



Implementation Evaluation for the Hub Expansion Program

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December 2025

HealthVermont.gov
802-863-7200



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List of Abbreviations

CTC	Comprehensive Treatment Center
DBT	Dialectical Behavior Therapy
DSU	Division of Substance Use Programs
DVHA	Department of Vermont Health Access
FTE	Full-time equivalent
HCV	Hepatitis C Virus
MDU	Medication Dosing Unit
MOUD	Medication for Opioid Use Disorder
OTP	Opioid Treatment Program
OUD	Opioid Use Disorder
PMPM	Per Member Per Month
SUD	Substance Use Disorder
VDH	Vermont Department of Health

Executive Summary

In 2023, the State Legislature [approved the \\$4.6 million budget](#) for a [Hub and Spoke](#) Expansion pilot. The Department aims to enhance services at Hubs for people with a primary opioid use disorder (OUD) diagnosis, in areas such as co-occurring mental health, physical health conditions, and poly substance use disorders. This work was operationalized by implementing a Hub expansion Medicaid [rate increase](#) in May 2024.

The purpose of this evaluation is to assess program implementation, focusing on the extent expanded Hub services have been implemented and what factors supported or limited progress to date. This evaluation report offers insights that may act as a guide for future funding and programming decisions.

If you need help accessing or understanding this information, contact ahs.vdhdsu@vermont.gov.

Recommendations:

Maintain regular engagement between the Health Department and Hubs.

- This evaluation highlights **staff engagement as a key facilitator of successful program implementation**. As the Health Department regularly engages with Hub directors, it is important to maintain routine meetings to ensure continued engagement throughout program implementation.

Assess workforce challenges to guide future program planning.

- The implementation of future substance use programs can be **improved by taking a closer look at the substance use workforce across the continuum of care**, including the challenges organizations face when hiring and retaining qualified staff and potential solutions. The Health Department is currently evaluating these challenges, and strategies to address substance use workforce capacity are outlined in the [2025-2028 DSU Strategic Plan](#).

Sustain Hub Expansion programming.

- **To see population-level outcomes, long-term, consistent, and continuously funded programming is required**. This evaluation concludes that, while Hub expansion activities are underway, more time is needed to fully implement and evaluate the program.

KEY FINDINGS

- **Most protocols and procedures for expansion services are developed or currently in use.**
- **Additional time is needed to fully implement services, align evidence-based curricula and train staff.**
- **Hub and Health Department staff engagement was a key factor in implementing expansion activities, while staffing challenges and national organization oversight were key barriers reported by Hubs.**
- **Department communications with the Hubs are useful (83%), timely (67%) and clear (83%).**

Introduction

The Vermont Department of Health, or “the Health Department”, led the implementation of the Hub Expansion program in coordination with Vermont [Blueprint for Health](#), who is responsible for the Spoke system.

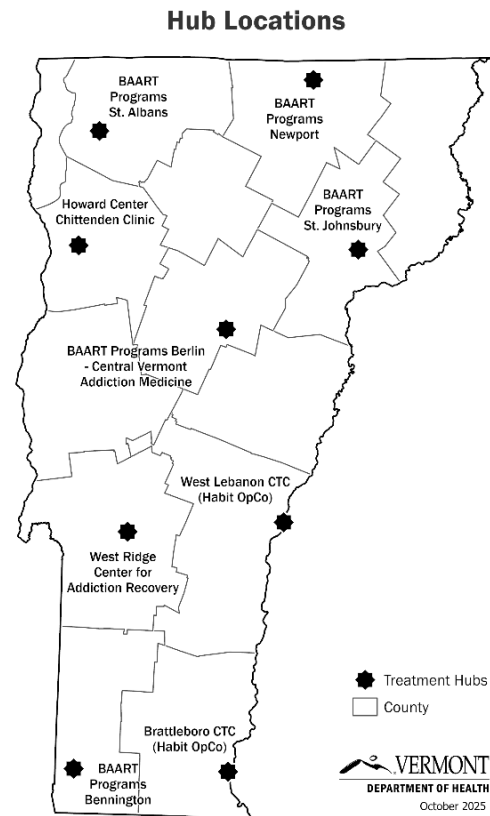
There are 9 regional “Hubs”, or opioid treatment programs (OTPs). Hubs administer medications for opioid use disorder (MOUD) such as methadone, buprenorphine, and naltrexone. Hubs also offer services like substance use and mental health assessment and counseling. Hub staff specialize in substance use treatment.¹

In 2023, the State Legislature [approved the \\$4.6 million budget](#) for a two-year [Hub and Spoke](#) Expansion pilot, and a no-cost extension extended the pilot period by one year (July 2023 – June 2026). Through this pilot, the Department aims to enhance services at Hubs for people with a primary opioid use disorder (OUD) diagnosis, in areas such as co-occurring mental health, physical health conditions, and poly substance use disorders. This work was operationalized by implementing a \$60 Per Member Per Month (PMPM) Hub expansion Medicaid [rate increase](#) in May 2024. The PMPM rate increase provided additional resources to support staff time for Hub Expansion development work during the pilot period (July 2023 through June 2026).

The purpose of the Hub expansion pilot is to:

- Expand the quality, depth, and breadth of care for people with substance use disorder (SUD) and co-occurring conditions emphasizing mental health, physical health conditions, and poly substance use disorders.
- Develop a menu of services to be provided at Hubs, which may be tailored by each Hub based on their capacity and the needs of their respective communities and client populations.
- Enhance training for service offerings, capabilities to treat co-occurring conditions, manualized curricula, standardized protocols/procedures, and referral pathways.

