Vermont State Health Improvement Plan Annual Report

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Contents

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- Abenaki Helping Abenaki
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- Department of Mental Health
- Department of Vermont Health Access
- Developmental Disabilities Council
- Migrant Health Programs – UVM Extension
- Mt. Ascutney Hospital and Health Center
- Network Against Domestic & Sexual Violence
- Outright Vermont
- Special Olympics Vermont
- Springfield Inclusion Committee
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- Vermont Afterschool
- Vermont Association of Hospitals and Health Systems
- Vermont Association for Mental Health Addiction & Recovery (VAMHAR)
- Vermont Care Partners
- Vermont Center for Independent Living
- Vermont Commission on Native American Affairs
- Vermont Legal Aid
- Vermont Sustainable Jobs Fund
- Vermont Racial Justice Alliance
- Vermont Youth Council

Introduction

The State Health Improvement Plan 2025-2030 is a roadmap for ensuring that all people and communities in Vermont have fair and sustainable access to opportunities for health and well-being. It provides a framework for action for agencies, organizations, and communities across the state to address the most important health needs for people in Vermont. There are four goals in the Plan:

- **Housing**: Improve the availability of affordable, accessible, and safe housing.
- **Cost of Living**: Improve health and quality of life by addressing the impact of the high cost of living.
- **Access to Care**: Increase access to inclusive, equitable, and affordable healthcare services.
- **Mental Health & Substance Use**: Strengthen the capacity of the mental health and substance use services system to support individuals and communities.

This report provides an update on progress implementing the Plan, one year after it was released. Visit the SHIP scorecard for more information about how we are performing on key population health indicators.

If you need help accessing or understanding this information, contact katie.stetler@vermont.gov.

Executive Summary

How are we doing?

Vermont tracks several indicators to monitor progress towards achieving our state health goals. Indicators for housing and cost of living have remained at consistent levels for many years, such as the percentage of households spending 30% or more of their income on housing and the percentage of households experiencing food insecurity. Indicators that reflect access to healthcare and the strength of the mental health and substance use services system demonstrate bright spots, such as a reduction in suicide deaths over the past three years. This is paired with persistent health inequities for people of color, people with disabilities, the LGBTQ community, and other marginalized communities (such as higher rates of tobacco use and not seeing a doctor when needed due to cost).

What are we doing?

This report outlines examples of activities carried out over the past year that contributed to achieving the goals outlined in the State Health Improvement Plan, such as using regional

planning frameworks to address food security, advocating for policies that advance economic justice, expanding access to oral health care in schools, and providing workplace advancement opportunities for individuals in recovery from substance use disorder. These activities were led by dozens of organizations and communities across the state, demonstrating that we must partner across sectors to make meaningful progress on our shared goals.

Challenges and Opportunities

The rising cost of essentials like housing, food, transportation and healthcare force people to prioritize certain needs over others, often at the expense of their physical and mental health. This challenge will likely persist due to external factors, such as inflation, geopolitical conflicts leading to rising energy prices, and reduced federal investment in public benefits programs. The uncertainty of federal funding makes it difficult to predict which programs will continue to receive support, which hinders longer-term planning and sustainability. It also leads to a focus on preserving existing resources and services, limiting our ability to address emerging needs.

Despite these challenges, there is a growing willingness and urgency among state and local partners to work together more efficiently and effectively to maximize resources, such as leveraging strong community partnerships to help Medicaid members navigate eligibility changes. There is also increasing understanding of how social, economic, and environmental factors – such as housing, transportation, and chronic absenteeism – influence health and well-being, and the need for cross-sector solutions to these complex problems.

Lastly, state government and community partners are energized to come together to reaffirm Vermont's commitment to meeting the needs of our most marginalized populations, such as Black, Indigenous, and people of color, immigrants and refugees, LGBTQ+ people, and people with disabilities.

Housing

How are we doing?

Vermont has several key indicators that track our progress towards improving the availability of affordable, accessible, and safe housing. The percentage of households spending 30% or more of their income on housing (considered "cost burdened") remained at 20% from 2021-2024. Having to pay such a large percentage of one's income on housing means households may not have enough money to pay for other necessities, such as food and healthcare. As pandemic-era investments in housing wind down, it is likely that this trend will persist.

