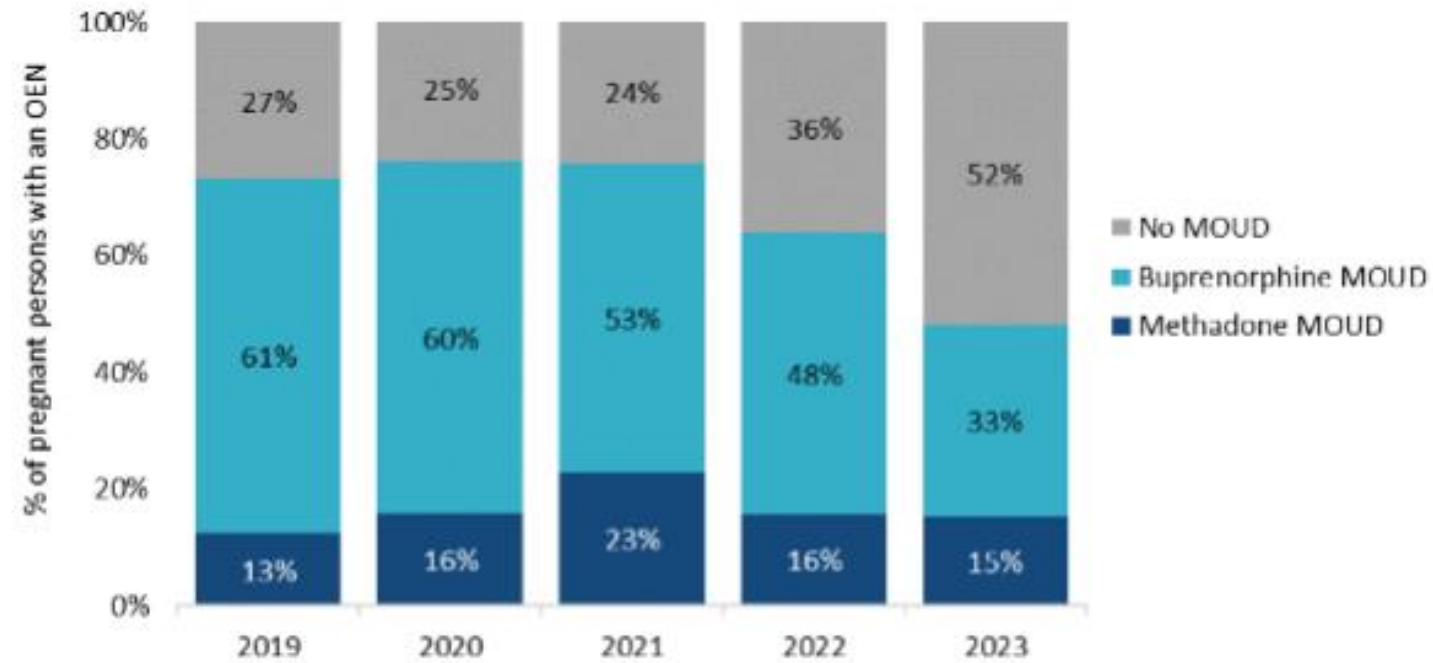


Figure 6: The proportion of pregnant individuals with an OEN receiving treatment with MOUD during the current pregnancy by medication type, 2019 to 2023. Receiving methadone MOUD (dark blue), receiving buprenorphine MOUD (light blue), no MOUD treatment reported (grey).