Additionally, through [Act 22](#), \$2 million was appropriated from the Opioid Abatement Special Fund to establish four Medication Dosing Units (MDUs) at satellite locations affiliated with a Hub, to expand access to MOUD. A medication dosing unit is a component



of a Hub/OTP that is geographically separate from the primary location. MDUs are defined under federal regulations as facilities, including community pharmacies, that dispense treatment medications under the direction of the governing Hub/OTP. The implementation of MDUs in targeted areas of the state, i.e., Eastern or Southern Vermont, seeks to improve access to MOUD.

Evaluation Purpose and Scope

The purpose of this evaluation is to assess program implementation of expanded Hub services and what factors supported or limited progress to date.

The scope of this evaluation includes relevant Hub expansion activities through October 2025. The pilot period for this programming continues through June 2026. As the [PMPM Hub expansion Medicaid rate increase](#) became effective in May 2024, this evaluation only includes provider reports from state fiscal year 2025 (July 1, 2024 – June 30, 2025).

At the time of this report, the Health Department's Division of Substance Use Programs (DSU) issued a Request for Proposal in accordance with Act 22 to solicit proposals from eligible organizations to develop and implement MDUs. Vendors have been chosen and are working on securing locations for the MDUs. As no MDU locations have been identified at the time of this reporting, it is not feasible or appropriate to address MDU programming in this evaluation.

This report outlines the evaluation results and highlights the key supports and limitations affecting Hub service expansion and provides steps to strengthen future implementation actions. It also offers insights that may act as a guide for future funding decisions. As funding for this programming may be available beyond the initial pilot period and therefore scope of this evaluation, the Health Department will continue to monitor the Hub Expansion programming.

Approach

Evaluation design

To provide value to interest-holders ([Appendix A](#)), or those involved in or affected by the program, a utilization-focused and participatory approach grounded in the Centers for Disease Control and Prevention evaluation framework was used to evaluate Hub implementation activities.² Wherever feasible, the Health Department engaged interest holders in the development and execution of the evaluation. This evaluation also utilized a mixed-methods approach, combining quantitative and qualitative strategies, such as review of meeting documentation and quarterly program reports and a survey with both closed- and open-ended questions distributed to Hub directors.

To understand the successes of the Hub Expansion pilot implementation, evaluation questions were developed to address the following objectives:

- **Objective #1:** Communications regarding Hub Expansion-related implementation and reporting were effective.
- **Objective #2:** Implementation of expansion services and evidence-based curricula is aligned across the Hubs.
- **Objective #3:** Health Department and Hubs collaborated to understand how future implementation can be improved.

Interest holder engagement

Interest-holders for this evaluation include the Vermont Department of Health, the Department of Vermont Health Access (DVHA), Vermont Medicaid, Blueprint for Health, and the State legislature as well as Hub directors, staff and those who receive Hub services. Hub Expansion program leads engaged interest-holders including Hub directors, Blueprint for Health, and the State legislature through communications to facilitate feedback on evaluation activities and provide regular program updates.

For this evaluation, the lead evaluator requested feedback from interest-holders on a program logic model ([Appendix B](#)) to confirm accurate representation and alignment of Hub expansion pilot program goals, activities and anticipated outcomes. The evaluator also met with the Hub directors to understand program priorities and needs to inform program evaluation objectives and evaluation questions. Gathering input from the people who carry out the program supports a utilization-focused and participatory evaluation approach, ensuring the evaluation is useful and relevant. It also helps confirm that this evaluation meets the needs of both the State and the service providers who are directly responsible for service delivery and offer insight into how the program works in practice. For this evaluation, it was not within scope to include people who receive Hub services as the evaluation centers on the implementation efforts of the Health Department and the Hubs.

Data

The collection, reporting, and analysis of process data were used to respond to the evaluation objectives and questions. Several data sources inform this evaluation of the Hub expansion pilot, including those outlined below:

Meeting documentation

The Health Department held regular meetings with Hub directors, and Blueprint for Health throughout the implementation period. Program leads also met routinely with Guidehouse, a Health Department project management contractor, and the internal evaluator to provide progress updates throughout the implementation period. The documentation from these

meetings, including attendance and meeting minutes, was reviewed as part of this evaluation.

Quarterly reporting

Process data was compiled through the collection of quarterly reports from each Hub. These reports are a grant requirement and consist of program-level narrative and data including updates on identified grant performance measures and program successes and challenges. Providers report the following Hub expansion information in each Quarterly Progress Report: number of people served with wound care supplies, name(s) of curricula purchased, date of training(s) and name(s) of clinician in attendance, percentage of staff trained in evidence-based treatment and successes and challenges in implementing grant activities.

Quantitative and qualitative data were analyzed using Microsoft Excel. Qualitative data were aggregated and analyzed using a qualitative thematic framework (i.e., reflexive thematic analysis).³

Hub procedures and protocols

Existing Hub procedures and protocols were requested and reviewed by the program managers and assessed for adherence to clinical best practice, and alignment across the Hubs and with the expanded services menu. Program managers also monitor the development and use of procedures and protocols for expanded through regular contact with Hubs. Additionally, the Hub director survey collected point-in-time implementation status for expanded service procedures and protocols.

