

VERMONT DIVISION OF SUBSTANCE USE PROGRAMS

STRATEGIC PLAN

2025-2028

April, 2025



HealthVermont.gov
802-863-7200



Contents

A Message of Appreciation.....	3
Introduction	4
Strategic Planning Process.....	6
Planning Participants.....	6
Vision and Purpose Statements.....	6
Key Findings Presentation and Prioritization Meeting	7
Planning Sessions.....	8
The Strategic Plan	9
Strategic Plan Snapshot	9
Priority 1: Coordination & Collaboration	11
Priority 2: Expansion of Supports or Services	14
Priority 3: Resources & Capacity.....	17
Priority 4: Training, Education, & Awareness	19
Next Steps for Implementation	22
Appendices	23
Appendix A: Glossary.....	23
Appendix B: Acronyms	25
Appendix C: Advisory Group Members.....	27
Appendix D: Strategic Planning Participants.....	2

A Message of Appreciation

This strategic plan represents two years of collaboration between the Vermont Department of Health's Division of Substance Use Programs (DSU), our partners in state government, healthcare providers, nonprofits, private entities, community organizations, and people with lived, or living, experience. Guided by the findings of our Comprehensive Community Perspectives Needs Assessment, this plan represents our commitment to fostering health, safety, and recovery through prevention, treatment, intervention, harm reduction, and recovery support services.

Thank you to our Advisory Group (Appendix C) and our Strategic Planning Participants (Appendix D). These groups included members from across our system of care and the Needs Assessment and Strategic Plan were enhanced by their valuable perspectives and experiences.

-Vermont Department of Health, Division of Substance Use Programs

Introduction

The Vermont Department of Health (VDH), Division of Substance Use Programs (DSU) aims to help Vermonters prevent and eliminate the problems caused by alcohol and other drug use. DSU's role, in partnership with other public and private organizations, includes leadership, planning, coordination, oversight, evaluation, and support of prevention, as well as early intervention, treatment, and recovery support services for adult and adolescent consumers and their families. DSU also provides education about substance use, provides anti-stigma education and information, and collaborates with other parts of state government to better serve those at risk of or currently using substances.

In Summer 2023, DSU contracted with Health Resources in Action (HRiA) to conduct a comprehensive statewide needs assessment of Vermont's substance use system of care and develop a three-year strategic plan. The overarching goal of the assessment and strategic planning efforts was to improve the state's substance use system so that it better meets the need of all Vermonters. The assessment and planning process (Figure 1) included input from an Advisory Group and participation from a wide variety of internal and external stakeholders working across the substance use system of care (Figure 2).