Evaluation and Report of Improving Care of
Opioid-Exposed Newborns, 2024

Partners In This Work

➤ Perinatal Substance Use
Community Education
[OD2A/CDC]

➤ Maternal Mortality Review
Panel [MMRP/CDC]

➤ Birth Certificate Quality
Improvement [PQC/CDC]

➤ Regional Collaboration
Planning with the 3 NE PQC's
and NNEPQIN [Medicaid]

➤ Improving Care of Newborns
with Substance Exposure
[ICoNS/Medicaid]

➤ Alliance for Innovation on
Maternal Health Patient
Safety Bundles [AIM/HRSA]

➤ Perinatal Mood Disorders
Systems Support [Perinatal
CARES/HRSA]

➤ Maternal Health Innovation
Grant [HRSA]

➤ Neonatal Clinical Skills Training
and Community Outreach
[Medicaid]

➤ Hospital and Community
Perinatal Reports [Medicaid]

➤ Addressing Systems of Care
for Perinatal Substance Use &
the Child Welfare System
[IDTA/Medicaid]

➤ Clinical Care & Community
Services Integration
(PQC/CDC)

Clinical Practice Assessment

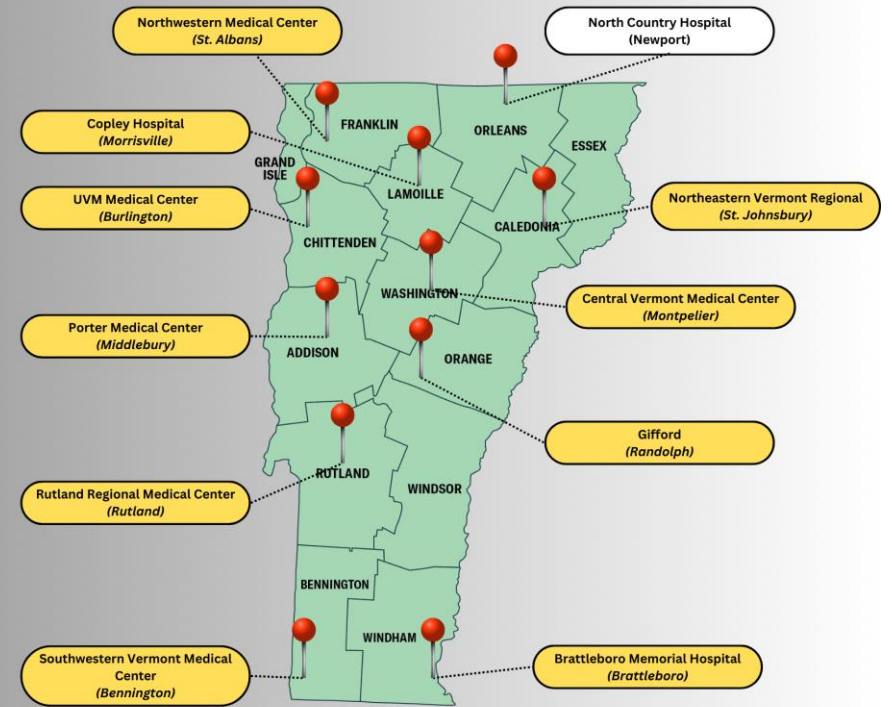
October 2024-January 2025

10 out of 11 Health Districts have
clinics serving perinatal people

16 clinics were