Hub director survey

A survey was developed by the evaluator and the program team to gather information on the implementation of Hub Expansion services and activities and asked questions about supplies and curricula, protocols and procedures, training, successes and challenges, workforce, and communication with the Health Department ([Appendix C](#)). The survey was reviewed by the Health Department's Survey Review Committee. The web-based survey was sent to Hub directors using Microsoft Forms. The survey was sent out to all Hubs in May 2025 and closed in June 2025. It included closed and open-ended questions. There was a 75% response rate to the survey, with six out of eight Hubs participating. While the survey was sent to all nine Hub locations, the Bennington Hub was not yet open at the time of the survey. Most respondents, five out of six, were Hub directors with one response submitted by a regional clinical supervisor. Both quantitative and qualitative survey responses were aggregated and analyzed using Microsoft Excel.

Evaluation questions

The following evaluation questions were developed to address the evaluation objectives identified by the Health Department. Answering the following questions serves the purpose

of informing the Health Department, the Hubs, and other interest-holders about the successes and challenges from program implementation.

Objective #1: Communications regarding Hub Expansion-related implementation and reporting were effective.

Evaluation Question	Data Sources
Did the Health Department and Hubs effectively collaborate to facilitate program implementation?	<ul style="list-style-type: none">• Meeting documentation• Hub director survey• Quarterly reporting

Objective #2: Implementation of expansion services and evidence-based curricula is aligned across the Hubs.

Evaluation Question	Data Sources
How aligned are the Hubs in implementation of expansion services and purchased evidence-based curricula?	<ul style="list-style-type: none">• Protocol and procedure review and tracking• Hub director survey• Quarterly reporting

Objective #3: The Health Department and Hubs collaborated to understand how future implementation can be improved.

Evaluation Question	Data Sources
What factors (internal and external) influenced service implementation?	<ul style="list-style-type: none">• Hub director survey• Quarterly reporting

Findings

Did the Health Department and Hubs effectively collaborate to facilitate program implementation?

The Health Department engaged with Blueprint for Health, Hub directors and medical directors on a bi-weekly to monthly basis during the evaluation period. Additionally, **Hub directors representing 78% (7/9) of Hubs** attended an in-person meeting held by the Health Department in July 2025 to discuss Hub expansion program implementation.

Meeting attendance was monitored during the period of August 2023 – June 2024, when an average of four Hub directors and 3 Hub medical directors attended regular meetings.

More than half of Hubs responding to the director survey report that expansion-related communications from the Department are useful (83%), timely (67%) and clear (83%).

■ Strongly Disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly Agree



No Hubs reported “strongly disagree” for any communication questions.

Respondents also noted that, to improve communications from the Health Department, it would be helpful for communications to provide more constructive and actionable feedback in response to errors.

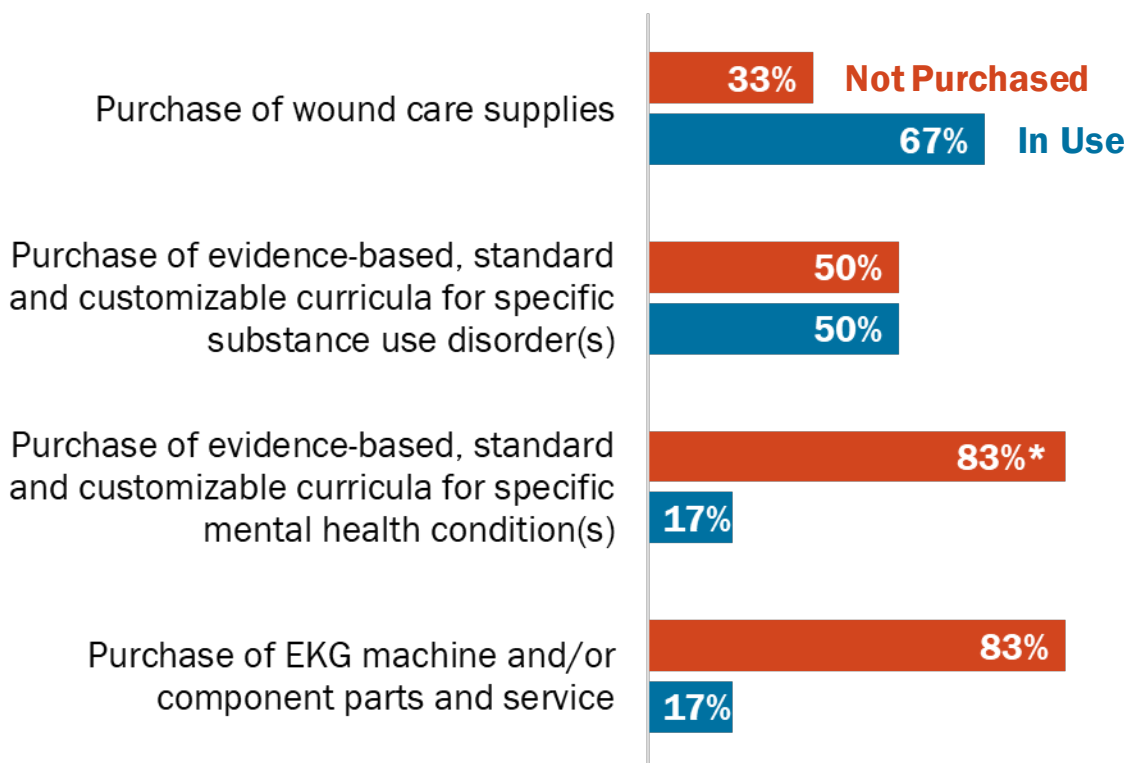
How aligned are the Hubs in implementation of expansion services and purchased evidence-based curricula?