Housing instability worsens health risks for people with disabilities and people who are aging. In 2025 and 2026, 18.2% of affordable housing units were accessible or adaptable. This underscores the age of Vermont's housing stock and the difficulty of building new homes.

The State Health Improvement Plan also monitors lead, asthma and heat-related indicators that reflect the safety and conditions of people's homes. In 2024, 91% of percent of children aged 1 to 2 years had a non-detectable blood lead level, which has been steady since 2020. The most common way children become lead poisoned in Vermont is from lead-based paint and lead dust in older homes. The rate of asthma-related emergency department visits for children over age 5 remains above state targets (14 per 10,000 children). An emergency visit is a clear sign that asthma is uncontrolled. It may indicate some type of barrier to good asthma management, including environmental risk factors in the home that aggravate symptoms (for example, extreme heat or cold, allergies). Additionally, heat-related illness can be caused by conditions within homes, such as lack of air conditioning in older buildings. Heat-related emergency department visits among older Vermonters decreased from 13 per 100,000 adults age 65 and older in 2021 to 10 per 100,000 adults age 65 and older in 2022. This is especially important to track, as climate change is already increasing heat-related health impacts in Vermont.

What are we doing?

There are five key strategies in the Plan that the state must pursue to improve the availability of affordable, accessible and safe housing:

1. Consider the health impacts of any housing-related policies and programs.
2. Increase investment in the development and restoration of housing units.
3. Expand access to varied sheltering options to meet people's needs.
4. Enhance interagency coordination to ensure that anyone who is unhoused or at risk of being unhoused has access to the Coordinated Entry system.
5. Reduce environmental health risks and the impacts of climate change within homes.

The following are examples of activities carried out over the past year that supported these strategies and contributed to achieving Vermont's goal. They were led by different organizations, sectors and communities across the state.

- The **Vermont Department of Health** and the **Housing & Homelessness Alliance of Vermont** co-developed and delivered training for Health Department staff to deepen understanding of the connection between housing and public health. The training elevated the voices and expertise of community-rooted partners to help shift mental

models of public health colleagues and strengthen the Health Department's role in supporting state housing efforts.

- **Lamoille Community House**'s Recuperative Care Program supports people experiencing homelessness who do not have a safe home environment for recovery and recuperation. Participants receive services focused on medical, mental health, and substance use related needs. The program offers a level of care one might receive if they returned home from a hospital stay with the support of family or other loved ones. It fills the gap between inpatient care and shelter services.
- The **Hamesbest project** is an innovative housing development in Randolph Center that provides a permanent, accessible, and affordable home for three people with intellectual and developmental disabilities. Spearheaded by **Upper Valley Services**, in partnership with **Downstreet Housing and Community Development**, this residence maximizes community integration and independent living while ensuring around-the-clock support is in place. The groundbreaking was in August 2025 with an expected move in during the summer of 2026.
- In 2025, lawmakers asked stakeholders -- including **state agencies, affordable housing experts, and people with lived experience** -- to develop a plan for creating 600 units of permanent, affordable housing for Vermonters who receive supportive services because of intellectual or developmental disabilities. This unique collaboration produced The Road Home, which details how Vermont can shift from overreliance on aging family caregivers and adult foster care to a sustainable array of service-supported housing options that meet the complex needs of this population.
- **Friends for Change** provides trauma-informed weekly programming and ongoing support for young people, particularly those impacted by food and housing insecurity, mental distress and social exclusion. They offer regular access to snacks and shared mealtimes, as well as gender-affirming hygiene products, art entrepreneurship opportunities, and connections to respite host families and supported housing options locally.

Partner Spotlight

Champlain Valley Office of Economic Opportunity

The Champlain Valley Office of Economic Opportunity (CVOEO) is a pillar in Chittenden County and beyond. Their newest project, Bridges Recovery Shelter, opened in 2026. It is a certified recovery shelter for people experiencing homelessness with substance use disorders in need of safe, supportive recovery shelter during their recovery journey. Bridges focuses on lowering the barrier to recovery access, focusing on relapse prevention and community connection.