identified throughout
Vermont

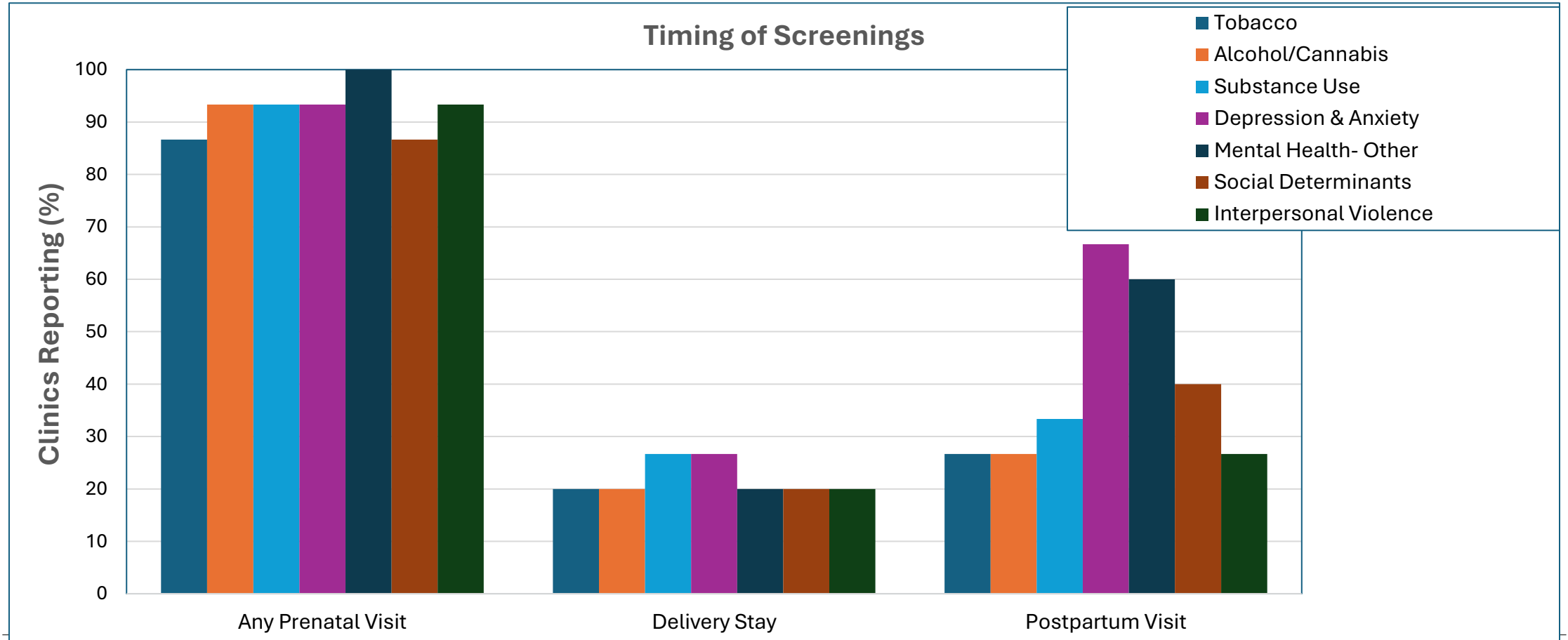
13 Responded
~ 81%

VT AIM Hospitals



Screening: Clinic Assessment Data

100% of
practices report
screening
perinatal
patients



Screening: Clinic Assessment Data

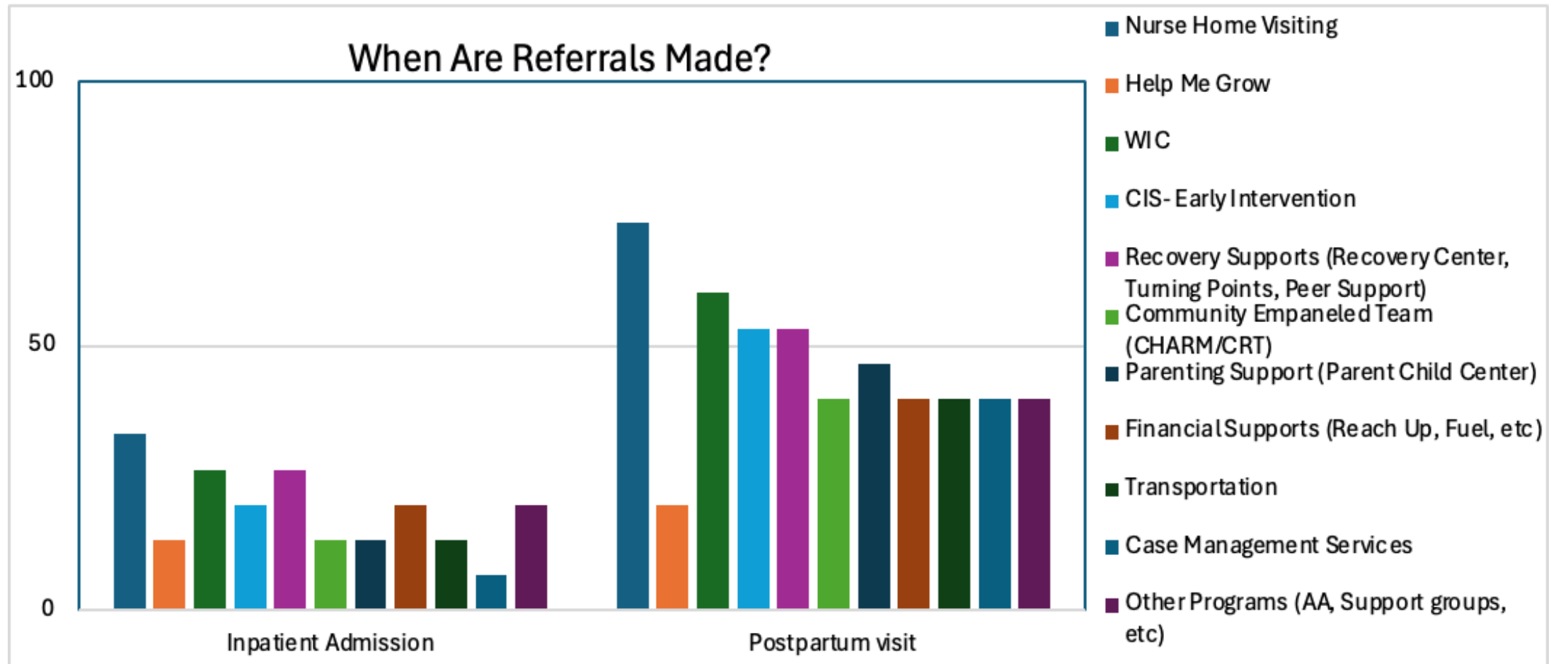
First Prenatal Appointment

<u>Screening Topic</u>	<u>Percentage</u>
Tobacco	84.6
Alcohol	92.3
Cannabis	92.3
SUD	92.3
Mental Health- Depression	92.3
Mental Health- Anxiety	92.3
Mental Health- Other	100.0
SDoH	92.3
Interpersonal Violence	100.0