Figure 1. Assessment and Strategic Planning Timeline

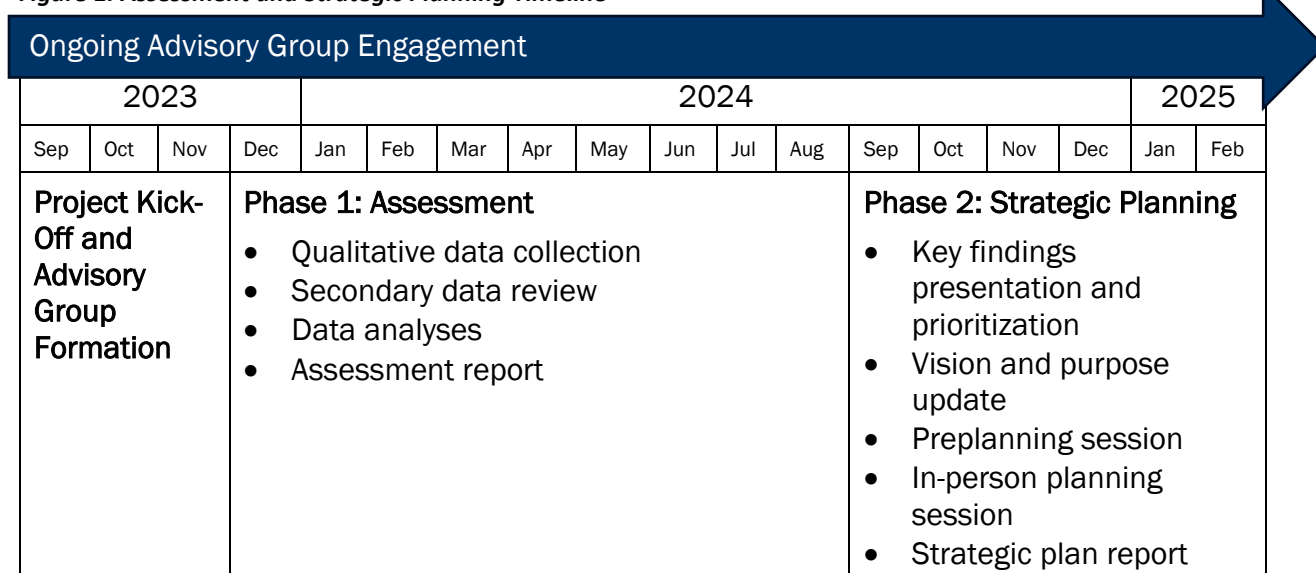
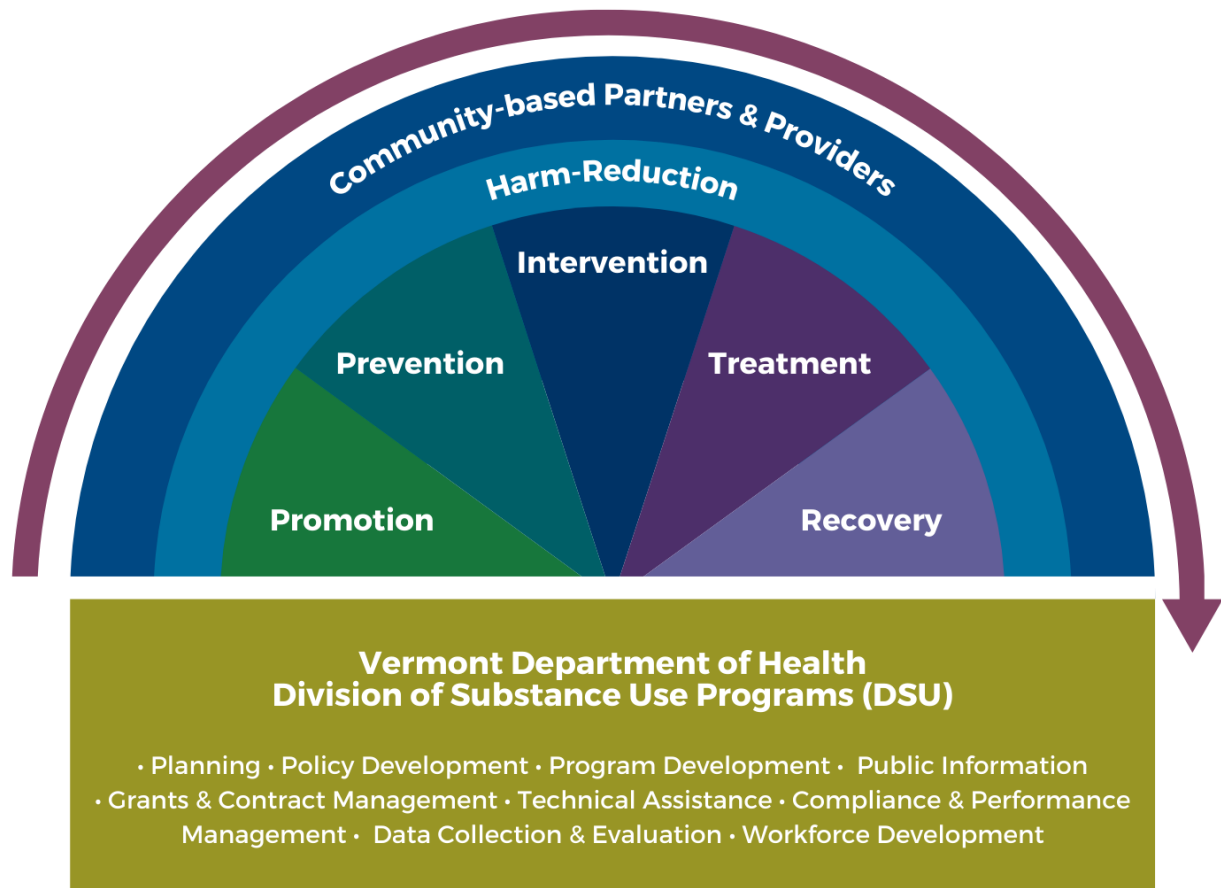


Figure 2. Vermont Substance Use System of Care



This strategic plan contains the results of a planning process undertaken by DSU from September 2024 to February 2025. A wide variety of internal and external stakeholders were engaged to provide input on the components of a strategic plan to focus the efforts of DSU and enhance the Vermont substance use system of care over the next three years. Throughout this strategic plan, specific terms and acronyms are used. A glossary of terms can be found in Appendix A and an acronym list can be found in Appendix B.

Strategic Planning Process

Planning Participants

At the beginning of the assessment and planning process, DSU formed an Advisory Group to provide guidance and support throughout the duration of the project. DSU identified and recruited thirteen individuals representing a broad range of sectors and experiences external to DSU. The Advisory Group met seven times between November 2023 and February 2024 to provide input on assessment methodology and engagement, updated vision and purpose statements, and priorities for planning. A list of Advisory Group members can be found in Appendix C.

The strategic planning process included participation from a wide range of stakeholders with a vested interest in Vermont's substance use system of care, including members of the Advisory Group, DSU staff, and other community partners. It was important to DSU to engage its community partners to ensure their collective expertise and insight shaped the priorities and components of the plan. A group of 32 individuals participated in a day-long in-person planning session on October 2, 2024. A full list of planning participants can be found in Appendix D.

Vision and Purpose Statements

As part of the strategic planning process, DSU chose to develop a vision statement and refresh their purpose statement. In the fall of 2024, HRiA facilitated two meetings to gather input, one with the Advisory Group and one that was open for DSU staff. In both sessions, HRiA shared examples for both vision and purpose statements as well as the following definitions:

- **Vision:** The preferred future we are manifesting as a result of fulfilling our purpose/mission.
- **Purpose:** A statement of our essential purpose; our reason for being. It answers the questions, what do we do? For whom? Why? And in what unique or distinct ways? This is sometimes referred to as a mission statement.

HRiA invited participants to share language and ideas for inclusion in DSU's vision and also shared the existing mission/purpose statement and asked for feedback on what participants liked about the statement, what they would change, and what they would add.

