

Vermont's Prevention System

SMPC Feedback Session

July 25, 2022

Agenda

- Stakeholder Session Purpose
- Strategic Planning Project Overview
- Literature Review Findings
 - *State Approaches to Prevention*
- Proposed Recommendations
- Guiding Questions



Session Purpose

- **To Inform**

- Share research to inform a recommended model for statewide prevention system and funding mechanism
- Share initial ideas for a programmatic and funding model

- **To Listen**

- Hear feedback, comments and questions on direction



Session Assumptions

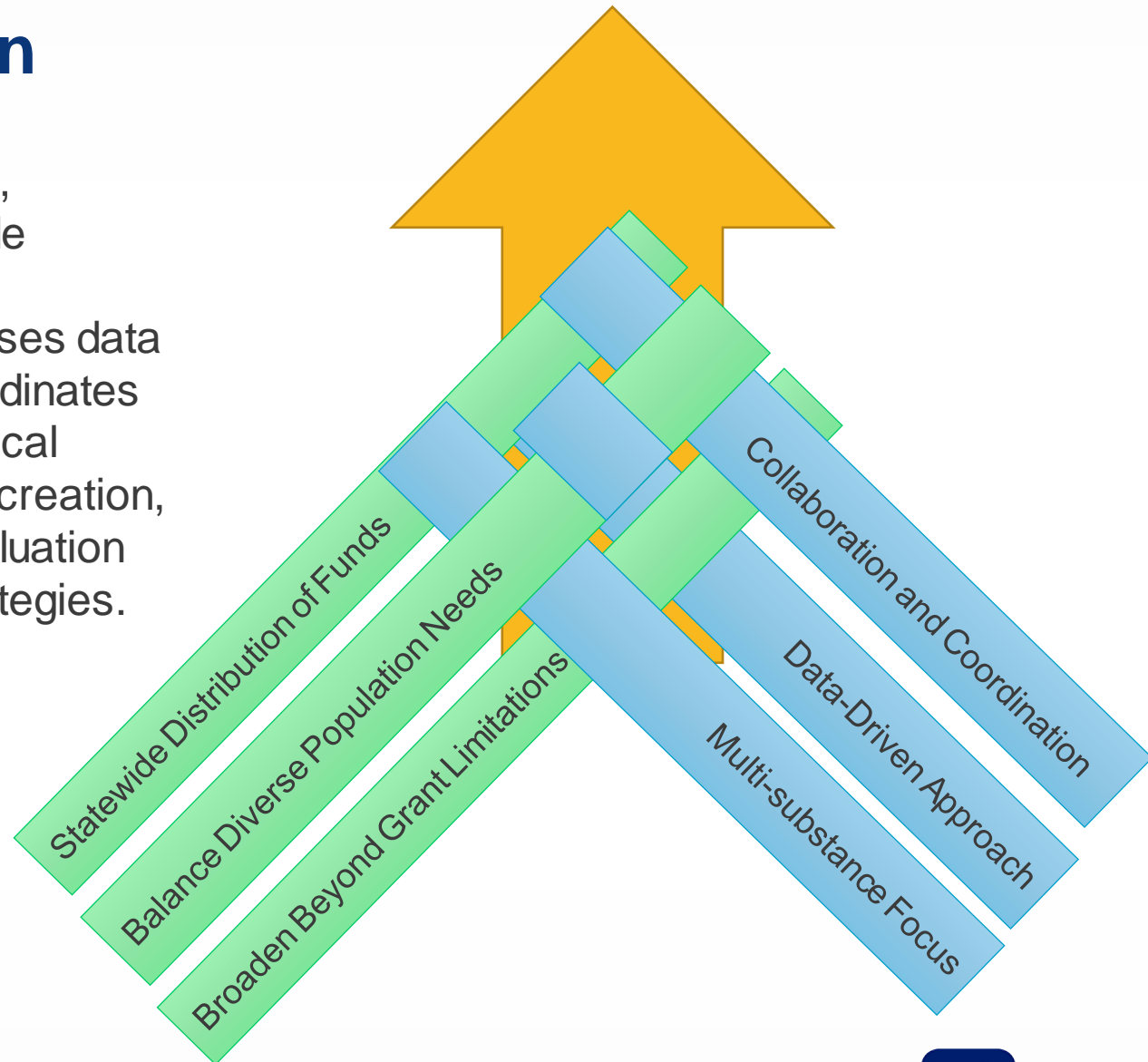
- Stakeholder Engagement
 - Future opportunities for input and feedback
 - 7/28: 1-2PM
 - 8/4: 10-11AM
- Limited, time-bound process



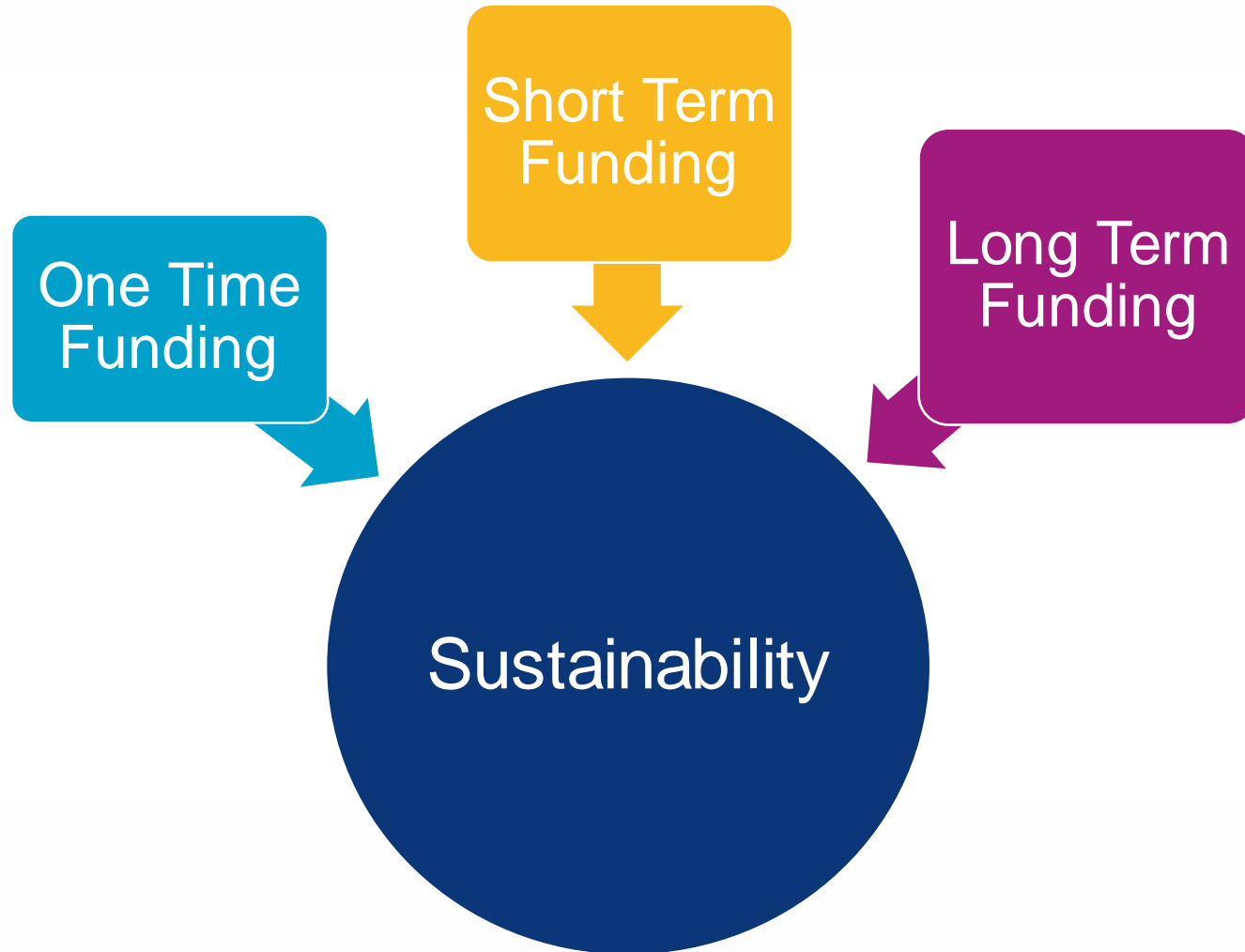
Vision & Mission

Create a comprehensive, sustainable, and equitable statewide substance use prevention system that uses data to inform decisions, coordinates efforts at the state and local levels, and supports the creation, implementation, and evaluation of culturally relevant strategies.

Weave together cross-cutting principles



Working Towards Sustainability for Prevention



Assessment Efforts to Date

Vermont
Prevention
Inventory

Vermont Health
Prevention
Area Map

ADAP Strategic
Plan 2020-
2022

Grantee
Evaluation
Reports

Workforce
Survey



Literature Review Findings

Literature Review Findings

De-Siloed Programming

- **Streamlining primary prevention efforts across state departments**
 - Coordinating beyond Public Health Departments to identify common goals and leverage the role that each state department has in prevention efforts (e.g., education, children/youth/families systems, behavioral health) (Colorado)
 - Consistent messaging across departments to holistically address SDOHs and reflect a united commitment (Boston)
- **Shifting to environmental strategies**
 - Recognizing the limited impact of changing “hearts and minds” of individuals without addressing the larger environment supporting unhealthy behaviors (North Carolina)
 - Addressing a range of substances and likelihood of polysubstance use, rather than individual substance strategies

Need-Based Funding

- **Structuring procurements based on disparity data**
 - Enhancing primary prevention infrastructure through population-specific grant opportunities (Minnesota) or priority applicants (Massachusetts)
- **Tiered funding model**
 - Recognizing that there is no “one size fits all”; providing funding models and theories of change based on community capacity and readiness (Oregon & Massachusetts)



Mini State Comparison

	Maine	Massachusetts	Rhode Island	Vermont
State Authority	Maine Department of Health and Human Services, Center for Disease Control and Prevention, Tobacco and Substance Use Prevention and Control Program	Massachusetts Executive Office of Health and Human Services, Department of Public Health, Bureau of Substance Addiction Services	Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, Prevention Unit	Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP)
Geographic Composition	State level-initiatives including workforce development and mass media One state vendor who oversees 20 community-level partners across ME's 16 counties	~35 regional and town-based grantees for primary prevention efforts	7 Regional Prevention Task Forces that oversee 34 municipal coalitions	12 Prevention Consultants across 12 Public Health Districts; 5 Regional Prevention Partnerships; 3 Centers of Excellence
Prevention Frameworks	SPF, IOM	SPF	SPF, IOM Life Span Care Continuum, Public Health Planning Model	VT Prevention Model, SPF, IOM, 3 Levels of Prevention
Funding Model	Braided for all partners; select grants at state level only	Braided	Braided; with other agencies	By grant
Funding Sources	Federal grants, Fund for Healthy Maine	Federal grants	Federal grants, state cooperative agreements	Federal grants, state general fund

VT's Funding Sources

Gaps

- Some grants overlap geographically
- Some roles overlap
- Lacking statewide coverage

Federal:

1. Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment Block Grant (SABG)
2. School-based Substance Abuse Services Grant
3. SAMHSA Partnerships for Success (PFS)
4. SAMHSA Center for Substance Abuse Prevention (CSAP) Prevention Fellowship Program
5. State Opioid Response Grant (SOR)
6. Drug Free Communities Grants (DFC) –
 - Management of the DFC grant program has transitioned from ONDCP and SAMHSA to ONDCP and CDC

State:

1. State General Fund



Recommendations

Recommendations – State-level

Build shared responsibility for prevention across state departments

- Identify areas for improved coordination among departments for greater impact and improved service delivery

Develop a braided funding model for substance use prevention services

- Weave state, public, and private entities, through a consolidated and holistic approach to prevention that is sustainable, scalable, and equitable