Postpartum – OB Clinic

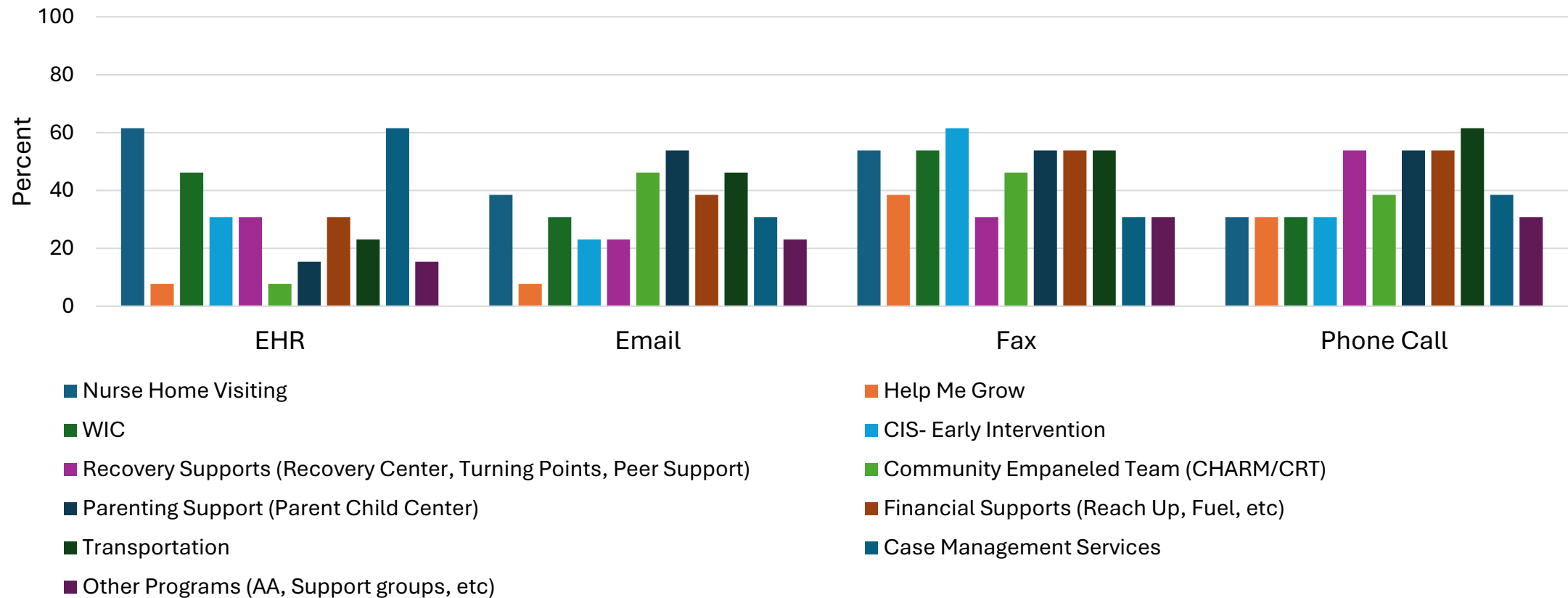
<u>Screening Topic</u>	<u>Percentage</u>
Tobacco	23.1
Alcohol	23.1
Cannabis	23.1
SUD	30.8
Mental Health- Depression	61.5
Mental Health- Anxiety	61.5
Mental Health- Other	53.8
SDoH	38.5
Interpersonal Violence	23.1

Referrals: Clinic Assessment Data



Referrals: Clinic Assessment Data

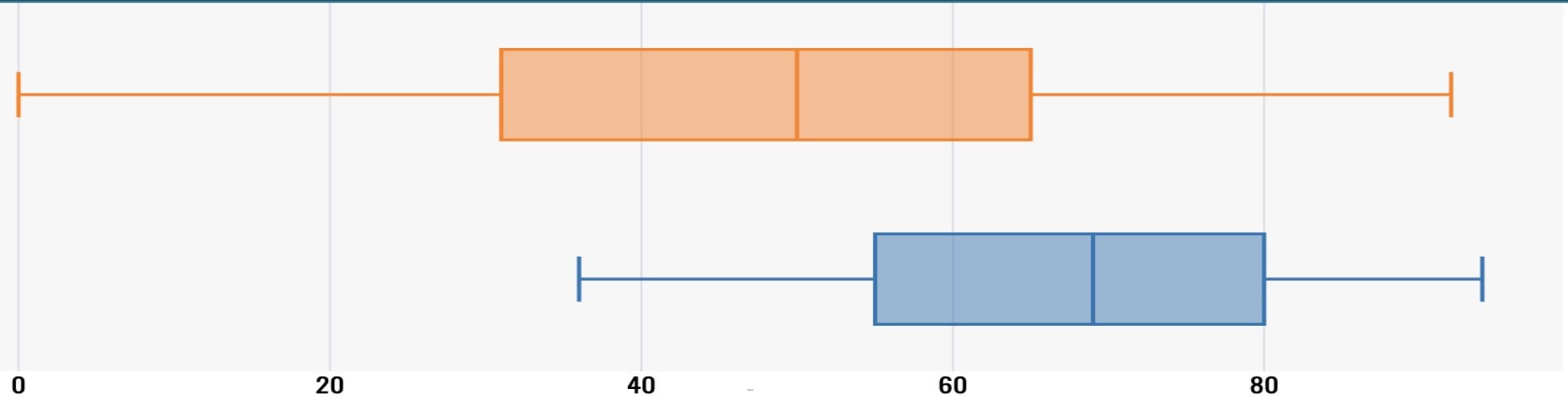
How Are Referrals Made?