HRiA synthesized the notes from both meetings and created a table of themes from the conversations. Using those notes, HRiA created options for the new vision and purpose statements. These were shared with DSU staff and the following statements were adopted:

Vision Statement: Everyone in Vermont has access to compassionate and high-quality substance use prevention, intervention, harm reduction, treatment, and recovery services that meet their needs.

Purpose Statement: The Vermont Division of Substance Use partners with the community to plan, support, and evaluate the substance use system of care to ensure fair, compassionate, and equitable access for all individuals in Vermont.

Key Findings Presentation and Prioritization Meeting

In September 2024, HRiA presented the key findings from the assessment phase at two meetings. The first was with DSU staff and the second was with the Advisory Group. Among the key findings, five key themes surfaced which HRiA proposed as potential priority areas:

- Access to care
- Expansion of services or supports
- Coordination and collaboration
- Training, education, awareness
- Resources and capacity

At each meeting, participants were invited to vote for their top three potential priority areas, applying criteria shared by HRiA (illustrated in Figure 3). The results of this poll were combined to select the four priority areas that received the highest number of votes (see Figure 4). While access to care was not selected as one of the four priority areas, both groups felt it was an essential consideration across the plan. For that reason, access to care was made a cross-cutting theme across the four priority areas.

Figure 3. Priority Selection Criteria

RELEVANCE How Important Is It?	APPROPRIATENESS Should We Do It?	IMPACT What Will We Get Out of It?	FEASIBILITY Can We do It?
<ul style="list-style-type: none"> • Burden (magnitude and severity ; economic cost; urgency) of the problem • Community concern • Focus on equity and accessibility 	<ul style="list-style-type: none"> • Ethical and moral issues • Human rights issues • Legal aspects • Political and social acceptability • Public attitudes and values 	<ul style="list-style-type: none"> • Effectiveness • Coverage • Builds on or enhances current work • Can move the needle and demonstrate measurable outcomes • Proven strategies to address multiple wins 	<ul style="list-style-type: none"> • Community capacity • Technical capacity • Economic capacity • Political capacity/will • Socio-cultural aspects • Ethical aspects • Can identify easy short-term wins

Figure 4. Results of Prioritization Survey

Priority Area	Advisory Group Vote Total	DSU Staff Vote Total	Total
Resources and Capacity	2	24	26
Expansion of Services or Supports	2	22	24
Training, Education, and Awareness	4	17	21
Coordination and Collaboration	3	17	20
Access to Care	3	15	18

Planning Sessions

The strategic planning session was preceded by a virtual Pre-Planning Session to orient all planning participants to the planning process, terminology, and timeline.

Following the Pre-Planning Session, a daylong in-person planning session was held at the Waterbury State Complex on October 2, 2024. For most of the planning session, participants collaborated in priority area working groups. While each participant focused mainly on one priority area, all participants provided input on all plan priorities through feedback rounds. Throughout the day, HRiA staff facilitated the planning process, guiding planning participants to co-create:

- Strategic plan components including goals, measurable objectives, success measures, and strategies for each identified priority area
- Partners and resources to support the work outlined in the strategic plan

After the planning session, the draft strategic plan components were sent to select DSU staff for virtual feedback after the conclusion of the planning sessions.

The Strategic Plan

A strategic plan includes several key elements including priority areas, goals, objectives, success measures, and strategies. **Priorities** are key issues that provide a focus for planning. A **goal** is a broadly stated, non-measurable change in the priority area. It describes in broad terms a desired result for the priority area. Objectives articulate goal-related outcomes in specific and measurable terms. **Objectives** are SMARTIE (specific, measurable, achievable, relevant, time-phased, inclusive, equitable) and state how much of what you hope to accomplish and by when. **Success measures** are measure(s) of progress toward the objective. **Strategies** describe how an objective will be achieved and broadly answer the question, “How can we get from where we are now to where we want to be?” The following pages outline the goals, objectives, success measures, strategies, and partners and resources for the four priority areas of the Vermont Division of Substance Use Strategic Plan.

Strategic Plan Snapshot

Priority Area	Goal Statements	Objectives
Priority 1: Coordination & Collaboration	Goal 1: Vermont’s unified substance use system of care has effective and systemic collaboration and coordination between state agencies, community partners, and people impacted by substance use.	1.1: Increase the number of regular/routine cross-cutting convenings/forums with state agencies, community partners, and people impacted to enhance collaboration and coordination.
		1.2: Establish a continuous quality improvement (CQI) approach across the system of care.
		1.3: Improve the sharing of person-level information to better coordinate services.
Priority 2: Expansion of Supports or Services	Goal 2: All people in Vermont have person-centered, high-quality, equitable, and accessible services and supports along the full substance use system of care.	2.1: Increase the quality of care across the system of care (prevention, intervention, harm reduction, treatment, and recovery) by 2028.
		2.2: Increase the person-centered services and supports across the system of care (prevention, intervention, harm reduction, treatment, recovery) by 2028.
		2.3: Increase the accessibility (timely, affordable, geographic, culturally responsive) of services and supports throughout the system of care (prevention, intervention, harm reduction, treatment, recovery) by 2028.
		2.4: Improve navigation throughout the system of care (prevention, intervention, harm reduction, treatment, recovery) by 2028.