In the survey completed by Hub directors in June 2025, **respondents reported that most protocols and procedures for expansion services are developed or currently in use:**

- Protocols and procedures are developed or in use for preventative health and women's healthcare, mental health, and Hepatitis C (HCV) services at **67% (4/6)** of responding Hubs.
- Protocols and procedures are in use for poly substance use services (including tobacco) at **83% (5/6)** of responding Hubs.

When asked about the purchase of supplies and curricula, 67% of Hubs reported that they purchased and are actively using wound care supplies, and **672 people were provided wound care supplies at a Hub in SFY25**, while 50% or fewer Hubs reported that they have purchased an EKG machine (5/6) and evidence-based curricula for specific substance use disorder(s) (3/6) and mental health condition(s) (4/6).

Except for wound care supplies, 50% or fewer respondents report that other hub expansion pilot curricula and supplies are currently in use.



*Includes one response for “Not Applicable”

The following evidence-based curricula were purchased and/or are currently in use by Hubs, as identified through quarterly reports and the Hub survey. While there are no Hubs implementing the same evidence-based curriculum, there is some overlap in topic area and population of focus.

Evidence-based curricula and tools by primary topic and population of focus.

Reported Curriculum	Topic Area	Population(s) of Focus
Contingency Management	Treatment engagement and retention	<ul style="list-style-type: none"> • People with SUD, most often stimulant use disorder
Hazelden Living in Balance	Treatment and recovery	<ul style="list-style-type: none"> • People with co-occurring SUD and mental health needs
Matrix Model	Treatment and recovery	<ul style="list-style-type: none"> • People with stimulant use disorder • People with co-occurring SUD and mental health
Motivational Interviewing	Client resistance to treatment	<ul style="list-style-type: none"> • Clients who need motivational enhancement to engage with or remain engaged in treatment services
Wiley Addiction Treatment Planners	Resource for treatment planning	<ul style="list-style-type: none"> • People with co-occurring SUD and mental health

In addition to the use of evidence-based curricula, Hubs also reported staff training and professional development across the following areas:



- Apprentice Addiction Professional certification
- Collaboration with referral sources
- Dialectical Behavior Therapy (DBT)
- Enhanced treatment of trauma, anxiety, and grief
- Evidence-based skills and curricula education
- Introductory and advanced motivational interviewing
- Vermont Collaborative for Practice Improvement
- Wound care

Policy and procedure implementation

Program managers communicate regularly with the Hubs to determine the current implementation status of Hub Expansion activities including:

- HCV screening and treatment services
- Preventative health and women's healthcare screening and services
- Wound care services
- Mental health/psychiatric screening, consultations, and treatment services
- Polysubstance use services (includes tobacco)

Implementation status for Hub expansion activities as of October 2025.

Most Hubs have **fully implemented** wound care, mental health, and polysubstance use policies and procedures, while most Hubs are **planning** or **partially implemented** HCV and preventative health and women's health policies and procedures.

Planning = start-up phase (e.g., policy and procedure development, staff training), **Partial** = policy and procedure complete and/or some progress made in service delivery, **Full** = policy and procedure complete and all related services being delivered onsite. Some Hubs may be providing relevant services without expansion policies and procedures in place.

	HCV	Preventative and women's health	Wound care supplies	Mental health	Polysubstance use
BAART Bennington^	Planning	Planning	Planning	Partial	Planning
BAART Berlin	Partial	Partial	Full	Full	Full
BAART Newport	Partial	Planning	Full	Full	Full
BAART St. Albans	Full	Full	Full	Partial	Full
BAART St. Johnsbury	Partial	Planning	Full	Full	Full
Habit OpCo Brattleboro	Partial	Full	Full	Full	Full
Habit OpCo West Lebanon	Partial	Partial	Full	Planning	Partial
Howard Center Chittenden Clinic	Full	Full	Partial	Planning	Planning
West Ridge Center	Full	Planning	Partial	Full	Full

^BAART Bennington Hub opened in June 2025.

What factors influenced service implementation?

Qualitative data from quarterly reports and the Hub director survey were analyzed to identify specific successes and challenges in the implementation of Hub expansion programming and the key factors that supported and limited implementation. The themes that emerged from both sources were organized into two broad categories: **facilitators and successes that supported progress** and **the barriers and challenges that limited progress on implementation**.

Health Department and Hub staff engagement was a key factor in implementing expansion activities.

Supports	
Staff engagement	<ul style="list-style-type: none">• “Stable” and “engaged” Hub staff and “supportive state staff” were key facilitators to implementation.
Staff training and professional development	<ul style="list-style-type: none">• Hub staff are “attending evidenced based training.”• One Hub noted that “assistance from interns and training [was] needed to implement a successful program.”
Successful protocol and procedure development	<ul style="list-style-type: none">• Having “protocols in place already for many of the expansion activities” supported progress.• Many reported “offer[ing] in-house screening and treatment for poly substance use and mental health concerns.”
Successful implementation of wound care activities	<ul style="list-style-type: none">• Organizations often reported the “distribution of wound care supplies” and “providing based wound care to patients” as a program success.

