State Information

State Information

Plan Year Start Year	2016
End Year	
Life real	2017
State DUNS Number	
Number	8093761550
Expiration Date	
I. State Agency to	be the Grantee for the Block Grant
	Vermont Department of Health
Organizational Unit	Division of Alcohol and Drug Abuse Programs
Mailing Address	108 Cherry Street, P.O. Box 70
City	Burlington
Zip Code	05402-0070
II. Contact Domon	for the Grantee of the Block Grant
First Name	
Last Name	Cimaglio
Agency Name	Vermont Department of Health
Mailing Address	P.O. Box 70
City	Burlington
Zip Code	05402-0070
Telephone	802-951-1258
Fax	802-951-1275
Email Address	barbara.cimaglio@state.vt.us
III. Expenditure Per State Expendit	
From	
То	
IV. Date Submittee	1
Revision Date	
Revision Date	
	Responsible for Application Submission
First Name	Joyce
Last Name	Brabazon
Telephone	802-651-1558
Fax	802-651-1573
Email Address	joyce.brabazon@vermont.gov

Table 4 SABG Planned Expenditures

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

Expenditure Category	FY 2016 SA Block Grant Award	FY 2017 SA Block Grant Award
1. Substance Abuse Prevention [*] and Treatment	\$3,979,186	\$3,979,187
2 . Substance Abuse Primary Prevention	\$2,157,694	\$2,157,694
3 . Tuberculosis Services	\$0	
4 . HIV Early Intervention Services**	\$0	
5 . Administration (SSA Level Only)	\$322,994	\$322,993
6. Total	\$6,459,874	\$6,459,874

* Prevention other than primary prevention

** 1924(b)(2) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-24(b)(2)) and section 96.128(b) of the Substance Abuse Prevention and Treatment Block Grant; Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the HIV Surveillance Report produced by CDC, National Center for HIV/AIDS, Hepatitis, STD and TB Prevention. The HIV Surveillance Report, Volume 24, will be used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective FY 2016 SABG allotments to establish one or more projects to provide early intervention services for HIV at the sites at which individuals are receiving SUD treatment services. In FY 2012, SAMHSA developed and disseminated a policy change applicable to the EIS/HIV which provided any state that was a "designated state" in any of the three years prior to the year for which a state is applying for SABG funds with the flexibility to obligate and expend SABG funds for EIS/HIV even though the state does not meet the AIDS case rate threshold for the fiscal year involved. Therefore, any state with an AIDS case rate below 10 or more such cases per 100,000 that meets the criteria described in the 2012 policy guidance would be allowed to obligate and expend FY 2016 SABG funds for EIS/HIV if they chose to do so.

Table 5a SABG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

Strategy	IOM Target	FY 2016	FY 2017
		SA Block Grant Award	SA Block Grant Award
	Universal	\$76,746	\$38,635
	Selective	\$15,642	\$7,821
Information Dissemination	Indicated	\$524	\$0
	Unspecified	\$0	\$0
	Total	\$92,912	\$46,456
	Universal	\$925,597	\$465,960
	Selective	\$188,651	\$94,325
Education	Indicated	\$6,323	\$0
	Unspecified	\$0	\$0
	Total	\$1,120,571	\$560,285
	Universal	\$183,651	\$92,453
	Selective	\$37,431	\$18,715
Alternatives	Indicated	\$1,255	\$0
	Unspecified	\$0	\$0
	Total	\$222,337	\$111,168
	Universal	\$103,239	\$51,972
	Selective	\$21,042	\$10,521
Problem Identification and Referral	Indicated	\$705	\$0
	Unspecified	\$0	\$0
mont	Total	\$124,986	\$62,493 Page 1