Priority Area	Goal Statements	Objectives
Priority 3: Resources & Capacity	Goal 3: Vermont's system of care has the financial, structural, and workforce capacity to anticipate and respond to the evolving impacts of substance use.	3.1: Improve recruitment within the Vermont substance use workforce by 2028.
		3.2: Increase the support for organizations to retain their workforce.
		3.3: Increase funding from diverse sources for direct and indirect services and community-based supports.
Priority 4: Training, Education, & Awareness	Goal 4: All people in Vermont have a compassionate, empathic, and informed understanding of substance use, its root causes, and have an awareness of resources available across the system of care.	4.1: Increase awareness of substance use resources and services available in Vermont through VT Helplink.
		4.2: Expand the types of education and training opportunities for providers working in the substance use field by 10%.
		4.3: Increase policymaker education efforts on substance use to help inform their decisions.
		4.4: Increase education efforts in order to improve understanding, reduce stigma, and foster empathy and compassion towards those impacted.

Priority 1: Coordination & Collaboration

Why This Priority Area?

When seeking support across the continuum, people are often navigating complex systems, and that complexity can be a barrier. Assessment participants identified a lack of collaboration and coordination between organizations and agencies in Vermont as a challenge to optimal service delivery. Many described the overall system of care as “siloe” which creates challenges for clients to access services in a seamless way and transition across services as their needs change. Participants named community-based organizations, local healthcare providers, mental healthcare providers, schools, and legislators as important partnerships for the substance use system of care.

More information about the need for coordination and collaboration can be found in the December 2024 Substance Use System of Care Needs Assessment.

Topics related to coordination and collaboration that planning participants considered included the intentional convening of partners, continuous quality improvement, and the sharing of person-level information.

Goal 1: Vermont’s unified substance use system of care has effective and systemic collaboration and coordination between state agencies, community partners, and people impacted by substance use.

Objective 1.1: Increase the number of regular/routine cross-cutting convenings/forums with state agencies, community partners, and people impacted to enhance collaboration and coordination.

Success Measures

- Number of regular/routine cross-cutting convenings
- Meetings established, planned, and well attended
- Participant feedback:
 - Self-rated contributions to the meetings
 - Self-reported improvements within their own organizations as a result of participation in the meetings

Strategies

- 1.1.1. Develop a master list of all existing convenings that happen on a regular basis related to the substance use system of care to inform subsequent strategies in Objective 1.1.
- 1.1.2. Establish a convening with defined purpose, schedule, agenda, and defined roles and responsibilities/expectations.

Potential Action Steps:

- *Establish the lead convener.*
- *Determine scheduling and frequency of meetings, with a combination of in-person and digital options for accessibility.*
- *Create agendas with opportunities for input and utilize facilitation approaches to encourage active engagement.*

- Identify a timekeeper and notetaker for meetings.
- Identify how any convenings will align with and not duplicate the efforts of any existing groups (e.g., Substance Misuse Prevention Oversight & Advisory Council)

Potential Topics:

- Share information on upcoming events/initiatives, legislation
 - Identify barriers
 - Share local and regional updates
 - Collaborating to provide services in underserved areas
 - Discuss the idea to develop a “package” of community practice standards
- 1.1.3. Build and maintain a list of initial invitees, ensuring attendees are representative of all impacted/involved parties (e.g., at least one representative from each identified group). List to be defined first by roles/positions, then by named individuals to account for attrition over time.

Potential Identified Groups:

- Prevention, Intervention, Harm Reduction, Treatment, Recovery
 - State agencies
 - Transportation
 - Corrections and judiciary
 - Schools
- 1.1.4. Following the work of 1.1.1-1.1.3, incorporate other relevant agencies (initiate calendar year 2025).

Objective 1.2: Establish a continuous quality improvement (CQI) approach across the system of care.

Success Measures

- Number *of CQI efforts established*

Strategies

- 1.2.1. Establish a culture and shared understanding of CQI.

Potential Action Steps

- Identify VDH’s definition of CQI and establish implementation guidelines/framework.
- Explore CQI efforts in other state agencies in VT.
- Identify SU CQI strategies happening in other states to see if they would be a good fit for Vermont.
- Work with the State of Vermont Continuous Improvement Network (SOV CI) to identify a relevant training for what CQI is.
- Develop a method for identifying issues that would benefit from QI (quality improvement) efforts.
- Provide project management training.

- 1.2.2. Build CQI infrastructure.

Potential Action Steps

- Identify funding.
- Inventory ideas and categorize using project management (scopes, schedule, budget).
- Identify barriers and breakdowns to building infrastructure.
- Look at data and information already being kept.

- *Develop Coordination and Collaboration framework for nine QPI (quality program improvement) goals.*
- 1.2.3. Apply CQI methods to daily practice.
- Potential Action Steps*
- *Develop a process for partners to engage in QI (quality improvement) projects.*
 - *Establish methods to track successful collaboration.*
 - *Develop a system for development of collaborative QPI (quality program improvement).*

Objective 1.3: Improve the sharing of person-level information to better coordinate services.

Success Measures

- Number of recommendations for improving information sharing implemented
- Measure number of communities with expanded Local Interagency Teams (LIT)
- Percentage of providers reporting reduction of administrative burden
- Percentage of people access services reporting reduction of administrative burden

Strategies

- 1.3.1. Assess, develop, and implement recommendations for improving the sharing of information
- Potential Action Steps:*
- *Create statewide guest dosing form for standardization.*
 - *Work with community providers to identify barriers to release of information.*
 - *Engage work group including legal to document current state.*
 - *Look at current data systems of care now best to share with ROIs (Release of Information)*
 - *Engage community partners to establish ROIs (Release of Information)*
- 1.3.2. Work with State Interagency Team (SIT) to consider expanding LITs across all communities to include SUD system of care.
- 1.3.3. Advocate for the full adoption of VHIE (Vermont Health Information Exchange) among all DSU treatment providers to regularly use.