Further clarify and define the Prevention Consultant role in each Health District

- Formal liaison between statewide resources and community-based grantees to support coordination and prevention best practices; identify gaps and champion opportunities



Recommendations – District/Community-level

Establish Community Prevention Leads with Community Prevention Coordinators in each Health District

- Act as the fiscal agent to distribute dollars to network of community-based agencies (partners and providers) in district based on readiness and capacity within state guidance (three “buckets”)
- Lead facilitation of community-based Strategic Prevention Framework process, in partnership with Prevention Consultant and related state resources

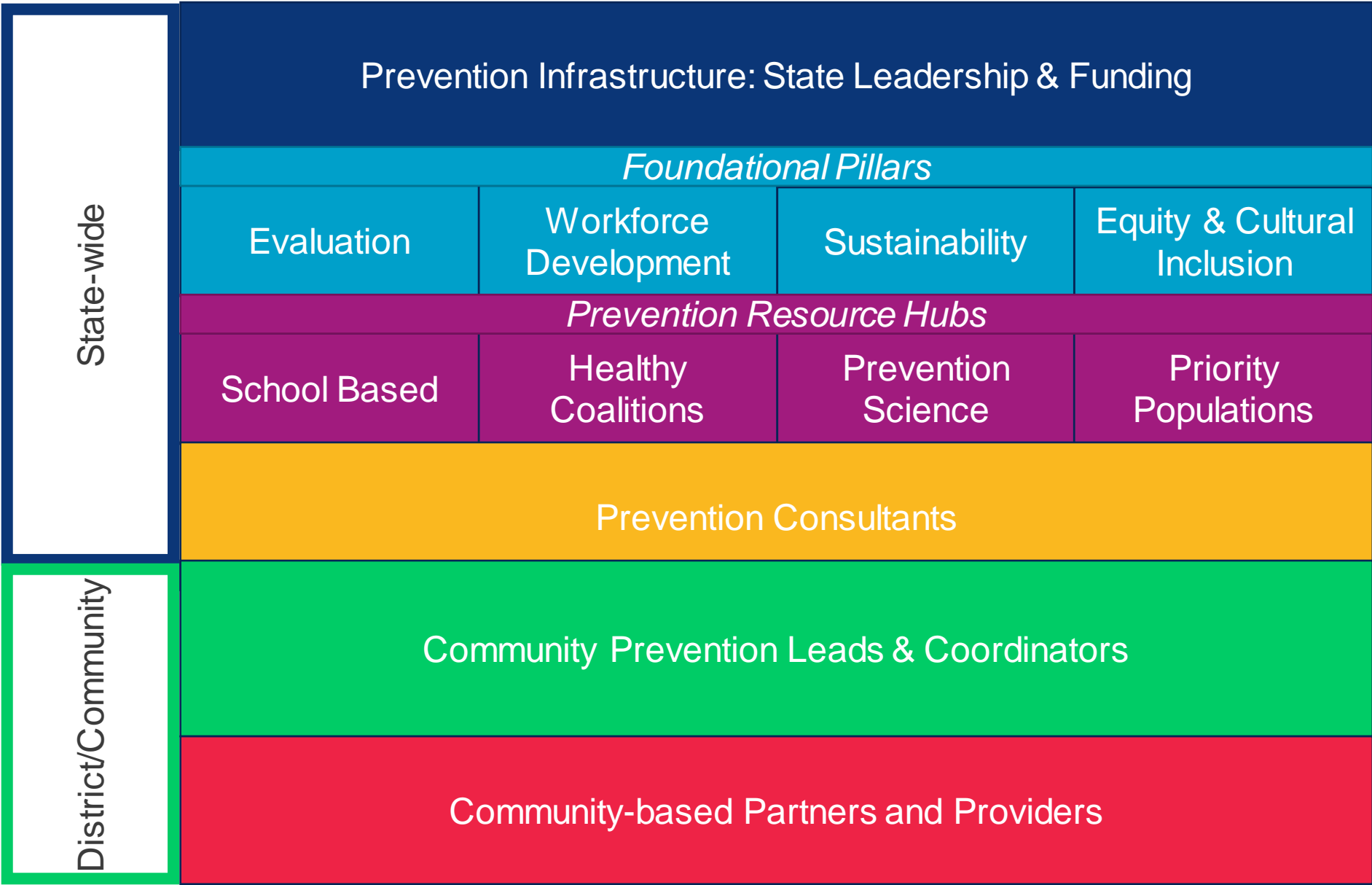
Implement flexible programming and funding based on capacity and readiness

