



Prevention Proposals – Opioid Settlement Committee

In Collaboration:

VT Substance Misuse Prevention Advisory Committee (SMPC)

and

VT Department of Substance Use Programs (DSU)

Oct. 20, 2023

Collaboration and Presentation outcomes

The SMPC and DSU are aligned in their collective goals and vision for an equitable, scalable, and sustainable prevention system for VT.

The Opioid Settlement Committee is a partner in this work.

We will provide the following:

- An overview of Substance Use Prevention - what & why?
- The current prevention infrastructure & identified gaps
- A funding proposal
- Time for Q&A from the Committee

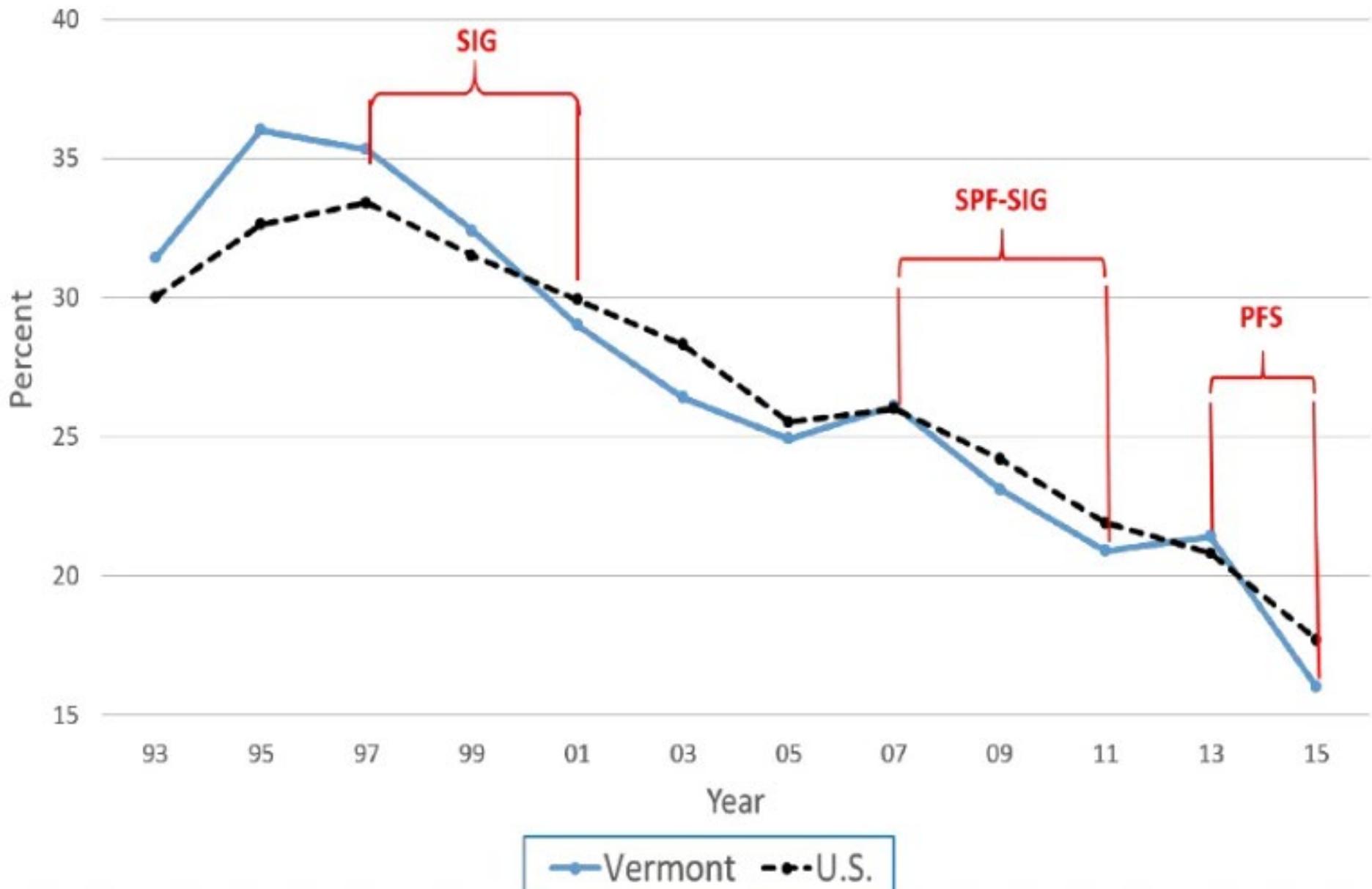
Why Prevention?

Intervening early, before drug use or excessive alcohol use progresses to addiction, is among the most cost-effective ways to address substance abuse, reduce its costs to society, and improve public health.

Economics of Prevention

Evidence-based interventions for substance use can save society money in medical costs and help individuals remain productive members of society. Such programs can return anywhere from very little to \$65 per every dollar invested in prevention.³⁹

Percent of High School Students Reporting Binge Drinking in Past 30 Days



PREVENTION WORKS!

\$\$\$ in prevention helps us to out-perform national efforts.

Prevention in the context of the Opioid Crisis

~ Dec. 2018 Legislative Brief: about **51 in 1,000** hospital deliveries in Vermont, or about 5 percent, were to mothers with opioid use disorder....Among the 27 states with comparable data, **Vermont's rate was the highest and almost nine times the U.S. rate of 5.7 per 1,000**

~ VDH Social Autopsy Report (2021): “There were 92 people born in and after 1982 who died of an overdose in 2021. **As children, 49% were involved with the Vermont Family Services Division. As parents, 28% had a history of involvement with the Family Services Division in 2021**”

~A growing number of Vermont youth are directly affected by a parent/loved one's opioid use disorder. **The need to prevent further harm to these youth is paramount** in curtailing the **generational impact** of opioid use disorder among families and reducing the risk of even more individuals developing an opioid use disorder leading to an increased strain on an already overtapped intervention, treatment and recovery system.

Why Youth is a Critical Focus for Primary Prevention?

- The majority of adolescents will engage in substance use between the ages of 12-21.
- 74% of individuals aged 18 to 30, admitted to treatment facilities, initiated use at the age of 17 or younger.
- Early use impacts the developing brain, establishing addictive neural pathways that are the foundation of dependence. Prevention works to delay the age of initiation among youth.
- The development of substance use disorder (SUD), including Opioid Use Disorder (OUD) is often preceded by a variety of other problems including academic failure, antisocial behavior, anxiety, depression, and traumatic stress.

Vermont's current Prevention Infrastructure

Assessing gaps and equitable access to prevention services

Current Prevention Infrastructure

STRENGTHS:

- 5 Regional Prevention Partnerships - strategy focused, assigned regions
- 4 Vermont Prevention Lead Organizations (“Prevention Leads”) - focused on capacity and infrastructure across the system
- 21 School-Based Prevention grants in SDs/SUs (40%) - 31 schools total (12.4% of VT schools)

CHALLENGES:

- Geographic and demographic gaps and disparities in who has access to prevention services
- Significant gaps in school-based services - in FY26, VT will lose federal funding for 6 of its current school-based grants (15 only)
- Prevention infrastructure is underfunded
- Workforce development is lacking

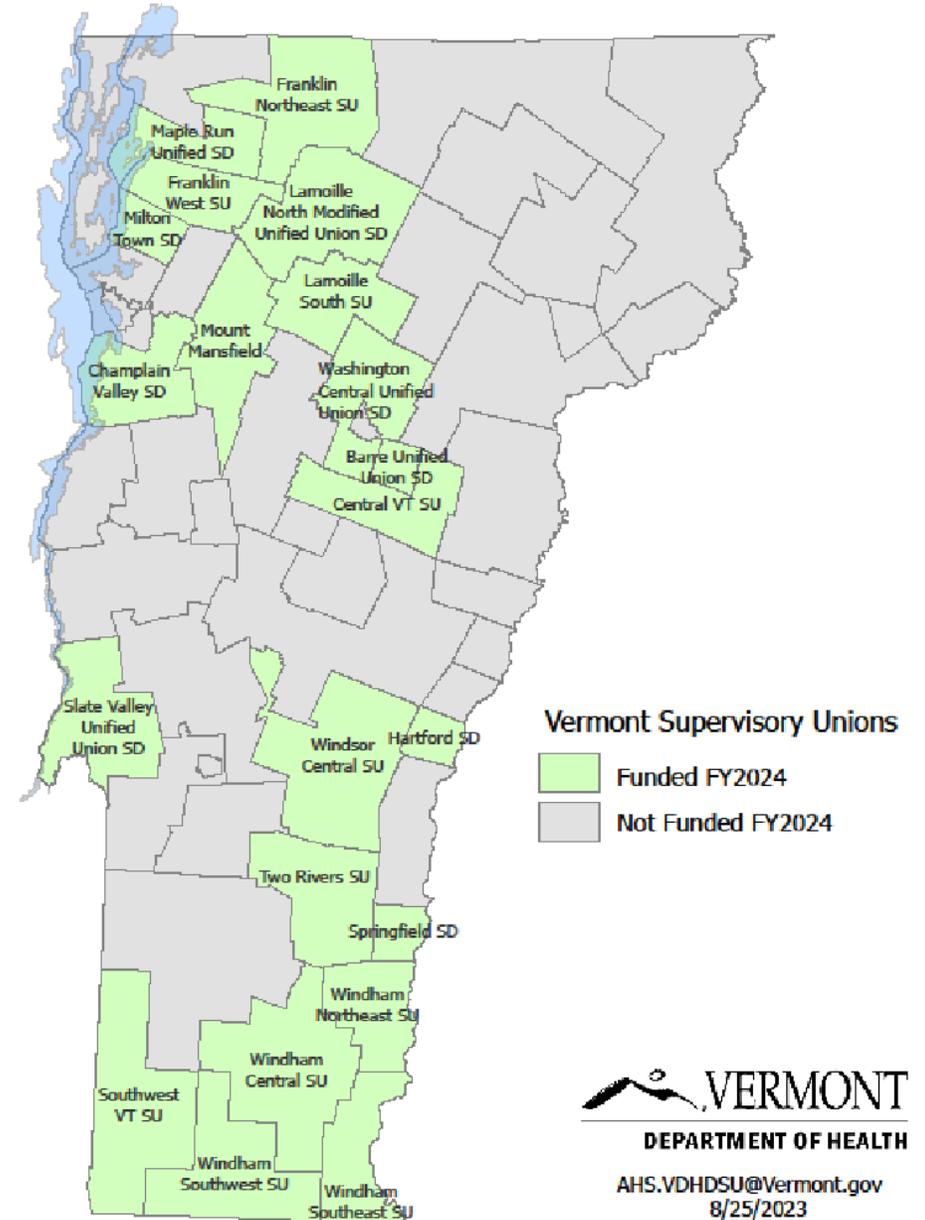
DSU School-Based Services Grants

DSU School-Based Substance Use Prevention Grants fund Student Assistance Professionals (SAPs) and the Whole School, Whole Community Whole Child (WSCC) model.

- Screening and referral to substance misuse and mental health services
- Evidence-based school policies and programs
- Teacher and support staff training
- Peer leadership/youth empowerment groups
- Parent/family information and training

Data supports school-based services effectiveness. From 2011-2019, rates of any alcohol use, binge drinking and prescription drug misuse in Vermont all trended downward in funded schools.

Vermont Department of Health FY24 School Substance Use Prevention Grantees



Need for additional resources

- In 2020, Vermont lost \$2 million in federal regional prevention partnership grants that targeted youth and young adults.
- DSU has received \$3 million of general fund money for substance misuse prevention to help sustain substance misuse coalitions and expand services to address all substances, across all ages.
- **Prevention is still underfunded** – the \$3 million spread over the 12 VDH Health districts equates to \$250,000 per district. Much of this funding is being used to fill existing funding gaps due to loss of federal funding and to sustain current substance misuse coalitions. More funding for capacity building, sustainability and expansion is needed to reach more people.
- School-based programming is not included in this \$3 million dollars and many gap areas exist (low coverage of schools)

Funding Proposal

Targeted by data and needs

Demographic or elevated risk category	Appeared in OD Social Autopsy Report	Appeared in Suicidality Report
Male	X	X
HS or less (education)	X	X
Employment: Construction, Services Unemployed	X – 1 st X – 2 nd	X
Never Married or divorced	X	X
Ages 25-44		X
35-44	X	
65+		X
Veterans		3x higher risk
Engagement with Social Services:		
Mental Health & VPMS	X	
Family Services Div. (DCF)	X	
Unhoused, 3Squares, EMS, Pub.Safety/Law Enforcement	X	X

Overdose & Suicidality Report Comparisons

- [Suicide Data Linkage Project 2020-2021](#)
- [Vermont Social Autopsy Report 2021](#)

Opioid Settlement Funds Investments in Prevention

The Goal - To make a generational shift in opioid use by reducing use and mitigating long term harm for children and families.

