



Pediatric Training: Perinatal SUD

Katy Leffel, Nurse Program Coordinator, Vermont Department of Health

Elena Robles, Public Health Specialist, Vermont Department of Health

Michelle Shepard, Assistant Professor, UVM Larner College of Medicine / Vermont Child Health Improvement Program (VCHIP)/University of Vermont Medical Center

Jennifer Auletta, Licensed Mental Health Counselor, The University of Vermont Health Network - Central Vermont Medical Center – Obstetrics, Midwifery and Gynecology

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Session	Timeline
Promoting Lifelong Health for Infants, Children, Youth and Families	<i>Archived on the Blueprint site</i>
Touchpoints Training (in full)	January and February 2025
Medical Home and Early Childhood System Partnerships	<i>Archived on the Blueprint site</i>
Developmental screening and referral	<i>Archived on the Blueprint site</i>
Perinatal substance use	Today!
Perinatal mental health	January 23, 2025
Mental health-medical home partnerships	February 2025
School-medical home partnerships	March 2025
Youth mental health	March 2025
Youth substance use	April 2025
Team-based care	May 2025
Food insecurity	June 2025
Family and community supports	June 2025
Interpersonal violence	July 2025
Early childhood partnership meetings	Ongoing

Perinatal SUD

Agenda Today:

- Vermont data
- Screening for perinatal substance use, including best practices and challenges in workflow and documentation
- Stigma
- The Plan of Safe Care and mandatory reporting expectations
- Referrals and resources for children and families experiencing perinatal substance use

We especially want to hear from you about what successes and barriers you have in navigating this with families and in your local communities.

Vermont's Maternal Mortality Review Data

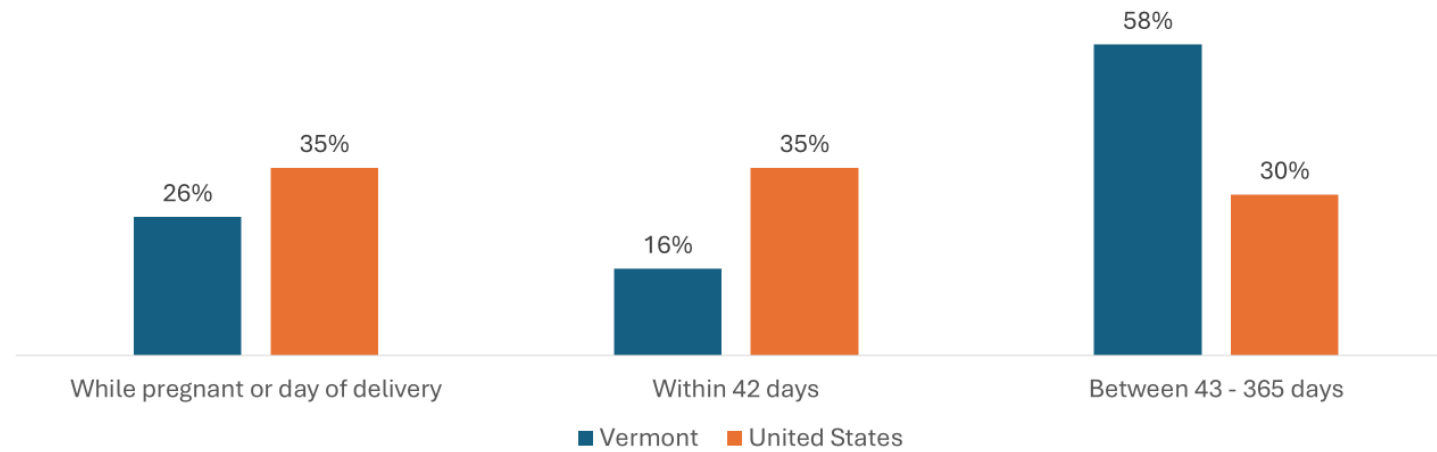
- Since 2012, 43% of perinatal deaths in Vermont were the result of accidental overdose. Substance misuse contributed to a significant majority of overall deaths.
- Of the 8 maternal deaths reviewed by the panel since 2021, all were related to opioid misuse – 7 were directly caused by overdose and one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

12/05/2024



A deeper look into timing

Timing of Maternal Deaths at the State and National* Levels



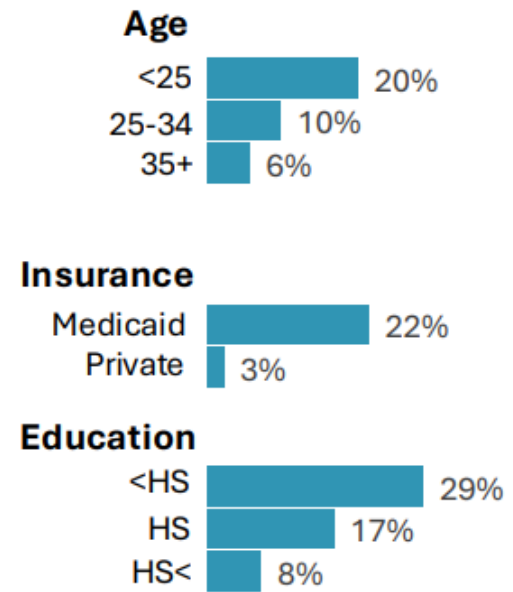
*At the time of data collection, 36 states were reporting maternal deaths.

Sources: U.S. Centers for Disease Control and Prevention (2017 – 2019), Vermont Vital Statistics (2012 – 2023)

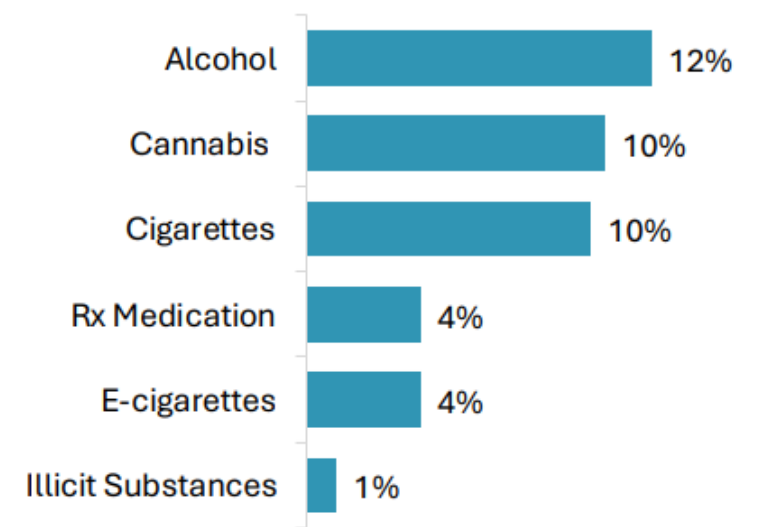
2022 Data from Vermont's Pregnancy Risk Assessment Monitoring System (PRAMS)