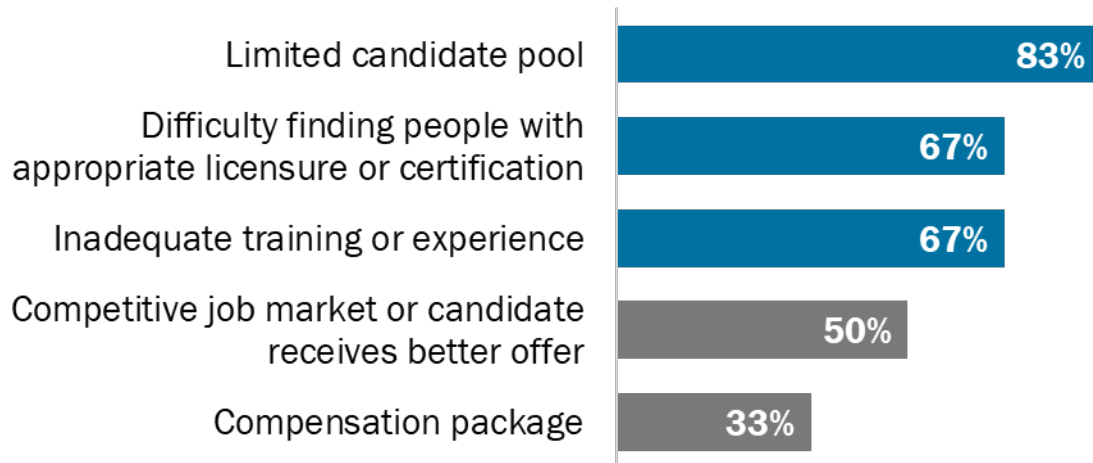
Staffing challenges and national organization oversight were key limitations reported by the Hubs.

Limitations	
Funding challenges	<ul style="list-style-type: none"> Hubs are seeing “more folks without the ability to pay for services, especially with Medicaid eligibility changes.”
National organization oversight	<ul style="list-style-type: none"> “Working between the state and our parent corporate organization” was a reported obstacle to the timely implementation of policies and procedures, as development and implementation at national organizations often take more time and effort when compared to local organizations.
Patient engagement	<ul style="list-style-type: none"> Hubs note difficulties with “getting patients to engage in group/individual curriculum,” wound care “follow-up care compliance,” and a “lack of patient interest” in services. Some of the reluctance to participate was “due to transportation challenges.”
Policy changes needed to implement activities	<ul style="list-style-type: none"> Implementing hub expansion activities “have taken planning and policy changes.”
Staffing challenges	<ul style="list-style-type: none"> Hubs reported “not having enough staff to pull through all of the enhancements,” “staff turnover and key leadership position vacancies,” and will be “struggling to keep up until [Hubs] can hire more staff.”

As reflected in the qualitative analysis, Hub directors also identified staffing as a key barrier to early implementation efforts when providing feedback on the Hub expansion pilot logic model. In response, the Health Department included questions in the Hub director survey to ask about staff vacancies, the **difficulty of recruiting staff** and **why people typically leave their position.**

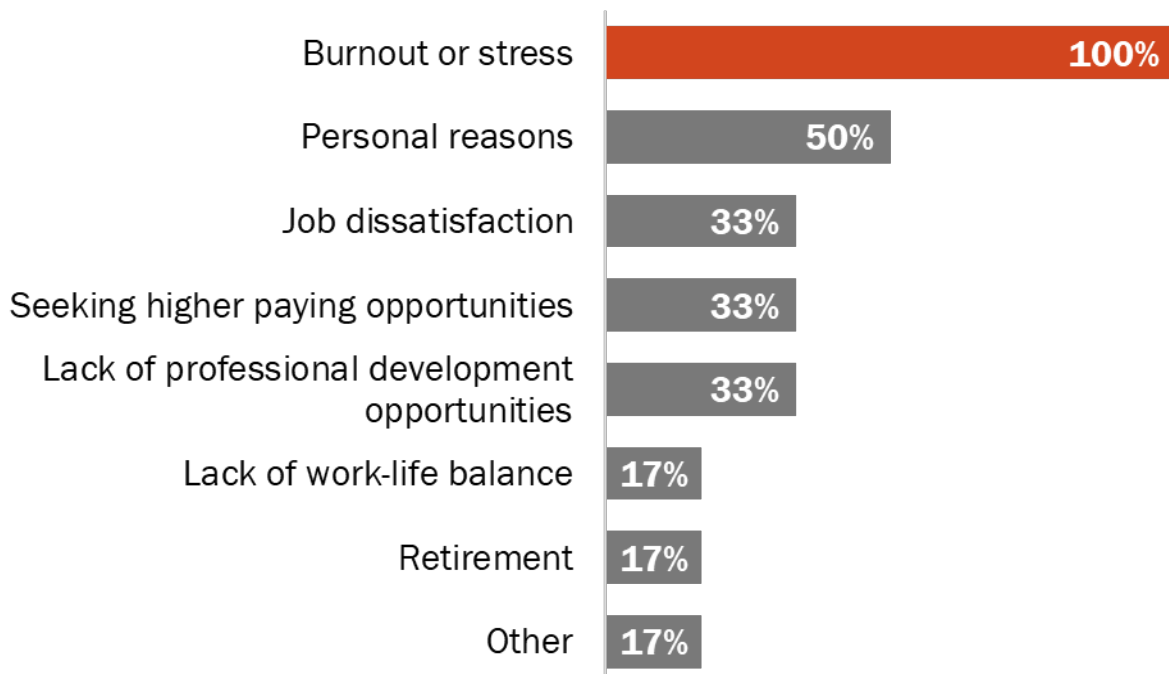
- At the time of the survey, **all Hubs reported having one to three vacant full-time equivalent (FTE) positions funded for Hub expansion activities.**

The **top 3 difficulties related to staff recruitment** at the Hubs are a limited candidate pool, difficulty finding people with the right licensure or certification, and inadequate training or experience.



There were no selections for “inability to offer flexible work arrangements” or “other”.

'Burnout or stress' was the **most selected reason why staff leave their position at the Hub.**



Other included “inability to fulfill job responsibilities”. There were no selections for “funding for position ended”.

Limitations




- The timeline for Hub expansion pilot and therefore data collection and evaluation activities, relied on various State administrative processes as well as factors outside of the Health Department's control such as limited organizational capacity and external delays.
- Although the Hub director survey received a strong response rate (75% of anticipated respondents), it did not capture full representation from the Hubs. The survey results provide valuable insight into pilot implementation but may not capture the full scope of implementation. Additionally, the survey results only represent responses at a single point in time. Data may not capture changes in context or program implementation that occurred before or after data collection.

Conclusions

This implementation evaluation did not assess program outcomes – as implementation and program start up continue, it is **too early to assess the broader impact of this programming** ([Appendix D](#)).

Most protocols and procedures for Hub expansion services are **developed or currently in use**.

The key findings for each evaluation objective are noted in the table below:

Evaluation Objective	Result	Key Finding
Communications regarding Hub Expansion-related implementation and reporting were effective.	 YES	Health Department communications with the Hubs are useful (83%), timely (67%) and clear (83%).
Implementation of expansion services and evidence-based curricula is aligned across the Hubs.	 PENDING	While most protocols and procedures for expansion services are developed or currently in use, additional time is needed to fully implement services, align evidence-based curricula and train staff.
The Health Department and Hubs collaborated to understand how future implementation can be improved.	 YES	Hub and Health Department staff engagement was a key factor in implementing expansion activities, while staffing challenges and national organization oversight were key barriers reported by Hubs.

Recommendations

Maintain regular engagement between the Health Department and Hubs:



- This evaluation highlights **staff engagement as a key facilitator of successful program implementation.**
- The Health Department and Hubs regularly communicate, and Hub directors find Health Department communications **useful, timely, and clear.**
- The Health Department continues to provide technical assistance to Hubs.

Assess workforce challenges to guide future program planning:



- This evaluation highlights **staffing as a key barrier to program implementation.**
- The implementation of future substance use programs can be improved by **taking a closer look at the substance use workforce across the continuum of care**, including the challenges organizations face when hiring and retaining qualified staff and potential solutions. The Department is currently evaluating these challenges, and strategies to address substance use workforce capacity are outlined in the [2025-2028 DSU Strategic Plan](#).

Sustain Hub Expansion programming:



- It takes time from when funding is allocated to when new programs are implemented. This evaluation concludes that, while Hub expansion activities are underway, more steps are needed to fully implement the program. **To see population-level outcomes, long-term, consistent, and continuously funded programming is required.**
- Outcomes related to Hub expansion activities cannot be monitored unless implementation efforts and program activities continue.
- If funding continues past the pilot period, the Health Department will engage the Payment Reform team to address Medicaid billing complexities, including alignment on rates and coding.

For more information: contact ahs.vdhdsu@vermont.gov, with subject line “Hub Expansion”

References

1. Vermont [Helplink](#), 2025.
2. Kidder DP, Fierro LA, Luna E, et al. CDC Program Evaluation Framework, 2024. MMWR Recomm Rep 2024;73(No. RR-6):1–37.
DOI: <http://dx.doi.org/10.15585/mmwr.rr7306a1>
3. Braun, V., & Clarke, V. (2020). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology*, 18(3), 328–352.
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Appendices

A. Rationale for the use of “Interest Holders”

The 2024 CDC evaluation framework provides the following rationale for utilizing the term “interest holder” to describe persons or organizations previously described as “stakeholders” in evaluation work:

Interest holder: Any person or organization having an investment in the evaluation, such as those served or affected by the program, those planning or implementing the program, those who might use the evaluation findings, and those who are skeptical about the program. Previously referred to as “stakeholder” (8), a term that can indicate a power differential between groups and that is recognized as having a violent connotation for certain American Indian or Alaska Native tribes and tribal members (19–22). Advancing equity requires many actions, one of which is using inclusive and respectful language in communications. Replacing the term stakeholders aligns with an equity-centered approach to communications because it recognizes the cultural, linguistic, environmental, and historical experiences of the many audiences of this evaluation framework and persons who might be affected by use of the framework (19,23,24). Stakeholder was replaced with interest holder to emphasize that anyone with an interest in the evaluation or program that is the subject of the evaluation are to be engaged in this collaborative process.”

Interest Holder roles:

