

The title "Vermont Prevention Inventory: Findings" is displayed in a large, white, sans-serif font. It is positioned on the right side of a green rectangular area that has a torn-paper edge on its left side. To the left of this green area is a white silhouette of the state of Vermont, which contains several horizontal green bars of varying lengths, suggesting a list or inventory. The background of the slide is a photograph of a forest with trees in autumn colors (yellows, oranges, and reds) under a blue sky.

Amy Livingston
Oct 26, 2020

Prevention Inventory Overview



Pacific Institute for Research and Evaluation (PIRE) was contracted by the Vermont Department of Health (VDH) to develop an inventory of substance misuse prevention services throughout Vermont.

- The development of this inventory was requested by the legislature through Act 82.
- Nicole Rau Mitiguy from the VDH Division of Alcohol and Drug Abuse Programs (ADAP), along with the Substance Misuse Prevention Oversight and Advisory Council (SMPC), provided oversight for this work.

The PIRE Team



- Pacific Institute for Research and Evaluation (PIRE) is a not-for-profit research organization that has a strong focus on substance misuse prevention, including projects in 16 states across the country
- Long history of evaluating prevention projects for VDH/ADAP, including RPP and other large SAMHSA-funded projects

Our team on this project includes:

- **Vermont-based staff:**
 - Amy Livingston
 - Vanessa Berman
- **Chapel Hill (NC)-based staff:**
 - Bob Flewelling
 - Sean Hanley

Project Scope



- Create an inventory of organizations and programs whose mission or stated objective includes the prevention of substance misuse, or that are implementing strategies that have the prevention of substance misuse as an objective or anticipated benefit.
- Purpose is to provide information to help guide the state's efforts to better coordinate prevention programs across state and community agencies, with the goal of achieving a more effective and efficient statewide substance misuse prevention system.

Defining substance misuse prevention

We have characterized programs using two frameworks:

Institute of
Medicine (IOM)
classifications of
prevention



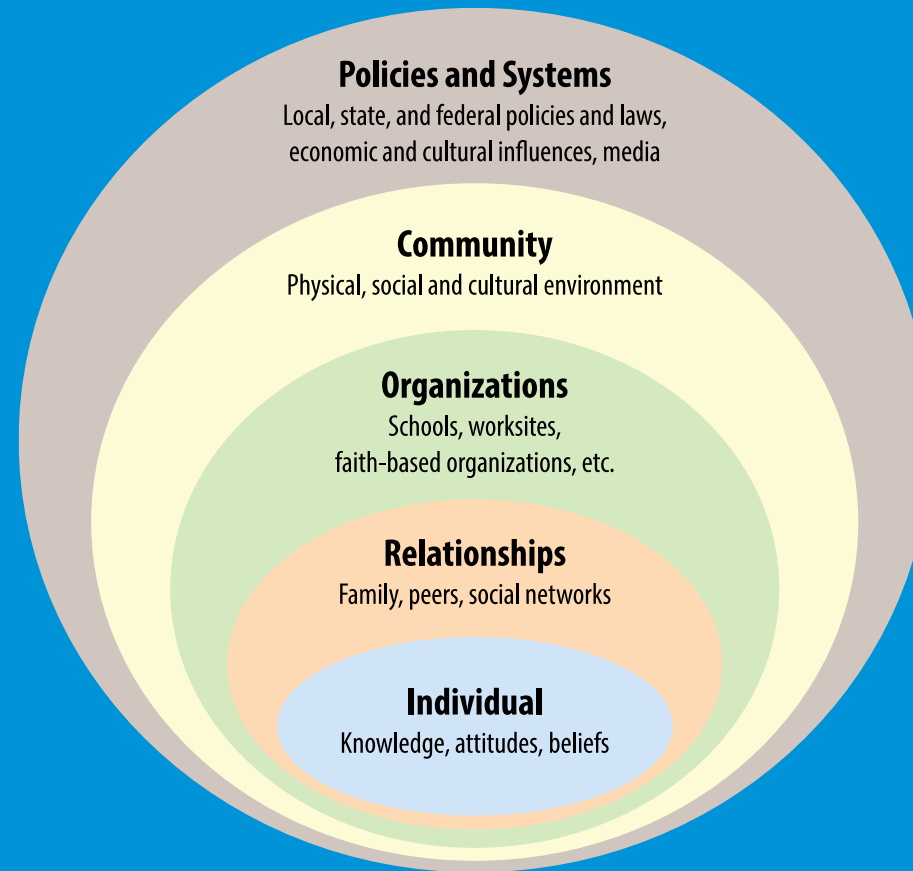
The Vermont
Prevention Model



Institute of Medicine (IOM) classifications of prevention

- **Universal prevention** assumes all members of the population share the same general risk for substance misuse, although the risk may vary greatly among individuals.
- **Selective prevention** focuses on subsets of the total population that are thought to be at higher risk for substance misuse.
- **Indicated** includes programs targeted to individuals or groups who are (or have been) already misusing substances, and for this inventory includes harm reduction, treatment, and recovery strategies.

Vermont Prevention Model



Data sources



Stakeholder
interviews



Prevention
Inventory
Survey



Stakeholder Interviews

33 different stakeholders with knowledge of substance misuse prevention services in Vermont, representing members of the following agencies and organizations:

- Substance Misuse Prevention Oversight and Advisory Council (SMPC)
- VDH District Offices
- VDH Division of Alcohol and Drug Abuse Programs ADAP
- VDH Division of Health Promotion and Disease Prevention (HPDP)
- VDH Division of Maternal and Child Health
- Agency of Education
- Department of Liquor and Lottery
- Department of Mental Health
- Department of Public Safety
- Department of Children and Families
- State Office of Highway Safety
- Prevention Works
- Vermont Afterschool
- MENTOR Vermont
- Association of Student Assistance Professionals of Vermont



Prevention Inventory Survey


- Online survey was sent to 362 organizations identified through the stakeholder interviews to collect information on the characteristics of programs and services
- Survey questions asked about organization and program type, program objectives, funding sources and duration, substances of focus, populations and geographic area served.
- The survey was open for the month of August

The report includes...



- Information collected from 111 organizations that completed the survey
 - including all but four organizations that are known to have substance misuse prevention as a primary focus and a wide range of other organization types
 - Reflects one particular point in time – August 2020

The report does not include...

- 
- Information on prevention activities being implemented within schools (except as part of afterschool programs, or in some cases when reported by a community partner)
 - Information on prevention activities being implemented directly by ADAP and other state entities (e.g. statewide media messaging, prescription medication disposal program, activities of Prevention Consultants and other staff in the Offices of Local Health, etc.

Selected Findings

Three parts

1. Organization level
2. Program level
3. Gaps and other observations



Organization level findings

N=111 for the following charts

Figure 1.