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	Universal	\$2,233,163	\$1,124,210
	Selective	\$455,153	\$227,577
Community-Based Process	Indicated	\$15,255	\$0
	Unspecified	\$0	\$0
	Total	\$2,703,571	\$1,351,787
	Universal	\$42,135	\$21,211
	Selective	\$8,588	\$4,294
Environmental	Indicated	\$288	\$0
	Unspecified	\$0	\$0
	Total	\$51,011	\$25,505
	Universal	\$0	\$0
	Selective	\$0	\$0
Section 1926 Tobacco	Indicated	\$0	\$0
	Unspecified	\$0	\$0
	Total	\$0	\$0
	Universal	\$0	\$0
	Selective	\$0	\$0
Other	Indicated	\$0	\$0
	Unspecified	\$0	\$0
	Total	\$0	\$0
Total Prevention Expenditures		\$4,315,388	\$2,157,694
Total SABG Award*		\$6,459,874	\$6,459,874
Planned Primary Prevention Percentage		66.80 %	33.40 %

*Total SABG Award is populated from Table 4 - SABG Planned Expenditures

Table 5b SABG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2016 Pla

Planning Period End Date: 9/30/2018

Activity	FY 2016 SA Block Grant Award	FY 2017 SA Block Grant Award
Universal Direct	\$1,080,482	\$540,241
Universal Indirect	\$2,484,050	\$1,254,200
Selective	\$726,506	\$363,253
Indicated	\$24,350	\$0
Column Total	\$4,315,388	\$2,157,694
Total SABG Award*	\$6,459,874	\$6,459,874
Planned Primary Prevention Percentage	66.80 %	33.40 %

*Total SABG Award is populated from Table 4 - SABG Planned Expenditures

Table 5c SABG Planned Primary Prevention Targeted Priorities

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018	
Targeted Substances	
Alcohol	Ð
Тоbассо	ê
Marijuana	Ð
Prescription Drugs	Ð
Cocaine	Ð
Heroin	Ð
Inhalants	Ð
Methamphetamine	Ð
Synthetic Drugs (i.e. Bath salts, Spice, K2)	Ð
Targeted Populations	
Students in College	Ð
Military Families	Ð
LGBTQ	Ø
American Indians/Alaska Natives	Ø
African American	Ð
Hispanic	Ð
Homeless	Ð
Native Hawaiian/Other Pacific Islanders	b
Asian	Ð
Rural	Ð
Underserved Racial and Ethnic Minorities	b

Table 6a SABG Resource Development Activities Planned Expenditures

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

Activity	FY 2016 SA Block Grant Award			FY 2017 SA Block Grant Award				
	Prevention	Treatment	Combined	Total	Prevention	Treatment	Combined	Total
1. Planning, Coordination and Needs Assessment	\$6,614	\$0	\$0	\$6,614	\$6,613	\$0	\$0	\$6,613
2. Quality Assurance	\$0	\$115,819	\$0	\$115,819	\$0	\$115,819	\$0	\$115,819
3. Training (Post-Employment)	\$767	\$0	\$0	\$767	\$767	\$0	\$0	\$767
4. Education (Pre-Employment)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5. Program Development	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
6. Research and Evaluation	\$6,613	\$0	\$0	\$6,613	\$6,614	\$0	\$0	\$6,614
7. Information Systems	\$435	\$0	\$0	\$435	\$435	\$0	\$0	\$435
8. Total	\$14,429	\$115,819	\$0	\$130,248	\$14,429	\$115,819	\$0	\$130,248

22. State Behavioral Health Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application

1. How was the Council actively involved in the state plan? Attach supporting documentation (e.g., meeting minutes, letters of support, etc.).

2. What mechanism does the state use to plan and implement substance abuse services?

3. Has the Council successfully integrated substance abuse prevention and treatment or cooccurring disorder issues, concerns, and activities into its work?

4. Is the membership representative of the service area population (e.g., ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)?

5. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families and other important stakeholders, and how it has advocated for individuals with SMI or SED.

The substance abuse prevention, treatment and recovery system of care was a focus of the Vermont General Assembly in the2015 legislative session. Pursuant to Act 58 Section E.313.1, 18 V.S.A.§ 4803 was amended to re-structure the Vermont Alcohol and Drug Advisory Council. This includes revisions to the Council's charge and membership. The Council's charge has been enhanced to reflect Vermont's approach to health reform and best practices in the substance abuse field.

The Council is established within the Agency of Human Services (AHS) to promote the dual purposes of reducing problems arising from alcohol and drug abuse and improving prevention, intervention, treatment and recovery services by advising the Secretary of AHS on policy and program improvement. Duties include:

(1) advise the Governor as to the nature and extent of alcohol and drug abuse problems and the programs necessary to understand, prevent and alleviate those problems;

(2) make recommendations to the Governor and General Assembly for developing:

(a) a comprehensive and coordinated system for delivering effective programs, including any appropriate reassignment of responsibility for such programs; and

(b) a substance abuse system of care that integrates substance abuse services with health care reform initiatives, such as pay for performance methodologies;

(3) provide for coordination and communication among the regional alcohol and drug abuse councils, State agencies and departments, providers, consumers, consumer advocates, and interested citizens;

(4) jointly, with the State Board of Education, develop educational and preventive programs; and

(5) assess substance abuse services and service delivery in the State, including the following:

(a) the effectiveness of existing substance abuse services in Vermont and opportunities for improved treatment; and

(b) strategies for enhancing the coordination and integration of substance abuse services across the system of care; and

(6) provide recommendations to the General Assembly regarding State policy and programs for individuals experiencing public inebriation.

Appointed members will include:

- Secretary of Human Services, or designee;
- Commissioner of Public Safety, or designee;
- Commissioner of Mental Health or designee;
- Deputy Commissioner of Health's Division of Alcohol and Drug Abuse Programs;
- Director of the Blueprint or designee;
- a representative of an approved provider or preferred provider, appointed by the Governor;
- a licensed alcohol and drug abuse counselor, appointed by the Governor;
- a representative of hospitals, appointed by the Vermont Association of Hospitals and Health Systems
- an educator involved in substance abuse prevention services, appointed by the Governor
- a youth substance abuse prevention specialist, appointed by the Governor
- a community prevention coalition member, appointed by the Governor
- a member of the peer community involved in recovery services, appointed by the Governor

Work to execute the charge outlined above and recruit members is underway. The former Vermont Alcohol and Drug Abuse Advisory Council, representing treatment, prevention, recovery, family-serving organizations, education, law enforcement, healthcare and the justice system have been active in review and feedback on Vermont's program plans.

In addition to this mechanism, stakeholder feedback on planning and services delivery has been provided through:

- Stakeholder surveys on school-based services
- Stakeholder surveys on workforce development needs
- Data collected from grantees
- Prevention, treatment and recovery provider feedback on system strengths and gaps gathered at ADAP Annual Provider Meeting, held on May 26, 20151

The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs posts the SAPT Block Grant application, for a minimum of weeks, on our website at <u>www.healthvermont.gov</u> prior to submission for public comment.

The State of Vermont, Agency of Human Services publicizes the Annual Block Grant Hearing through their website at: http://humanservices.vermont.gov/departments/office-of-the-secretary/state-plan

The webpage includes the Block Grant plan and summary, as well as, public notices in the three largest newspapers in the State, a list of hearing attendees and a hearing transcript.

Environmental Factors and Plan

Behavioral Health Advisory Council Members

Start Year: 2016 End Year: 2017

Name	Type of Membership	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)	
Lori Augustyniak	Others (Not State employees or providers)	Prevention Works! VT		preventionworks@fairpoint.net	
Mitch Barron	Providers	Centerpoint Adolescent Treatment Services	I Burlington VI 05403 I m		
Harry Chen, M.D.	State Employees	Vermont Department of Health		harry.chen@vermont.gov	
Barbara Cimaglio	State Employees	Alcohol and Drug Abuse Programs	108 Cherry Street Burlington VT, 05402 -0070 PH: 802-951-1258 FX: 802-651-1573	barbara.cimaglio@vermont.gov	
Hal Cohen	State Employees	Vermont Agency of Human Services		hal.cohen@vermont.gov	
Lt. Scott Davidson	State Employees	Vermont Agency of Transportation		scott.davidson@vermont.gov	
Katherine Davies	State Employees	Vermont Department of Health	108 Cherry Street, P.O. Box 70Burlington VT, 05402	katherine.davies@vermont.gov	
Mark Depman, M.D.	Providers	Central Vermont Medical Center	P.O. Box 547Barre VT, 05641 PH: 802-371-4522	mark.depman@cvmc.org	
Maria D'Heane	Others (Not State employees or providers)			mariad2811@me.com	
Peter Espenshade	Others (Not State employees or providers)	Vermont Association for Mental Health and Addiction Recovery			
Willa Farrell	State Employees	Office of the Attorney General	109 State StreetMontpelier VT, 05609 PH: 802-828-1360 FX: 802-828-2154	wfarrell@atg.state.vt.us	
Keith Flynn	State Employees	Department of Public Safety		keith.flynn@vermont.gov	
Kalev Freeman, M.D. Ph.D.	Providers	Univeristy of Vermont Medical Center	111 Colchester AvenueBurlington VT, 05401 PH: 802-656-4216	kalev.freeman@uvm.edu	
Stuart Friedman	Providers			chinasocialworker88@gmail.com	
Melanie Gaiotti nont	State Employees	Department of Liquor Control	13 Green Mountain DriveMontpelier VT, 05620	melanie.gaiotti@vermont.gov Page 1	