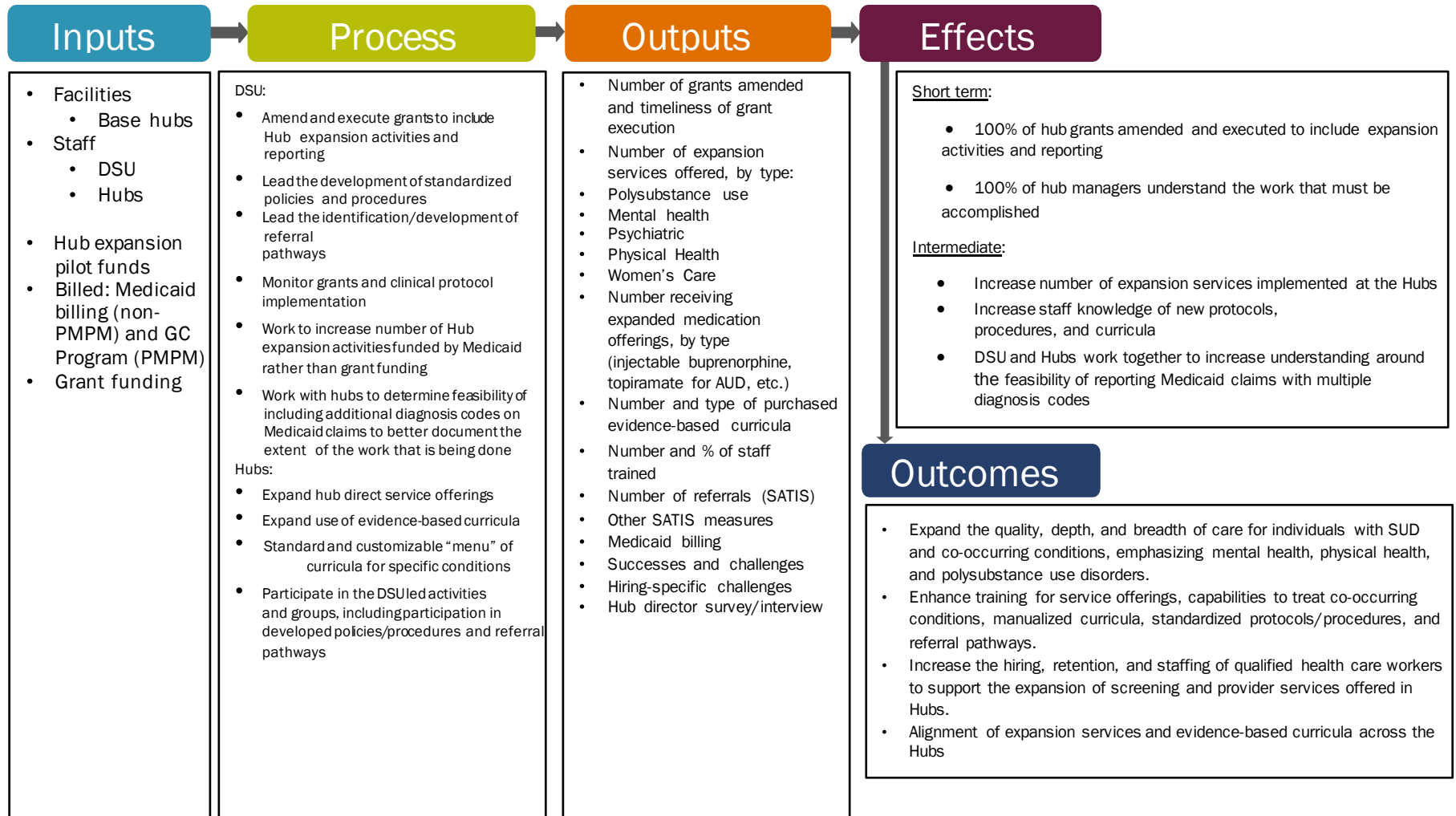
- Implementers – Those directly involved in the program that is being evaluated.
- Decision Makers - Those that can do or decide something about the program.
- Participants - Those who are being served or directly affected by the program.
- Partners - Those who actively support or have a vested interest in the program or the population the program serves.

Interest Holder(s)	Role
Vermont Department of Health, Division of Substance Use programs	Partner, Decision Makers
Hub directors and staff	Implementers
Blueprint for Health	Partner
Hub clients	Participants
Vermont legislature	Decision Makers
Department of Vermont Health Access (DVHA), Vermont Medicaid	Partners

B. Hub Expansion logic model

Goal Statement

Successfully implement hub expansion activities to enhance the quality and level of care provided to individuals with a primary OUD diagnosis and other co-occurring disorders, with an emphasis on co-occurring mental health, physical health, and poly substance use disorders.



C. Hub director survey

Hub Pilot Process Evaluation - Hub Director Survey

Survey Introduction:

The Vermont Department of Health Division of Substance Use Programs (DSU) is conducting this survey to collect information on the implementation of Hub Enhancement services and activities. This survey should be submitted by a Hub Director, but please work with medical directors and other Hub staff to complete this survey. Your responses will contribute to a process evaluation of the hub expansion initiative.

Participation in this survey is voluntary and should take approximately 10 minutes of your time. Your responses won't be shared outside of DSU in a way that identifies you or your organization.

If you have any questions about this survey, please contact Danielle Schwartz at danielle.schwartz@vermont.gov.

Section 1: Contact information

1. Name of director completing this survey (*note: this information will only be used to manage survey submissions, not as an identifier*) [Text]
2. Position/title [Dropdown]
 - Hub Director
 - Other, please specify [Text]
3. Organization (*If your organization has multiple locations, submit one survey response for each location. Please do not submit more than one survey per location.*) [Dropdown]
4. Email address [Text with validation]
5. Phone number [Number with validation]

Section 2: Implementation

The following questions will ask about your experience implementing hub expansion activities at your organization.