Number of each organization type

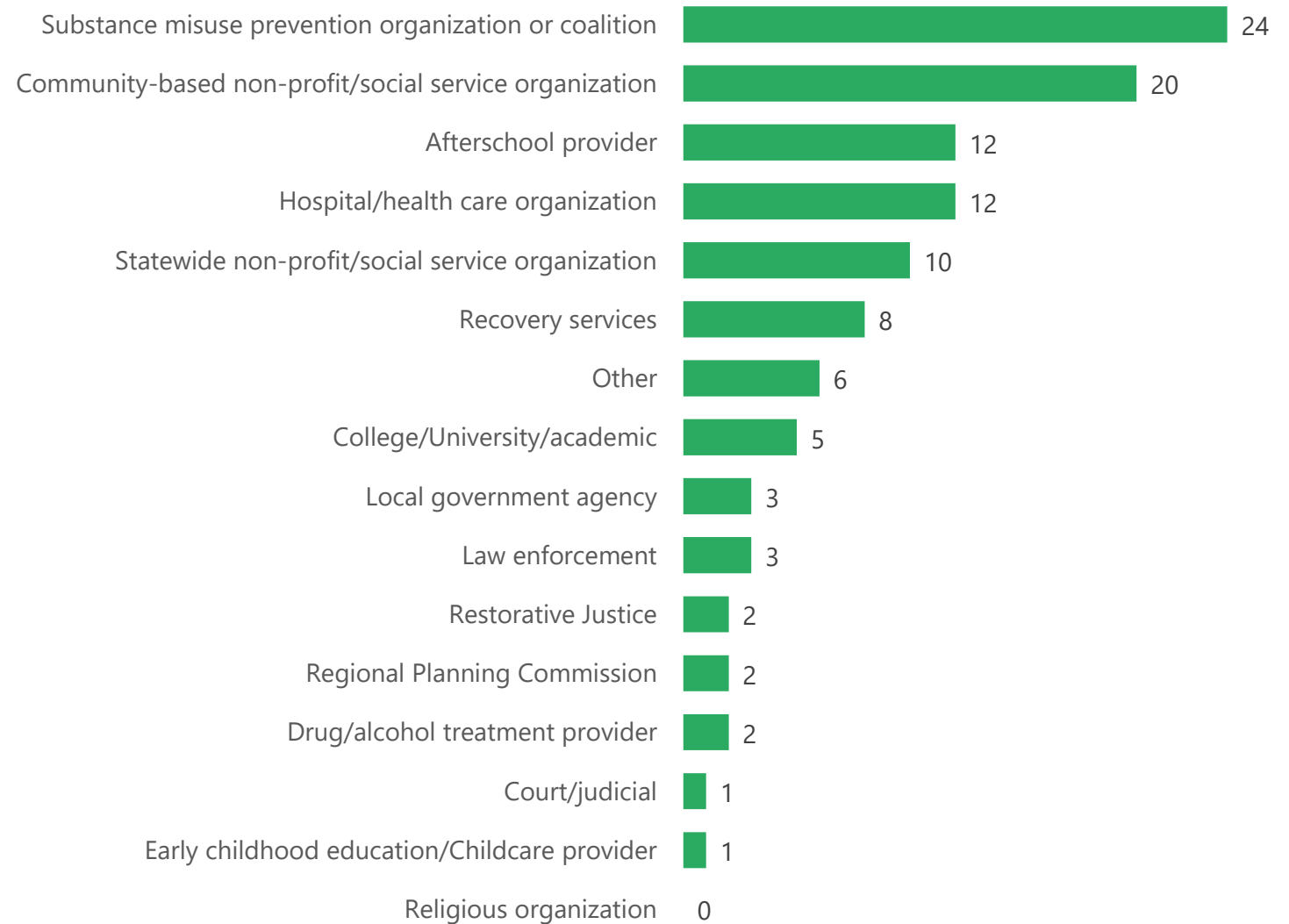


Figure 2.

Number of organizations with substance misuse prevention as primary mission, primary objective of programs, or anticipated benefit or outcome of programs.

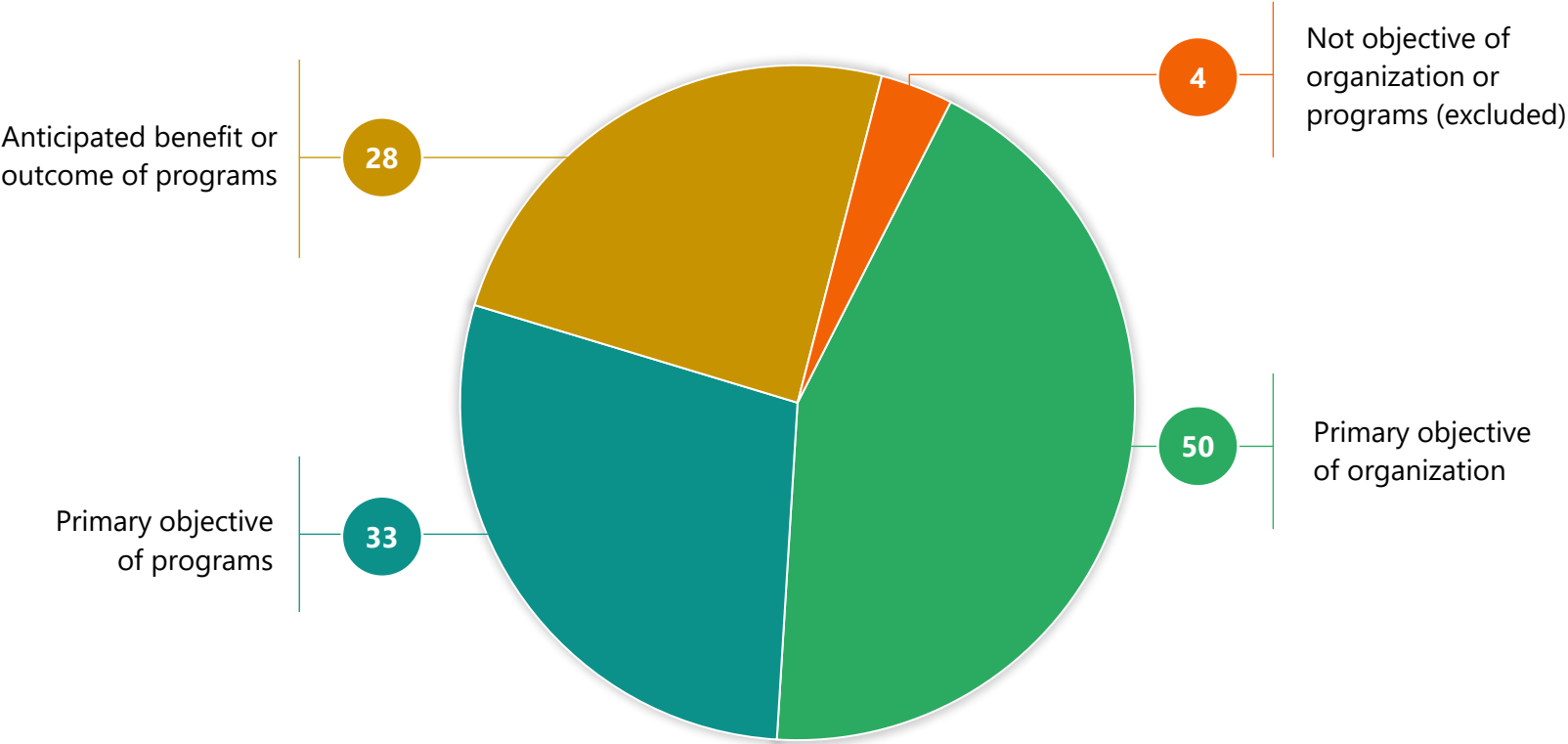


Figure 3.

Has your organization followed a structured planning process (e.g. the Strategic Prevention Framework, Plan-Do-Study-Act, etc.) to guide the selection, planning, and implementation of its programs and interventions?