Priority 2: Expansion of Supports or Services

Why This Priority Area?

Assessment participants shared opportunities for expanding services and supports across the system of care. These include prevention efforts that address mental health further upstream and expanding strategies to identify who needs SUD intervention at earlier stages and younger ages. While Vermont's harm reduction efforts were viewed as a strength of the current system of care, participants identified areas where harm reduction efforts could be expanded, including extending syringe service program accessibility and expanding community distribution of Narcan kits. Many participants perceived outpatient treatment service to have expanded in recent years; however limited programming was noted in some regions of Vermont and programs specifically needed for children and youth. A frequent comment shared by participants across all focus groups and interviews was the need for an expansion of residential treatment beds - particularly for women, women with children, youth, and unhoused populations. Recovery housing was also identified as a significant and particularly challenging gap within the continuum of care.

More information about the need for the expansion of supports or services can be found in the December 2024 Substance Use System of Care Needs Assessment.

Topics related to expansion of supports or services that planning participants considered included the quality of care, person-centered services, accessibility, and the ease of navigation.

Goal 2: All people in Vermont have person-centered, high-quality, equitable, and accessible services and supports along the full substance use system of care.

Objective 2.1: Increase the quality of care across the system of care (prevention, intervention, harm reduction, treatment, and recovery) by 2028.

Success Measures

- Qualitative evaluation (e.g., Direct feedback from people accessing services)
- Standards of care are adopted
- Number of providers excelling in standards
- Number of people who complete the SAPST training (SPF Application for Prevention Success Training)

Strategies

- 2.1.1. Ensure VDH uses a data-informed and evidence-based model (e.g., the Strategic Prevention Framework) to guide funding and priorities.
- 2.1.2. Summarize the standards, certifications, indicators, and performance measures that currently exist and communicate them to DSU partners.
- 2.1.3. Ensure consistent protocols across the state to address the critical moment of readiness and support transition to treatment.
- 2.1.4. Revise existing and/or develop new certification standards to better reflect quality of care indicators.
- 2.1.5. Implement certification process for recovery services organizations and ensure adoption of standards.

Objective 2.2: Increase the person-centered services and supports across the system of care (prevention, intervention, harm reduction, treatment, recovery) by 2028.

Success Measures

- Direct feedback from people accessing services
- Number of providers demonstrating person-centered care
- Result of site visit audits

Strategies

- 2.2.1. Improve accessibility of service provision to priority populations by supporting culturally and linguistically accommodations.
- 2.2.2. Employ services and supports across the system of care for all age groups and substances that allow for innovation and community fit.
- 2.2.3. Utilize existing assessment(s) to identify gaps in treatment system related to person-centered care.
- 2.2.4. Develop/identify training to educate program staff on person-centered planning.
- 2.2.5. Establish DSU's shared definition of person-centered services and supports, and identify where it fits within DSU certification standards, program guidelines, and grant agreements.

Objective 2.3: Increase the accessibility (timely, affordable, geographic, culturally responsive) of services and supports throughout the system of care (prevention, intervention, harm reduction, treatment, recovery) by 2028.

Success Measures

- Drive time to services
- Number of alternative locations for providing care (e.g., places where people who need the services already access)

Strategies

- 2.3.1. Assess if services and supports are inclusive of or welcoming to all identities/populations.
Potential Action Step:
 - *Create real-time maps to demonstrate geographic equity/reach across the system of care.*
 - *Assess if current hours are meeting participant needs.*
- 2.3.2. Identify ways to have multiple services in one location (i.e., services to people instead of people to services).
- 2.3.3. Expand support for primary, secondary, and tertiary prevention.
Potential Action Steps:
 - *Work to establish prevention outreach and education in every middle and high school in Vermont by 2030.*
- 2.3.4. Identify entities to develop culturally responsive practices for system of care.
- 2.3.5. Fund evidence-based intervention services and supports.
- 2.3.6. Engage in rate setting exercise for treatment services and develop regular rate setting process.

Objective 2.4: Improve navigation throughout the system of care (prevention, intervention, harm reduction, treatment, recovery) by 2028.

Success Measures

- IET (initiation and engagement of treatment)
- # of peer navigation professionals funded or trained
- # of student assistant professionals (SAPs) in schools
- # of referrals to services
- % of inpatient, residential treatment and detoxification visits or discharges for a diagnosis of substance use disorder (SUD) among patients 13 years of age and older that resulted in follow-up care for a diagnosis of SUD within 7 and 30 days.

Strategies

- 2.4.1. Create clear and consistent pathways among treatment and recovery.
- 2.4.2. Fund positions to provide navigation across system of care and equip case management professionals with resources they need to be successful.

Potential Action Steps:

- *Educate navigators on the different levels of recovery housing so they can effectively support “matching” individuals.*
 - *Establish funding/structures to enable peer navigators positions and/or embed community health workers throughout the system of care.*
- 2.4.3. Advocate for funding of more student assistance professionals (SAPs) in schools statewide equitably.

Priority 3: Resources & Capacity

Why This Priority Area?