Clinic Assessment Data

Does your current referral feedback system work?

Does your current referral system work?



Barriers to effective referral systems:

- Not all referrals are listed in the same place
- Not integrated into EMR
- Hard to tell if referral was successful
- Referral process paperwork is cumbersome



Areas of Focus -

Screening & Testing -

- NIDA & Screening tools
- Biochem testing (adult & newborn)
- Related infectious dx testing recommendations
- Referral Pathways
- Resource Mapping
- Prenatal Care Checklist

Community linkages & Referrals:

- Prenatal HMG referral
 - Family Care Plan (POSC)
 - Assessments completed by HH
- Feedback loops
- Each OB Practice/Hospital having a template that refers to local resources

Protocols/Guidelines -

- Prenatal
- Hospital
- Postpartum
- Reporting to DCF
- Naloxone Distribution

Patient Education –

- Why MOUD treatment?
- Family Care Plan
- What to Expect at Delivery
- DCF Reporting
- Universal Postpartum Naloxone Distribution

Health Care Provider Education -

- Prenatal checklist, Naloxone Rx
- Delivery planning
- Inpatient period: pain management, initiation of MOUD for active use, PP follow up care planning, nicotine replacement
- Family Care Plan
- DCF Reporting
- Stigma & Bias
- Trauma-informed Care
- Informed Consent

AIM Resources

- Upcoming Webinar: June 11th
 - The Inpatient Setting: Substance Use Treatment, Supportive Protocols, and Care of the Newborn
- All webinars are recorded and available
- Fall Webinar Schedule Coming Soon

Bidirectional Learning for Improved Support and Services

SUPPORTING COMMUNITY-BASED
PARTNERS WHO CARE FOR BIRTHING
PEOPLE WITH SUBSTANCE USE
DISORDER

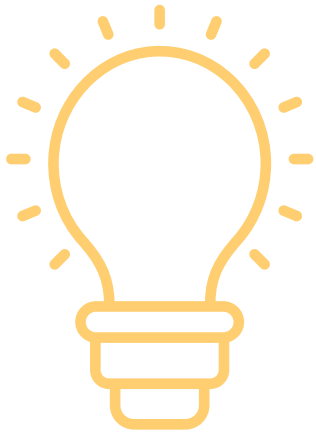




Disclosure Statement

- Presenter: Kim Dacek, APRN, FNP-C
- No disclosures

Learning Objectives



1. Learners will be able to describe the goals of the BLISS Initiative.
2. Learners will be able to identify two community-based partners involved in supporting perinatal individuals with SUD.

MMRP Recommendations

- 2024 MMRP Recommendation: Enhance and coordinate substance use disorder supports across clinical and community settings



- Clinical: Alliance for Innovation on Maternal Health (AIM) Care for Pregnant and Post Partum People with Substance Use Disorder Safety Bundle

- **Community: Bidirectional Learning for Improved Support and Services (BLISS) Initiative**



BLISS Initiative: Goals



**Increase
understanding of
perinatal
substance use**

**Decrease stigma
and bias
surrounding
perinatal
substance use**

**Better integrate
community-based
perinatal and
substance use
recovery supports**

**Provide equitable
care for perinatal
individuals who
use substances**

BLISS Components

Communities of Learning



Everyone teaches, everyone learns!

Ongoing opportunities for community partners who work with birthing people with SUD to engage with each other to close gaps and knit together existing resources.

Learning Modules

Framework to support Community of Learning conversations

Foundational knowledge, practical skills, evidence-based practices, identification of resources, and more!