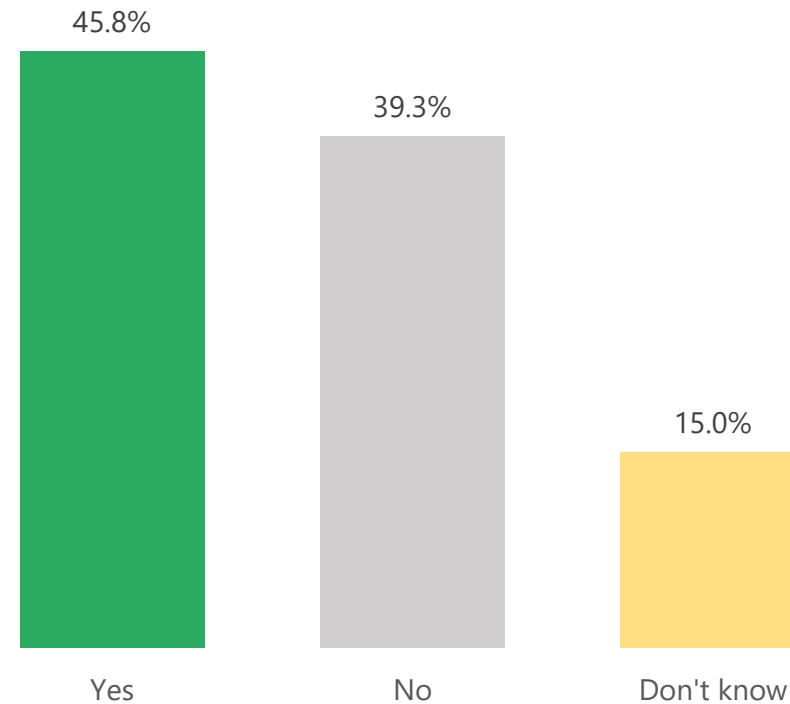
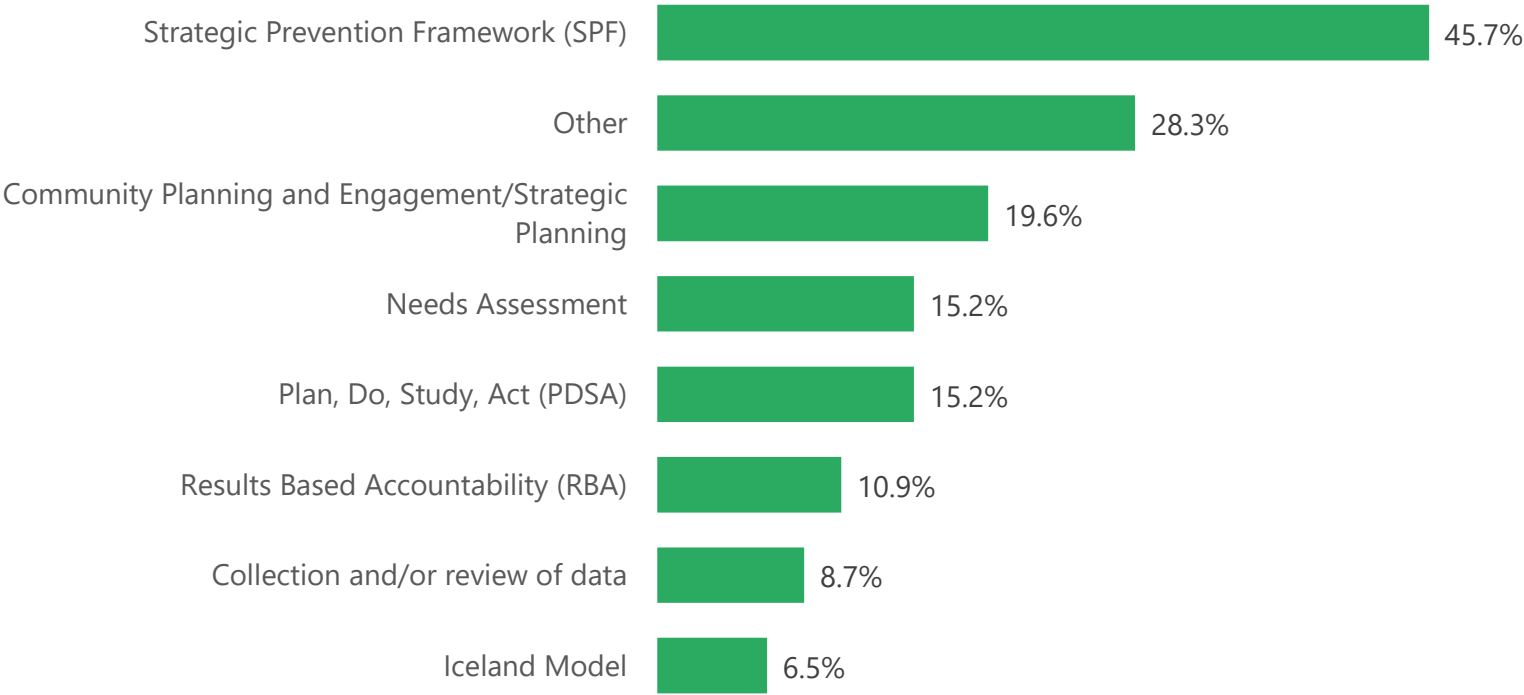


Figure 4.

Type of structured planning process used

Note: Because multiple types of planning processes could be reported, percentages sum to more than 100.



Program level findings

A total of 358 programs were reported, but not all questions were answered for every program so the N for individual items may be lower than 358.

Figure 8.

Among all programs reported, percent that are each program type

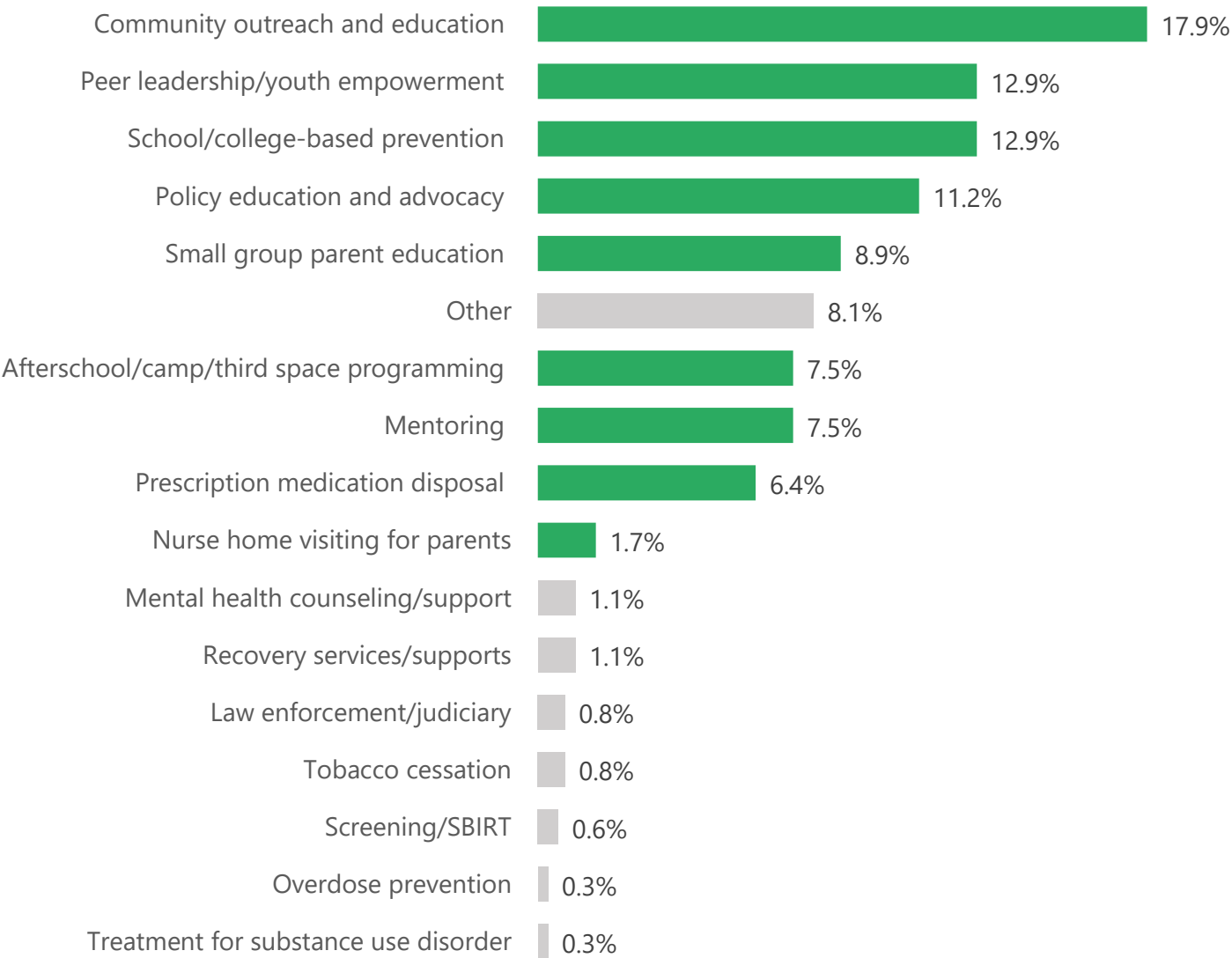


Figure 9.