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			PH: 802-828-2339	
Jessica Gingras	State Employees		PH: 802-828-3333	jessica.gingras@vermont.gov
John Gramuglia	State Employees	Department of Corrections		john.gramuglia@vermont.gov
Emily Hawes	State Employees	Vermont Department of Mental Health	280 State Drive Waterbury VT, 05671- 2010 PH: 802-241-0101	emily.hawes@vermont.gov
Marcia LaPlante	State Employees	Vermont Department of Health	108 Cherry StreetBurlington VT, 05401 PH: 802-651-1560	marcia.laplante@vermont.gov
Chauncey Liese	State Employees	Department of Motor Vehicles	120 State StreetMontpelier VT, 05603-0001 PH: 802-828-5766 FX: 802-828-2170	chauncey.liese@vermont.gov
Kreig Pinkham	Providers	Washington County Youth Service Bureau	P.O. Box 627, 38 Elm StreetMontpelier VT, 05601	kpinkham@wcysb.org
Teresa Randall	State Employees	Vermont Department of Public Safety	45 State DriveWaterbury VT, 05671-1300 PH: 802-244-8727	teresa.randall@vermont.gov
Frank Reed	State Employees	Vermont Department of Mental Health	280 State Drive Waterbury VT, 05671- 2010 PH: 802-241-0136	frank.reed@vermont.gov
Tina Royer	State Employees	Vermont Department of Health	108 Cherry StreetBurlington VT, 05401 PH: 802-951-1278	tina.royer@vermont.gov
Beth Tanzman	State Employees	Vermont Department of Mental Health	280 State Drive Waterbury VT, 05671- 2010 PH: 802-241-0264	beth.tanzman@vermont.gov
Cynthia Thomas	State Employees	Vermont Department of Health	108 Cherry StreetBurlington VT, 05401 PH: 802-951-5730	cynthia.thomas@vermont.gov
Emily Trutor	State Employees	Vermont Department of Health	108 Cherry StreetBurlington VT, 05401 PH: 802-651-1552	emily.trutor@vermont.gov
Robert Uerz	State Employees	Agency of Education	219 North Main Street, Ste. 402Barre VT, 05641 PH: 802-479-1437	
	Others (Not State employees or		VT,	mweikert@floodbrook.org

Environmental Factors and Plan

Behavioral Health Council Composition by Member Type

Start Year: 2016 End Year: 2017

Type of Membership	Number	Percentage
Total Membership	29	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	0	
Family Members of Individuals in Recovery* (to include family members of adults with SMI)	0	
Parents of children with SED*	0	
Vacancies (Individuals and Family Members)	0	
Others (Not State employees or providers)	4	
Total Individuals in Recovery, Family Members & Others	4	13.79%
State Employees	20	
Providers	5	
Federally Recognized Tribe Representatives	0	
Vacancies	0	
Total State Employees & Providers	25	86.21%
Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ Populations	0	
Providers from Diverse Racial, Ethnic, and LGBTQ Populations	0	
Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ Populations	0	
Persons in recovery from or providing treatment for or advocating for substance abuse services	0	

* States are encouraged to select these representatives from state Family/Consumer organizations.

Indicate how the Planning Council was involved in the review of the application. Did the Planning Council make any recommendations to modify the application?