Clinicians are part of the Bridges Recovery Shelter staff and can meet with guests one-on-one and in groups. The shelter works closely with community partners such as Turning Point Center and Community Health Centers Safe Harbor Program. Both organizations can come to the shelter and offer their services on site which minimizes many barriers for people who need and want to receive medical care and additional recovery support. Bridges Recovery Shelter exhibits the intersections of public health and housing and how this can strengthen and reshape community and access to services.

Challenges and Opportunities

Safe, stable and affordable housing is an essential element of healthy communities and the opportunity for living long and well. However, Vermont has a long-standing, statewide lack of affordable and available homes and the state's housing stock is among the oldest in the country. Vermont faces a growing need for housing and shrinking resources available to meet that need.

Despite these challenges, there is increasing understanding about the connection between health and housing and the need for cross-sector solutions to this complex problem. Key players in Vermont — such as public health leadership, housing experts, legislators, and people with lived expertise — recognize the importance of a comprehensive and coordinated approach to programs, policies, and resources to improve housing conditions, availability, and related health outcomes.

Cost of Living

How are we doing?

Vermont has several key indicators that track our progress towards reducing the impact of the high cost of living on people's health and quality of life. The percentage of households experiencing food insecurity in Vermont remained at 8% for several years and increased to 9% in 2023. The percentage of people living below the poverty level remains at 10%,

consistent with previous years. The employment rates of older adults and people with disabilities are 23% and 47%, respectively. More Vermonters aged 65 and older are staying in the labor force for financial reasons or for the continued social and health benefits.

Although 2023 and 2024 are the most recent quantitative data available for these indicators, we know qualitatively that federal funding cuts to public benefits programs are contributing to more financial strain. It is likely that future years' data will reflect greater food and economic insecurity, which reinforces how critical state and local efforts are to ensure people and communities remain healthy and well amid a high cost of living.

What are we doing?

There are five key strategies in the Plan that the state must pursue to achieve this goal:

1. Expand programs that ensure everyone has consistent, dignified access to food.
2. Promote sustainable systems and policies that create food security.
3. Maximize the reach and impact of existing public benefits for a stronger safety net.
4. Advocate for policies that contribute to financial well-being.
5. Enhance pathways to education and employment for all people in Vermont.

The following are examples of activities carried out over the past year that supported these strategies and contributed to achieving Vermont's goal. They were led by many different organizations, sectors, and communities across the state.

- The **Chittenden County Regional Planning Commission** submitted the 2026 Chittenden County Regional Plan for final review by the Land Use Review Board in May 2026. The Plan is a roadmap for creating systems that ensure individual and community health, financial security, and environmental well-being, while maintaining Chittenden County's economy, natural resources, infrastructure and long-term resilience. It highlights how regional planning frameworks and guidance can be used to address issues like food security, civic engagement and climate resilience across the state.
- The **Vermont Housing and Conservation Board** operates the Vermont Farm & Forest Viability Program. This program provides individualized business assistance to farm and forest-based businesses to help strengthen the local food and forest economy. In 2025, 71% of businesses that the program worked with increased gross sales, 82% added new jobs, and program clients accessed $5.4 million in grants and loans.
- **Act 76, Vermont's landmark childcare law**, has increased families' access to affordable childcare and offered more stability to providers. In September 2025, nearly 12,000 children were enrolled in childcare financial assistance, up from 7,500 in September 2023. Sliding scale financial assistance is available to families at or below 575% of the

federal poverty level, one of the highest in the country. The **Vermont Department of Children and Families** continues to explore ways to make the program easier to navigate, including launching a Program Eligibility Screener that allows families to see if they qualify before beginning the full application.