Percent of programs at each level of the Vermont Prevention Model

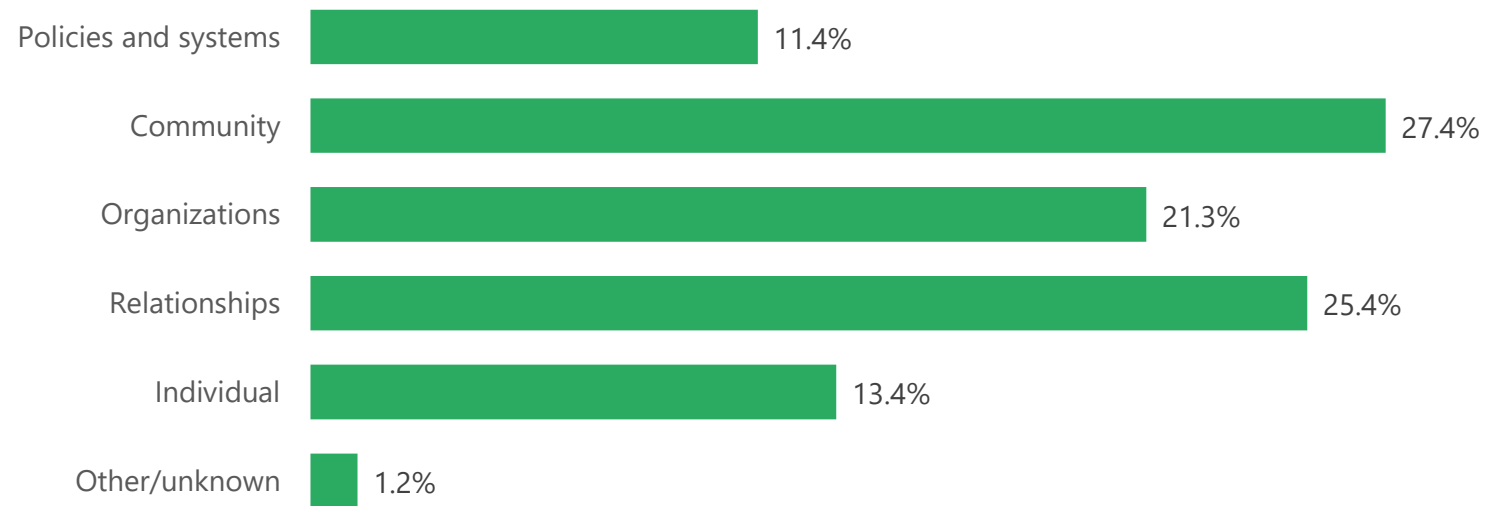


Figure 10.

Percent of programs
at each of the IOM
prevention levels

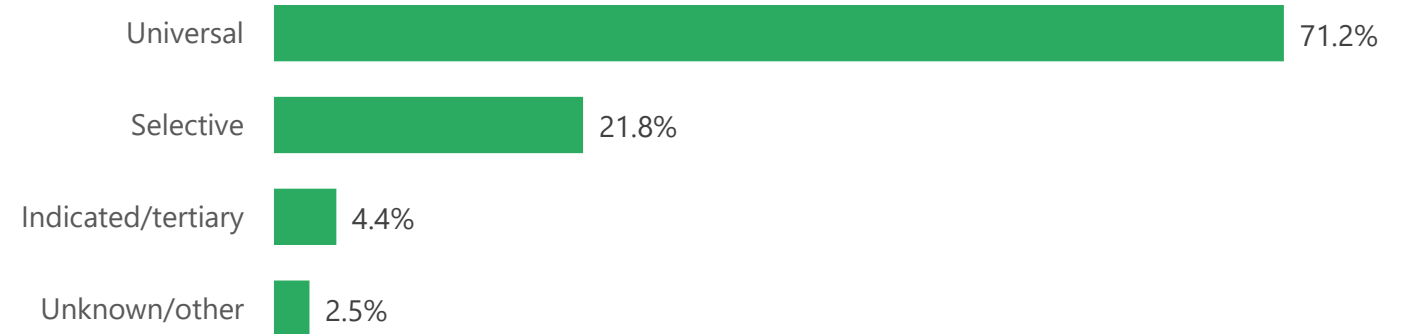


Figure 11.

Is the prevention of substance misuse an explicit component or focus of this program or intervention?

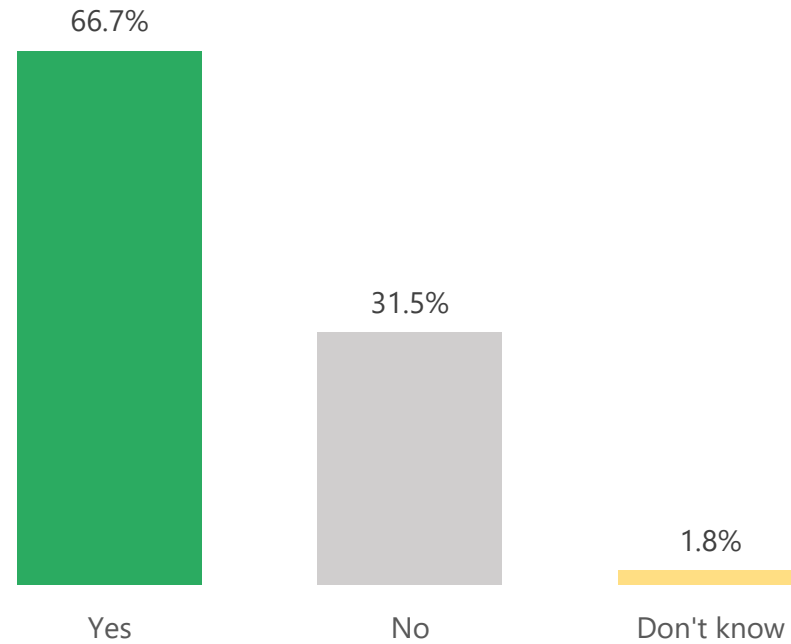


Figure 12.

Percent of programs
by substance(s) of
focus

Note: Because multiple substances
could be reported, percentages sum
to more than 100.

