



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee Members
From: Nathan Lavery, Fiscal Analyst
Date: December 13, 2012
Subject: Grant Requests

Enclosed please find four (4) items that the Joint Fiscal Office has received from the administration, including the establishment of four (4) limited service positions.

JFO #2603 – \$100,000 grant from the U.S. Department of Agriculture to the Vermont Agency of Agriculture, Food and Markets. These funds will be used to support the Farm to School program by providing technical assistance to schools and strengthening regional food hubs that increase purchasing of local food by schools.

[JFO received 12/11/12]

JFO #2604 – \$300,000 grant from the U.S. Department of Commerce to the Vermont Agency of Commerce and Community Development. These funds will be used to develop a long-term strategic economic development plan for Vermont.

[JFO received 12/11/12]

JFO #2605 – \$1,450,775 grant from the U.S. Department of Health & Human Services to the Vermont Department of Health. These funds will be used to prevent foodborne illness outbreaks through a variety of activities, including improved testing procedures and capacity and increased collaboration between state and federal agencies. **Three (3) limited service positions** are associated with this request.

[JFO received 12/11/12]

JFO #2606 – \$3,565,584 grant from the U.S. Department of Health & Human Services to the Vermont Department of Health. These funds will be used to reduce underage drinking and prescription drug abuse among young people by strengthening the state's prevention infrastructure consistent with Vermont's Strategic Prevention Framework. Six community grantees will plan, implement and evaluate a range of prevention interventions. **One (1) limited service position** is associated with this request.

[JFO received 12/11/12]

Please review the enclosed materials and notify the Joint Fiscal Office (Nathan Lavery at (802) 828-1488; nlavery@leg.state.vt.us) if you have questions or would like an item held for Joint Fiscal Committee review. Unless we hear from you to the contrary by December 31 we will assume that you agree to consider as final the Governor's acceptance of these requests.



State of Vermont
 Department of Finance & Management
 109 State Street, Pavilion Building
 Montpelier, VT 05620-0401

Agency of Administration

[phone] 802-828-2376
 [fax] 802-828-2428

SFO 2606

**STATE OF VERMONT
 FINANCE & MANAGEMENT GRANT REVIEW FORM**

Grant Summary: This grant will be used to promote a decrease in substance abuse by young people.

Date: 12/1/2012

Department: Health Department

Legal Title of Grant: Strategic Prevention Framework – Partnerships for Success

Federal Catalog #: 93.243

Grant/Donor Name and Address: Substance Abuse & Mental Health Services Administration, Rockville, MD 20857

Grant Period: From: 9/30/2012 To: 9/29/2015

Grant/Donation \$3,565,584

	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$413,565	\$1,188,528	\$1,188,528	\$2,790,621 (for three years)	Additional \$774,963 available.

Position Information:	# Positions	Explanation/Comments
	1 (LSP)	This position is limited service and will end when the grant expires. The positions will provide administrative support to the grant program.

Additional Comments: Funding will be used to support 6 community grantees who will implement the prevention and intervention programs.