6. Supplies and Curricula: Select an implementation status for each hub enhancement service and activity listed below: [Choice]

Service/Activity	Not yet purchased	Purchased but not in use	In use	NA
Purchase of EKG machine and/or component parts and service				
Purchase of wound care supplies				
Purchase of evidence-based, standard and customizable curricula for specific substance use disorder(s)				

Purchase of evidence-based, standard and customizable curricula for specific mental health condition(s)				
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7. Please list the title(s) of all curricula you are considering or have purchased for your organization:
[Text]

8. Protocols and Procedures: Select an implementation status for each standardized procedure/protocol listed below: [Choice]

Service/Activity	Not yet developed	Developed but not in use	In use	NA
Protocols and procedures specific to preventative health and women's healthcare screening and services				
Protocols and procedures specific to mental health/psychiatric screening, consultations, and treatment				
Protocols and procedures specific to polysubstance use (including tobacco)				
Protocols and procedures specific to HCV screening and treatment				

9. Training: Select an implementation status for staff training activities listed below: [Choice]

Service/Activity	Staff has not received training	Staff has received training	NA
Clinical training on purchased curricula to enhance ability to serve individuals with substance use disorder			
Clinical training on purchased curricula to enhance ability to serve individuals with mental health conditions			
Continuing Education for medical staff to enhance ability to serve individuals with co-occurring substance use and medical needs			

10. What challenges or obstacles did you experience when implementing hub expansion activities at your organization? (Please describe 1-3 challenges or obstacles or write "NA" if not applicable)
[Text]

11. What factors supported the successful implementation of hub expansion activities at your organization? (Please describe 1-3 key facilitators or write "NA" if not applicable) [Text]

Section 3: Hub Hiring Challenges and Successes

The following questions ask about hiring for hub enhancement activities at your organization.

12. How many full-time equivalent (FTEs) does your organization have budgeted for this work? Include both filled and vacant FTE positions [Number (decimals allowable)]
13. How many of the budgeted FTEs for this work are currently vacant? [Number (decimals allowable)]
14. In your opinion, what are the top 3 difficulties related to staff recruitment at the hub? [Select 3]
- ☐ Difficulty finding people with appropriate licensure or certification
 - ☐ Inadequate training or experience
 - ☐ Limited candidate pool
 - ☐ Compensation package
 - ☐ Competitive job market or candidate receives better offer
 - ☐ Inability to offer flexible work arrangements
 - ☐ Other (Write-in): [Text]
15. In your opinion, what are the top 3 reasons people leave their positions at the hub? [Select 3]
- ☐ Job dissatisfaction
 - ☐ Seeking higher paying opportunities
 - ☐ Burnout or stress
 - ☐ Lack of professional development opportunities
 - ☐ Lack of work-life balance
 - ☐ Personal reasons
 - ☐ Funding for position ended
 - ☐ Retirement
 - ☐ Other (Write-in): [Text]

Section 4: Closing/Feedback

16. Rate how much you agree with the following statements about VDH hub expansion communications:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Communications are clear					
Communications are timely					

Communications are useful					
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17. Please describe how communications from VDH can be improved in the future: [Text]

18. Is there anything else you would like to share? [Text]

D. Evaluation process and population-level change

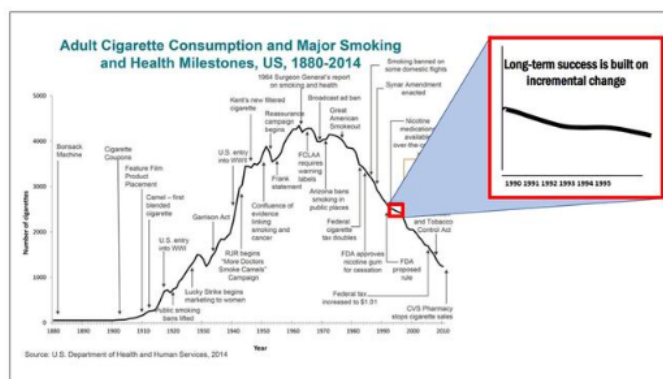
0-6 MONTHS: IMPLEMENTATION	6-12 MONTHS: PROGRAM START UP	6-18 MONTHS: BEGIN TO PROVIDE SERVICES	12-24 MONTHS: CONTINUOUS QUALITY IMPROVEMENT (QI)	24+ MONTHS: CONTINUED PROGRAMMING
<ul style="list-style-type: none"> • RFP & Grantee Selection • Grants issued • Data informed program deliverables 	<ul style="list-style-type: none"> • Grantee planning and training • Define and set up programming & data collection • Evaluation planning 	<ul style="list-style-type: none"> • Data collection begins • Goal: Knowledge & attitudes shift 	<ul style="list-style-type: none"> • Data collection continues • Identify areas for continuous quality improvement • Goal: Behavior change 	<ul style="list-style-type: none"> • Evaluation continues • Statewide data may show change for large scale efforts

Source: [Evaluation | Vermont Department of Health](#)

When can we see population-level behavior change?

Population-level change requires long-term and sustained strategies, funding and legislation.

Long-term success is built on incremental change. For example, the U.S. Department of Health and Human Services outlines the numerous smoking and health milestones over 130 years that contributed to the incline and decline in adult cigarette consumption. Strategies impacting the decrease in consumption varied in scope and included health messaging like the 1964 Surgeon General's report on smoking linking smoking and cancer and health and warning label requirements, legislative action like advertising bans and cigarette taxes and cessation initiatives like nicotine replacement gum and patches and other quit resources.



Example of the time and complex strategies needed to see change in health behaviors at the population-level. (Click image to enlarge.)

A single strategy may have negligible change on a population-level, but in combination with a number of strategies from a variety of angles over decades can result in significant change.

What can program evaluations tell us?

Program evaluations tell us what parts of the program work well and what to change so that the program works better.

When can we see short-term behavior change?

It takes time from when funding is allocated to when new programs are implemented. Evaluation resources are also limited and must be prioritized. Depending on the timeline, evaluations may show short-term impacts on the people directly served by the program.

Source: [Evaluation | Vermont Department of Health](#)