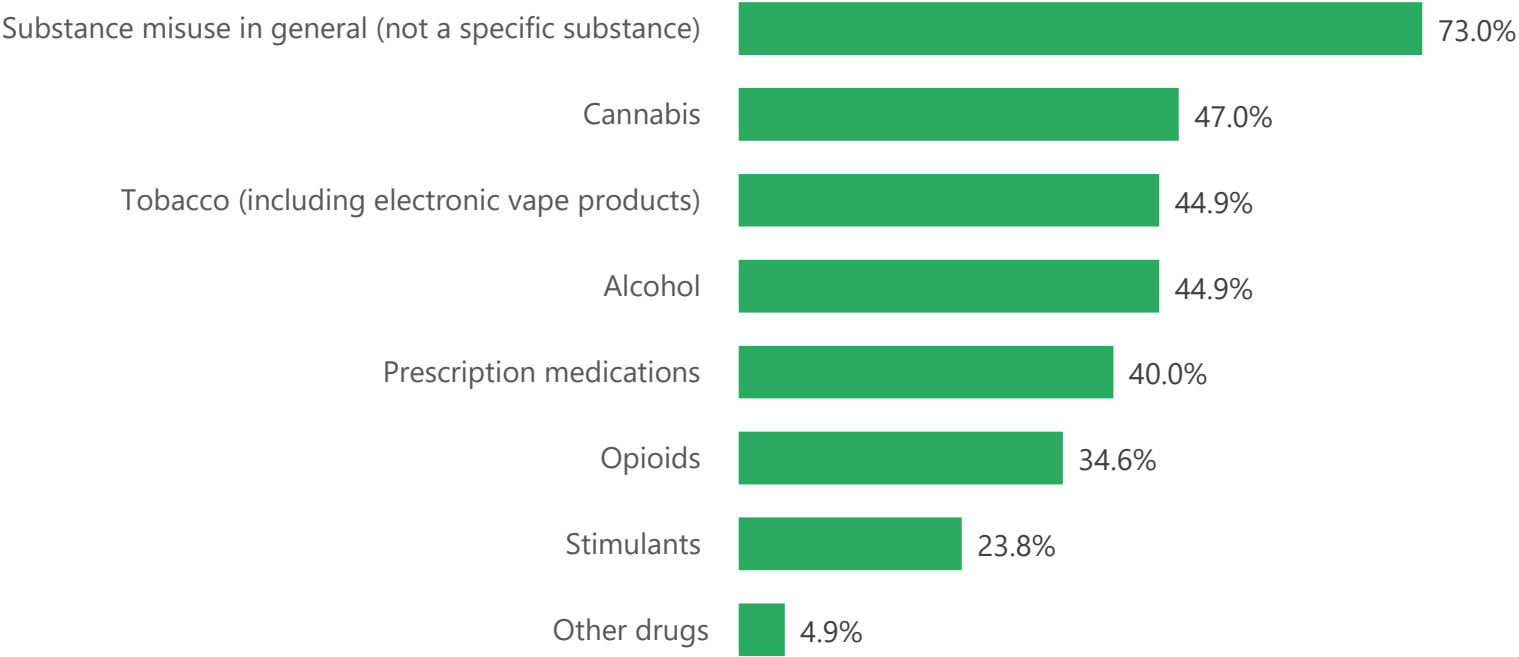


Figure 13.

Percent of programs
by population(s)
served

Note: Because multiple populations
could be reported, percentages sum
to more than 100.

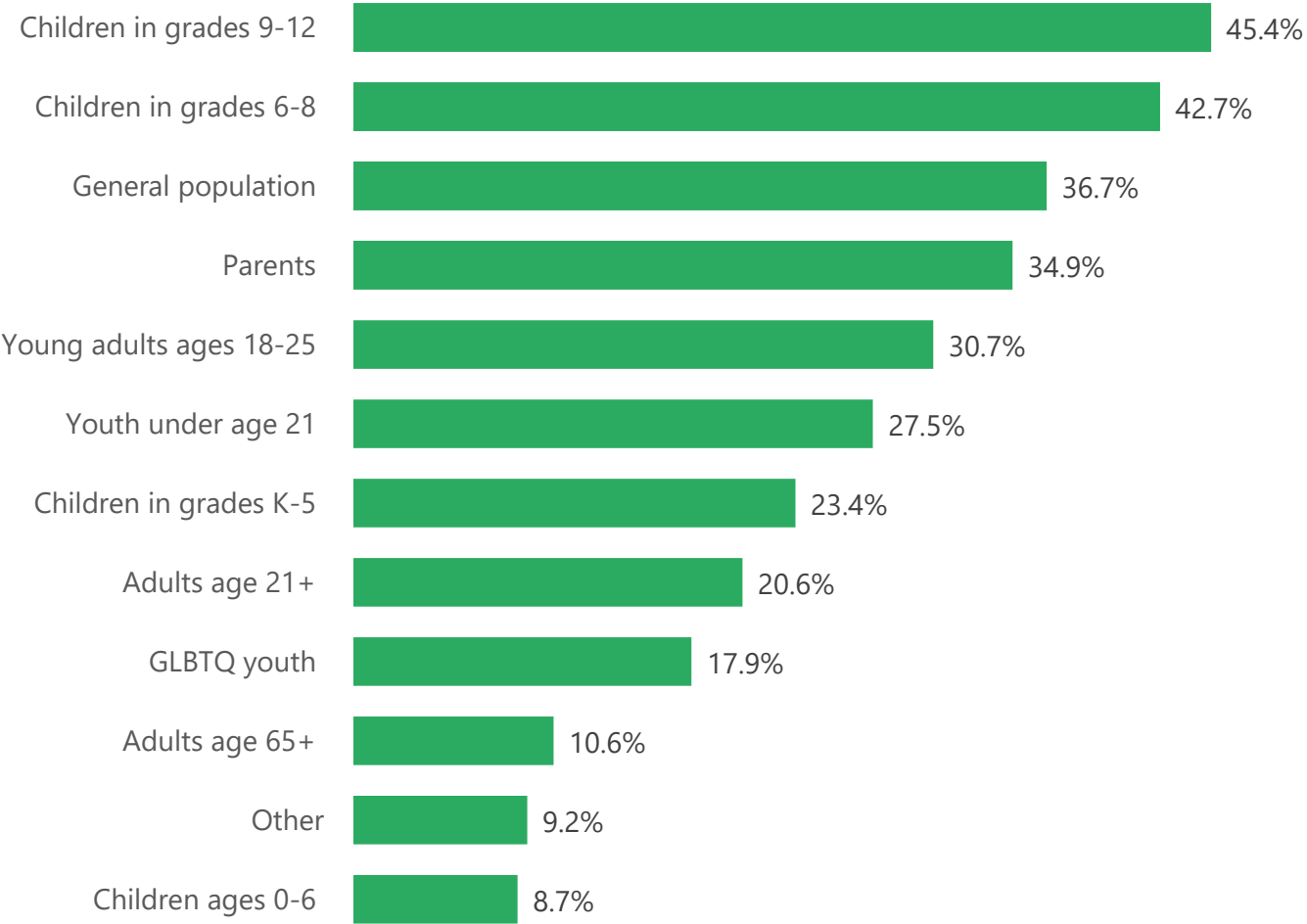


Figure 14.