Department of Finance & Management

Secretary of Administration

Sent To Joint Fiscal Office

12/3/12 (Initial) SB 12/3/12
 12/3/12 (Initial)
 Date 12/10/12

RECEIVED

DEC 11 2012

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JOINT FISCAL OFFICE



STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

BASIC GRANT INFORMATION				
1. Agency:		Agency of Human Services		
2. Department:		Health		
3. Program:		Alcohol & Drug Abuse Programs (ADAP)		
4. Legal Title of Grant:		Strategic Prevention Framework -- Partnerships for Success		
5. Federal Catalog #:		93.243		
6. Grant/Donor Name and Address: Substance Abuse & Mental Health Services Administration, Rockville, MD				
7. Grant Period:		From: 9/30/2012	To: 9/29/2015	
8. Purpose of Grant: See Attached Summary				
9. Impact on existing program if grant is not Accepted: None				
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 13	FY 14	FY 15	
Personal Services	\$56,978	\$170,987	\$170,987	
Operating Expenses	\$3,000	\$7,292	\$7,292	
Grants	\$353,587	\$1,010,249	\$1,010,249	
Total	\$413,565	\$1,188,528	\$1,188,528	
Revenues:				
State Funds:	\$0	\$0	\$0	
Cash	\$0	\$0	\$0	
In-Kind	\$0	\$0	\$0	
Federal Funds:	\$413,565	\$1,188,528	\$1,188,528	
(Direct Costs)	\$409,356	\$1,176,376	\$1,176,376	
(Statewide Indirect)	\$253	\$729	\$729	
(Departmental Indirect)	\$3,956	\$11,423	\$11,423	
Other Funds:	\$0	\$0	\$0	
Grant (source)	\$0	\$0	\$0	
Total	\$413,565	\$1,188,528	\$1,188,528	
Appropriation No:	3420010000	Amount:	\$1,977	
	3420060000		\$411,588	
			\$	
			\$	
			\$	
			\$	
			\$	
		Total	\$413,565	

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

PERSONAL SERVICE INFORMATION

11. Will monies from this grant be used to fund one or more Personal Service Contracts? Yes No
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name: _____ Agreed by: PK (initial)

12. Limited Service Position Information:	# Positions	Title
	1	Administrative Assistant A
Total Positions	1	

12a. Equipment and space for these positions: Is presently available. Can be obtained with available funds.

13. AUTHORIZATION AGENCY/DEPARTMENT

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):	Signature: <u>Barbara C. Murphy</u>	Date: <u>11-7-12</u>
	Title: Commissioner of Health	
	Signature: <u>[Signature]</u>	Date: <u>11/15/12</u>
	Title: <u>Acting AHS Secretary</u>	

14. SECRETARY OF ADMINISTRATION

Approved: _____ (Secretary or designee signature) Date: 12/3/12

15. ACTION BY GOVERNOR

Check One Box:
 Accepted _____ (Governor's signature) Date: 12/6/12
 Rejected

16. DOCUMENTATION REQUIRED

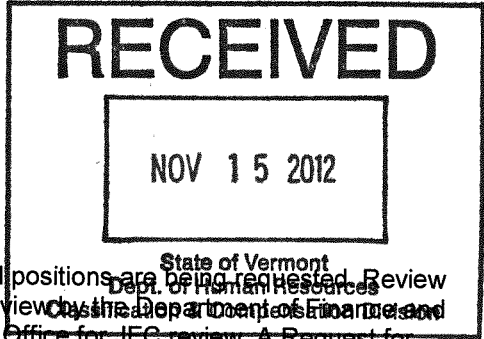
Required GRANT Documentation

- | | |
|---|--|
| <input type="checkbox"/> Request Memo
<input type="checkbox"/> Dept. project approval (if applicable)
<input type="checkbox"/> Notice of Award
<input type="checkbox"/> Grant Agreement
<input type="checkbox"/> Grant Budget | <input type="checkbox"/> Notice of Donation (if any)
<input type="checkbox"/> Grant (Project) Timeline (if applicable)
<input type="checkbox"/> Request for Extension (if applicable)
<input type="checkbox"/> Form AA-1PN attached (if applicable) |
|---|--|

End Form AA-1

(*) The term "grant" refers to any grant, gift, loan, or any sum of money or thing of value to be accepted by any agency, department, commission, board, or other part of state government (see 32 V.S.A. §5).

**STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form**



This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: AHS / Health Date: 11/6/2012

Name and Phone (of the person completing this request): Marcia LaPlante 802-651-1560

Request is for:

- Positions funded and attached to a new grant.
- Positions funded and attached to an existing grant approved by JFO # _____

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

Substance Abuse & Mental Health Services Administration, Strategic Prevention Framework -- Partnerships for Success, grant # 1U79SP019423-01.