The Strategy - Strengthen and increase availability of systems that provide evidence informed practices and support youth and families by addressing gaps and data-identified needs in school and youth mentoring.

Approach

- 1) In school:
 - a) Expand and support school based prevention staffing, curriculum and support to ensure high quality and effective in-school programs for youth
- 2) Out of school:
 - a) Targeted Expansion and support of Youth Mentoring

What it could look like...

In School:

- Place additional Student Assistance Professionals (SAP) in schools in gap areas to increase equity across Vermont
- Establish a connected, statewide infrastructure for school-based substance misuse prevention staff
- Establish a unified professional development framework for all school based substance misuse prevention staff
- Provide convening opportunities to support and nurture evidence based work and innovative practices

Outside of School:

- Facilitate the development of new youth mentor programs in gap areas to increase equity
- Establish a connected statewide infrastructure for training mentors and program managers of mentor programs that includes training specific to youth mental health

Student Assistance Professionals (SAP)

- The Student Assistance Program in Vermont is modeled after the Employee Assistance Program and is:
 - Available to all students
 - Proactive - offers prevention to students, parents/guardians, and school community.
 - Responsive - provide 1:1 support and referrals for higher risk youth (ex: involved with family services, in a home with active substance use, bullied or feel that they don't belong, etc.)
 - Comprehensive - addresses mental health; often trained and licensed mental health or alcohol/drug abuse clinicians but not providing treatment in the school setting.

Youth-based mentoring supports

- Youth mentoring is a proven prevention method and a community driven solution for issues such as youth substance use. Mentored youth:
 - Are 46% less likely than their peers to start using illegal drugs
 - 55% more likely to pursue education opportunities after graduating
 - 81% more likely to participate regularly in extracurricular activities
 - 130% more likely to hold a leadership position in a club or sports team
 - Experience reduced depressive symptoms, gains in social acceptance, academic attitudes/grades, sense of belonging, and stronger overall mental health.

Outcomes - evaluation through Results Based Accountability (RBA) Framework

In School:

- # of schools with School-based prevention funding
- increased % of schools with SAP on staff
- 100% of SAP staff in the state will have access to web-based hub designed for learning and sharing among peers

Outside of School:

- 50% increase in mentor matches for identified high-risk youth
- 100% of mentors will receive training quarterly and have access to online mental health modules

Funding Ask - \$2,455,000 (\$2,765,000)

Year one amount (year two and beyond)

IN SCHOOL SUPPORTS

Expansion of SAPs/School Based Services – \$1,580,000 (\$1,940,000)

SAP support/workforce development - \$125,000 (\$75,000)

OUT OF SCHOOL SUPPORTS

Mentoring \$750,000 (\$750,000)

Funding Ask Details

	FY25	FY26	FY27	Notes
Substance Misuse School-based grants – increase from 21 to 31 - Expanding and sustaining these grants and services in current and underserved areas	\$1,580,000	\$1,940,000 (total amount including six currently funded by COVID supplement - \$350,000 ending in FY25)	\$1,940,000	10 more grants in gap areas - NEK and Central VT and sustain/increase 31 school-based grants in VT.
SAP Professional Development and Support	\$125,000 (coordination, promotion, curriculum development, training, scholarships)	\$75,000 - ongoing costs	\$75,000	Prevention Works! - Strengthen current SAP infrastructure and professional development.
Increase the quality and quantity of safe and effective youth mentoring relationships outside of the school day	\$750,000 TOTAL <ul style="list-style-type: none"> ● MENTOR VT (targeted expansion, wrap-around program support and grant management (\$175,000)) ● Sub-granted funds (\$500,000) ● Youth Mental Health Support System (\$75,000) 	\$750,000	\$750,000	Mentoring in out of school settings as a protective factor against substance use and opioid addiction (increase resilience among young people, support positive youth development)

Closing & Questions?

This proposal was made through collaboration with the organizations who have daily insights into the needs from the field.

Questions?

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