Percent of programs
by geographic area
served

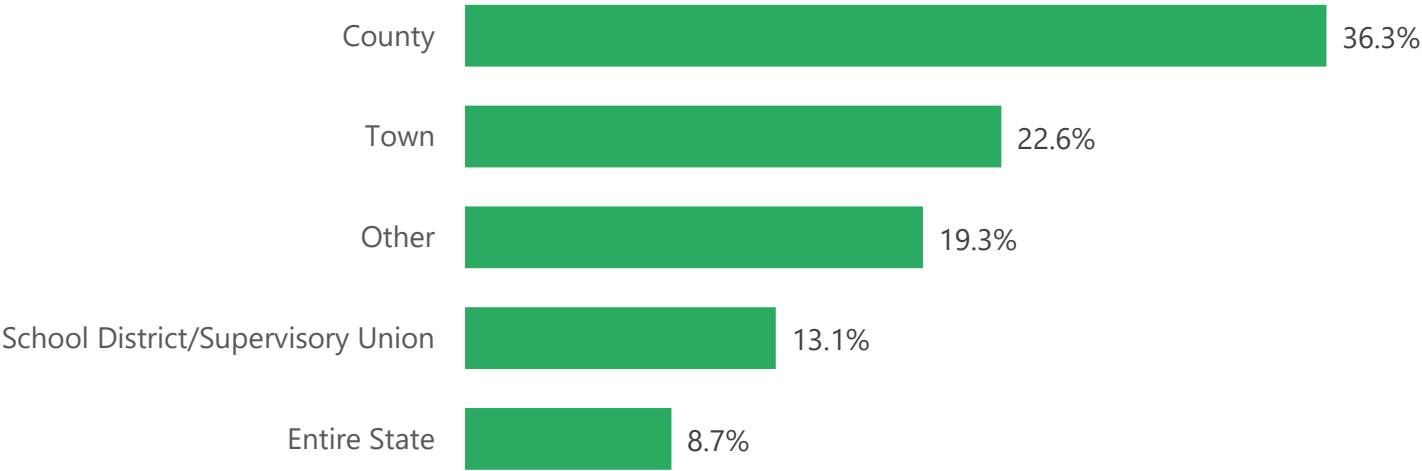
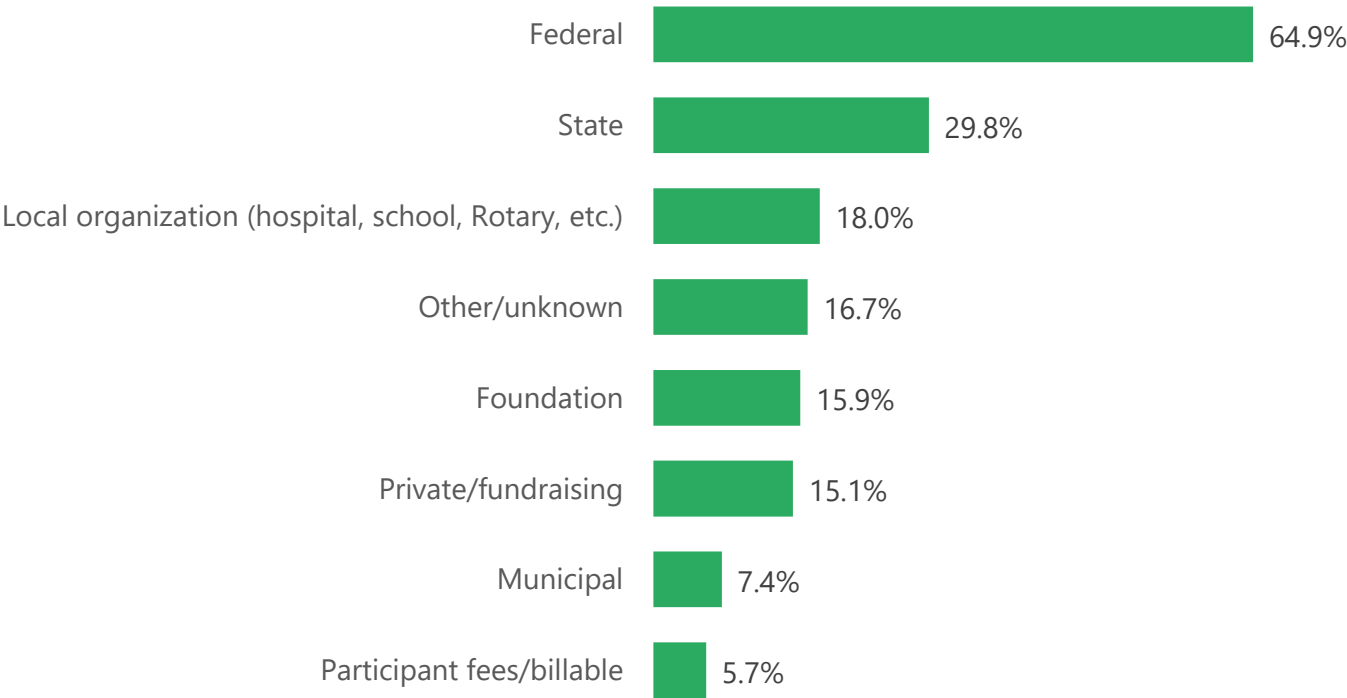


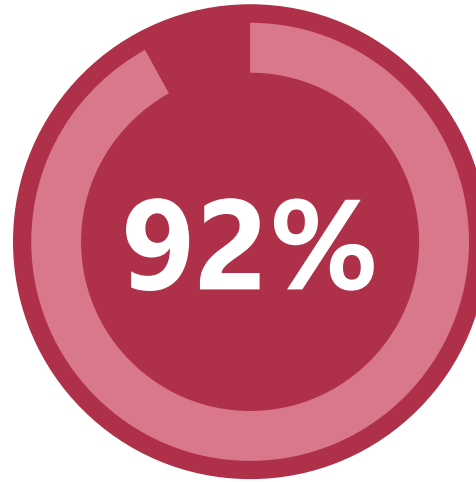
Figure 15.

Percent of programs with each type of funding source

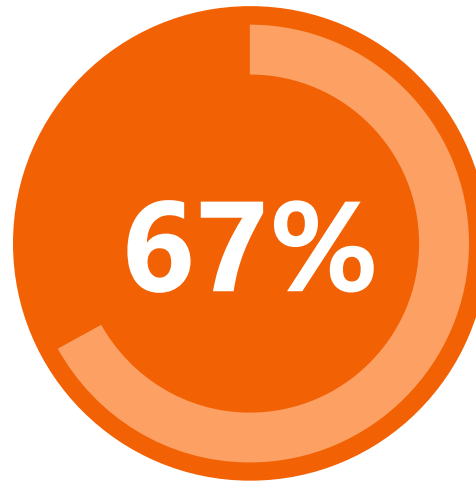
Note: Because multiple funding sources could be reported, percentages sum to more than 100.



Findings from other funding variables



of programs indicated a
funding end date of
December 2021 or before

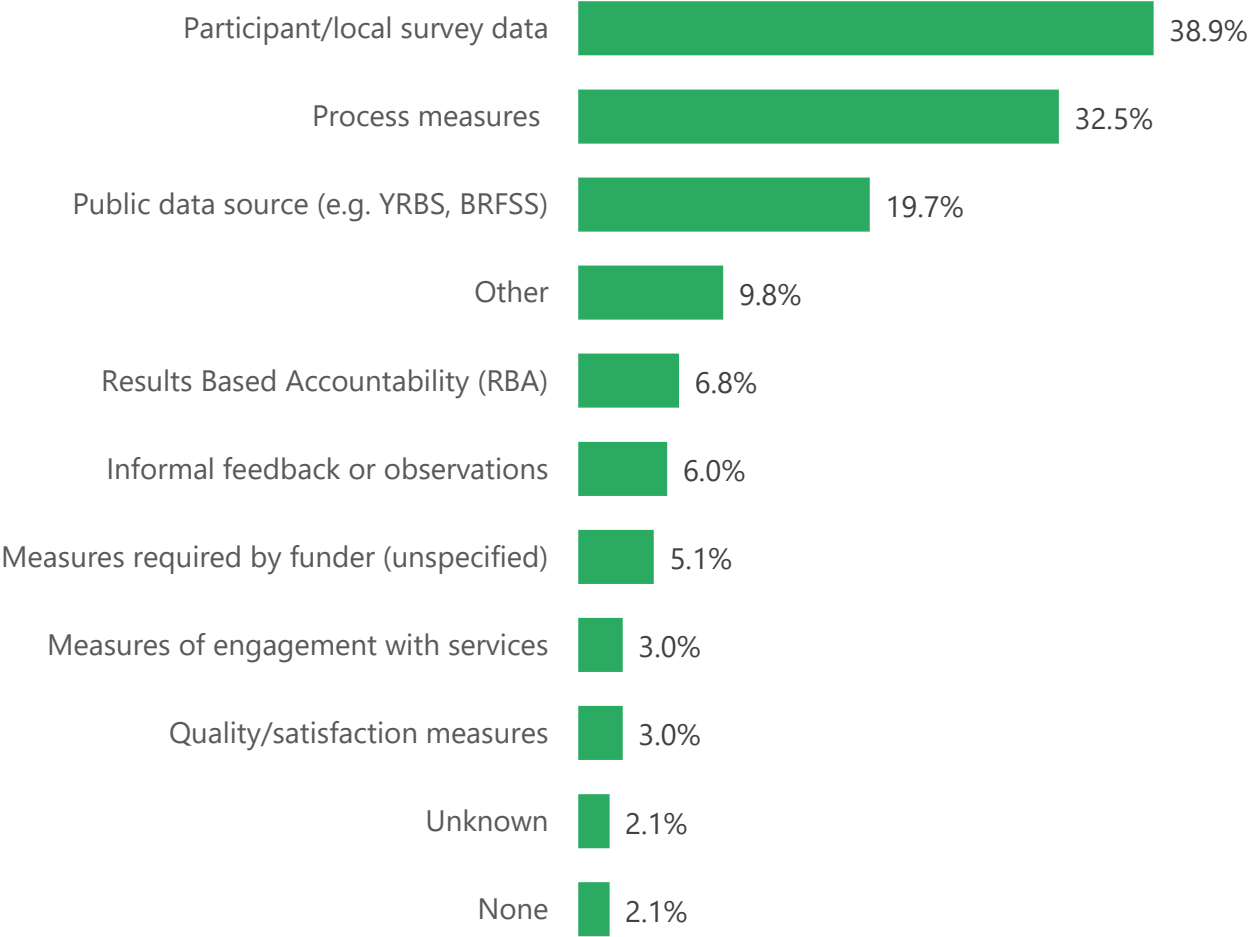


of programs had
funding for a total of
two years or less.