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Administrative Assistant A	1	ADAP	9/12 thru 9/15

*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:

This position will provide administrative assistance to the Partnerships for Success Coordinator as described in the budget justification submitted as part of the federal application and approved by the granting agency.

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b)).

Barbara Emery Signature of Agency or Department Head 11-7-12 Date

Mohy Paul Approved/Denied by Department of Human Resources 11.20.12 Date

[Signature] Approved/Denied by Finance and Management 11/3/12 Date

[Signature] Approved/Denied by Secretary of Administration 12/09/12 Date

Comments:

Request for Grant Acceptance
Strategic Prevention Framework – Partnerships for Success (PFS)
Summary 11/6/2012

The Department of Health has received a grant from the Department of Health & Human Services, Substance Abuse & Mental Health Services Administration, providing \$1,188,528 each year for three years to enable the Department to further promote the reduction of substance use among young people as well as building statewide prevention capacity.

The goals of the Vermont PFS initiative are: 1) to reduce underage drinking among young people aged 12-20, including binge drinking; and 2) to reduce prescription drug misuse and abuse among young people aged 12 to 25.

The goals of Vermont's PFS proposal will be accomplished by applying the Strategic Prevention Framework (SPF) to reduce underage drinking and prescription drug misuse and abuse in young people in six of twelve VDH health districts identified as having the highest need, and by strengthening the prevention infrastructure at the state, regional and community levels using the existing health district structure as the primary mechanism to implement the SPF model. This initiative builds on the successes achieved in Vermont through previous SPF work.

The funds will be used primarily to support six community grantees who will plan, implement and evaluate a range of prevention interventions, based on a regional needs assessment. Additionally, three personal service contracts will be developed: the first, to design & deliver training for planners; the second, to evaluate state level activities; and, the third, to develop an updated communications campaign. Funds will also be used to establish an Administrative Assistant position, to coordinate the project, as well as to support some travel activities.

The Health Department is hereby seeking approval to receive \$413,565 in new Federal funds in State Fiscal Year 2013 and the establishment of one limited service position. The remainder of the Federal funding will be included in the Department's future budget requests. We have attached the grant award document and a copy of the grant application as well as the Position Request Form.

VERMONT DEPARTMENT OF HEALTH

SFY13 Strategic Prevention Framework -- Partnerships for Success Budget

<u>VISION Account</u>	<u>Admin & Support</u> (3420010000)	<u>ADAP</u> (3420060000)	<u>VDH Total</u>
Employee Salaries	\$0	\$5,609	\$5,609
Fringe Benefits	\$0	\$1,963	\$1,963
3rd Party Contracts	\$0	<u>\$45,197</u>	<u>\$45,197</u>
Total Personal Services	\$0	\$52,769	\$52,769
Equipment	\$0	\$0	\$0
Supplies	\$0	\$0	\$0
Other	\$0	\$0	\$0
Travel	\$0	<u>\$3,000</u>	\$3,000
Total Operating Expenses	\$0	\$3,000	\$3,000
Subgrants	\$0	\$353,587	\$353,587
Total Direct Costs	\$0	\$409,356	\$409,356
Total Indirect Costs	<u>\$1,977</u>	<u>\$2,232</u>	<u>\$4,209</u>
Total SFY13 Grant Costs	\$1,977	\$411,588	\$413,565

Appropriation Summary

Total Personal Services	\$1,977	\$55,001	\$56,978
Total Operating Expenses	\$0	\$3,000	\$3,000
Total Subgrants	<u>\$0</u>	<u>\$353,587</u>	<u>\$353,587</u>
	\$1,977	\$411,588	\$413,565



SPF-PFS II
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

Notice of Award

Issue Date: 09/13/2012

Grant Number: 1U79SP019423-01

Program Director:
Barbara Cimaglio

Project Title: The Vermont Partnership for Success

Grantee Address	Business Address
VERMONT DEPARTMENT OF HEALTH Alcohol & Drug Abuse Programs 108 Cherry Street Burlington, VT 054020070	Vermont Department of Health Grants Program Specialist 108 Cherry Street P.O. Box 70 Burlington, VT 05402

Budget Period: 09/30/2012 – 09/29/2015
Project Period: 09/30/2012 – 09/29/2015

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$3,565,584 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to VERMONT DEPARTMENT OF HEALTH in support of the above referenced project. This award is pursuant to the authority of Authorized under Section 516 of the PHS Act, as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,

Eileen Bermudez
Grants Management Officer
Division of Grants Management

See additional information below

Abstract

Project Name: Vermont Strategic Prevention Framework - Partnerships for Success II (PFS)
Applicant: Vermont Department of Health (VDH)

The purpose of the Vermont PFS initiative is to: 1) reduce underage drinking among persons aged 12-20, including binge drinking; and 2) reduce prescription drug misuse and abuse among persons aged 12 to 25. In collaboration with multiple state and local community partners, the Vermont Department of Health (VDH) will achieve these goals through focused application of the Strategic Prevention Framework model to strengthen the prevention infrastructure in six of twelve VDH health districts identified as having the most disparate needs. This initiative builds on the successes achieved in Vermont through previous Strategic Prevention Framework work including both the reduction of substance use among persons under 25 and in building statewide prevention capacity. However, much work remains to be done. Vermont leads the nation for underage alcohol consumption and binge drinking with 37% of those aged 12-20 years old reporting having an alcoholic drink in the past month, and 25% of this age group reporting binge drinking in the past month (National Survey on Drug Use and Health, 2009). While overall state-level prevalence rates of prescription drug misuse are below the national average, treatment demand for opiates other than heroin has increased more than ten-fold over the past decade. The State of Vermont has declared prescription drug misuse/abuse as an epidemic in light of the physical and economic toll it has taken on state resources and residents.

The project has been structured to meet all of the requirements and expectations of the Strategic Prevention Framework - Partnerships for Success II program, including the selection of priorities, strategy for allocating funds, implementation of evidence-based strategies, data collection and reporting, and leveraging of other prevention funds. District offices serving the six highest need health districts will coordinate implementation of the initiative by convening community partners to conduct district-wide needs assessment, prioritization, planning and capacity building. Each district will include in their assessment an examination of health disparities within their region and will include specific plans for addressing these disparities. Prevention activities to be implemented will intentionally encompass a variety of evidence-based strategies that collectively address multiple developmental stages of youth and young adults, through multiple levels of intervention, and that have the potential to influence a range of behavioral health issues. The project approach will substantially move the state towards a more equitable and efficient strategy for allocating prevention resources. It will also serve as a model for a revitalized state prevention system in which effective community-level prevention practices are brought to scale in a manner that can be sustained at the regional and statewide levels.

A.3 Infrastructure Needs

Vermont's culture and value of strong local control has led to the development of numerous organizations which employ prevention planning processes. These include over 30 coalitions and partnerships, such as county-based START and community coalitions supported through a variety of funding streams. Significant outcomes have been achieved through the collective efforts of these organizations. However, this approach is unsustainable and has presented challenges to the development of long term prevention capacity in Vermont. The Vermont 2011 system review team noted, "Although Vermont is a relatively small State, the multiple layers of infrastructure and organization related to prevention may hinder efficient assessment, planning, coordinator and implementation of prevention services." (SAMHSA, Federal Fiscal Year 2011). In addition, key state and community stakeholders participated in Vermont's Strategic Prevention Enhancement (SPE) Grant strategic planning process also recommended greater sustainability through the organization of prevention efforts through regional approaches (VDH, 2012).

VDH has made a commitment to strengthening the capacity of its twelve regional District Offices (DOs) in community assessment, capacity building and planning, as part of Vermont's health reform strategy. Each DO has a director, a cross-disciplinary Prevention Team and experience with the SPF. Although DOs cannot serve as subrecipients, they have strong relationships with the prevention organizations in their region and the ability to facilitate regional decision-making about selection of regional subrecipients. The PFS provides an opportunity to employ a streamlined, sustainable infrastructure by supporting the DOs to facilitate collaboration, assessment, capacity building and planning, and subrecipients to implement integrated regional plans.

SECTION B: PROPOSED APPROACH

B.1 Purpose, Goals, and Objectives

The passage of the Affordable Care Act (ACA) has both highlighted and heightened our nation's commitment to prevention, emphasizing the need for data-driven planning, infrastructure development, and application of evidence-based practices. The principles underlying the ACA are further articulated through SAMHSA's Strategic Initiative #1, which stresses the importance of building emotional and behavioral health through all stages of development, along with building sustainable prevention infrastructure and reducing health-related disparities.

The ACA is further reinforced by Vermont's Health Reform Act 48 (2011), the fundamental goal of which is to provide universal access to health coverage to improve health care access and outcomes associated with disparities in health and socio-economic status. VDH is the lead agency for addressing population level health interventions. While some department priorities will change from year to year, VDH has identified *Youth and Young Adult Substance Use Prevention* as one of four permanent priorities of the State Health Improvement Plan (currently under development). Core functions of VDH include provision of technical assistance, training and data to local partnerships. The goal is to support development of the necessary capacity, skills and tools for community-based health assessments, implementation and refinement of effective public health programs and policies, and evaluation of the impact of such interventions. VDH's Office of Local Health and 12 District Health Offices are an essential part of the infrastructure for this work.

The specific purpose of Vermont's PFS proposal is to apply the SPF to reduce underage drinking and prescription drug misuse and abuse among 12-25 year olds in six of twelve VDH health districts identified as having the highest need, and to strengthen the prevention infrastructure at the state, regional and community levels using the existing health district structure as the primary mechanism to implement the SPF model. This proposal builds on the successes achieved in Vermont through the SPF-SIG including both the reduction of substance use among persons under 25 and in building statewide prevention capacity. This work will also advance several initiatives identified in the strategic plans for the VDH and ADAP, including strategic actions, statewide logic model, and priority interventions. This work is currently being developed through the Strategic Prevention Enhancement (SPE) Grant. The goals and objectives of the proposed project also relate directly to Vermont's Healthy People 2020 goals, which include development of community-based capacity to respond to public health needs and increased collaboration to assure health equity for all Vermonters.

The proposed project has been structured to meet all of the requirements and expectations of the PFS, including the selection of priorities, strategy for allocating funds, implementation of evidence-based strategies, data collection and reporting, and leveraging of other available prevention funds. Our plan to organize and fund prevention at the health district level specifically addresses two important limitations that have been identified in the state's traditional approach to prevention funding: 1) funding levels have been too diffused to support all of Vermont's communities on a sustainable basis, and 2) limited capacity in the most needy communities has often resulted in lower likelihood of receiving prevention services funding.

The proposed approach for the PFS will help move the state towards a more equitable and efficient strategy for allocating prevention resources. It will also serve as a model for a revitalized state prevention system in which effective community-level prevention practices are brought to scale in a manner that can be sustained at the regional and statewide levels. In addition, the prevention activities to be implemented through PFS funding will intentionally encompass a variety of evidence-based strategies that collectively address multiple developmental stages of youth and young adults, through multiple levels of intervention, and that have the potential to influence a range of behavioral health issues in addition to the specifically targeted behaviors of underage drinking and prescription drug misuse. The specific Goals and Objectives of this initiative are as follows:

Goal 1: Increase state, regional and community capacity to prevent underage drinking and prescription drug misuse by implementing a targeted regional approach.

Objectives:

1.1: Health district offices serving the six highest need districts will coordinate implementation of the SPF process by convening community partners and stakeholders to conduct district-wide needs assessment, planning and capacity building.

1.2: One high-functioning community-based organization will be chosen in each high need health district to coordinate implementation of evidence-based strategies as identified by the district plan and evaluate these strategies by collecting and reporting local process and outcome data.

1.3: Each high need health district will include in their assessment an examination of health disparities within their region based on socioeconomic status, race/ethnicity, gender, sexual orientation and other subpopulations that may have differences in prevalence rates, and will include specific plans for addressing these disparities where they exist.

Goal 2: Reduce underage and binge drinking among persons aged 12 to 20.

Objectives:

2.1: The six high need health district offices will identify which risk factors for underage and binge drinking they will address with their local implementation plan by selecting from the risk factors that have been prioritized for community-level intervention by the state through ADAP's Strategic Plan for Prevention (see Attachment 1).

2.2: Communities will plan and implement evidence-based strategies across the levels of Vermont's Prevention Model that are designed to affect the specific risk factors for underage and binge drinking that have been identified within the region and the state.

2.3: Local data will be collected to identify how well evidence-based strategies were implemented and the impact of these strategies on underage and binge drinking and the associated risk and protective factors.

2.4: Implement a statewide communications campaign aimed at the prevention of underage and binge drinking that will be coordinated by ADAP's central office and supported by all 12 health district offices and all community grantees.

Goal 3: Reduce prescription drug misuse and abuse among persons aged 12 to 25.

Objectives:

3.1: The six high need health district offices will work with the Drug Enforcement Agency (DEA) and community partners to coordinate prescription drug take-back days in their regions.

3.2: Information about best practices for prevention of prescription drug misuse and abuse will be shared through a statewide learning community event with opportunity for cross-regional sharing and planning.

3.3: The six high need health district offices will identify which risk factors for prescription drug misuse and abuse they will address with their local implementation plan

3.4: Communities will plan and implement evidence-based strategies and associated activities designed to affect the specific risk factors for prescription drug misuse identified within the region and the state, with particular focus on subpopulations identified as having increased vulnerability through the regional assessments.

3.5: Local data will be collected to identify how well evidence-based strategies were implemented and the impact of these strategies on prescription drug misuse and the associated risk and protective factors.

B.2 Identification of Priorities

Based on the analysis of statewide substance abuse and prescription data as documented in Section A of this proposal, Vermont has identified the following two priorities for this grant:

- 1. Underage drinking among persons aged 12-20, including binge drinking, and**
- 2. Prescription drug misuse and abuse among persons aged 12 to 25.**

Prevalence data from the 2011 YRBS for key indicators across Health Districts were presented in Figure 2 in Section A.2 and indicated a range for past 30 day alcohol use from 42.7% to 29.5% and a range for lifetime prescription drug use from 21.0% to 11.5%. According to the most recent state level NSDUH report (2008-2009), Vermont ranks highest in the country for both underage drinking and underage binge drinking. As a result of these alarming data, and as a result of our prior SPF-SIG work (2005-2011), Vermont is in a high state of readiness to continue our prevention efforts specific to underage and binge drinking among persons ages 12-20.

Vermont also has a high level of readiness for addressing prescription drug misuse. The Vermont Prescription Monitoring System has been operational since 2009, and in 2011 the Vermont Prescription Drug Abuse Workgroup (VPD Workgroup, 2011) issued recommendations for specific actions for preventing and recognizing prescription drug abuse statewide that are aligned with ONDCP's Prescription Drug Abuse Prevention Plan. This high level attention to the problems of prescription drug misuse are again driven not only by prevalence rates in Vermont, but also by the dramatic increase in the number of people seeking treatment for prescription drug addiction as cited in Section A. Governor Peter Shumlin has identified prescription drug misuse as an urgent priority for Vermont.

With the exception of a specific focus on underage binge drinking within the priority area of underage drinking, VDH is not proposing to directly address any additional priorities explicitly through the PFS initiative. We believe it will be more useful to focus these funds on two specific, measurable substance abuse goals that are of high priority for the state in order to maximize the potential for determining the success of the regional approach. Funds available through the Block Grant and other sources will be used to address other substance abuse prevention issues, such as marijuana use.

B.3 Project Structure and Implementation

B.3.1 Proposed Approach: The Department of Health operates 12 District Offices (DO) located throughout the state. All Vermont residents have a local health office they can count on for health information, and for disease prevention and emergency response services. DO staff work with a diverse cross section of community stakeholders including community coalitions, schools, service clubs, human service agencies, medical providers, parent and youth groups, emergency responders, town officials and others. The DOs work to build on the relationships and strengths that already exist in the community. Of highest priority are services that increase the local community's capacity to lead and carry out effective public health initiatives.

The VDH will use PFS resources to enhance the state's capacity to build, maintain and sustain the SPF process in communities of high need through the existing structure of the state's 12 health district offices as described above. ADAP will provide an orientation to the District Offices on PFS goals, objectives and timelines. District Health Directors will convene regional stakeholders including local coalition coordinators, START, schools, hospitals, and local treatment providers to review needs assessment data and commence planning. They will ensure coordination of the PFS with other local initiatives, such as school-based prevention systems supported through the Departments of Health and Mental Health, substance abuse treatment and recovery services, health reform, and chronic disease, tobacco and obesity prevention efforts.

Regional substance abuse Prevention Consultants (PCs) who are experienced at applying the SPF model at the community level will facilitate and guide stakeholders through SPF Steps 1-3. The PCs will work with the community providers to analyze the district level data provided by our existing State Epidemiological Outcomes Workgroup (SEOW) along with other community-specific data sources. Relevant planning data used to select and target evidence-based strategies will include data on underage drinking and prescription drug misuse and related consequences, contributing factors for these behaviors, and patterns of use related to poverty, race/ethnicity, and geographic location. In addition to step 1, needs assessment, capacity will be determined through the administration of the Coalition Capacity Checklist - a validated tool utilized during the 5-year SPF-SIG, as well as an inventory of other funding sources, and relationships with key

partners, to identify areas of strength and challenges. A written plan will be developed that flows from a logic model driven by the data assessment and capacity analysis to identify the evidence-based strategies shown by research to impact the specific intervening variables. Identification of evidence based strategies will follow the guidance document developed for the SPF-SIG (Interventions, 2009).

Orientation materials on the PFS will be provided by ADAP staff. Training to support the planning process and increase knowledge about recommended evidence-based practices will be provided on a statewide basis through webinars and face to face events. Training will be available to all 12 health districts to support Vermont's entire prevention infrastructure. District Health Directors will make recommendations on which local organization has the capacity to serve as a subrecipient for PFS grant funds to implement prevention strategies and local evaluation activities. Initial planning funds will be provided with the final community grant award contingent on approval of an implementation plan.

Lastly, a statewide communications campaign supporting the PFS goals will be developed. Where feasible, the campaign will build on and link to the ParentUpVT.org campaign which targets reduction of underage drinking.

The completion of assessment, capacity building and planning as a health district region and the selection of one high-functioning community-based organization per district for implementation will move Vermont toward a prevention system that is more sustainable and ensures more consistent and timely development of implementation plans across the state. This approach supports ADAP's draft Strategic Action #5: Regional Organization, as identified through our SPE planning process (Attachment 1, page 9) and is designed to attain greater sustainability of efforts through the organization of prevention efforts into regional approaches. Consequently, this approach:

- a) represents a significant step toward achieving a more regionalized organization of prevention work throughout the state including targeting underserved populations;
- b) relates directly to key strategic directions in the VDH Strategic Plan including enhanced capacity for collaborative community health assessment, prioritization, planning and implementation at the district and local level;
- c) addresses a recommended enhancement identified in Vermont's 2011 Substance Abuse Prevention and Synar System Review Report.

B.3.2 Selection of Subrecipient Communities: The SEOW analyzed a variety of data sources in order to identify an approach for targeting PFS funds to high need communities. The resulting methodology uses a set of variables to produce a composite need score that enables ranking of health districts by relative need. The variables included in this composite are:

1. Youth Risk Behavior Survey (YRBS) for 2011:
 - a. Lifetime use of prescription drugs (Rx) without a prescription
 - b. Past 30 day alcohol use
 - c. Past 30 day binge drinking
 - d. Disparity in Rx misuse by mother's education level
2. 2010 U.S. Census:
 - a. Population between the ages of 10 and 25 years old within each district area

Due to low numbers of non-white residents in the state, examining disparities across districts in

underage drinking and prescription drug misuse by race/ethnicity was not possible. Furthermore, there are no federally designated tribal governments in Vermont, with American Indians making up 0.5% of the state's total population. There is however a substantial heterogeneity in socioeconomic status (SES), both statewide and for each of the state's 12 districts. In order to examine SES disparities in binge drinking and prescription drug misuse by district, maternal education level was used as a proxy to examine disparities based on SES. This measure is validated and widely-used to determine SES among children (Davis-Kean, 2005; Nepomnyaschy, 2006). Alcohol use by maternal education did not vary by district, however prescription drug use disparity varied widely and was considered important to include.

In order to create the relative need score, each variable was standardized to have a mean of 0 and a standard deviation of 1 making them comparable and equally weighted. The standardized variables were summed to create a composite score that enabled a relative ranking of the 12 districts. The results are displayed in Table 2 which identifies the six districts selected for PFS funding (see Section A, Table 1 for demographic data on all 12 districts).

Table 2. Vermont Health Districts by Relative Need for Targeted PFS II Funding

District	Population ¹	Prescription drug use ²	Alcohol use ³	Binge drinking ⁴	Disparity in prescription drug use ⁵	Rank
Brattleboro	-0.4	2.6	1.1	1	-1.4	2.8
Newport	-0.6	-0.2	2.2	1.8	-1.2	2
Morrisville	-0.5	0.6	1.1	1	-0.3	1.9
White River	-0.2	0.6	0.2	0.1	0.9	1.6
Burlington	3.1	-0.6	-0.9	-0.7	0.4	1.2
Barre	0.2	-0.6	-0.1	0.5	0.1	0.2
Rutland	0.1	-0.2	-0.1	0.5	-0.4	0
Springfield	-0.6	-0.2	-0.4	-1.1	2	-0.3
Bennington	-0.4	0.6	-0.6	-0.3	0.3	-0.4
St. Albans	0	-1	-0.4	-0.3	0.4	-1.3
Middlebury	-0.2	-1	-0.6	-1.5	0.6	-2.7
St. Johnsbury	-0.4	-0.6	-1.5	-1.1	-1.4	-5

¹ between 10 and 25 (2010-Census)

² in life (2011-YRBS)

³ in past 30 days (2011-YRBS)

⁴ in past 30 days (2011-YRBS)

⁵ disparity in prescription drug use by low maternal education (high school or less versus more than high school) (2011-YRBS)

The SEOW also examined the history of prevention resources in each district. The total number of multi-year substance abuse prevention grants (i.e. SPF-SIG, Drug Free Communities, VDH Community Grants) awarded to each district within the last 10 years was calculated to determine the historic level of resources in each. Of the six districts selected for this project, three districts (Newport, White River Junction and Morrisville) have a history of low levels of resources, two (Brattleboro and Barre) have had moderate levels of resources, and the Burlington area has had a high number of grants due to its status as the largest population center in the state. If after receiving funding any of the selected districts is considered to have insufficient readiness to implement the PFS (e.g. current status of key community coalitions, key staff vacancies), then an