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

Cannabis use during pregnancy in 2022

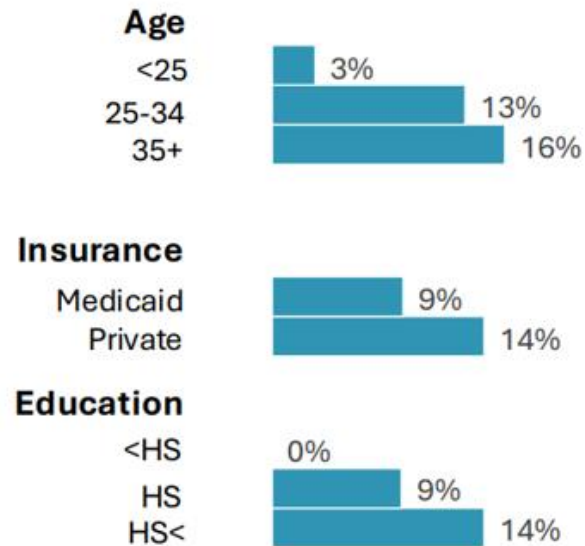


Substance use during pregnancy in 2022

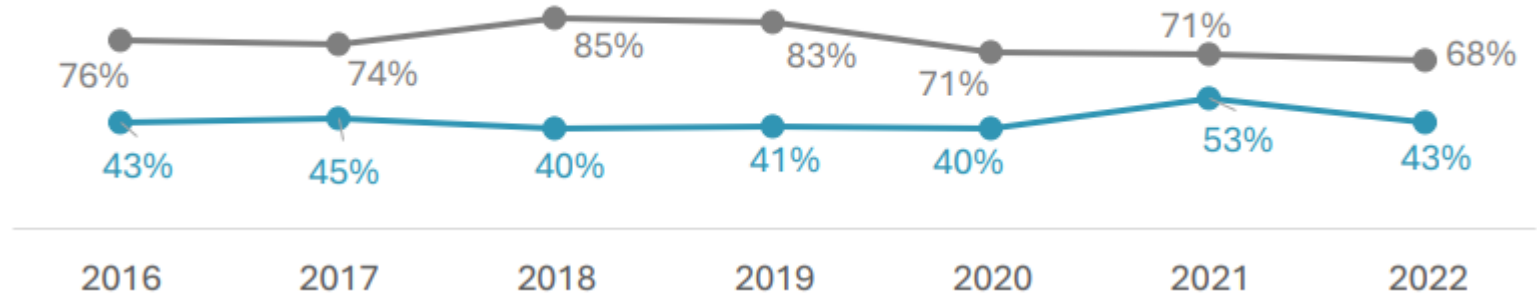


2022 Data from Vermont's Pregnancy Risk Assessment Monitoring System (PRAMS)

Drinking during pregnancy in 2022



Pregnant people who received advice to quit smoking vs. those who quit while pregnant

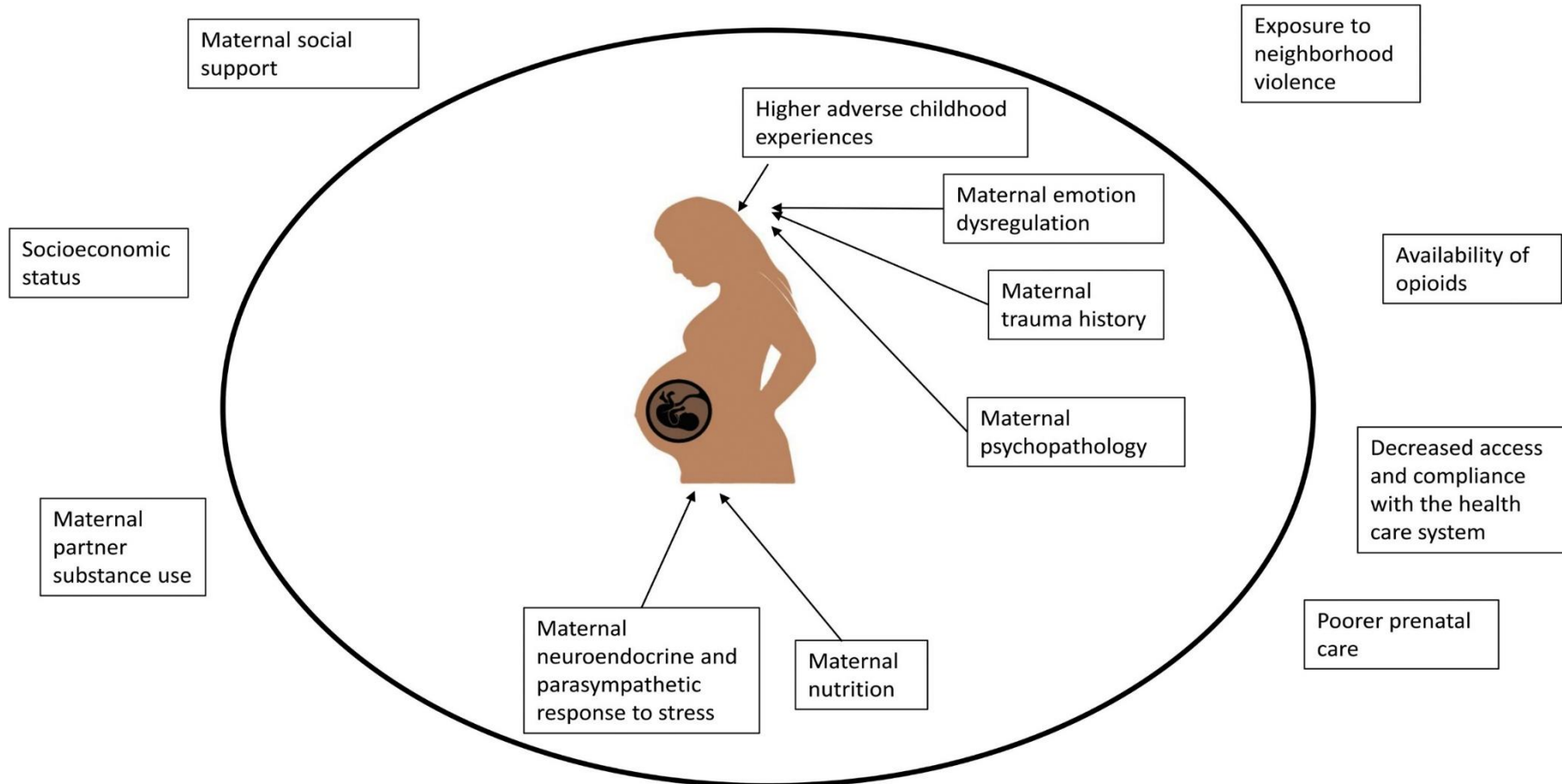


Pause and Share

Does anyone have any reflections they want to share about the state's MMRP data and PRAMS state trends?

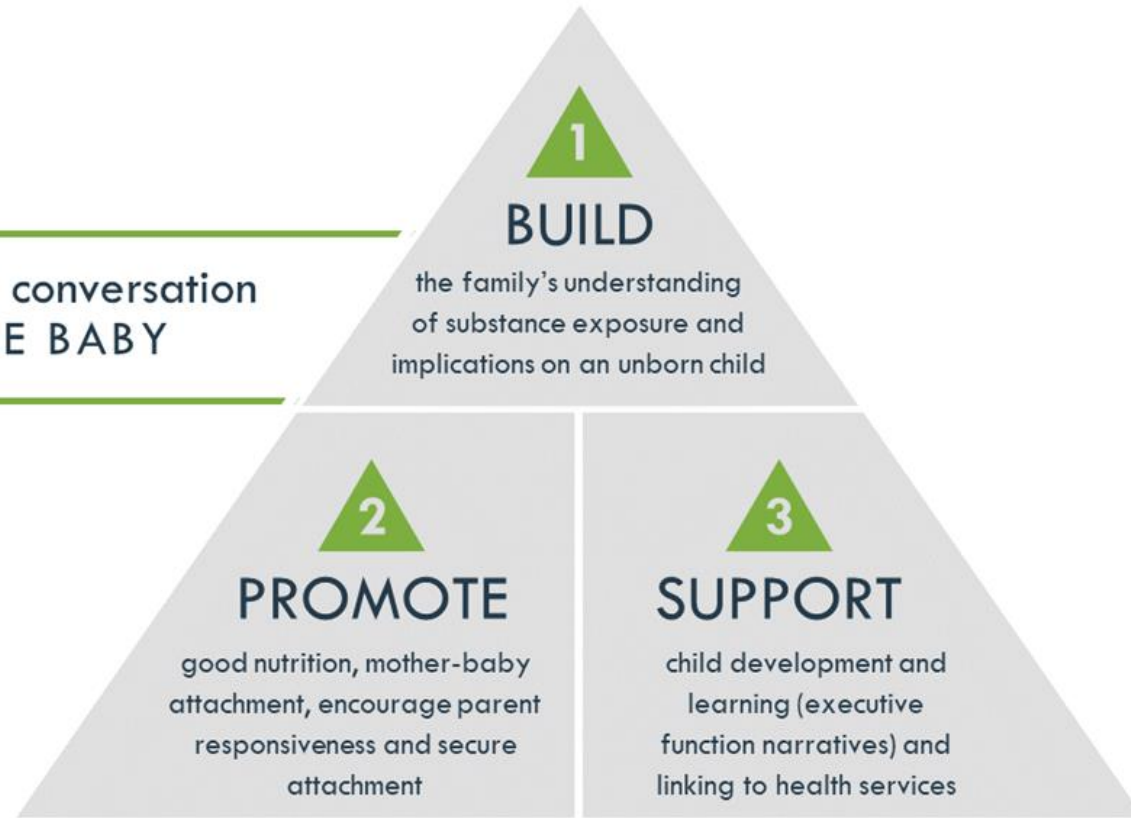
In what ways do you think knowing these trends will shift how you deliver care with families?

