# SUSTAINABILITY PLAN – Rev. May 2018
## 2018-2019

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Prepared by Healthy Lamoille Valley Consultant Carol Maloney; in consultation with HLV Steering Team members Suzanne Masland, Valerie Valcour, Michelle Salvador, Will Eberle, and Scott Johnson; and in collaboration with HLV Director Jessica Bickford and HLV Policy and Community Outreach Coordinator Alison Link.

Paid for With Funding From the Vt. Department of Health, Alcohol and Drug Abuse Programs, Regional Prevention Partnership and Prevention Infrastructure Grants.
Vision: Lamoille Valley is a safe, supportive, and healthy community.

Mission: HLV is a coalition of community organizations and individuals working collaboratively to make healthy choices, easy choices for residents of Lamoille Valley.


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I. EXECUTIVE SUMMARY

The science related to substance abuse prevention is indisputable. Coalitions that implement comprehensive, research-based, and evidence-informed strategies are successful. The science related to trauma, toxic stress, and resilience is also clear. Early life experiences of adversity can contribute significantly to poor outcomes related to health and well-being; among those poor outcomes are rates of chronic disease, including substance use disorders. Comprehensive community efforts are also needed to improve outcomes related to these experiences.

Healthy Lamoille Valley (HLV), a coalition with a 20-year history, and an unequivocal record of successful programming, is poised to move into its next phase of development. HLV plans to continue growing relationships across sectors to sustain its outcomes. HLV also intends to leverage the growing recognition within the legislative, education, health care, law enforcement, and human service sectors of the connections between early life experiences of trauma and toxic stress and their links to substance abuse prevalence and the rising costs in all those sectors. At the same time, the opioid crisis, while not isolated to Vermont, has brought new attention to the need for greater emphasis on substance abuse prevention.

The Lamoille Valley is recognized within Vermont for its strong foundation of community readiness and trusting relationships. This plan describes HLV’s intention to integrate the science related to substance abuse and the research on trauma and toxic stress, and resilience and protective factors. This plan describes how HLV will continue to use its Regional Prevention Partnership grant to enhance its prevention efforts by adding the trauma and resilience lens to those strategies. HLV will also focus on seeking funding to implement as-yet-detailed strategies related to reducing early childhood exposure to adversity, and to increasing family and community competency related to resilience and protective factors.

This plan lays out the specific ways HLV will accomplish its ambitious, yet entirely achievable, goals to bring together the unique and synergistic opportunities presented by the emerging science across such major systems as education, health care, corrections, and child welfare. To achieve the goals laid out in this plan, new funding will be needed. HLV and its partners are fully engaged in this conversation and are committed to working together to realize this plan.

This Plan is the result of the significant contributions by members of the HLV Steering Team: Suzanne Masland, Michelle Salvador, Val Valcour, Scott Johnson, Alison Link, Will Eberle, and Jessica Bickford. Additionally, 52 regional residents participated in interviews last fall, sharing their professional and personal insights about the issues discussed in the pages that follow. Their openness and commitment to this work helped frame this document, and will continue to support the planning going forward. HLV will succeed in large part because of the many people, groups, teams, and organizations that are fully engaged and already in motion.
II. INTRODUCTION TO THE SUSTAINABILITY PLAN

The Region: With about 30,000 residents across 15 towns, the Lamoille Valley region is a rural area that includes all of Lamoille County, plus the five towns of the Orleans Southwest Supervisory Union. The geographic distance from one end of the Valley to another is vast, stretching into four Vermont Counties. It extends from Craftsbury at the southern edge of the Northeast Kingdom, to the regions’ western border town of Cambridge, a bedroom community for Chittenden County. Within this same region is the Washington County hamlet of Woodbury.

The Lamoille Valley has a relatively diverse socio-economic population. Along with those economic distinctions come deeply rooted town-level traditions and cultures. Consider the dramatic differences between the east coast ski and tourist destination Town of Stowe, with the median home sales price well above half a million dollars and a per capita income of $35,474; and the Town of Johnson, where almost 90% of the students are eligible for free and reduced lunches, and the per capita income is $15,014 (marginally higher than another Lamoille region town – Hardwick – with a per capita income of $14,813). (Data is from the 2010 United States Census Data and the 2006-2010 American Community Survey 5-Year Estimates.)

Across the region, about 35% of Lamoille’s households earn less than $35,000 a year. Hunger Free Vermont data tell us there are about 1,000 children in the Valley under age 18 who live in food-insecure households. The 2017 Point-in-Time homelessness count revealed that 64 individuals and 15 families with children were chronically homeless. Households that are food insecure and/or homeless are stressful environments for children.

While there are ample recreation opportunities, and a local and thriving craft beer tourism industry (HLV is aware of the irony of pointing to the success of this industry locally), among other growing local manufacturing businesses (e.g., MSI, Concept2, and Butternut Mountain Farms), the opportunity gap continues to be a reality for too many. Large numbers high school graduates do not pursue post-secondary education or training, and for many who do, they do not complete their programs. Like other Vermont regions, a large number of Lamoille residents find that reliable transportation and affordable and safe housing are beyond their reach.

Healthy Lamoille Valley Coalition: The HLV coalition mirrors the region. HLV adopted a rural and decentralized model a number of years ago. In this model, community members and community-based organizations, including schools, law enforcement entities, and social service agencies, work together toward a common goal of reducing substance use and abuse among young residents of the region. For over 20 years the region has dedicated itself to forging the necessary capacity and will to bend the curve on indicators related to youth and young adult substance use.

The work of HLV began in 1998 when supervisory unions came together to address underage drinking in the Lamoille Valley through a New Directions grant. HLV celebrates that many of the organizations and individuals involved in the early stages of this prevention work are still strong partners today. The name Healthy Lamoille Valley was chosen in January 2014 to embrace a holistic approach to health while maintaining the primary focus of youth substance abuse prevention.
The many years of targeted efforts have paid off on a number of fronts. Many indicators are moving in the right direction. Lamoille Valley youth who start drinking before age 13, and the number of youth who report drinking five or more drinks in a row is on the decline. Yet, the 2015 Youth Risk Behavior Survey (YRBS) points us to other problematic trends that HLV will focus on in the coming year(s). For example, the YRBS tells us that: “Only 49% of Lamoille County High School Students feel like they matter to people in their community.”

Youth who feel valued are less likely to turn to alcohol and other drugs. Improving this and many other risk factors is crucial and can be accomplished by applying a trauma and resilience lens to future efforts. Section III below contains additional data points that serve as guideposts for HLV’s future.

Adverse Childhood Experiences, Toxic Stress and Resilience: In the past few years Vermont has taken a keen interest in the impact of adverse childhood experiences (ACEs), trauma, and toxic stress on children, youth, and adults. Legislators are recognizing the need to take action, and we are seeing increased attention within the health care arena. Cultural competence related to trauma and toxic stress is increasing, and the State of Vermont has invested resources into training and supporting people across the state to help spread the knowledge related to these issues. Initiatives including community forums, film showings, and professional trainings have generated momentum. HLV is supporting and linking with Building Flourishing Communities, a state supported initiative.

HLV has led the effort to help community members better understand the impact of toxic stress and trauma on the growing brain, and over the past few years, hundreds of local residents have participated in related conversations. Key partners have also embraced the Strengthening Families™ and Youth Thrive™ protective factor frameworks – research-based and evidence-informed approaches to supporting health and well-being in the context of the family.

“As the Adverse Childhood Experiences study has shown, child abuse and neglect is the single most preventable cause of mental illness, the single most common cause of drug and alcohol abuse, and a significant contributor to leading causes of death such as diabetes, heart disease, cancer, stroke, and suicide.”
~Bessel A. van der Kolk, The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma

Health Care Reform: At the same time, Vermont’s relatively aggressive health care reform efforts has led to an increased awareness among health care professionals about the science related to stress, trauma, and chronic disease. Lamoille’s elected officials and health care leaders are on the forefront of the state’s growing recognition that investing in healthy families and communities is the best way to reduce future health care costs. HLV is working closely with Lamoille’s emerging Accountable Community for Health effort, and is uniquely positioned to provide the essential infrastructure that links substance abuse prevention, intervention, treatment, and recovery efforts across the region.

Opioid Crisis: The opioid crisis, nationally and in Vermont, has also grabbed HLV’s attention. Two reports released in the past few months provide additional evidence that HLV’s direction is well-informed and consistent with where state leadership is heading.
Governor Phil Scott created the Opioid Coordination Council in his second executive order in January 2017 with the goal of improving alignment and coordination of activities related to substance prevention, intervention, treatment, and recovery. The council released its preliminary report in January 2018, and among the many recommendations is this set of prevention priorities:

- Implement a statewide comprehensive system to deliver school-based primary prevention programs.
- Build, replicate, and support strong community-based models through multi-sector partnerships, innovation, and research.

Vermont’s Building Bright Futures (BBF) Substance Use & Opiate Task Force released a report in November 2017. As an early childhood-focused, public-private partnership, BBF convened a diverse group of stakeholders and their report highlights policy and service delivery priorities that are consistent with the Governor’s Opioid Council’s work, and HLV’s vision for its future. The report argues, to bend the curve related to substance abuse across the ages and demographics, our system needs:

“… to focus on prevention, family-centered care, and multi-generational approaches through a commitment to systemically strengthen the connection of service delivery to early childhood and family-centered care and practice.”

(Building Bright Futures. Substance Use & Opiate Task Force. Report and 2017 Recommendations. 11.22.17)

These priorities are among the many areas of focus that HLV is embracing. The plan that follows compels and commits HLV and the Lamoille Valley to embrace the emerging science related to brain development, ACEs, trauma, resilience, and their links to chronic diseases, including substance use disorders. And it defines specific strategies that leverage the region’s collective wisdom accumulated over the 20 plus years of substance abuse prevention work to take the Lamoille Valley to the next phase in its development.

A 2017 article in ACADEMIC PEDIATRICS details a comprehensive effort in Philadelphia to improve residents’ health and well-being by applying the science of adversity and toxic stress in childhood.

“Begun as an ‘invitation only’ Task Force primarily made of up of pediatricians with a single focus on integrating ACE screening into pediatric primary care, the group has transformed into a multi-sector collaborative working at several levels to forge cross-system solutions to ACEs in a community-based collaborative framework. When we embrace the ACEs framework we can no longer be comfortable with focusing on solving single issues or applying single strategies.”

(Pachter, Lee M., et al. Developing a Community-Wide Initiative to Address Childhood Adversity and Toxic Stress.)

HLV intends to heed this wise counsel. The recognition of the interconnectedness of the issues related to toxic stress, resilience, and chronic diseases including substance use disorders, have led us to this
moment; a point in time that will come to be identified as the genesis of what we might boldly call a movement. This plan outlines HLV’s critical role in building and sustaining the movement in the Lamoille Valley.

III. CAPACITY-BUILDING HISTORY AND CURRENT STATUS

A. History

This section describes HLV’s long history in more detail, and lays out the work HLV has engaged in over the past 20 years. This information provides critical context for the subsequent sections of this plan that lay out how HLV will build on this foundation to move to its next phase.

Service Area Related to Youth: Youth from all three regional supervisory unions were included in the original 1998 New Directions Grant. While there was a brief geographic contraction to the two Lamoille County supervisory unions, today all three districts are within the Healthy Lamoille Valley’s programming area. HLV currently supports youth empowerment groups such as Getting to Y, a program that engages students as they look at their school’s Youth Risk Behavior Survey data, in all five middle/high schools (Craftsbury Academy, Hazen Union High School, Peoples Academy, Stowe Middle/High School, and Lamoille Union Middle/High School).

The towns represented by these three districts are: Belvidere, Cambridge, Craftsbury, Eden, Elmore, Greensboro, Hardwick, Hyde Park, Johnson, Morristown, Stannard, Stowe, Waterville, Wolcott, and Woodbury. These communities have a combined population of 26,172 who are age 12 and over.

HLV’s vision and mission: HLV’s mission and vision statements support the current multi-generational approach to substance abuse prevention. Much of HLV’s current work focuses on youth aged 12-25, who are the highest risk population for substance abuse. HLV also recognizes that if it only focuses on this age group it is missing out on opportunities. In 2018 HLV secured private foundation funding to conduct a pilot project in Eden focusing on younger elementary students through an evidence-based and researched-informed curriculum designed to help students recognize harmful habits while building protective factors. HLV also acknowledges that the over age 25 population can support and inform substance abuse prevention as they often create the environments that our children and youth live and grow.

In 1998 the mission was solely to prevent underage use of alcohol. Through the years HLV’s understanding of its mission has evolved to include high-risk binge drinking prevention, prescription drug safety, tobacco prevention, and marijuana education. HLV’s current steering team is examining risk factors by honing in on Adverse Childhood Experiences, and the impact they have on youth’s choices.
In the early days HLV approaches were almost exclusively on the individual and school levels with a focus on life skills in partnership with Student Assistant Professionals (SAPs) in the schools. Much of that changed around 2008 with the introduction of the Strategic Prevention Framework (SPF) that encouraged HLV to focus on environmental influencers such as media campaigns and community policy. HLV continues to embrace the Strategic Prevention Framework model, while utilizing the Vermont Prevention Model (also known as the social ecological model) which indicates that the most effective prevention efforts include strategies and services across multiple environments to support a comprehensive approach toward preventing and reducing alcohol and other drug use. Those domains are: individual, relationships/family, organizations/community, and polices/systems.

**Funding Sources:** Funding for the Lamoille Valley’s prevention efforts has primarily come from federal grants that have been distributed through various state level Vermont departments (Department of Education, Vermont Department of Health) to the community.

- 1998 – New Directions
- 2002 – Safe Schools/Healthy Students
- 2008 – Strategic Prevention Framework
- 2013 – Partnership for Success
- 2016 – Regional Prevention Partnership (PFS II)
- 2017 – Tobacco Prevention Grant, Prevention Infrastructure Grant, JSC College Pilot Grant

In addition to these larger funding sources HLV recently received funding from Copley Hospital’s Community Benefit Fund and the Roessner Family Foundation.

Healthy Lamoille Valley’s Steering Team, working with consultant, Carol Maloney, has spent much of the 2018 fiscal year working on a sustainability plan. This plan outlines key steps to leading us into the next 20 years of our work while becoming less dependent on federal funding. To accomplish this goal HLV will focus on building strategic partnerships, increasing community awareness of HLV’s current work, and incorporating work around the risk factor of ACEs into private foundation grant applications to support the ongoing mission of preventing youth initiation and use of substances.

**Partnerships:** As mentioned in the introduction, partnerships have been key to sustaining the work of substance abuse prevention in the Lamoille Valley region. HLV’s early historical documents describe the leadership of key community members including: Scott Johnson of the Lamoille Family Center, State Senator Susan Bartlett, Sheriff Roger Marcoux, and Michelle Salvador, Substance Abuse Prevention Consultant for the Vermont Department of Health. In addition to these regional leaders, key organizations supported the work. Among these are: Lamoille County Court Diversion (now Lamoille Restorative Center), Lamoille South, Lamoille North, and Orleans Southwest Supervisory Unions, and Johnson State College (now Northern Vermont University – Johnson). These individuals and organizations are still strongly connected with HLV’s work and have been joined by many others in health care and mental health treatment arenas, recovery support, faith community, local legislators, and business sectors.
Lessons Learned through HLV’s History
Many lessons have been learned through Lamoille Valley’s twenty years of prevention work. These include:

1. A clear mission and vision helps community members and supporters understand the work while keeping staff focused on the primary goal of preventing/reducing youth substance abuse.
2. Partnerships are key, providing resources and the support to fulfill prevention goals. Overlapping the prevention mission with HLV’s mission is vital for getting traction in the work.
3. Engage youth. Youth care about their communities and are strong ambassadors for promoting substance prevention.
4. Look for readiness or build it. You can have the best prevention interventions, but if the community does not recognize the need they will not show up.
5. Put the organization and the work out there. It is easy to remain so focused on specific grant deliverables that opportunities are missed.

B. Data points that demonstrate HLV’s successful efforts
The charts below were created using Youth Risk Behavior Survey (YRBS) data. They compare the Lamoille County (which excludes the five towns of the Orleans Southwest Supervisory Union) youth with Vermont youth across four indicators. HLV’s focus on specific strategies and partnerships across the region has resulted in the positive outcomes displayed in these charts. HLV has been successful acquiring funding to support youth prevention initiatives. HLV has also supported implementation of community level strategies to raise awareness of issues related to youth substance use and to create community level change. These activities over the past decade or more have helped move the trend lines in the right direction. HLV is awaiting the 2017 YRBS data to see if the region has sustained this momentum.
C. Priorities to Sustain Outcomes

As demonstrated in the charts above, HLV has contributed in important ways to improvements across many indicators related to substance use and abuse. HLV will continue to monitor these – and additional – indicators as it moves into its next phase. The activities described below are among those strategies that demonstrated efficacy in the past, and will be continued into the future. The strategies are described within the domains of the Vermont Prevention Model.

Healthy Lamoille Valley’s Regional Prevention Plan Strategies and Action Steps – 2019-2019
## Regional Prevention Partnership Strategies

<table>
<thead>
<tr>
<th>Region:</th>
<th>Actions That Support Strategies</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDIVIDUAL DOMAIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>a. RPP-supported Peer Leadership/Youth Empowerment Groups (Stowe, Peoples Academy, Hazen)</td>
<td>Getting to Y Groups – create discussion guide re: early life experiences’ links to chronic disease (lay level information about how life experiences influence decisions)</td>
<td>Support 5 school groups</td>
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<tr>
<td>b. