

**SUBSTANCE ABUSE PREVENTION
& TREATMENT BLOCK GRANT**

VERMONT HUMAN SERVICES PLAN – FY 2013

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Substance Abuse Prevention & Treatment Block Grant

<u>Use of Funds by Goal or Activity</u>	<u>FFY'11 Actual</u>	<u>FFY'12 Estimated</u>	<u>FFY'13 Proposed</u>
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Goal #1 - Administration

To support and plan for the allocation and distribution of Block Grant funds in a manner consistent with the needs of Vermont communities and special populations to include women and those at risk of contracting the AIDS virus; to assess need as well as quality and appropriateness of treatment services and to collect all required data as per Section 509D.

INDICATORS:

- Adult chronic drinking
- Adult binge drinking
- Adult smoking
- DWI arrests
- DWI convictions
- Drinking-driver fatalities
- Deaths attributable to alcohol or drugs

APPROPRIATION: Office of Alcohol &

Drug Abuse Programs	\$1,054,713	\$ 963,490	\$ 963,490
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Goal #2 - Prevention

The goal of primary prevention is to promote healthy (non-abusive) lifestyles through broad based school and community education and prevention programs. The goal of secondary prevention/intervention is to identify high risk populations and to develop intervention strategies to correct abusive characteristics before they become problematic and

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<u>Use of Funds by Goal or Activity</u>	<u>FFY'11 Actual</u>	<u>FFY'12 Estimated</u>	<u>FFY'13 Proposed</u>
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assure that prevention services are available to all Vermont communities.

INDICATORS:

- Student drinking
- Student use of marijuana
- Student use of cocaine
- Student smoking
- Prevention Activities (Management information system under development)

APPROPRIATION: Office of Alcohol & Drug Abuse programs	\$1,609,605	\$1,631,776	\$1,631,776
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Goal #3 - Treatment

Substance abuse treatment will be available and accessible to all Vermont residents in need.

Community-based treatment services which are available to identified target populations; e.g., Corrections clients, women, IV drug users, youth, etc., and to uninsured clients.

Intensive outpatient treatment, is available for substance abusers through a regional system of providers.

Residential treatment and rehabilitation services are provided through two adult short-term programs, two long-term halfway programs, one long-term therapeutic community, and one adolescent facility.

Screening and intervention services for public inebriates through community-based crisis teams. Services include supervision

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and shelter

<u>Use of Funds by Goal or Activity</u>	<u>FFY'11 Actual</u>	<u>FFY'12 Estimated</u>	<u>FFY'13 Proposed</u>
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The State will continue to collaborate with the Department of Mental Health in meeting the needs of substance abuse and mental health clients.

The State has established specific objectives for the treatment of women, outreach and treatment of IV drug users, tuberculosis education and screening, limits on waiting time for admission to treatment and a priority for the admission of IV drug users to treatment.

Substance abuse and mental health treatment providers will collaborate and receive cross training to improve substance abuse assessment/treatment services to ADAP and DMH clients.

INDICATORS:

- Outpatient Admissions
- Outpatient Utilization
- Intensive Outpatient Admissions
- Intensive Outpatient Utilization
- Residential Admissions
- Residential Utilization
- Public Inebriate Interventions
- Dollars saved by Public Inebriate Program (by diversion from jail)
- Mental Health treatment admissions with primary or secondary substance abuse diagnosis
- Mental Health Crisis Team contacts involving alcohol/drug use

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<u>Use of Funds by Goal or Activity</u>	<u>FFY'11 Actual</u>	<u>FFY'12 Estimated</u>	<u>FFY'13 Proposed</u>
APPROPRIATION: 3420060000	\$5,778,487	\$6,103,252	\$6,103,252
Total	\$8,442,805	\$8,698,518	\$8,698,518
<u>Source of Funds</u>			
SAPT Funds	\$5,390,666	\$ 5,379,071	\$ 5,379,071
State General Funds	\$3,052,139	\$ 3,319,447	\$ 3,319,447
TOTAL	\$8,442,805	\$ 8,698,518	\$ 8,698,518

Block Grant Awards

FFY'10 \$5,261,374
FFY'11 \$5,390,666
FFY'12 \$5,379,071

Substance Abuse Prevention & Treatment Block Grant

ALCOHOL AND DRUG ABUSE AND MENTAL HEALTH SERVICES
BLOCK GRANT APPLICATION FOR FY 2008

State Name: VERMONT

1. STATE AGENCY TO BE THE GRANTEE FOR THE SAPT BLOCK GRANT

Agency Name: AGENCY OF HUMAN SERVICES

Organizational Unit: DIVISION OF ALCOHOL AND DRUG ABUSE PROGRAMS

Street Address: DEPARTMENT OF HEALTH, 108 CHERRY STREET

City: BURLINGTON Zip Code: 05402

II. CONTACT PERSON FOR THE GRANTEE OF THE ADMS BLOCK GRANT

Name: James Giffin

Agency Name: AGENCY OF HUMAN SERVICES

Street Address: 108 CHERRY STREET

City: BURLINGTON Zip Code: 05401

III. STATE EXPENDITURE PERIOD

From: 10-1-12 To: 9-30-13

IV. DATE SUBMITTED

Date: Original Revision

V. CONTACT PERSON RESPONSIBLE FOR APPLICATION SUBMISSION

Name: Peter Bestenbostel Telephone: 802-651-1670

Substance Abuse Prevention & Treatment Block Grant

Form 3

OMB No. 0930-0080

FY 2013 SUBSTANCE ABUSE BLOCK GRANT APPLICATION
FUNDING AGREEMENTS/CERTIFICATIONS
AS REQUIRED BY THE PUBLIC HEALTH SERVICE ACT

As part of the annual application for Block Grant funds it is required under Title XIX, Part B, Subpart II of the Public Health Services Act, as amended, that the chief executive officer (or an authorized designee) of the applicant organization certify that the State will comply with the following specific citations as summarized and set forth below, and with any regulations or guidelines issued in conjunction with this Subpart except as exempt by statute. We will accept a signature on this form as certification of agreement to comply with the cited provisions of the PHS Act. If signed by a designee, a copy of the designation must be attached.

I. FORMULA GRANTS TO STATES, SECTION 1921

Grant funds will be expended "only for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse and for related activities" as authorized.

II. CERTAIN ALLOCATIONS, SECTION 1922

- Allocations Regarding Alcohol and Other Drugs, Section 1922(a)
- Allocations Regarding Primary Prevention Programs, Section 1922(b)
- Allocations Regarding Women, Section 1922(c)

III. INTRAVENOUS DRUG ABUSE, SECTION 1923

- Capacity of Treatment Programs, Section 1923(a)
- Outreach Regarding Intravenous Substance Abuse, Section 1923(b)

IV. REQUIREMENTS REGARDING TUBERCULOSIS AND HUMAN IMMUNODEFICIENCY VIRUS, SECTION 1924

V. RESERVED

Substance Abuse Prevention & Treatment Block Grant

Form 3

OMB No. 0930-0080

VI. STATE LAW REGARDING SALE OF TOBACCO PRODUCTS TO INDIVIDUALS UNDER AGE OF 18, SECTION 1926:

- The State has a law in effect making it illegal to sell or distribute tobacco products to minors as provided in Section 1926 (a)(1).
- The State will enforce such law in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under the age of 18 as provided in Section 1926 (b)(1).
- The State will conduct annual, random unannounced inspections as prescribed in Section 1926 (b)(2).

Approved 08/14/01

VII. TREATMENT SERVICES FOR PREGNANT WOMEN, SECTION 1927

The State "will ensure that each pregnant woman in the State who seeks or is referred for and would benefit from such services is given preference in admission to treatment facilities receiving funds pursuant to the grant."

VIII. ADDITIONAL AGREEMENTS, SECTION 1928

- Improvement of Process for Appropriate Referrals for Treatment, Section 1928(a)
- Continuing Education, Section 1928(b)
- Coordination of Various Activities and Services, Section 1928(c)
- Waiver of Requirement, Section 1928(d)

IX. SUBMISSION TO DEPUTY SECRETARY OF STATEWIDE ASSESSMENT OF NEEDS, SECTION 1929

X. MAINTENANCE OF EFFORT REGARDING STATE EXPENDITURES, SECTION 1930

The State "will maintain aggregate State expenditures for authorized activities at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying for the grant."

XI. RESTRICTIONS ON EXPENDITURE OF GRANT, SECTION 1931

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XII. APPLICATION FOR GRANT; APPROVAL OF STATE PLAN, SECTION 1932

XIII. OPPORTUNITY FOR PUBLIC COMMENT ON STATE PLANS, SECTION 1941

The plan required under Section 1932 will be made "public in such a manner as to facilitate comment from any person (including any Federal or other public agency) during the development of the plan (including any revisions) and after the submission of the plan to the Deputy Secretary."

Approved 08/14/01

XIV. REQUIREMENT OF REPORTS AND AUDITS BY STATES, SECTION 1942

XV. ADDITIONAL REQUIREMENTS, SECTION 1943

XVI. PROHIBITIONS REGARDING RECEIPT OF FUNDS, SECTION 1946

XVII. NONDISCRIMINATION, SECTION 1947

I hereby certify that the State or Territory will comply with Title XIX, Part B, Subpart III of the Public Health Services Act, as amended, as summarized above, except for those Sections in the Act that do not apply or for which a waiver has been granted or may be granted by the Deputy Secretary for the period covered by this agreement.