Caring for a family in recovery can be complicated



Framing the conversation

Framing the conversation ABOUT THE BABY



Facilitators of Stigma



Stigmatizing language widely used and considered acceptable⁵



Lack of awareness:⁶

That SUD results from changes in the brain⁶

Of the genetic and societal risk factors for SUD⁶



Persistent belief that people with SUD:

Have a weakness/moral failing⁶

Are to blame for their condition⁷

Can “pull themselves together”⁷

Are dangerous⁷



Experience of intense shame and internalized stigma⁸



Fear of loss of freedom and parental role and rights^{8,9}

Strategies to Reduce Stigma through Strengths Based Focused



FOCUSES ON WHAT THE PATIENT HAS GOING FOR THEM (I.E., SHOWING UP)



REDUCES PITY/DISEMPOWERMENT



COMMUNICATES HOPE AND RESPECT



INCREASES ENGAGEMENT



COMBINES WITH ACTIVE LISTENING TO ELICIT STRENGTHS AND PREFERENCES



RECOGNIZES ADDICTION IS A CHRONIC CONDITION



ACKNOWLEDGES RECOVERY IS A PROCESS VS A TASK

Strategies to Reduce Stigma through Language

Use person-first, non-stigmatizing, medically accurate language

- Try “person who uses drugs” versus “addict.”
- Refrain from using street terms.
- Use “baby with NOWS/neonatal abstinence syndrome” vs “NAS baby.”
- Ask people for their preferences.
- Also use non-stigmatizing language in documentation

Person-first language for talking about addiction		
Instead of...	Use...	Because...
Addict, user, substance or drug abuser, or junkie	Person with a substance use disorder (SUD), person with an opioid use disorder (OUD), or person with opioid addiction	Person-first language helps emphasize that SUD is a medical condition. It also shows that a person <i>has</i> a problem or illness, not that they <i>are</i> the problem. It doesn't blame the individual for their disorder.
Alcoholic or drunk (noun)	Person with alcohol use disorder (AUD) or person who misuses alcohol or engages in unhealthy/hazardous alcohol use	Person-first language helps emphasize that SUD is a medical condition. It also shows that a person <i>has</i> a problem or illness, not that they <i>are</i> the problem. It doesn't blame the individual for their disorder.
Former or reformed addict	Person in recovery or person who previously used drugs	Person-first language helps emphasize that SUD is a medical condition. It also shows that a person <i>has</i> a problem or illness, not that they <i>are</i> the problem. It doesn't blame the individual for their disorder.
Dirty, failing a drug test	Testing positive (on a drug screen)	Using medically accurate terminology helps people stay hopeful that they can make a change.
Habit	SUD or drug addiction	Describing an SUD as a habit may make it seem less serious than it is and may imply living with an SUD is a choice.
Abuse	Use (for illicit drugs) or misuse (for prescription medications used other than as prescribed)	The word “abuse” brings on negative judgments and associations with punishment.
Clean	Being in remission or recovery, abstinent from drugs, not drinking or taking drugs, or testing negative (on a drug screen)	Saying someone is “clean” inappropriately suggests that if they're not in recovery, they are “dirty.”
Addicted baby	Baby born to a parent who used drugs while pregnant, baby with signs of withdrawal from prenatal drug exposure, newborn exposed to substances, or baby with neonatal abstinence syndrome	Babies cannot be born with addiction because addiction is a behavioral disorder. Emphasize the medical condition without judgment.

Pause and Share

Share some examples of what stigma looks or sounds like for perinatal people with SUD in the clinical setting?

How can healthcare providers contribute to reducing stigma and improving care for perinatal clients with SUD?

Does anyone have any personal experiences or familial experiences of facing public stigma? How did it feel?

Why screen for substance use during pregnancy?

- Vermont has some of the highest rates of substance use during pregnancy
- Impacts current and future health of individual and infant
- Universal screening of can identify substance use (and use disorders)
- Brief screening tools are available- paper based or electronic
- It's the standard of care!

SU Screening in Pregnancy

- Universal Screening: All people considering pregnancy, pregnant individuals throughout their pregnancy, and those attending predelivery pediatric visits be screened routinely for substance use, using a validated screening questionnaire.

- Screening and brief intervention techniques are recommended to counsel and to refer those individuals' meeting criteria for substance use disorder for appropriate treatment

- Routine TESTING for substance use in pregnant individuals is NOT recommended

Substance Use Screening



Drug Testing

BEHAVIORAL HEALTH RISKS SCREENING TOOL
For Pregnant Women

Patient/Client Name _____ DOB _____
Is patient pregnant? YES NO Gestational Age _____ Date _____
Provider Site _____ Screener Name _____

Women and their children's health can be affected by emotional problems, alcohol, tobacco, other drug use and violence. Women and their children's health are also affected when these same problems are present in people who are close to them. Alcohol includes beer, wine, wine coolers, liquor and spirits. Tobacco products include cigarettes, cigars, snuff and chewing tobacco.

1. Did any of your parents have a problem with alcohol or other drug use?	PARENTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Do any of your friends have a problem with alcohol or other drug use?	FRIENDS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Does your partner have a problem with alcohol or other drug use?	PARTNER	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medication?	PAST	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Check YES if she agrees with any of these statements: • In the past month, have you drunk any alcohol or used other drugs? • How many drinks on any given day? _____ • How often did you have 5 or more drinks per day in the last month? _____	PRESENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Have you smoked any cigarettes or used any tobacco products in the past three months?	TOBACCO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with other people, or take care of things at home?	EMOTIONAL HEALTH	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Are you currently or have you ever been in a relationship where you were physically hurt, shamed, threatened, controlled or made to feel afraid?	VIOLENCE	<input type="checkbox"/> YES	<input type="checkbox"/> NO



Examples of available tools

NIDA-modified ASSIST (Alcohol, Smoking, and Substance Involvement Screening Test)

- Screening for tobacco, alcohol, cannabis, cocaine, amphetamine type stimulants, sedatives, hallucinogens, inhalants, opioids, and others.

Parents, partner, past and pregnancy (4Ps)

- Screens for drug, alcohol, and tobacco use among pregnant people.
- 4Ps Plus includes depression and relationship violence screening.