To ensure the substance use system of care can meet the needs of people in Vermont, it requires adequate resources and capacity. Workforce shortages were identified across discussions as a key challenge to capacity and service delivery, impacting prevention, harm reduction, treatment, and recovery sectors. Participants stated low and noncompetitive pay, lack of schedule flexibility, high demand, workforce turnover, and reimbursement rates not meeting costs as contributing factors. Driven by workforce challenges, the overall capacity of the SUD system of care was viewed as reduced and strained by most participants- staffing shortages, waitlists, funding constraints, and facility/program closures were all mentioned.

More information about the need for the resources and capacity can be found in the December 2024 Substance Use System of Care Needs Assessment.

Topics related to resources and capacity that planning participants considered included the recruitment and retention of the Vermont substance use workforce and sustainable and diverse funding sources for services.

Goal 3: Vermont's system of care has the financial, structural, and workforce capacity to anticipate and respond to the evolving impacts of substance use.

Objective 3.1: Improve workforce recruitment within the Vermont substance use workforce by 2028.

Success Measures

- Number of people in the Vermont substance use workforce

Strategies

- 3.1.1. Work with partner organizations to identify relevant opportunities to promote career paths within their fields (i.e. career fairs, clinical internships, education within higher education, roadshow showcase of jobs across the system of care)
- 3.1.2. Develop an advisory panel to work with VDH/DSU to explore additional opportunities for promoting career paths.
- 3.1.3. Create a crosswalk of roles and career pathways across the system of care and develop talking points/standardized language for people interested in joining the workforce

Objective 3.2: Increase the support for organizations to retain their workforce.

Success Measures

- Number of trainings provided compared to baseline
- Retention of substance use workforce over time (i.e., SAMHSA data by state)
- Vacancy rates via VDH/DSU Workforce Survey of Provider Management
- Number of relevant licensed professionals (e.g., Licensed Alcohol and Drug Abuse Counselors) via Health Care Workforce Census

Strategies

- 3.2.1. Maintain up to date information on training opportunities, professional development, and funds to support and professional development.
- 3.2.2. Analyze partner organizations' retention rates and issues.
Potential Action Steps:
 - *Workforce staff survey - from employees, why they leave, why they stay.*
 - *Surveys, extensive interview data, state survey as part of exit interview.*
- 3.2.3. Provide responsive training to partner organizations based on analysis. (see Objective 4.2)
Potential Action Step:
 - *Approach training with layers for different professional levels.*

Objective 3.3: Increase funding from diverse sources for direct and indirect services and community-based supports.

Success Measures

- Funding dollars
- Diversity of funding sources
- Number of proposals that utilize braided/blended funding

Strategies

- 3.3.1. Monitor for sustainable funding opportunities to share with partner organizations.
Potential Action Step:
 - *Ensure equitable approach to support both the overall workforce and community-based organizations that work with priority populations.*
- 3.3.2. Enhance capacity building for partner organizations and provide technical assistance and support for diversifying funding (i.e. grant writing, budget management)
- 3.3.3. Educate decision makers on system of care and roles. (see Objective 4.4)

Priority 4: Training, Education, & Awareness

Why This Priority Area?

Assessment participants identified a need for continued public education efforts as well as more targeted training for healthcare and human service providers as well as policymakers. They identified the need to continue and expand public education around substance use, addiction, harm reduction, and the importance of prevention, and they also recommended engaging in more frequent, varied, and direct outreach to individuals to improve awareness of services available in the state. Training was suggested for a wide-range of service providers on topics such as cultural competency, understanding of immigrant and indigenous communities within Vermont, as well as older adults, veterans, domestic violence survivors etc. Finally, for policymakers, participants recommended to continue to educate and inform policymakers to improve their awareness of what is happening on the ground, particularly to reduce stigma and humanize substance use and recovery.

More information about the need for training, education, and awareness can be found in the December 2024 Substance Use System of Care Needs Assessment.

Topics related to training, education, and awareness that planning participants considered included the VT Helplink, training opportunities for those within and external to the substance use field, and policymaker education efforts.

Goal 4: All people in Vermont have a compassionate, empathic, and informed understanding of substance use, its root causes, and have an awareness of resources available across the system of care.

Objective 4.1: Increase awareness of substance use resources and services available in Vermont through VT Helplink.

Success Measures

- Website analytics for VTHelplink.org
- Key performance indicators for VT Helplink ads
- Number of referrals to service
- Number of texts/calls received to VT Helplink

Strategies

- 4.1.1. Broadly promote VT Helplink to and encourage promotion of VT Helplink by health care providers, community-based organizations and other partners.
- 4.1.2. Develop translated and culturally appropriate VT Helplink resources and messaging for Vermont's immigrant, refugee and migrant populations.
- 4.1.3. Assess and address accessibility, cultural appropriateness and language needs for substance use services in Vermont.
- 4.1.4. Engage with community organizations and cultural brokers to promote VT Helplink within Vermont's immigrant, refugee and migrant populations.

Objective 4.2: Expand the types of education and training opportunities for people working in the substance use field by 10%.

Success Measures

- Number of training topics
- Number of CEUs awarded
- Number of types of providers/people trained
- Number of people who complete the SAPST training (SPF Application for Prevention Success Training)

Strategies

- 4.2.1. Engage people with lived experience on what they think providers need more education and training on to meet the needs of those they serve.
- 4.2.2. Deliver trainings in diverse ways to ensure accessibility (e.g. in-person vs. virtual, varying hours, recorded, available on the website).
- 4.2.3. Based on identified gaps, develop and provide more trainings on topics such as:
 - How to affect systemic change
 - The root causes of substance use and addiction
 - What prevention is and why it's important
 - For policy makers
 - Cultural responsiveness
 - Stigma reduction (including root causes of addiction)
 - Board of Directors development
- 4.2.4. Capture collected information into a new/expanded database for training resources. (see Objective 3.2)

Objective 4.3: Increase policymaker education efforts on substance use to help inform their decisions.