STATE: VERMONT

Name of Chief Executive Officer or Designee: Douglas A. Racine

Title: Secretary

Substance Abuse Prevention & Treatment Block Grant

Narrative¹

Goal # 1: FY12-13 – Intended Use

The State shall expend block grant funds to enhance a continuum of person-centered services focusing on substance abuse prevention and treatment that meet the needs of the **population/services** identified by the State. Describe the continuum of block-grant funded prevention and treatment services available in the State.

FY12-13 Goal for service and system development

In addition to meeting the primary goal of providing services, the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP) plans to continue work on a **Resiliency and Recovery Oriented System of Care (RROSC)**.

Resiliency and recovery-oriented systems of care (RROSC) are networks of prevention, intervention, treatment and informal adjunct services developed and mobilized to sustain long-term recovery for individuals and families impacted by substance use disorders.

This **FY12-13** goal is directed as follows:

Who:

Targeted work with treatment provider agencies, recovery centers, human services and health care providers and teams, including Vermont's 13 Recovery Centers.

Where:

Although some collaborations/workgroups and discussions involve statewide partners, the focus of planning and implementation is on delivery and coordination of community-based services and providers.

Strategies for FY12-13:

- Over the next year, treatment provider agencies have again been provided with small grants to support RROSC planning and development within their agencies and with local partners. Providers are expected to engage regionally and collaboratively in a mapping process for RROSC services and to continue to submit their own recovery management plan. They also are expected to collaborate with ADAP on RROSC planning and development throughout FY13 and beyond.
- Funds used to purchase specialty programs include the continuation of the Incarcerated Women's Initiative, as well as drug court work and offender re-entry programs, all aimed at increasing the quality and coordination of services for

Substance Abuse Prevention & Treatment Block Grant populations with complicated needs, to enhance long term recovery. Efforts will be made to tie these initiatives into the RROSC work that is occurring.

- In addition, ADAP will continue to work with statewide and community partners in Health Care reform efforts in Vermont such as the Blueprint for Health Initiative, which seeks to develop medical home models in three areas of the state and uses a chronic care medical model which includes mental health and substance abuse. These efforts seek to increasingly integrate a public health model into human services delivery across the state.
- The ADAP Prevention Consultants will continue to connect the local District Directors to substance abuse issues. Prevention Consultants have had orientations on the Resiliency and Recovery Oriented System of Care (RROSC) and the prevention and treatment strategic and implementation plans will become fully integrated into a cohesive whole.
- ADAP will continue to partner with the Department of Mental Health in developing co-occurring treatment capacity, through the use of tools like the DD-CAT to provide ongoing assessment of provider agencies. Collaboration with Mental Health and Substance Abuse recovery and advocacy organizations will continue to be part of co-occurring discussions and developments at the state and community levels
- ADAP Treatment Unit staff will continue to address adolescent-specific treatment capacity issues. Vermont is looking at potential ways to increase outreach and capacity through more flexible funding opportunities with providers, e.g. support for screening and brief intervention pilots in treatment provider agencies.
- ADAP will continue to work on coordination and appropriate enhancement of statewide opiate treatment capacity through collaboration with the Department of Vermont Health Access Medicaid Division.
- ADAP will work to improve data quality as required by SOMMS data quality requirements and National Outcome Measures (NOMs) reporting and to use data collected to inform discussions about connections between levels of care and across providers.

Goal # 2: FY12-13 – Intended Use

State System Description

The State of Vermont will support primary prevention programs for individuals who do not require treatment for substance abuse. For FY12-13 basic, high priority public health services will be delivered statewide through 12 Vermont Department of Health (VDH)

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Substance Abuse Prevention & Treatment Block Grant

District Offices (**DOs**). These will be referred to in the intended use plan as the **12 Districts**. VDH's Division of Alcohol and Drug Abuse Programs (ADAP) staff includes a central staff responsible for planning, resource allocation, monitoring and evaluation, and a team of 8 Regional Substance Abuse Prevention Consultants (**PCs**) who provide substance abuse prevention training, technical assistance and information services. PC regions are currently configured by school supervisory union boundaries. Currently, 3 PCs serve more than one district. Five PCs serve one district. This includes one PC who serves the largest district - Chittenden region. Services directly delivered through the PCs will be discussed as the 8 **PC regions**.

Total Anticipated Number Reached All Goals:

<i>Universal Indirect</i>	271,964
<i>Universal Direct</i>	629
<i>Selected</i>	306
<i>Indicated</i>	0

Goal 1: Increase perception of risk associated with alcohol and marijuana use in targeted communities.

Universal Indirect

Community coalitions and organizations will provide community education and coordination activities. In addition, they will implement population (environmental strategies) and individual evidence-based strategies targeted to 12 to 25 year-olds, their families and communities. Such strategies will include social media and policy initiatives. These services will be supported through a competitive grant process open statewide to coalitions and organizations who have capacity, readiness and understanding of the strategic prevention framework process with the hope that all 12 Districts will have at least one coalition providing indirect universal services. All funded coalitions will be expected to participate in or provide linkage to a "common theme campaign" on the prevention of underage drinking, targeting parents of 12 to 17 year-olds statewide. Review criteria included capacity to achieve outcomes and reach of selected evidence-based strategy.

*Anticipated reach of block grant supported services: 14,000 Vermonters, all age groups.
Target date: Ongoing*

The Vermont Alcohol and Drug Information Clearinghouse (VADIC) will provide information and educational tools to Vermont's prevention and treatment providers on alcohol and drug issues. This will include a web-page, print materials, audio-visual materials and at least one electronic newsletter during the year. Services will be

provided through a statewide non-competitive grant.

Substance Abuse Prevention & Treatment Block Grant

Anticipated direct reach of service: 200 prevention and treatment providers, student assistance program counselors, and school nurses

Anticipated indirect reach: 20,000 Vermonters, all ages

Target date: Ongoing

Eight regional substance abuse prevention consultants (PCs) will implement training, technical assistance and referral services to community coalitions on SPF steps. Priority targets for provision of TA on indirect universal services will be VDH DO prevention teams, community-based prevention grantees (funded by SAPT Block Grant), and Enforcing Underage Drinking Laws grantees in each of 12 Districts. Services will also be available to Drug Free Community Support grantees. This TA may include some services delivered at community-wide events.

Anticipated direct reach: 5,000 Vermonters, all age groups

Target date: Ongoing

First Night Burlington Inc will implement a substance-free New Year's Eve celebration open to participants statewide and most accessible to largest population center in Vermont – City of Burlington. SAPT Block grant funds will partially support this activity. Funding mechanism will be a non-competitive community grant.

Anticipated reach of service: 20,000 Vermonters, all age groups

Target Date: December 2012

Goal 2: Youth, parents and prevention professionals will increase knowledge and skills directed at the prevention of underage drinking, high risk drinking and marijuana use.

Universal Direct

At least one training of trainers will be implemented with 8 regional Substance Abuse Prevention Consultants. Skill development will focus on at least one priority need area.

Anticipated reach: 8 PCs serving all 12 Districts

Target date: Winter 2012

Eight regional substance abuse prevention consultants (PCs) will implement training, technical assistance and referral services to coalition and agency staff, parents and youth. Priority targets for provision of direct universal services will be VDH DO staff and community organizations with little substance abuse prevention capacity in each of 12 Districts.

Anticipated direct reach: 1,200 professionals and volunteers

Substance Abuse Prevention & Treatment Block Grant

Target date: Ongoing

Training/ prevention skill development opportunities will be provided to prevention workers and volunteers statewide. Services will be funded through noncompetitive grants to statewide training organizations. Training opportunities will be open but not limited to grantee staff and volunteers, Community-based Prevention Grants, Tobacco Control Programs, the Drug Free Community Support Program, the Fit & Healthy Program, the Association of Student Assistance Professionals, and the Recovery Center Networks in all 12 districts.

Anticipated reach: 300 participants statewide

Target date: Ongoing

Universal Direct and/or Selected

Each Community-based Prevention Grantee will implement at least one evidence-based substance abuse prevention program targeted to 12 to 25 year-olds, and/or their parents/ caretakers. Strategies will be selected from a menu of evidence-based strategies identified by the state and selected by community grantees based on their local needs/resource assessments, capacity, readiness, risk and protective factors. The competitive funding process resulted in eleven (11) awards serving the majority of districts. Review criteria will included capacity to achieve outcomes, and reach of interventions.

Anticipated direct reach- universal: 629 12 to 25 year-olds, family members or significant influencers

Anticipated direct reach - selected: 306 12 to 25 year-olds and their family members

Target date: Ongoing

Selected

Up to 6 Nurturing Parent Programs will be supported through a non-competitive grant to statewide provider for Nurturing Parent Program. VDH grants will augment other AHS funding for this statewide program and all Nurturing Parent Programs will measure the changes in intervening variables specific to substance abuse prevention. These programs will be offered in up to 6 Districts of high need as defined by youth prevalence rates on alcohol and marijuana and the size of program waiting lists. Families of National Guard members deployed to Afghanistan will be a service priority.

Anticipated reach: Up to 50 families, 50 parents and 65 children

Target date: Ongoing

Substance Abuse Prevention & Treatment Block Grant

Rocking Horse Circle of Support educational support groups, will serve target groups of pregnant and parenting women, aged 18 to 35, living in poverty. (Note: Although this is considered a selected level intervention because participants may volunteer for participation, some of the participants exhibit risk behaviors which would place them in the indicated category.) Program funding mechanism will be non-competitive grants to designated treatment providers who agree to implement model with fidelity. A statewide grant will also support consistent training, supervision, and evaluation services. ADAP prevention staff will work to expand program to all 12 Districts. Groups are to be implemented in at least 15 sites.

Anticipated direct reach of program: 150 pregnant or parenting women living in poverty
Target date: Ongoing

Indicated

In FY'13, adolescent and young adult services continue to be provided via the Preferred Provider system as well as the Recovery Centers. Additional services meeting the needs of this population are the following:

1) SCHOOL BASED SUBSTANCE ABUSE SERVICES GRANT

School Based Substance Abuse Services grants were awarded to 21 supervisory unions and school districts in FY'13. The activities funded under this grant are (required) screening and referral to services, coordination of activities with school health initiatives, and (optional) evidence-based alcohol and drug curriculum, youth empowerment groups, parent education programs, parent information, teacher and staff training, and educational support groups. These school-based services are linked to the broader adolescent and young adult system of care.

2) COMMUNITY ASSISTANCE PROGRAM (CAP) (Washington County Youth Services Bureau)

The CAP program is a risk-reduction program for 12-18 year olds. The grantee provides prevention and early intervention services to youth and young adults at the Boys and Girls Club. These services include substance abuse prevention and education, early intervention and access to treatment, as required.

3) FRESH START PROGRAM (Clara Martin Center)

The Fresh Start program provides early intervention for substance abuse treatment and targets adolescents and young adults 15-21 who are referred for an alcohol and other drug screen through Community Health Teams, DCF, Diversion, and additional referral sources, such as Little Rivers Health Care, the local FQHC. Fresh Start provides psycho-education and screening to young adults who are experiencing problems related to substance use for the first time.

Substance Abuse Prevention & Treatment Block Grant

Goal 3: Vermont's substance abuse prevention system will increase collaboration with other public health resources and improve data collection efforts.

Other

SAPT block grant will also partially support the following state infrastructure activities:

- VDH staff will manage community-based prevention grantee sustainability planning and assure integration with other state systems in health, education and justice.
- Collection, analysis and reporting of National Outcome Measures
- Technical assistance on full implementation of NOMs collection, data collection system and performance management
- Planning, sub-recipient monitoring, reporting and coordination with other statewide entities who carry out substance abuse prevention, treatment and recovery services. Priority for VDH staff time will be collaboration with Vermont's Blueprint for Health, Chronic Disease prevention programs and collaboration with treatment providers on the Resiliency and Recovery Oriented System of Care

For more detail please see Vermont's three-year plan for primary prevention.

Service area: Statewide

Target date: Ongoing

Goal 3: FY 12-13 Intended Use

In establishing programs or expanding capacity for pregnant women and women with dependent children, Vermont will be guided by the goal of assuring that all women with substance abuse disorder histories, especially pregnant women and women with dependent children, are adequately screened for the immediate and potential long term sequelae of their disorders. Vermont's Resiliency and Recovery Oriented System of Care acknowledges the unique needs of pregnant women and their families and provides services answering their complex needs. The following objectives are being focused on in FFY12-13 to provide a system of care for pregnant and parenting women.

Substance Abuse Prevention & Treatment Block Grant

Objective 1: Appropriate treatment and health care

Assure appropriate medical and behavioral health care for pregnant women and women with dependent children, specifically opiate dependent women.

FFY12-13 Strategies:

1. Vermont will continue to assure that pregnant women are given priority for treatment in all modalities.
2. In FY12-13, Vermont will continue to work with the Lund Family Center as well as Valley Vista, Maple Leaf Farm and Serenity House (the three major residential programs in Vermont) and the transitional housing services to provide access to appropriate treatment services and safe and sober living situations that include options for children to be in residence, whenever possible. Increased focus will be on the whole spectrum of recovery for the family. As funding is available ADAP will work to increase the current capacity of ten beds for women and their dependent children within the transitional housing network.
3. During FY12-13, pregnant women who are in residential treatment in Vermont, will be referred to the hospital nearest to the woman's residence. It will be the expectation that at discharge from residential treatment all pregnant women will have OB/GYN appointments arranged with a doctor trained to meet the woman's needs.

Objective 2: Care coordination and team approaches

Assure appropriate coordination and team management for substance abusing pregnant and parenting women with complex medical, behavioral health and humans service challenges.

FY12-13 Strategies:

1. The state has worked with Integrated Family Services (IFS) to meet the needs of pregnant and parenting women in their local communities. Within the IFS Initiative the Children's Integrated Services program has 12 CIS teams in the Department of Health District Offices which have been thoroughly trained and have held monthly training meetings with the ADAP Medical Director and ADAP Treatment Chief or those pertinent to the discussion.

Substance Abuse Prevention & Treatment Block Grant

2. Due to increased collaboration between and among AHS services, In FY12-13 the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP) staff will continue working with residential treatment programs and with the Department of Children and Families (DCF) in order to assure the smooth development and implementation of care plans, e.g. kinship care, for children served by DCF as their mothers enter residential care. ADAP expects that the admissions department in each residential treatment facility will ensure adequate care plans have been developed for all dependent children prior to their mother's admission.

3. The Incarcerated Women's Initiative and Offender Reentry Program is expected to continue in FY12-13, while increasingly being integrated into localized, strength-based, client-driven and gender responsive services.

Objective 3: Competence and skills for gender responsive care

Assure a gender responsive treatment and community provider system that has the necessary competency, knowledge and sensitivity to the special needs presented by women who have a substance use disorder who are also pregnant and/or have dependent children,

FY12-13 Strategies:

Vermont will continue to highlight gender specific trainings in **FY12-13**. The monthly women's treatment meeting will continue to evolve into the direction of intersectional methodologies that consider issues of gender along with issues of race/ethnicity and class in developing client-centered resiliency and recovery oriented, gender responsive services.

The work will continue in regards to women with complex needs. The providers will continue to utilize the curriculums from Najavits and Covington. As the criminal justice work with women expands we will require the Preferred Provider system on any new work coming from Stephanie Covington. The family will also be a focus of all women's work.

Work will continue in the IFS/CIS program to address the complex issues that face pregnant women or women with dependent children in a way that works to reduce the number of active treatment plans. This work aims to streamline the treatment in a way that is efficient and effective for the women and her family.

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The IFS work also fits into the RROSC work that is occurring within our system because it is about the coordination and integration of appropriate services and supports. Although men, adolescents and women are all impacted through the changes implemented through RROSC, the treatment for women is specifically gender responsive in its design. It addresses a wide array of clinical and other needs as required.

Goal 4: FY12-13– Intended Use

Objective 1: Intravenous drug users will start treatment within five days of the request except when the program is at capacity. The following “Activities” will be continued in FY13.

Activities: All treatment providers will submit a monthly report to the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP) containing (1) the number of people waiting for treatment, (2) each person’s time on the list, and (3) whether those on the waiting lists are pregnant women, women, or needle users. ADAP will use these reports and site visits conducted by our compliance staff, as needed, to ensure that all programs meet State and Federal requirements pertaining to intravenous drug users:

- Treatment provision fulfilling the 90% capacity reporting and the 14 to 120 day performance requirements will continue to be monitored.
- Injection drug users on a waiting list will continue to be given priority status for admission to treatment.
- Interim services will continue to be available and provided for those on waiting lists longer than five days.
- Outreach services for injection drug users will continue to be provided.

Goal 5: FY12-13 – Intended Use

Objective 1: All clients admitted for treatment are expected to be provided with education and referral services with respect to tuberculosis (TB).

For FY12-13, estimates are that between 1 and 3 cases of TB will be reported in annually and Vermont will spend approximately \$1,500 on treatment for substance abusers with TB per year.

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The TB Program of the Vermont Department of Health will provide periodic training for public health nurses and Vermont Department of Corrections health care staff on core TB principles. The state's TB medical consultant, Dr. Kemper Alston, will provide one to two trainings per year at hospitals around the state. These trainings are designed primarily for physicians but are usually open to other hospital health professionals. The TB Program is available to provide a TB update for large meetings or training sessions for other professionals, and can recommend training materials for smaller groups as needed.

Substance abuse treatment providers are to provide education and referral services with respect to HIV and TB. These services must be made available either directly or through arrangements with other entities for such persons who may be in need of such services. Providers are required to establish, and update as needed, a protocol with their local office of the Vermont Department of Health to facilitate referral of clients for immunization, tuberculosis, and HIV screening.

Program staff will review the procedure and make sure it is included for each client on intake as a part of the yearly reviews conducted by this Division to assure compliance with the Grant and Program Approval Standards. When conducting the yearly site reviews for compliance with the SAPT Block Grant requirements, program staff will look at individual charts for screening for infectious diseases. As part of the assessment in the Methadone clinics, clients are tested and asked about prior history with TB and other such infectious diseases. If positive results are noted, the record will then be checked for documentation that the provider has recommended counseling as required. ADAP works with the HIV and TB department within the Department of Health to ensure individuals testing positive have access to the appropriate treatment.

Goal 6: FY12-13 – Intended Use

Vermont is not an HIV designated state.

Goal 7: FY12-13 – Intended Use

The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP) closed the Recovery Home Loan Program in **FY03**, after five years of inactivity. No further work on a Recovery Home Loan Program is planned.

Substance Abuse Prevention & Treatment Block Grant

Goal 8:

This report is not included with the FY13 application. Vermont plans to submit the Annual SYNAR Report on or before December 31, 2012.

Goal 9: FY12-13 – Intended Use

The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP) will continue to monitor waiting lists at all funded/approved substance abuse treatment providers as it has in past years. This monitoring system has proven to be useful in identifying issues and getting pregnant and post-partum women into treatment within 24 hours, in most cases.

Goal 10: FY11-13 – Intended Use

Objective 1: The State will continue to work on the process for referring individuals to the treatment modality that is most appropriate for the individual by working with treatment providers and/or recovery centers on policies and procedures for screening and referring clients. Integration of formal treatment into the Resiliency Recovery Oriented System of Care (RROSC) will continue to be developed.