Figure 16.

How program outcomes are measured

Note: Because multiple outcome measures could be reported, percentages sum to more than 100.



Gaps and other observations

Table 2.

Number of
Organizations with
Prevention Focus
Types by County(ies)
Served
(N=111)

County	SM prevention is primary focus of <u>organization</u>	SM prevention is primary focus of one or more of its <u>programs</u>	SM is anticipated benefit but not primary focus of any of its programs	Any Type
Addison	5	5	4	14
Bennington	5	2	3	10
Caledonia	5	4	2	11
Chittenden	13	4	6	23
Essex	3	4	0	7
Franklin	7	5	1	13
Grand Isle	4	1	4	9
Lamoille	3	3	3	9
Orange	5	3	4	12
Orleans	4	4	3	11
Rutland	5	6	2	13
Washington	5	3	3	11
Windham	6	1	1	8
Windsor	8	6	6	20
Statewide	7	7	4	18
Totals	85	58	46	189

Table 3.

Number of
organization Types
by County(ies)
Served
(N=111)

County	Substance misuse prevention org or coalition	Community based non-profit	Statewide non-profit	Hospital or health care org	Law enforcement	Recovery services	College or University	Afterschool provider	Other	Any org type
Addison	1	4	3	1	0	0	1	3	1	14
Bennington	4	1	1	0	0	1	1	1	1	10
Caledonia	2	1	3	1	0	1	1	1	1	11
Chittenden	5	5	4	1	1	1	4	1	1	23
Essex	1	1	2	1	0	1	0	0	1	7
Franklin	2	1	3	3	1	1	1	0	1	13
Grand Isle	2	1	2	2	0	0	1	0	1	9
Lamoille	1	1	1	0	1	1	1	1	2	9
Orange	3	2	1	2	1	0	0	3	0	12
Orleans	2	3	2	0	0	1	1	1	1	11
Rutland	2	3	2	2	0	1	1	1	1	13
Washington	1	5	1	0	0	0	1	1	2	11
Windham	4	0	3	0	0	0	1	0	0	8
Windsor	6	3	2	5	0	0	1	0	3	20
Statewide	1	2	7	1	1	1	2	0	3	18
Totals	37	33	37	19	5	9	17	13	19	189

Table 4.

Number of Universal, Selective, and Indicated/Tertiary Programs by County(ies) Served (N=358)

County	Universal	Selective	Indicated/Tertiary	Other or Unknown	Any Level
Addison	19	7	1	1	28
Bennington	20	6	0	1	27
Caledonia	19	3	2	1	30
Chittenden	37	13	4	5	68
Essex	13	2	1	0	18
Franklin	26	7	2	2	46
Grand Isle	19	5	2	0	28
Lamoille	14	2	0	1	27
Orange	19	4	1	0	26
Orleans	14	7	1	1	23
Rutland	24	7	2	2	35
Washington	15	8	2	2	31
Windham	26	5	0	1	33
Windsor	38	12	5	3	62
Statewide	19	10	1	0	31
Totals	322	98	24	20	513

Table 5.

Number of Universal or Selective Programs at Each Level of the Vermont Prevention Model by County(ies) Served (N=294)

County	Policies and systems	Community	Organizations	Relationships	Individual	Any Level
Addison	1	5	7	7	6	26
Bennington	2	8	5	7	4	26
Caledonia	2	8	5	4	3	22
Chittenden	4	16	10	14	6	50
Essex	2	7	3	2	1	15
Franklin	3	10	5	12	3	33
Grand Isle	3	5	3	10	3	24
Lamoille	1	4	6	5	0	16
Orange	2	7	4	7	3	23
Orleans	2	5	5	5	4	21
Rutland	3	10	6	7	5	31
Washington	2	5	4	6	6	23
Windham	4	9	6	8	4	31
Windsor	7	18	10	9	6	50
Statewide	6	5	7	9	2	29
Totals	44	122	86	112	56	420

Table 6.

Number of Universal
or Selective Programs
Serving Each
Category of Youth, by
County(ies)
(N=294)

County	Ages 0-6	Grades K-5	Grades 6-8	Grades 9-12	Under age 21	GLBTQ youth
Addison	1	5	8	10	11	6
Bennington	0	3	11	9	5	2
Caledonia	2	6	10	7	4	2
Chittenden	4	7	14	16	10	8
Essex	5	9	10	9	7	6
Franklin	3	2	5	10	6	1
Grand Isle	2	3	5	8	4	1
Lamoille	0	2	4	4	4	2
Orange	2	7	11	10	4	4
Orleans	3	7	9	7	5	6
Rutland	0	4	12	11	9	3
Washington	0	4	4	5	2	0
Windham	0	5	11	11	3	3
Windsor	3	12	20	19	13	5
Statewide	1	4	9	10	5	3
Totals	26	80	143	146	92	52

Table 7.

Number of Universal
or Selective Programs
Serving Each
Category of Adults,
by County(ies)
Served
(N=294)

County	General population	Ages 18-25	Adults 21+	Adults 65+	Parents
Addison	1	7	3	2	5
Bennington	6	3	0	0	3
Caledonia	7	7	5	4	5
Chittenden	11	14	8	6	15
Essex	7	10	9	7	9
Franklin	11	7	2	1	8
Grand Isle	8	6	1	0	7
Lamoille	1	3	3	1	3
Orange	5	4	4	2	6
Orleans	6	7	6	5	8
Rutland	9	9	5	3	8
Washington	4	4	5	4	3
Windham	6	7	1	0	5
Windsor	14	15	6	2	10
Statewide	10	6	5	1	6
Totals	106	109	63	38	101

Table 8.

Number of Universal or Selective Prevention Programs Focused on Substance Types by County(ies) Served (N=186)

County	Substance misuse in general	Alcohol	Tobacco, (including vape)	Cannabis	Opioids	Stimulants	Prescription Meds	Other drugs
Addison	16	8	3	10	3	2	3	1
Bennington	9	5	4	5	4	1	4	2
Caledonia	9	8	6	10	7	6	8	1
Chittenden	25	17	14	16	9	5	16	2
Essex	8	9	9	10	9	6	6	2
Franklin	11	8	10	7	6	3	7	1
Grand Isle	7	3	7	3	2	1	3	1
Lamoille	9	6	5	6	2	2	4	1
Orange	13	9	9	9	9	8	9	0
Orleans	13	7	8	9	7	4	4	2
Rutland	17	11	10	10	9	8	13	1
Washington	8	0	0	0	0	0	0	0
Windham	9	11	11	10	8	6	10	2
Windsor	23	19	17	19	16	11	21	4
Statewide	11	0	0	0	1	0	0	0
Totals	188	121	113	124	92	63	108	20

Limitations



- Only have detailed information for those organizations who responded to the survey
- Differing interpretation of some survey items
- Findings regarding gaps in geographic coverage are limited to the county level and therefore do not address gaps within counties.
- Some organizations that are engaged in substance misuse prevention activities may not have been identified through the interview process for inclusion in the survey
- COVID-19

Summary

STRENGTHS

- Vermont has an established network of organizations that together are providing relatively comprehensive prevention services in almost every region of the state.
- Multiple organizations that have a primary focus of substance misuse prevention in every county.
- Multiple universal and selective prevention programs being implemented in every county.

GAPS

- Fewer programs that serve the very youngest and oldest Vermonters.
- Short duration of most program funding
- Significant reliance on federal sources of funding, resulting in uneven levels of prevention funding and services from one year to the next.
- Lack of reliable data on the cost of implementing specific programs

Recommendations

- Consider supporting a similar process to inventory substance misuse prevention programs and services being implemented within schools
- Explore additional options for services and programs that can be delivered to families with very young children and also to older adults
- Consider providing training or technical assistance to prevention service providers on budgeting and tracking their costs at the program level.
- Consider making the prevention inventory a regularly updated or “live” resource. Explore additional ways of analyzing the data and making them available to policy makers and prevention providers.