- The **Public Assets Institute** advances racial, social, and economic justice through research and developing and promoting policies that state government can enact. As part of their 2025 work leading the Anti-Poverty Tax Credit Coalition, the Public Assets Institute successfully advocated for expanding the Vermont Child Tax Credit to include 6-year-olds, resulting in approximately 5,000 more eligible children. The earned income tax credit was also expanded for 11,500 low-income workers between the ages of 25-64.
- **HireAbility** operates the Opioid Recovery Employment Program to help people in recovery to find and maintain employment. It uses a team model, including a case manager, employment consultant, and Employee Assistance Program Counselor. The team supports participants to craft employment goals, arrange work experiences, coordinate with mental health and substance use providers, and offer counseling and coaching as needed. Ashley's story highlights the positive impact of the program.

Partner Spotlight

Vermont Sustainable Jobs Fund

Vermont Sustainable Jobs Fund (VSJF) is nonprofit organization committed to nurturing Vermont's sustainable economy through innovation, collaboration, and systems-level change. They provide business assistance, supply chain coordination, network development, and strategic planning across five key sectors — agriculture and food systems, forest and fiber products, waste management, renewable energy and environmental technology.

VSJF aims to build a more prosperous, resilient, food secure and equitable food system. A key initiative is the Farm to Plate Network, which partnered across sectors to develop Food Security in Vermont: Roadmap to 2035. The Roadmap outlines shared action to improve access to healthy local food for all Vermonters. Farm to Plate and the Vermont Food Security Coalition, a network group that launched in 2024, are committed to following the Roadmap through coordinated action, strategic partnerships, and advocacy. The goals of the Roadmap are that government ensures food security for all in Vermont, Vermont farms have the resources to be resilient, and communities have the tools to support food security. The participatory nature of the development and implementation of the Roadmap is visible in the SHIP Cost of Living strategies, which align with the strategies outlined in the Roadmap. Following the Roadmap together, Vermont can take immediate, effective action to relieve food security crises now, and advance system changes to ensure our collective food security in the future.

Challenges and Opportunities

The high cost of living in Vermont continues to be a major barrier to health and well-being. During the 2024 State Health Assessment, people discussed how the rising cost of essentials like housing, food, transportation and healthcare force people to prioritize certain needs over others, often at the expense of their physical and mental health. This challenge will likely persist due to external factors, such as inflation, geopolitical conflicts that lead to rising energy prices, and reduced federal investment in food assistance and other public benefits programs. It is more important than ever for Vermont to operate effective, efficient, and integrated services. By identifying assets within our communities, such as the programs described above, we can begin to share and build on successful initiatives across the state.

Access to Care

How are we doing?

The State Health Improvement Plan tracks several population health indicators that reflect key barriers to accessing healthcare, including cost, transportation and cultural humility of the healthcare system. In 2024, 8% of adults aged 18 and older did not see a doctor when they needed to because they could not afford it, an increase from 6% in 2022. Rates are even higher for adults of color (13%), adults with disabilities (12%), and LGBTQ+ adults (11%).

In 2024, 5% of adults reported experiencing transportation insecurity in the last year, a decrease from 6% in 2023. This improvement is important, because without consistent transportation, people (especially in rural areas) struggle to access healthcare. However, inequities persist – adults with a disability are seven times more likely to experience a lack of reliable transportation than those with no disability. Black, Indigenous, and People of Color and LGBTQ+ adults are three times as likely to experience transportation insecurity than white, non-Hispanic and heterosexual and cisgender adults.

The percentage of people going out of Vermont for gender-affirming surgery has been steadily decreasing from 85% in 2019, down to 52% in 2022. This indicator provides a partial view into the state of gender-affirming care in the state of Vermont, as there are limitations to how we can quantitatively measure access to high quality gender-affirming care (for example, not all transgender people seek to medically transition).

It is also important to track racial diversity of the healthcare workforce as a measure of the extent to which the state is meeting the needs of people of color, who experience disproportionate health inequities. In 2022, 9% of physicians, physician assistants and nurse practitioners were Black, Indigenous or a person of color.

What are we doing?

There are five key strategies in the Plan that the state must pursue to increase access to inclusive, equitable and affordable healthcare services:

1. Implement healthcare payment and delivery reform initiatives.
2. Expand healthcare services provided in community-based settings.
3. Enhance safe and accessible public transportation options.
4. Support a statewide infrastructure for community health workers.
5. Promote cultural humility in the healthcare system.