Parents, peers, partner, past and present (5Ps)

- Additional peer question along with emotional health and relationship violence screening.

Follow-up of positive screens

Assess substance use further- assessment tool

- Assessment: defines the nature of the problem and help to suggest at treatment option

Conduct a brief intervention using motivational interviewing

Provide feedback and advice regarding cutting back or abstinence and facilitate goal setting by the patient

Refer to treatment if indicated

Develop a workflow

Screening can be done on paper, electronically, or asked verbally.

- Be sure to explain confidentiality and when it must be breached.

Share the results with the individual

Screening should be recorded

- Note the tool used, score/result, interpretation, and next steps
- Be mindful in your documentation (especially in an EHR), open notes means individuals (and parents/guardians of adolescents) have full access to your note text.

VALIDATED SCREENING TOOLS*



Name	Description	Primary Population	Links
Parents, Peers, Partner, Pregnancy, and Past (The 5Ps) Recommended by IPQIC	Screening tool that detects tobacco, alcohol, and drug use, as well as domestic violence among pregnant women and women of reproductive age. <i>Focus: Drug, alcohol, and tobacco use</i>	Pregnant women	5 Ps PSU Screening Tool.pdf
NIDA Quick Screen Alcohol, Smoking and Substance Involvement Screening Test (NIDA-Modified ASSIST) Recommended by ACOG	Screening tools that detect alcohol, tobacco, and drug use; tools can be used sequentially based on the individual's substance involvement score. <i>Focus: Drug, alcohol, and tobacco use</i>	Adults including pregnant women	The NIDA Quick Screen NIDA Archives (drugabuse.gov) NIDA Drug Screening Tool (drugabuse.gov)
Car, Relax, Alone, Forget, Friends, Trouble (CRAFT) Recommended by ACOG	Screening tool that identifies alcohol, drug use and substance-related driving risk among adolescents and young adults. <i>Focus: Drug and alcohol use; driving risk</i>	Women 26 years or younger	CRAFT
Parents, Partners, Past and Pregnancy (The 4Ps)	Screening tool developed to detect drug, alcohol, and tobacco use among pregnant women and women of childbearing age. The 4Ps Plus includes additional questions about depression and domestic violence. <i>Focus: Drug, alcohol, and tobacco use</i>	Pregnant women	About the 4P's Plus — NTI Upstream
Tolerance, Anger/annoyance, Cut Down, Eye-opener (T-ACE)	Four-item screening tool that identifies risk-drinking in pregnant women. <i>Focus: Alcohol use</i>	Pregnant Women	The T-ACE questions: practical prenatal detection of risk-drinking - PubMed (nih.gov) t-ace_alcohol_screen.pdf (va.gov)
Tolerance, Worried, Eye-opener, Amnesia, Cut Down (TWEAK)	Five-item instrument that screens for risk drinking among obstetric patients. <i>Focus: Alcohol use</i>	Pregnant women	TWEAK (nih.gov)
Alcohol Use Disorders Identification Test (AUDIT)	10-item questionnaire that screens for alcohol consumption and alcohol-related problems. <i>Focus: Alcohol use</i>	Adults including pregnant women	Alcohol Use Disorders Identification Test (AUDIT) (nih.gov) Alcohol Use Disorders Identification Test (AUDIT) (drugabuse.gov)
Drug Abuse Screening Test (DAST)	Self-administered instrument that detects substance use or substance use disorders <i>Focus: Drug Use</i>	Adults and older youth	Instrument: Drug Abuse Screening Test (DAST-10) NIDA CTN Common Data Elements DAST-10 (drugabuse.gov)

The 5Ps

BEHAVIORAL HEALTH RISKS SCREENING TOOL For Pregnant Women

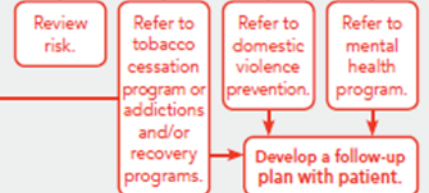
Patient/Client Name _____ DOB _____
 Is patient pregnant? YES NO Gestational Age _____ Date _____
 Provider Site _____ Screener Name _____

Women and their children's health can be affected by emotional problems, alcohol, tobacco, other drug use and violence. Women and their children's health are also affected when these same problems are present in people who are close to them. Alcohol includes beer, wine, wine coolers, liquor and spirits. Tobacco products include cigarettes, cigars, snuff and chewing tobacco.

1. Did any of your parents have a problem with alcohol or other drug use?	PARENTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Do any of your friends have a problem with alcohol or other drug use?	PEERS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Does your partner have a problem with alcohol or other drug use?	PARTNER	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?	PAST	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Check YES if she agrees with any of these statements. - In the past month, have you drunk any alcohol or used other drugs? - How many days per month do you drink? _____ - How many drinks on any given day? _____ - How often did you have 4 or more drinks per day in the last month? _____	PRESENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Have you smoked any cigarettes or used any tobacco products in the past three months?	TOBACCO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with other people, or take care of things at home?	EMOTIONAL HEALTH	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Are you currently or have you ever been in a relationship where you were physically hurt, choked, threatened, controlled or made to feel afraid?	VIOLENCE	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PROVIDER USE ONLY

Brief Intervention/Brief Treatment	Y	N	NA
Did you State your medical concern?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you Advise to abstain or reduce use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you Check patient's reaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you Refer for further assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you Provide written information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



CAPTA/CARA and the Plan of Safe Care

CAPTA: Child Abuse Prevention and Treatment Act, is federal legislation that provides funds to states to mitigate child abuse and neglect.

CARA: Comprehensive Addiction and Recovery Act, 2016 amendment

Goal: To address the needs of infants affected by substance abuse, withdrawal or Fetal Alcohol Spectrum Disorder.

CARA Requirements:

1. Identify infants affected by substance abuse, withdrawal or Fetal Alcohol Spectrum Disorder
2. Health care providers notify child protective services
3. Develop a Plan of Safe Care (POSC)/ Family Care Plan (2023 language)
4. State child protective services agency send data to Children's Bureau annually

Vermont Goals for the Plan of Safe Care

Continue to support pregnant people who are currently engaged or seeking treatment for substance use disorders, avoid legislation that may appear punitive.

Support the existing relationships between the pregnant person and their current providers and supports.

Facilitate referrals to local community resources for any identified needs for the family after the infant is born including nurse home visitors.

Encourage communication with the infant's primary care provider to strengthen family centered care.

What is the VT Plan of Safe Care (POSC)?

Document created with the pregnant individual and other involved caregivers, must be completed prior to birth hospital discharge.

Lists current supports and strengths in addition to areas of needed supports and referrals.

Given to the parent/caregivers and sent to the infant's primary care provider after birth to facilitate new referral connections

- NOT shared with DCF unless they are involved for child safety concerns.

Vermont Newborn Plan of Safe Care (POSC)

INSTRUCTIONS					
The Plan of Safe Care should be developed with the pregnant individual and other involved caregivers prenatally and completed after the infant is born. The goal of the POSC is to ensure infants and families are connected to supportive services in their communities. The completed POSC should be sent to the infant's primary care provider at hospital discharge to facilitate communication and follow-up of new referrals. It should be scanned into the infant's medical record and the family should also receive a copy.					
POSC INDICATION					
<input type="checkbox"/> MAT <input type="checkbox"/> Prescribed Opioids <input type="checkbox"/> Prescribed Benzodiazepines <input type="checkbox"/> Marijuana use (prescribed or recreational after 1 st trimester)					
DEMOGRAPHIC INFORMATION					
Name of Parent:	Parent's DOB:	EDD:			
Name of Infant:	Infant's DOB:	Infant discharge date:			
Infant's primary care provider & contact information:					
HOUSEHOLD MEMBERS					
Name	Relationship to Infant	Age	Name	Relationship to Infant	Age
CURRENT SUPPORTS (include emergency childcare contact and other support people)					
Name	Role	Contact information			
STRENGTHS AND GOALS (ex: recovery, housing, parenting, smoking cessation, breastfeeding)					
SERVICES, SUPPORTS, and REFERRALS					
Infant Supports					
	Contact information	Status			
Nurse home visiting (Home Health & Hospice, VNA, Children's Integrated Services Strong Families Vermont)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable			
Children's Integrated Services: Early Intervention		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable			
Help Me Grow	Phone: 2-1-1 extension 6 or Online: https://helpmegrowvt.org/form/referral-form	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable			
Pediatric specialist referral (NeoMed clinic)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable			

Requirement 1: Identify Newborns

Prenatal exposure

- Identified via **conversations or on prenatal screening** (reported use)
- Use of medications during pregnancy prescribed by healthcare providers

Identification after birth of infant

- Clinical signs/symptoms of substance exposure or withdrawal (Neonatal Opioid Withdrawal Syndrome/ Neonatal Abstinence Syndrome)
- Constellation of physical findings or symptoms after birth (Fetal Alcohol Syndrome Disorder)

Requirement 2: Notify CPS

VT specific Pathway: DCF report vs. notification

DCF Report: **identified call to intake hotline**

Use of illegal substances during 3rd trimester of pregnancy

Use of non-prescribed or misuse of prescribed medications in the 3rd trimester

Suspected Fetal Alcohol Spectrum Disorder after birth

CAPTA Notification: **de-identified tracking form**

Appropriate use of prescribed medications:

- Medications for Opioid Use disorder (MOUD) aka Medications for Addiction Treatment (MAT)
- Opioids for pain
- Benzodiazepines for anxiety

Use of cannabis during pregnancy (3rd trimester)

Requirement 3: Develop a POSC

The Vermont POSC is:

Document created with the pregnant individual and other involved caregivers, must be completed prior to birth hospital discharge.

Lists current supports and strengths in addition to areas of needed supports and referrals.

Shared with parent and the infant's primary care provider after birth

- NOT shared with DCF unless they are involved for child safety concerns.

Who completes the POSC?

Birth Hospital Staff

No DCF report indicated when:

Infant exposed to prescribed MOUD/MAT, prescribed medications or cannabis AND

There are no child safety concerns

De-identified CAPTA notification form also completed.

DCF Case Worker

DCF report made prenatally or after birth and accepted when:

Infant exposed to illegal substances, non-prescribed medications, or misused prescribed medications OR

There are any child safety concerns

VT POSC Revisions for 2025

In Depth Technical Assistance (IDTA) provided by The National Center of Substance Abuse and Child Welfare (NCSACW)

- 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

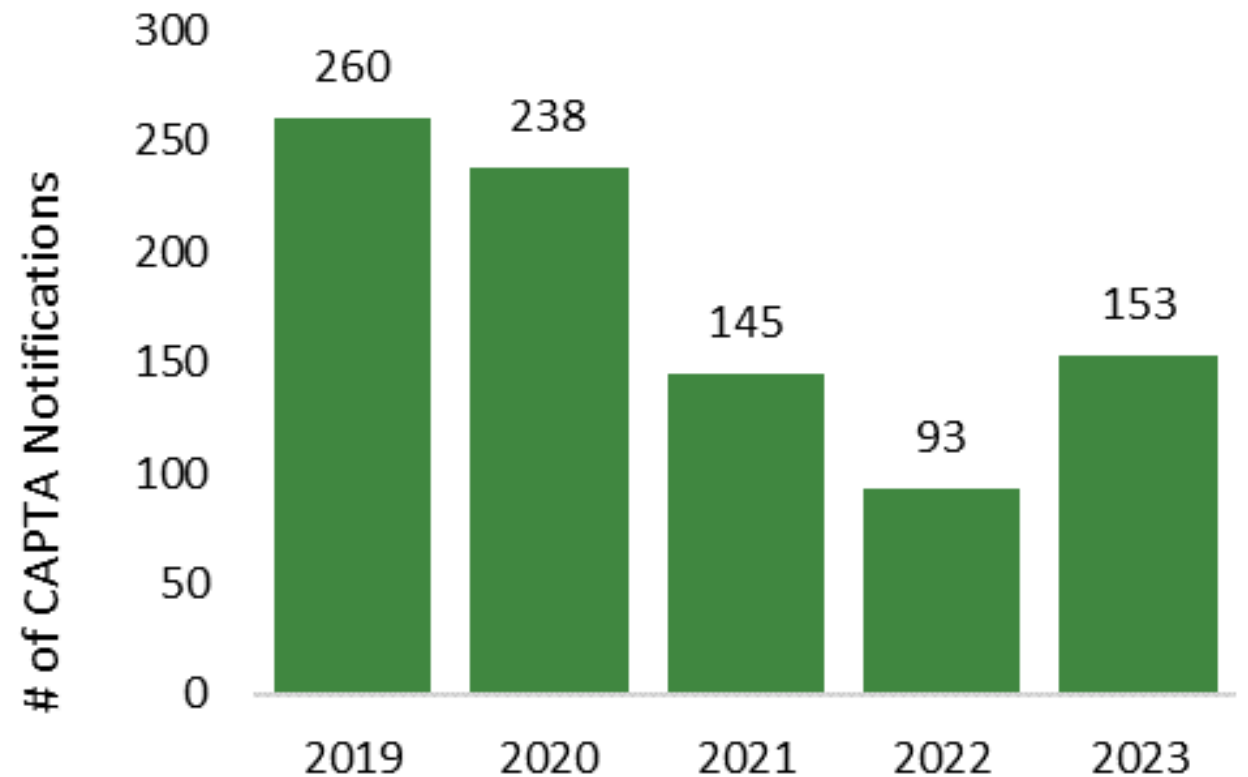
New documents and website planned to launch May 2025

Requirement 4: Data Reporting

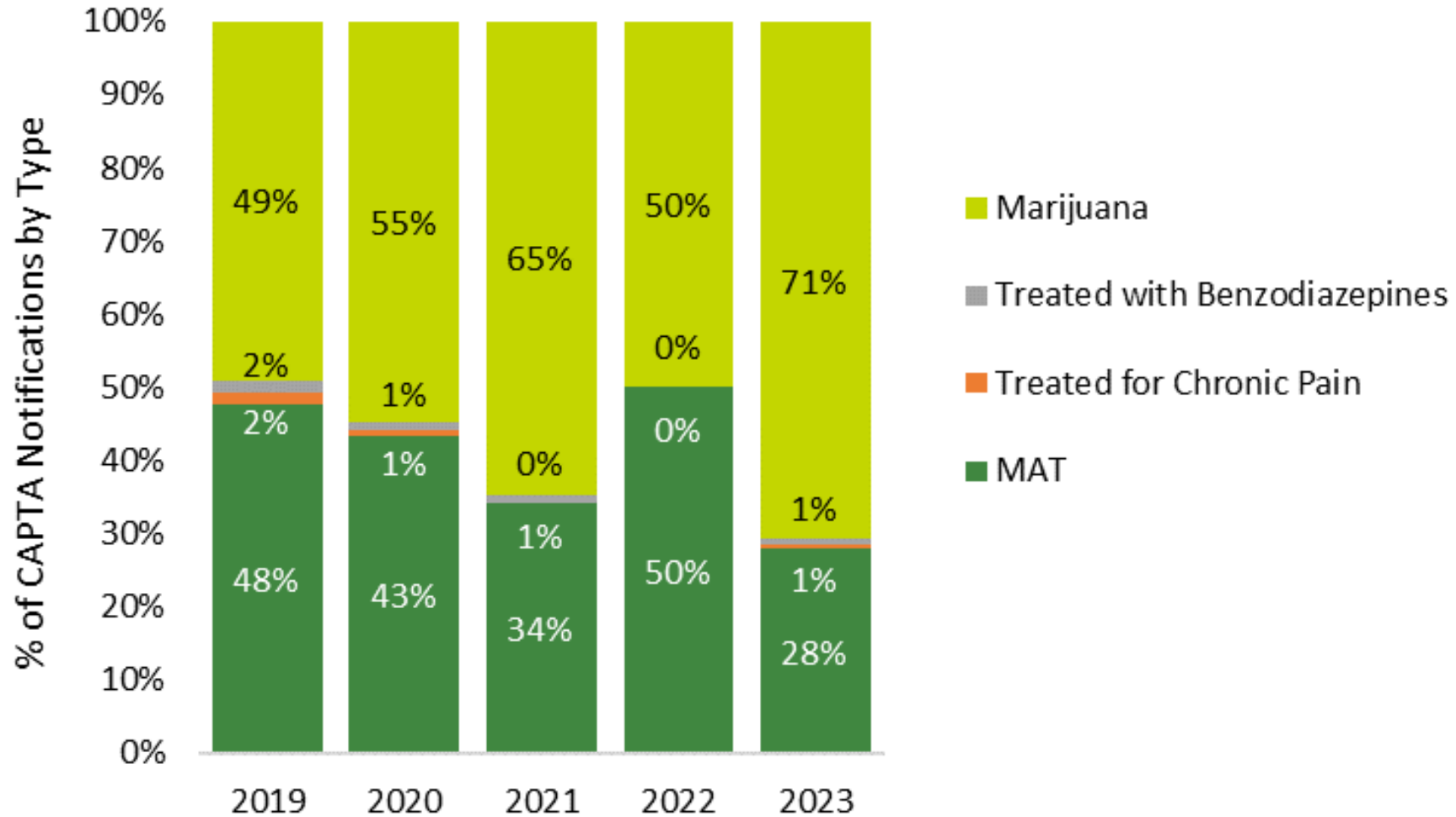
Aggregate data collected from de-identified CAPTA notifications

- # of substance exposed infants
- # of infants with POSC developed
- # mothers already engaged in services
- # of infants for whom a referral was made for appropriate services

Sent in annual CAPTA report to the Children's Bureau



CAPTA notification indication by year



DCF POSC website

Multiple Resources

POSC form for hospitals

CAPTA notification form

Frequently Asked Questions:

- CAPTA notification
- Vermont POSC
- THC use in pregnancy

POSC handout for families

Home

Administration

Benefit Programs

Child Care - For Parents

Child Care - For Providers

Child Development

Child Safety & Protection

Child Support

Foster Care & Adoption

Resources By Audience

Resources By Topic

Youth in Vermont

FSD & COVID19

VERMONT PLANS OF SAFE CARE

President Obama signed the Comprehensive Addiction and Recovery Act (CARA) into law in 2016. It was the first major federal legislation related to addiction in 40 years.

- Since 2003, the [Child Abuse and Prevention Treatment Act \(CAPTA\)](#) required the development of Plans of Safe Care for infants affected by *illegal* substance abuse.
- In 2016, [CARA](#) expanded this requirement to include infants affected by substance abuse withdrawals symptoms or fetal alcohol spectrum disorders.

Guidance Documents

- [A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders](#)
- [DCF Memo to Hospitals](#)

Resources

- [CAPTA Requirements](#) (Flowchart, pdf)
- [Plan of Safe Care for Mothers and Babies](#) (Flyer for mothers, pdf)
- [Vermont CAPTA Notification](#) (Form for hospitals, pdf)
- [Vermont Newborn Plan of Safe Care](#) (Form for hospitals, fillable pdf)
- [Vermont Plan of Safe Care and Notifications](#) (Frequently-Asked Questions, pdf)
- [Vermont Requirements Related to Substance Exposed Newborns](#) (Flowchart pdf)

Links

- [Alcohol & Drug Abuse Programs](#)
- [Children's Integrated Services](#)
- [Help Me Grow VT](#)
- [Substance Use in Pregnancy: Information for Providers](#)
- [WIC](#)

Have Questions?

Send an email to AHS.DCFFSDCAPTA@vermont.gov.

MANDATED REPORTING: CHECKING BIAS

PRE-Reporting Time-Out

The care team reviews (BEST):

- Have we checked our **biases**
 - What are your cultural beliefs around family norms and child safety
 - Would you report this case in all situations?
 - Are there opportunities for the medical community to **educate and support** the family that would help alleviate the concerns?
 - Involving Pediatrician, Home Health, EI
 - Do we have enough **situational awareness** to make a report?
 - Have we been **transparent** with the family about making a report?
- Is the parent impaired while caring for the child?
 - Is the child directly exposed to the substance?
 - Does the child have access to substances?
 - Is there concern for child safety?

Pause and Share

What screening tool does your office use?

What are examples of success stories you've had in navigating these conversations?

Have you seen the POSC in your work? How has it been utilized?