In Their Own Words - The Value of Lived Experience

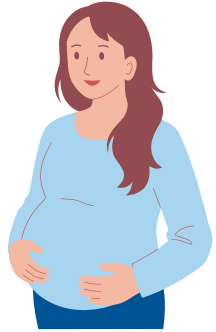
BLISS is centered around engaging partners and people with lived experience.

- Brings authenticity to the conversation
- Highlights real challenges and successes
- Provides insights
- Brings data to life
- Informs empathetic care approaches that truly support affected individuals and families



**Testimonials are
featured
throughout the
materials**

A Perilous Time in Perinatal SUD



Focus
rapidly
shifts
from
mom to
baby

Pregnancy

Healthcare: ~10-14 visits

Postpartum

Healthcare: ~1-2 visits

- ⊕ Disengagement from SUD treatment and MAT
- ⊕ Stress, isolation & disrupted sleep
- ⊕ Hormonal changes and risk of mood disorders



Risk of
return to
use
increases



Possible Community Contributors



People and organizations in Vermont who work with pregnant or postpartum people outside of the clinic/hospital who can help close the gap in perinatal SUD.

- Turning Point Centers/Peer Recovery Coaches
- Nurse Home Visiting
- Family Child Health Coordinators
- Hubs & Spokes
- Community Response Teams
- Children's Integrated Services
- Parent Child Centers
- Community Mental Health Centers
- Early Head Start
- Good Beginnings
- Doulas
- Community Organizations
- Grief/loss supports

Putting it all together...

Data, lived experience, and community feedback shows us this
is an opportunity!



Vermont already
has many
resources and
people invested in
this work.



Address all
substances: alcohol,
nicotine, cannabis,
opioids, stimulants,
prescription drugs,
etc.



Connection and
community are
important for birthing
people AND the
people who care for
them.



Each community
partner has areas of
expertise and
practices that are
valuable.



Strengthen
relationships to build
trust and facilitate
wrap around care
with warm hand-
offs.



Poll Question



What do you believe is the most significant barrier to engagement for perinatal individuals who use substances?



Your personal thoughts- no right or wrong!

A. Stigma and fear of judgment

B. Concern for legal repercussions

C. Fear of losing custody

D. Lack of access to care (due to financial constraints, transportation, insurance, etc.)

E. Inconsistent or insufficient screening and referral practices

F. Other (write-in)

● ● ● Poll Question Discussion

- ● ● ● ● ● ● ● ● ●
- All are important factors
- Every situation is unique
- Fear of losing custody or DCF involvement has come up most frequently in discussions with our advisors with lived experience

A. Stigma and fear of judgment

B. Concern for legal repercussions

C. Fear of losing custody

D. Lack of access to care (due to financial constraints, transportation, insurance, etc.)

E. Inconsistent or insufficient screening and referral practices

F. Other (write-in)



In Their Own Words...

The fear of having your child taken into custody and not being in control of when you can see your child or how you

-Arial, Peer Recovery Coach

The stigma and shame is just very real and it's what hurts people.

-Ashlee, Patient and Family Advisor

BLISS Education Modules

FREE and
available to
anyone
interested
in this
work!



Vermont Data Review and Background
Information to Ground the Work



The Science of Addiction and the Perinatal
Time as an Opportunity for Change



Addressing Fear in Perinatal SUD



Stigma, Bias, and Lessons from the
Respectful Maternity Care Toolkit



Beyond the Baby Blues: Perinatal
Mental Health



Taking Care of the Caregiver: Addressing
Secondary Trauma and Self-Care Strategies

Looking for champions!

- Schedule a BLISS session

1. Pick your topic.

2. Choose from Zoom or In-Person.

3. Start the conversation! Listen and learn for ~15 to 30 minutes then engage with the group, finding connections to your work and strengthening relationships among regional partners.



 Click [HERE](#) to schedule a session or follow the QR code above.

- Experience, expertise, thoughts, questions, etc. always welcome!
- Contact: kim.dacek@med.uvm.edu