- Each Health District allocated equal base-funding through Community Prevention Lead; additional “layer(s)” of funding granted through methodology weaving indicators of need

Fund specialized entities (Prevention Resource Hubs) to provide technical assistance and training to grantees statewide

- Define statewide technical assistance needs and identify entities with areas of expertise to provide service (e.g., coalition workforce, priority population health, prevention science)





Delineating Primary Functions

Role	Primary Function
Prevention Consultants	Formal liaison between statewide and community-based partners to connect all partners and available resources, and identify gaps and opportunities in district
Prevention Resource Hubs	Define statewide technical assistance needs and identify entities with areas of expertise to provide service
Community Prevention Leads	Act as the fiscal agent to distribute dollars to network of community-based agencies (partners and providers) in district based on readiness and capacity within state guidance (three “buckets”)
Community Prevention Coordinators	Lead facilitation of community-based Strategic Prevention Framework process, in partnership with Prevention Consultant and related state resources



Recommendations – Workforce Development

1. **Establish specialized training, technical assistance and workforce development partners** with identified priorities to support local prevention entities across districts, as well as standard statewide opportunities and expectations
2. **Build funding for workforce development into contracts** for all funded partners to fulfill related expectations of workforce trainings and certifications with associated plan defining workforce goals, as well as have a base funding amount dedicated to developing new tools and trainings to fill gaps and innovation
3. **Create inventory of tools and trainings** through Strategic Prevention Framework cycle, and ensure they are available in an accessible, central location
4. **Develop recruitment and retention plan which includes a VT specific career lattice,** including a plan for workforce best practices such as retention bonuses for staff, paid prevention internships, stipends for supervisors and recruitment materials
5. **Host annual or semi-annual conference and networking opportunities** for all prevention partners and interested cross-sector stakeholders with available CEU's
 - a. Launch a complementary youth conference to encourage perspective sharing and leadership building
6. **Coordinate monthly office hours** or sharing opportunities for coalitions and partners to learn and connect
7. **Leverage and promote New England PTTC for free trainings and resources**



Recommendations – Evaluation

1. **Establish specialized evaluation, data and reporting partners** with identified priorities to support local prevention entities across districts, as well as standard statewide opportunities and expectations
2. **Develop logic model and performance measures** for each component of the prevention system as well as for addressing health disparities and sustainability that lead to programs goals; all plans should work toward a holistic approach to prevention that is sustainable, scalable, and equitable
3. **Focus on community changes and ripple effects**; uplift tangible short-term outcomes in addition to long-term outcomes such as consumption
4. **Continuously measure prevention system** against best practice characteristics and components of a prevention system and perform continuous quality improvement efforts to improve
5. **Identify and implement evaluation tools** to examine how community partners are collaborating, such as the PARTNER tool to analyze social networks
6. **Include youth in the development of the evaluation** through a series of engagement workshops: a) develop questions and data collection, and b) review findings and mobilize information.
7. **Define burden-reducing reporting tools** for all partners to track performance and outcome measures
8. **Leverage data partners or the SEOW to create reports** for partners so they can utilize their data for continuous quality improvement



Guiding Questions

- **How would the system improve as a result?**
- **What may be barriers to implementation?**
- **Challenges / benefits of having an entity/organization serve more than one HD?**
 - **Does this change their role/responsibilities?**
- **Other options or considerations**



Next Steps

- Additional stakeholder engagement sessions at end of July (**7/28: 1-2PM**) & early August (**8/4: 10-11AM**)
- Delineating roles and definitions of each prevention entity in the system – once system is defined