Goal of the POSC- decrease silos and improve communication to support families

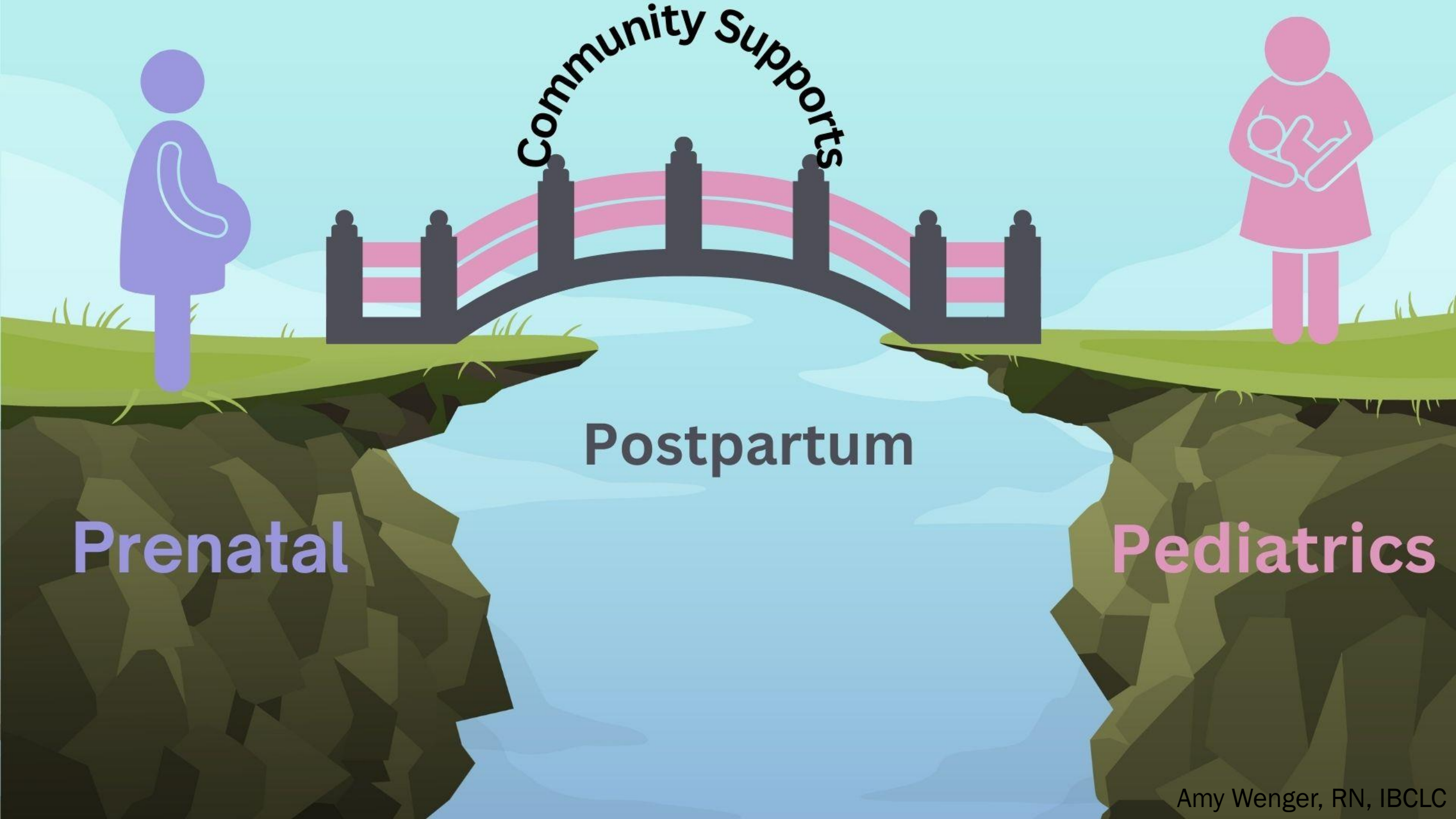


Mother's
providers
(PCP, MAT)

OB/midwife

Infant PCP

Community
Supports



Community Supports



Postpartum

Prenatal

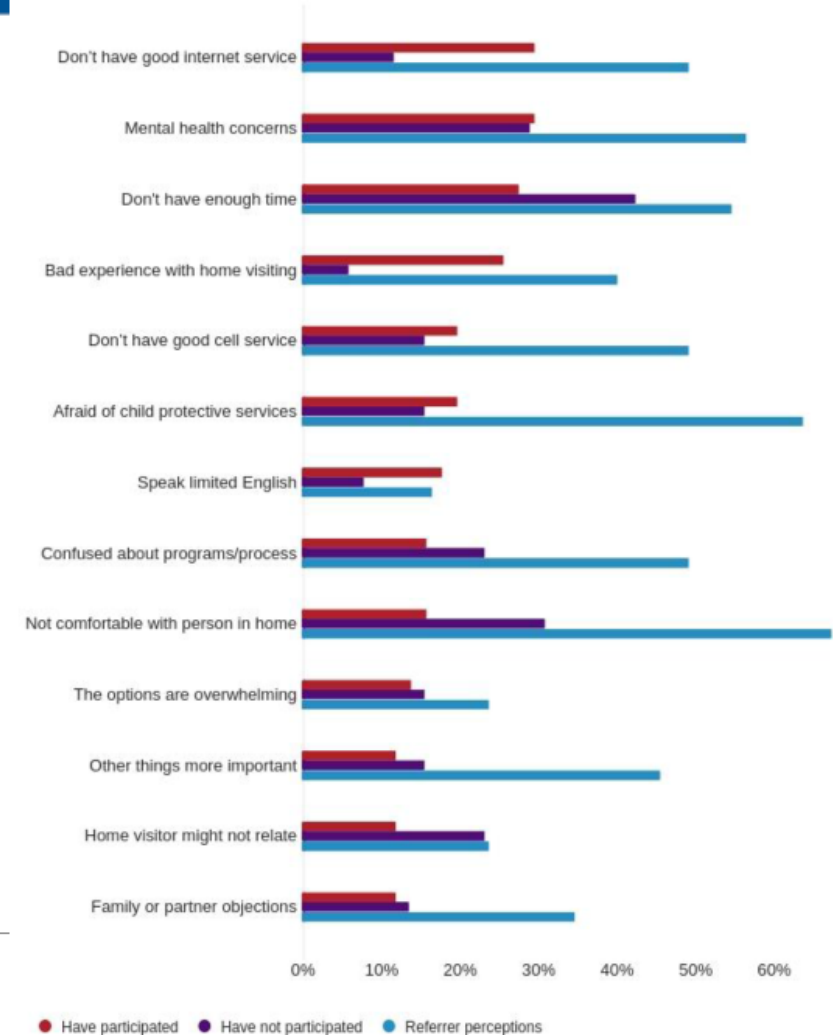
Pediatrics

Vermont Home Visiting Formative Research Results

Concerns/Barriers to Participating in Home Visiting:

Comparison between Eligible Vermonters who have participated (N=51), Eligible Vermonters who have not participated (N=52) and referrers (N=55)

158 Responses



Interview Quote

"I wish that they [health care providers] would know that it's not bad to breastfeed—that just because we're on the medicine, it's not bad for our child to get breast milk, you know. There's facts. It's not just your opinion—like, read about it. Be informed about it."

The Family and Child Health Division supports multiple interventions connecting across different spaces and organizations to support our birthing families.



SFV Nurse
Home Visiting
(MECSH)



WIC



DULCE



Doula
supports



SFV Family
Support
Home Visiting
(PAT)

One Connection. Many Resources.



One More Conversation
Can Make the Difference



EVERY DOOR WORKS

One Connection. Many Resources

One referral to Help Me Grow connects families with young children to many services like:

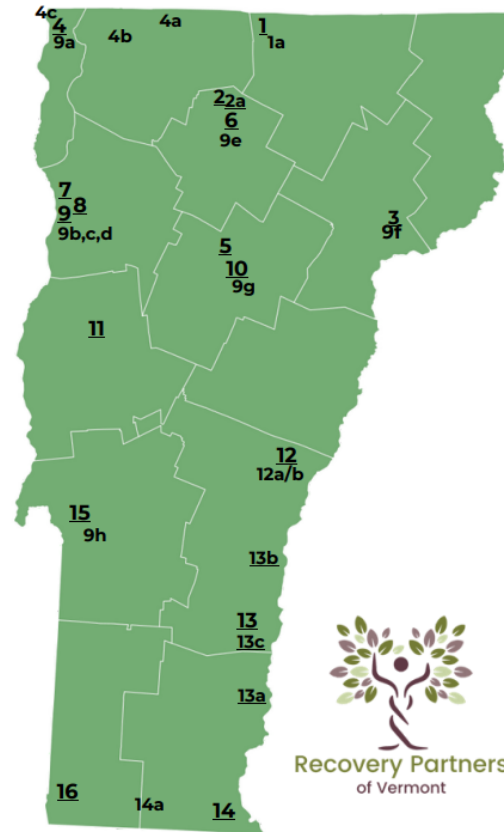
- **Home Health Agencies** for nurse home visiting and lactation support
- **Parent Child Centers** for a wide range of early childhood supports and activities
- **Children's Integrated Services** for specialized services: early intervention, nurse and family support home visiting, specialized childcare, infant, child and family mental health
- **WIC** and resources for basic needs like food and housing
- Childcare, preschool, Head Start, playgroups, parenting classes and more