Activity: In FY 11-13 the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP) will continue to require all providers to employ the validated tools provided in the state's menu of validated and reliable assessment tools and to utilize ASAM PPC-2R. Training and continued technical assistance will be offered to providers in order to ensure that they maintain best practice standards during the referral and assessment process. The state will also perform annual site visits to ensure compliance and provide corrective action plans to providers who are not following policy. Training and other technical assistance will be offered to assist programs in further establishing the use of the ASI/GAIN tools. The ASAM patient placement criteria (PPC-2) to ensure patients are appropriately matched with treatment services will continue to be the expectation for the State of Vermont.

Yearly site visits, including ongoing TA from ADAP staff and other experts, will be made available around topics that include, but are not limited to, assessment, treatment planning, aftercare planning and discharge as they relate to the Resiliency and Recovery Oriented System of Care (RROSC).

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ADAP trainings on the ASI/ASI-MV/GAIN as well as ASAM PPC-2R will continue to be offered when necessary.

Goal 11: FY12-13 – Intended Use

For FY12-13, the State of Vermont will continue to provide individuals and agencies in the alcohol and drug abuse treatment, prevention and recovery services fields opportunities to improve competence through continuing education and training. Efforts will focus specifically on ensuring competencies to implement the goals of the overall Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP) strategic plan.

ADAP will work to increase skills and competencies of the workforce in several ways. As in the past, we will continue to assign educational and technical assistance responsibilities to Prevention and Treatment Program Specialists and to the ADAP Medical Director (the latter for a half year). For FY12-13, we expect to continue our efforts to disseminate information regarding substance abuse treatment, intervention, prevention and recovery through a grant to a non-profit organization. An additional element of that work will include providing information about careers in the substance abuse field. ADAP will continue to provide funding to support statewide and regional trainings/conferences for professional substance abuse education.

More specifically, ADAP expects to do the following in FY12-13:

We expect to continue to provide a grant to the Vermont Addiction Professionals Association for the purpose of providing training to treatment providers on core

competencies. Core competency trainings will include curricula focused on recovery management and criminal justice capability in recognition of the importance of these priority areas within our strategic plan. We will also continue to support the Vermont Annual Addictions Conference.

ADAP will continue to arrange for the provision of training to sub-recipients to meet the specifications of the Strategic Prevention Framework grant through a statewide contract. The focus of the learning community in FY13 will be evaluation and sustainability. In addition ADAP will continue to collaborate with an inter-disciplinary team to identify and offer integrated prevention training on the SPF, as part of Vermont's Blueprint for Health initiative.

Substance Abuse Prevention & Treatment Block Grant

Regional ADAP Prevention Consultants will provide education services to groups and organizations. These services are prioritized based on the potential for increasing local prevention capacity. Regional PCs will also serve as resources to 12 District Office integrated prevention teams on the SPF process and on substance abuse as area of specialization.

ADAP will continue to participate in the annual New England Institute of Addiction Studies by providing staff, planning support and scholarships for the Prevention and Summer schools.

We will continue to explore opportunities for systematically educating and informing the Vermont Agency of Human Services direct care workforce, including corrections service providers, about the needs of their substance abusing clientele.

The ADAP Substance Abuse Workforce Development Committee will continue to meet regularly and offer recommendations to the ADAP Advisory Board on the workforce development aspects of the strategic plan.

Within the ADAP system as well as the broader system of the Agency of Human Services training is offered in a variety of ways. ADAP funds trainings and contracts with CSAT (if appropriate). The Agency of Human Services and other organizations offer a wide variety of trainings that are open to state staff as well as our Preferred Providers. The Vermont Addictions Professional Association (VAPA) sets their training calendar with input and funding from ADAP. These trainings are set to meet not only the clinical requirements for clinicians but also are designed to provide education relevant to current treatment needs and trends such as RROSC.

Goal 12: FY12-13 – Intended Use

Objective 1: In FFY12-13 the State will coordinate substance abuse prevention and treatment services with the provision of other appropriate services.

Activity 1: The state will ensure that the treatment unit and the prevention unit speak similar languages while maintaining their own foci, with recovery the overarching theme that binds them together.

Activity 2: VDH/ADAP will sponsor joint training events for substance abuse prevention, intervention and treatment professionals and volunteers. ADAP will also hold internal joint strategic planning session for prevention, treatment and operations to further develop coordination of services with the goal of a community-based recovery and resiliency oriented system of care.

Substance Abuse Prevention & Treatment Block Grant

The resultant cohesive vision will better enable the State to offer a system that seamlessly integrates services at different levels, depending on the needs of the client.

Activity 3: ADAP will collaborate with VDH's Office of Local Health, Fit & Healthy Program, Tobacco Control Program, and Blueprint for Chronic Disease Prevention to implement joint prevention trainings and workforce development and data collection systems. This includes co- management of the regional Prevention Consultant System.

In **FY12-13**, ADAP estimates it will annually screen **2,087 first** offenders convicted of driving under the influence for substance abuse problems, and of those **2,078** will complete a driver rehabilitation and education program and approximately **1,045** will be referred for further substance abuse treatment prior to license reinstatement.

Coordination between ADAP and other departments within the Agency of Human Services has been a central focus of the Division. Through FY12 relationships and agendas were developed and finalized that were inclusive of addiction services. This work also involved state agencies outside of AHS and included such entities as the Department of Liquor Control and the Department of Education. People receiving treatment may have criminal justice histories and have service needs beyond addiction treatment, e.g. physical and mental health, educational, vocational rehabilitation needs. These areas are discussed with all providers both formally (at the yearly site visits) and informally (providers meetings etc). ADAP hired two new staff to focus on these key supports.

In FY12-13 these areas are also the central focus of the Resiliency and Recovery Oriented System of Care (RROSC). All of these areas will be addressed through the relationships developed and the work that has occurred and continues to occur through FY12. Integration and communication are central messages being given from the Governors Office, the Secretary of the Agency of Human Services, the Commissioner of the Department of Health and spreading out through our Provider system. Standards and policies are being crafted to ensure compliance at the Preferred Provider level as work is established for FY 12-13.

Goal 13: FY12-13 – Intended Use

The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs, (ADAP) will continue to use the National Survey on Drug Use and Health (NSDUH) as an important source of information to measure treatment and prevention needs in Vermont.

Substance Abuse Prevention & Treatment Block Grant

ADAP will continue to use the data from the 2011 Vermont Youth Risk Behavior Survey (YRBS), as well as other sources of data, e.g. State Epidemiological Work Plan, to assess need for prevention, intervention and treatment services for Vermont adolescents and adults.

Goal 14: FY12-13 – Intended Use

For **FY12-13**, the State will maintain its current restrictions on the use of Federal funds, specifically the ban on the provision of hypodermic needles and syringes. All provider grants will include requirements that funds will not be used for this purpose. The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs will investigate any report of the distribution of needles or syringes. Furthermore, for **FY12-13**, the State will not use SAPT Block Grant funds for the provision of hypodermic needles and syringes.

Goal 15: FY12-13 – Intended Use

For **FY12-13**, the State will continue to assess and improve the quality and appropriateness of treatment services delivered by providers that receive funds from the SAPT Block Grant.

Program Monitoring: All Vermont substance abuse treatment programs will continue to be approved by the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP). The ADAP program approval process is currently in addition to CARF, JCAHO and independent peer review. Of those programs that are not either CARF or JCAHO accredited, 5% will be subject to independent peer review.

ADAP Program Coordinators will continue to monitor programs for quality, appropriateness of treatment services, and compliance with all applicable Federal and State requirements. (This work is in addition to the independent peer review process that is being developed that was first implemented in FY10.)

Program Standards: ADAP will review and amend, where necessary, its own standards for treatment providers to reflect all applicable Federal and State requirements. In addition, the State will continue to improve its data collection system for monitoring utilization. All providers are required to maintain high utilization rates

under threat of a grant adjustment. As the state moves to a Resiliency and Recovery-

Oriented System of Care (RROSC), per its Strategic Plan, the appropriate assessment tools will be modified and added where appropriate.

Substance Abuse Prevention & Treatment Block Grant

Independent Peer Review: The Independent Peer review process that was first developed in FY 10 will continue and remain separate from any state oversight processes. Documentation of the findings of these visits will be submitted to ADAP and remain in the Preferred Providers' records.

GOAL 16: FY12-13 – Intended Use

During **FY12-13**, the State will maintain a system to protect client records from inappropriate disclosure.

The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP) will continue to sponsor regular training on ethics and confidentiality for provider staff. It is expected that this training will be provided by the Vermont Addiction Professionals Association. In addition, yearly training by the New England Institute of Addiction Studies will be available for professionals entering the field that provides training on confidentiality and other clinical processes. ADAP staff will continue to monitor, as part of the program approval site visits, compliance with confidentiality requirements through examination of clinical records, storage, etc.

State level program approval level staff, as part of the annual site visits to providers, will continue to examine the policies and procedures relative to confidentiality and training of new staff at the provider level.

At the state level, client files, when held at the state level, will continue to be held in locked cabinets. All faxes will be received into a locked cabinet, with access only by approved staff.

ADAP staff and the Deputy Director participate on Health Information Exchange, Health Information Technology and Electronic Health Record working groups. Conversations are underway and policy development work on information sharing, confidentiality, HIPAA regulations as they pertain to providing substance abuse and mental health services.

Goal 17: FY12-13 – Intended Use

Vermont is not going to use SAPT Block Grant dollars to fund Charitable Choice Organizations in years FY 2012 through FY 2013.