The following are examples of activities carried out over the past year that supported these strategies and contributed to achieving Vermont's goal. They were led by many different organizations, sectors and communities across the state.

- **UVM Health** set up new processes in its electronic health record to remind providers to discuss the RSV vaccine with patients and to document the results. They have seen a 400% increase in RSV vaccine administration, from 248 in 2023-2024 to 1,081 in 2025-2026. This corresponds with a reduction in RSV hospital admissions, from 81 in 2023-2024 to 31 in 2025-2026.
- The **VITAL VT Project Team** (Larner College of Medicine, University of Vermont, University of Vermont Health) sought community input into a plan for providing telehealth services at rural libraries to support people with limited access to technology and low digital literacy. They heard from 174 libraries (93% of all Vermont libraries) and more than 450 community members. Nearly three quarters (72%) of respondents said they would be interested in a telemedicine visit in their public library if there was a private space. Next steps include seeking grant funding to pilot a workflow at 1–2 libraries.
- Over the past year, the **802 Smiles Network** expanded access to oral healthcare through 198 active programs in schools and Head Start sites, making it easier for families to get the care they need where their children already are. These community-based programs provide preventive dental services and help families connect with a dental home, so every child has a place for regular care. By reducing absences and supporting children's health, 802 Smiles helps children stay in school and be prepared to learn and thrive.
- **Tri-Valley Transit** leveraged a state Mobility Transportation Innovation grant to increase its recruitment and retention capacity and provide more access to healthcare appointments and other critical services through its Dial-A-Ride program. As a result, staff have been able to participate in more community events to recruit volunteer drivers and make improvements to the volunteer driver training program.
- The **Vermont Association of Community Health Workers** aims to strengthen and unify the Community Health Worker (CHW) workforce. The Association is led by a CHW board and

focuses on advocacy, professional development, and workforce support. The Health Department has provided funding for administrative and operational needs, convenings, and elevating the Association's role statewide. In 2025–2026, the Health Department transferred all CHW branding content and the statewide CHW Newsletter to the Association. They continue to collaborate on non-funded partnership activities, such as developing shared resources or supporting internship opportunities.

- **Special Olympics Vermont** hosted seven Healthy Athletes Screenings for people with intellectual and developmental disabilities. They screened 418 athletes, 150 of whom received referrals for follow-up care. They also provided hands-on training during these screenings to 179 healthcare professionals and students, allowing them to learn best practices when working with people with intellectual and developmental disabilities.

Partner Spotlight

Mt. Ascutney Hospital and Health Center

Mt. Ascutney Hospital and Health Center has reduced its waitlist by over 75%, increasing access to care for the community. This was accomplished by calling each person on the list to assess the urgency of their needs and fast-tracking appointments for those with existing records in the Dartmouth Health system. They also offered other pending patients the opportunity to complete a medical history questionnaire and medication assessment during their first appointment, rather than waiting for medical records, which often significantly delays this process.

Mt. Ascutney Hospital and Health Center also continues to partner with Southeastern Vermont Transit (also known as the MOOver) to provide no-cost, on-demand microtransit within the community from 6 a.m. to 6 p.m., Monday through Friday. This service was promoted through the pilot "MicroMOO May," which highlighted the service and collected stories from riders and community members about how it has enabled a dignified mobility experience and increased access to health, wellness, education, connection and employment. For example, Stephanie from Windsor shared that "the MicroMOO has been a lifesaver for me as I don't have any (transportation). I use the bus for all my shopping, doctors, and PT appointments."

Challenges and Opportunities

The uncertain federal landscape affects funding and policy that is critical to Vermont's ability to increase — or even maintain — access to inclusive, equitable, and affordable healthcare services. Reductions in Medicaid funding and eligibility are receiving particular attention, which should be leveraged to ensure there are strong community partnerships in place to reach members and help them navigate these changes. New funding from the Rural Health Transformation Grant is also available to help make care more accessible and better

tailored to the needs of rural communities. Although the funding is short-term, it offers a chance to invest in Vermont's healthcare infrastructure.