<https://www.helpmegrowvt.org/form/referral-form>

Recovery Partners of Vermont

**Peer Recovery Coaching supports at
Turning Point Centers
are available in every region**

Member Organizations of Recovery Partners of Vermont



- 1 - Journey to Recovery Community Center | Newport | (802)624-4156
1a - Satellite Office | North Country High School
- 2 - Jenna's Promise | Johnson | (802)343-8741
2a - Recovery Residence- Rae of Hope
- 3 - Kingdom Recovery Center | St. Johnsbury | (802)751-8520
- 4 - Turning Point Franklin Cnty | St. Albans | (802)782-8454
4a - Satellite Office | Richford
4b - Satellite Office | Enosburgh
4c - Satellite Office | Alburgh/Islands
- 5 - VAMHAR/RecoveryVT | Montpelier | (802)223-6263
- 6 - North Central Vermont Recovery Center | Morrisville | (802)851-8120
- 7 - Turning Point Center of Chittenden County | Burlington | (802)861-3150
- 8 - Vermont Alliance for Recovery Residences | Burlington | info@vtarr.org
- 9 - Vermont Foundation of Recovery | Essex | (802) 753-4340
9a - Recovery House - St. Albans
9b, c, d - Recovery House - Essex (3)
9e - Recovery Residence - Morrisville
9f - Recovery Residence - St. Johnsbury
9g - Recovery Residence - Barre
9h - Recovery Residence - Rutland
- 10 - Turning Point Center of Central Vermont | Barre | (802)479-7373
- 11 - Turning Point Center of Addison County | Middlebury | (802)388-4249
- 12 - Upper Valley Turning Point Center | White River Junction | (802)295-5206
12a - Recovery Residence - Willow Grove
12b - Recovery Residence - Jack's House
- 13 - Turning Point Center of Springfield |Springfield | (802)885-4668
13a - Satellite Office - TP South | Bellows Falls
13b - Satellite Office - TP North | Windsor
13c - Recovery Residence - Springfield
- 14 - Turning Point Center of Windham County | Brattleboro | (802)257-5600
14a - Satellite Office - Wilmington
- 15 - Turning Point Center of Rutland | Rutland | (802)773-6010
- 16 - Turning Point Recovery Center of Bennington | Bennington | (802) 442-9700

VT HELPLINK

- VT Helplink is a single point of contact for Vermonters seeking information & support for substance use. One-call access to information, resources, referrals and scheduling (starting in FY23) Anyone can call to find resources for themselves, or on behalf of family, friends, loved ones, clients.
- People can access VT Helplink online at www.VTHelplink.org or by phone at 802-565-LINK[5465], toll free 833-565-5465
- Calls are taken by [AIRS-certified](#) Screening & Information Specialists (SIS), under the supervision of Master's-level clinicians. Many SIS are people in long term recovery and/or have experience as recovery coaches.

VT Helplink
Alcohol & drug support center

Find help Treatment & recovery Safer use Prevention

802.565.LINK Provider login

Connecting you to the services you need.

VT Helplink is your connection to Alcohol and Drug Support Services. We're here for you.

Call us. 802.565.LINK

Connect via chat.

Perinatal Quality Collaborative Vermont



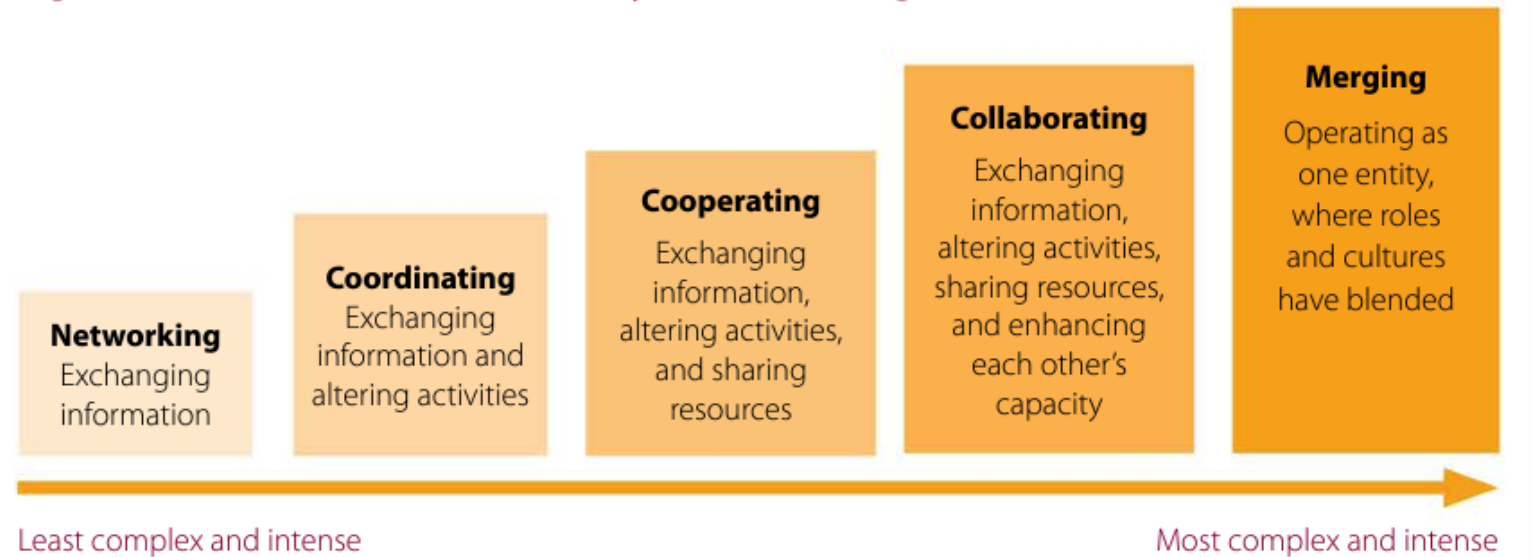
**PQC/CDC Year 2 QI Project, December 2024:
Clinical Care and Community Services Integration for Perinatal People and
Newborns**



Clinical Care and Community-Based Services Integration for Perinatal People and Newborns

“Community-clinical linkages have gained prominence as an effective approach in the prevention and control of chronic diseases. Programs that have used this approach have documented improvements in clinical health outcomes and behavioral changes.”

Figure 2. Continuum of a Community-Clinical Linkage



Adapted from Himmelman AT. *Collaboration for a Change: Definitions, Decision-Making Models, Roles, and Collaboration Process Guide.*

Vermont Child Health Improvement Program

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Improving Care of Newborns with Substance Exposure (ICoNS)

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.

Improved health outcomes are achieved by provision of educational sessions on up-to-date recommendations and guidelines to health care professionals who provide care for pregnant people with substance use disorder and their infants.

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](#)





Topic	Implemented?	Status
Obstetric Hemorrhage	Complete	Maintenance
Hypertensive Disorders in Pregnancy	Complete	Maintenance
Cardiac Conditions	Not Yet – Early 2025	In Progress
Substance Use Disorder	Not Yet – Early 2025	In Progress
Mental Health Disorders	No	Exploratory phase to see what overlaps with SUD bundle
Sepsis	No	Not Started
Postpartum Discharge	No	Not Started

[Vermont's AIM Project Site](#)

Evaluation: Please take 2 to 3 to complete before we wrap-up!

Reminder of today's objectives:

- Expand knowledge around supporting perinatal populations with substance use disorder , including best practices in screening, and challenges in workflow and documentation
- Review The Plan of Safe Care, mandatory reporting expectations and upcoming changes for 2025
- Increase confidence to identify community referrals and resources for children and families experiencing perinatal substance use

Next sessions:

Thursday, January 23, 2025: **Perinatal Mental Health**

Thursday, February 6, 2025: **Pediatric Mental Health: Medical Home Partnerships**

Evaluation Link:

<http://survey.alchemer.com/s3/8011730/blueprint-learning-session-survey>





For questions and continued communication:

Katy Leffel: Katy.Leffel@vermont.gov

Elena Robles: Elena.Robles@vermont.gov

Michelle Shepard: michelle.shepard@med.uvm.edu

Jennifer Auletta: Jennifer.Auletta@cvmc.org



Thank you!

Let's stay in touch.

Email: Ilisa.Stalberg@vermont.gov

Web: healthvermont.gov

Social: [@healthvermont](https://twitter.com/healthvermont)