Success Measures

- # of education efforts
- Effectiveness of education efforts (e.g., post-education survey)

Strategies

- 4.3.1. Develop annual presentation/module on SUD, including information on:
 - Data
 - Root causes of substance use and addiction
 - Prevention, intervention, treatment, harm reduction, and recovery.
 - Supports such as VT Helpline.
 - Scope of VDH's work and the community-based organizations working in SUD.
 - Highlight work currently being done and successes.
 - Reducing stigma
- 4.3.2. Offer committee trainings on SUD 101 to legislative communities of interest.
- 4.3.3. Offer annual education opportunity on state recognized recovery day at State House.

Objective 4.4: Increase education efforts in order to improve understanding, reduce stigma, and foster empathy and compassion towards those impacted.

Success Measures

- # of education efforts
- Effectiveness of education efforts (e.g., post-education survey)

Strategies

4.4.1. Expand outreach to providers, community-based organizations, and the public to share substance use resources (e.g., social media campaigns, advertising in town websites, on-line videos, community events, and other diverse and accessible ways).

Potential Action Step:

- *Create social media campaigns with “real” Vermonters to showcase recovery, prevention, harm-reduction, treatment, intervention*

4.4.2. Continue to integrate stigma reduction messaging and methods into VDH’s substance use messaging, while centering the voices of people with lived experience.

4.4.3. Participate in community discussions, including panels of people with lived experience of substance misuse and those impacted by it.

Next Steps for Implementation

The components included in this report represent the strategic framework for a data-informed Strategic Plan. HRiA recommends DSU develop a Year 1 Action Plan that includes: prioritized strategies and specific action steps, identified lead responsible parties and resources for each prioritized strategy. The implementation plan should include monitoring and evaluation processes and procedures to ensure that successes and challenges are captured annually. Working groups for each priority area will be responsible for this annual process for implementing and updating the plan. A yearly progress report should illustrate performance, incorporate new data, identify environmental changes, and inform subsequent annual implementation planning.

The first step in developing a Year 1 Action Plan is to determine which of the strategies will be implemented in the first year of the plan. HRiA recommends DSU identifies a subset of staff to consider the following questions:

- Which strategies are most important to implement first?
- Does a strategy need to happen first, before other strategies can be implemented?
- Is it feasible to start the strategy in the coming year? Do you have the ability and resources to focus on this strategy?
- Are there strategies that could be “easy wins” or “low hanging fruit” to get implementation efforts underway?

HRiA recommends a group of people individually *select or rank* their top strategies within each objective. HRiA recommends DSU collect individual responses, review which strategies rise to the top, and make an executive decision on which strategies will be included in the Year 1 Action Plan. Once these strategies are agreed upon, DSU can build their Year 1 Action Plan.

Appendices

Appendix A: Glossary

Term	Definition
Certified Community Behavioral Health Centers (CCBHCs)	Community-based mental health and substance use disorder treatment providers that offer a wide range of services, including 24/7 crisis care, outpatient mental health and substance use disorder treatment, primary care screening and monitoring, and peer support services.
Goal	A goal is a broadly stated, non-measurable change in the priority area. It describes in broad terms a desired outcome of the planning initiative.
Harm Reduction	Harm reduction is a public health approach that focuses on mitigating the harmful consequences of drug use, including transmission of infectious disease and prevention of overdose, through provision of care that is intended to be free of stigma and centered on the needs of people who use drugs. ¹
Intervention	A professionally delivered program, service, or policy designed to prevent substance misuse (prevention intervention) or treat a substance use disorder (treatment intervention). ² It can also take the form of peer intervention, when a peer intercedes with someone who is using substances.
Local Interagency Teams (LIT)	LIT supports the creation of a local System of Care (SOC) and assures that staff are trained and supported in creating Coordinated Services Plans. Families access the LIT that corresponds to the Designated Agency (DA) within their catchment area. Any member of a local CSP team, including family members, can make a referral to their LIT if they want broader solutions and ideas for additional supports, services or higher level of care recommendations.
Objective	Objectives articulate goal-related outcomes in specific and measurable terms. Objectives state how much of what you hope to accomplish and by when. Objectives are SMART (specific, measurable, achievable, Relevant, time-phased).
Outreach	A strategic effort to connect with individuals, or a community, to share information, provide services, and address needs.
Person-Centered	Focusing on the needs, values, and preferences of individuals and treating each person with respect and dignity, recognizing their unique qualities and perspectives.
Prevention	It reduces the harmful effects of tobacco, alcohol and other drugs and stops addiction before it starts by working alongside treatment, recovery, and harm-reduction services.
Priority area	Key issues identified from an assessment that provide a focus for planning.
Purpose	Sometimes referred to as a mission statement. This is a statement of our essential purpose; our reason for being. It answers the questions, what do we do? For whom? Why? And in what unique or distinct ways?