In addition, federal efforts to curb diversity, equity and inclusion initiatives are making it difficult to effectively communicate the goals of some health and social service programs and reach the populations who could most benefit. This provides an opportunity for state government and community partners to come together to reaffirm — through action and messaging — Vermont's commitment to meeting the needs of the most marginalized populations, such as Black, Indigenous, and people of color, immigrants and refugees, LGBTQ+ people, and people with disabilities.

Mental Health & Substance Use

How are we doing?

The State Health Improvement Plan tracks several population health indicators to track progress towards strengthening the capacity of the mental health and substance use services system, such as suicide deaths, tobacco use among students and adults, and chronic absenteeism from school.

The suicide death rate peaked in 2021 (22 per 100,000 people) and has decreased each year over the past three years, with 2024 being statistically lower than 2021. The percent of students in grades 9 through 12 who used cigarettes, electronic vapor products, cigars or smokeless tobacco in the past month decreased from 28% in 2019 to 18% in 2023. Adult tobacco use has also declined. In 2024, 16% of adults aged 18 and older used cigarettes, e-cigarettes or smokeless tobacco, compared to 19% in 2021. For both youth and adults, tobacco use is higher among people with disabilities, people of color and LGBTQ+ people.

Chronic absenteeism is also a public health concern that affects students' academic success and long-term health. Some of the root causes of chronic absence include limited access to healthcare, housing instability, and mental health or substance use challenges within the family. In 2019, 18% of students were chronically absent from school. That number more than doubled by 2022 to 42% during the COVID-19 pandemic. As of 2025, there was a decline in chronic absenteeism to 25%. Students with disabilities, students living in poverty, and unhoused students have higher rates of chronic absenteeism.

What are we doing?

There are six key strategies in the Plan that the state must pursue to strengthen the capacity of the mental health and substance use services system to support individuals and communities.

1. Provide integrated services for mental health, substance use, and physical health needs.
2. Recruit and retain diverse mental health and substance use providers.
3. Expand the peer workforce and the availability of peer support services.
4. Support community service organizations to deliver trauma-responsive care.
5. Strengthen community- and school-based programs that promote social well-being and connectedness.
6. Expand equitable access to existing mental health and substance use services.

The following are examples of activities carried out over the past year that supported these strategies and contributed to achieving Vermont's goal. They were led by different organizations, sectors and communities across the state.

- Vermont's **Designated Agencies** are transitioning into Certified Community Based Integrated Health Centers (CCBHCs). CCBHCs help people get care for mental health, substance use and basic physical health needs, all in one place. Agencies are improving service delivery with reports of faster intake times, increased use of peer support and better outcomes for individuals with complex, co-occurring needs.
- **The Clara Martin Center** is expanding services to meet growing community needs. Over the past year, the Child and Family Program has seen a significant increase in outpatient services for youth. The Clara Martin Center repurposed an existing space to create a teen and community center to enhance clinical services for children and families.
- **Vermont Association for Mental Health Addiction & Recovery (VAMHAR)** launched the Recovery Friendly Workplace Initiative in September 2025. This program educates and supports employers across the state to better recruit, retain and provide advancement opportunities for individuals in or seeking recovery from substance use disorder. A key goal is to create more inclusive workplaces with a focus on stigma reduction and employee well-being. There are 25 employers in the program, representing over 2,700 employees across Washington, Orange, Lamoille, Addison, Windsor, and Chittenden counties.
- **Washington County Mental Health Services** offered The Doula Project, providing free prenatal, labor and postpartum support to pregnant individuals in the area. Support is approached with the understanding that people experiencing mental health issues, cognitive limitations, trauma, or addiction have a unique set of needs. This initiative aims to improve mental health outcomes through evidence-based care, often partnering with Central Vermont Medical Center.

- **VT State University's** Center for Social Justice and Trauma-Responsive Care hosted a two-day wellness conference in fall 2025 for 30 first responders and their families. The conference included presentations and panels discussing the impact of repeated trauma exposure to first responders and their loved ones. It also provided opportunities for building skills to intercept these impacts through workshops and activities.
- **Mental Health Urgent Care** programs provide immediate support for Vermonters experiencing acute mental health needs. Designed as accessible alternatives to hospital emergency departments, they offer assessment, stabilization, and connection to ongoing care in community-based settings. In 2025, 1,277 Vermonters used urgent care services accounting for 10,951 visits. Nearly every visit resulted in same-day support and stabilization. Of new people seen, 88% engaged in agency services in the next 30 or more days.
- Four **school-provider teams**, with assistance from the **Vermont Child Health Improvement Program** and the **Catamount Community Schools Collaborative**, came together over the last year to address chronic absenteeism through standardized assessment protocols, targeted family outreach, engagement and referral to relevant service providers, and learning opportunities for educational and health practitioners.
- The **Education Justice Coalition of Vermont**, in partnership with the Youth 4 Change at the Root Social Justice Center, has reached over 300 youth and supportive adults in the last 9 months through projects such as the Summer Social Justice Camps, Camp Free to Be supporting BIPOC students, and the Youth Organizing Training Program. These projects aim to build protective factors, including a sense of belonging and trusted adults, while giving youth the tools and confidence to effect change in their own schools and communities, creating more equitable and inclusive spaces for all.
- The **MyTime Program**, formerly known as Rocking Horse Circles of Support, was recently updated and relaunched across Vermont, with offerings in six locations across the state, and more planned in the coming months. MyTime is a community-based program developed for women who are at risk of developing a substance use disorder.

Partner Spotlight

Collective Learning Institute of Vermont (CLI-VT)

The CLI-VT is the Vermont Association for Mental Health Addiction & Recovery (VAMHAR) online learning management system. It was created to provide CEU-bearing professional development opportunities for the peer and clinical behavioral health workforce. It reflects the diversity of Vermont's recovery and mental health communities and promotes a holistic continuum of care that values every voice. Emphasis is placed on developing trainings that center the lived experience of rural Vermonters, Black, Indigenous, and people of color, older adults, and young people.

With more than 45 courses currently on the platform, learners can engage in a wide range of educational opportunities. As one user recently stated: "the Collective Learning Institute of VT has enhanced my learning in my role as a Recovery Coach. These classes are very informative by offering me a chance to increase my knowledge at my job. There is a wide range of classes which I take full advantage of on a weekly basis."

The program is on track for a 250% increase in utilization in its second year: in the six months between September 2025 and March 2026, there were 104 unique users, compared to 82 in the previous 12 months.

Challenges and Opportunities

Vermont continues to experience difficulties in hiring and retaining mental health and substance use providers, which is made worse by factors like the rising cost of living and access to housing. In addition, the uncertainty of federal funding is negatively impacting the state's ability to strengthen the capacity of the mental health and substance use services system. It is hard to predict which programs will continue to receive support, which hinders longer-term planning and sustainability. It also leads to a focus on preserving existing resources and services, limiting our ability to address emerging needs. Despite these challenges, there is a growing willingness and urgency among different partners to work together more efficiently and effectively to maximize resources.

How to get involved

Become an implementation partner

There is a lot of great work happening across Vermont that contributes to the goals of the State Health Improvement Plan. We invite organizations leading this work to be partners in implementing the Plan. This is a unique opportunity to highlight your work and help tell the story of how we are working to achieve our state health goals. The Plan is also a tool that

you can use to guide improvements to your programs or advocate for resources that support your work.

There are different ways to be an implementation partner. You can choose what works best for your program or organization:

- **Share an activity you are already doing**: Include one or more activities underway at your organization that can be highlighted in the State Health Improvement Plan.
- **Champion a new activity**: Identify a new activity you would like to lead, such as implementing or improving a program or advocating for a policy that supports the state's goals.
- **Join a workgroup**: meet monthly to collaborate with and learn from other state agencies, community organizations, and people with lived expertise on successes, challenges, and opportunities in implementing the State Health Improvement Plan.

Tell us how you're using the Plan

We want to highlight stories of how organizations have used the Plan to guide the development of policies, programs or actions that contribute to achieving the state's health goals. For example, did you use the Plan to advocate for resources? To inform a strategic plan? To coordinate with other organizations on a project?

If you are interested in becoming an implementation partner or sharing a story of how you have used the Plan, contact katie.stetler@vermont.gov.