Recommendations continued

- Continue to encourage and expand the use of evidence-based strategies and promote high quality implementation.
- Sustain a regional structure for prevention across the state, as initiated by the PFS and RPP grant programs.
- Advocate for “rainy day” funding for prevention services from the state during years in which federal funding is less available.
- Develop explicit standards or definitions for what constitutes a statewide prevention-focused system of care, and how to identify “gaps” in that system.

We sincerely thank the following for their contributions to this project:

- State of Vermont for providing funding
- Nicole Rau Mitiguy, ADAP's Substance Misuse Prevention Manager
- Kelly Dougherty, Deputy Commissioner of Health
- Cynthia Seivwright, Director of ADAP
- Lori Tatsapaugh Uerz, ADAP's Director of Prevention and Recovery Services
- Rhonda Williams, Division of Health Promotion and Disease Prevention's (HPDP) Chronic Disease Prevention Chief
- Members of the SMPC, Health District Office Directors, ADAP Prevention Consultants, and all of the stakeholders who participated in interviews
- All of the organizations who responded to the Vermont Prevention Inventory Survey.

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Substance Misuse Prevention Oversight and Advisory Council Performance Measures

Nicole Rau Mitiguy, Substance Misuse Prevention Manager

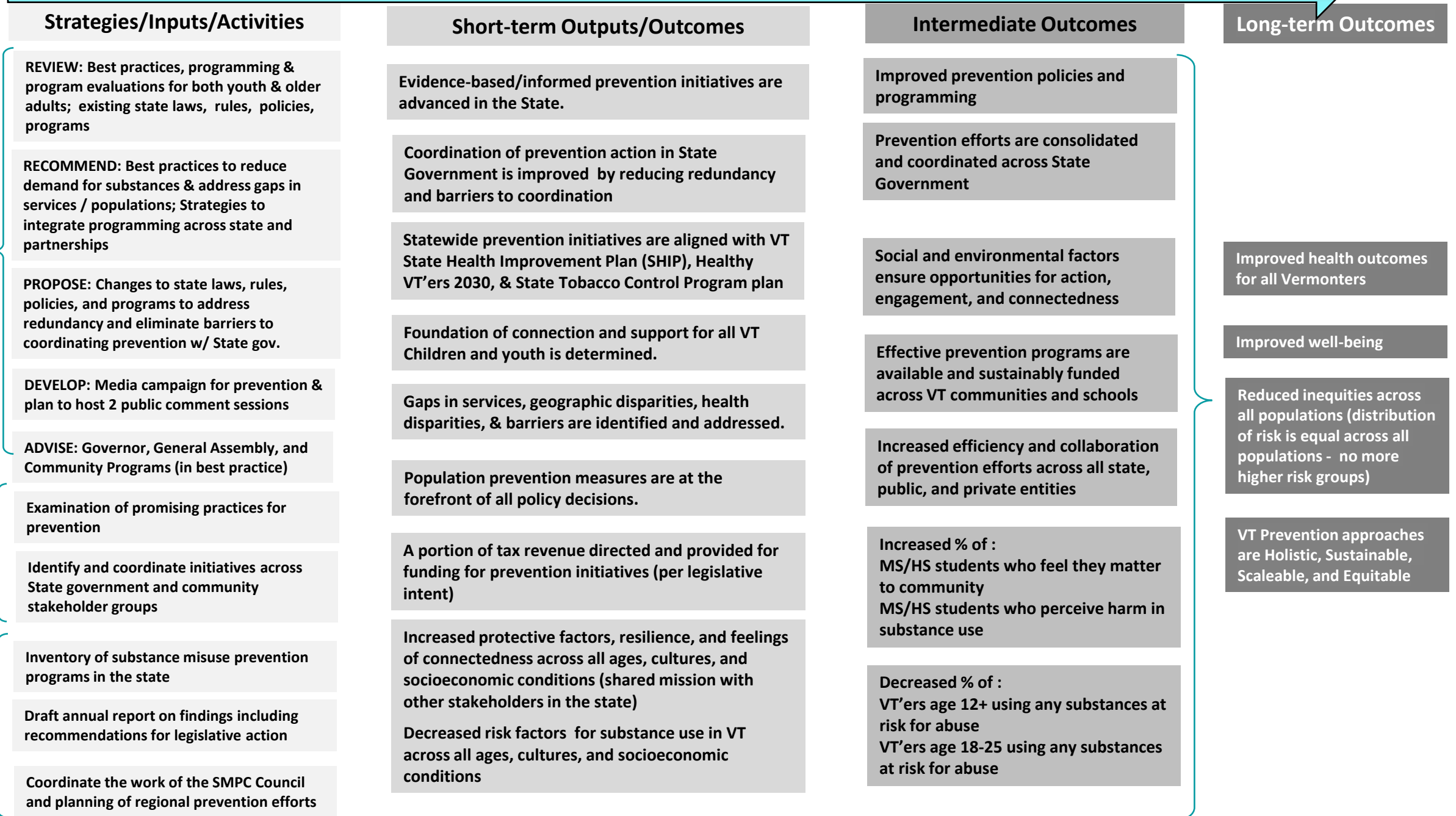
October, 2020

Logic Model: ACT 82, relating to substance misuse prevention

SMPC Council

[CPO] – VACANT ROLE

Substance Misuse Prevention Manager



Per the SMPC Logic Model, the SMPC has 5 action items.

- **REVIEW:** Best practices, programming & program evaluations for both youth & older adults; existing state laws, rules, policies, programs
- **RECOMMEND:** Best practices to reduce demand for substances & address gaps in services / populations; Strategies to integrate programming across state and partnerships
- **PROPOSE:** Changes to state laws, rules, policies, and programs to address redundancy and eliminate barriers to coordinating prevention w/ State gov.
- **DEVELOP:** Media campaign for prevention & plan to host 2 public comment sessions
- **ADVISE:** Governor, General Assembly, and Community Programs (in best practice)

REVIEW: Best practices, programming & program evaluations for both youth & older adults; existing state laws, rules, policies, programs .

- **Review** how states with a tax and regulate system for cannabis with an identified earmark in their cannabis sales budget for substance use prevention used their funding, identifying strengths and weaknesses of how those funds were utilized.
- **Review** and identify best practices for substance misuse prevention with an emphasis on evidence-based practices for cannabis use prevention for youth and young adults.

RECOMMEND: Best practices to reduce demand for substances & address gaps in services / populations; Strategies to integrate programming across state and partnerships

- Identify gaps in Vermont's system of prevention by utilizing the information provided in the Inventory of Substance Misuse Prevention Services, in comparison to the evidence-based practices identified by the Council; make recommendations to the General Assembly based on this analysis and identification with an emphasis on equity of prevention services across Vermont and across all ages of Vermonters, and supporting resiliency of Vermonters and Vermont communities.
- As requested, provide recommendations to the Department of Health's Divisions of Alcohol and Drug Abuse Programs (ADAP), and Health Promotion and Disease Prevention (HPDP) on their work of substance misuse prevention.

PROPOSE: Changes to state laws, rules, policies, and programs to address redundancy and eliminate barriers to coordinating prevention w/ State gov.

- Identify ways in which opioid overdose prevention can be **integrated into Vermont's prevention system**. Recommendations will be provided to the Vermont Department of Health and the General Assembly.

ADVISE: Governor, General Assembly, and Community Programs (in best practice)

- Develop and propose recommendations to the Vermont General Assembly on how to utilize the 30% excise tax funding to address substance misuse prevention in Vermont, as identified in S. 54, with an emphasis on cannabis use prevention in Vermont.

DEVELOP: Media campaign for prevention & plan to host 2 public comment sessions



Thank you!

Let's stay in touch.

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