¹ <https://www.cdc.gov/overdose-prevention/php/od2a/harm-reduction.html>

² <https://www.ncbi.nlm.nih.gov/books/NBK424856/>

Recovery	A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. ³ This process addresses the four major dimensions of recovery for those achieving and maintaining recovery: health, home, purpose, and community. ⁴
State Interagency Teams (SIT)	A law was passed called Act 264 and expanded in 2005 under the Interagency Agreement that assures interagency collaboration between the Agency of Human Services (AHS) and the Agency of Education (AOE) for children and youth with disabilities. This law created the SIT to identify systems issues and facilitate collaboration so supports and services can be provided to families as flexibly as possible. There is also an Agency of Human Services Adult Statewide Interagency Team, which has the purposes of being a resource to Local Interagency Teams and Commissioners by responding to questions and system barriers, problem-solving and giving specific recommendations back to the individual and LIT; and to review the needs of people who have service needs and are at high risk of harm who fall in between the gaps of traditional service delivery; and to help provide solutions to meet the needs.
Strategies	A strategy is a statement of HOW an objective will be achieved. It is less specific than action steps but tries broadly to answer the question, "How can we get from where we are now to where we want to be?"
Substance Use Disorders	The clinically accurate term to describe the constellation of impairments caused by repeated misuse of a substance."
Substance Use System of Care	A substance use system of care is a network of public and private services and support providers for people with or at risk of substance use disorders. These systems are designed to improve health and quality of life, and to help prevent, reduce and eliminate the problems associated with alcohol and other drug use.
Success Measures	Measure(s) of progress or completion of an objective. They describe the baseline and target values for each objective based on data that are relevant and available.
Substance Use Disorder Treatment	A professional clinical service or set of services that may include medication, counseling, and other supportive services designed to support an individual to reduce or eliminate alcohol and/or other drug use, address associated co-occurring physical or mental health problems, and restore the patient to wellness (as defined by the person). ⁵
Vermont Health Information Exchange (VHIE)	The Vermont Health Information Exchange aggregates clinical information from the electronic health records (EHRs) of <u>clinicians across the state</u> and makes it available for appropriate purposes. Uses of the data include delivering test results, making more complete patient data available at the point of care, informing the coordination of patient care across clinicians, supporting quality improvement efforts, and providing reporting for public health efforts.
Vision	The preferred future we are manifesting as a result of fulfilling our purpose/mission.

³ <https://library.samhsa.gov/sites/default/files/pep12-recdef.pdf>

⁴ <https://www.samhsa.gov/substance-use/recovery/about>

⁵ <https://www.ncbi.nlm.nih.gov/books/NBK424856/>

Appendix B: Acronyms

AAG	Assistant Attorney General
AALV	Association of Africans Living in Vermont
AHEC	Area Health Education Centers
AHS	Agency of Human Services
AOA	Agency of Administration
AOE	Agency of Education
AOT	Agency of Transportation
CCBHC	Certified Community Behavioral Health Clinics
CCV	Community College of Vermont
ECHO	Extension for Community Healthcare Outcomes
SW	Social Work
CFR	Code of Federal Regulations
CORA	Center on Rural Addiction
CQI	Continuous Quality Improvement
DA	Designated Agencies
CMS	Centers for Medicare & Medicaid Services
DAIL	Department of Disabilities, Aging, and Independent Living
DCF	Department of Children and Families
DMH	Department of Mental Health
DOC	Department of Corrections
DOT	Department of Transportation
DSU	Division of Substance Use
LIT	Local Interagency Teams
MPH	Master of Public Health
VCHIP	Vermont Child Health Improvement Project
NARR	National Alliance for Recovery Residences
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer, or Questioning, and Others

IET	Initiation and Engagement of Treatment
NASADAD	National Association of State Alcohol and Drug Agency Directors
QI	Quality Improvement
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPST	SPF Application for Prevention Success Training
SIT	State Interagency Team
SMARTIE	Specific, Measurable, Achievable, Relevant, Time-phased, Inclusive, Equitable
SOV CI	State of Vermont Continuous Improvement Network
SPF	Strategic Prevention Framework
SUD	Substance Use Disorder
QPI	Quality Program Improvement
UVM	University of Vermont
VDH	Vermont Department of Health
VHIE	Vermont Health Information Exchange
VT	Vermont

Appendix C: Advisory Group Members

Mahat Abdullahi
Sylvie Choiniere
Annamarie Cioffari
Ricky Davidson
Ryan Fowler
Angie Harbin
Elaine Haytko
Brianna Leahy

Ashli Mathews
Kim Owens
Chantelle Paradise
Emily Sanderson
Michelle Shepard
Denise Smith
Carolyn Towne

Appendix D: Strategic Planning Participants

Priority 1: Coordination and Collaboration

Stephanie Beck

Chelsea Carman

Jonathan Casson

Kevin Hamel

Michael Johnson

Chris Smith

Emily Trutor

Yvette Vermette-Stevens

Jennifer Zoller

Priority 2: Expansion of Services or Supports

Lila Bennett

Megan Mitchell

Elizabeth Morris

Nicole Rau

Melissa Riegel-Garrett

Traci Sawyers

Lisa Setrakian

Chadd Viger

Priority 3: Resources and Capacity

Mahat Abdullahi

Mitch Barron

Roy Belcher

Astrid Bradish-Hoyt

Patricia Breneman

Diane C. Coles

Maryann Morris

Jennifer Pistole

Nicholas Tatakis

Priority 4: Training, Education, and Awareness

Joyce Desany

Kelly Dougherty

Stephanie Fillian

Anthony Folland

Bert Klavens

Kelly Morrill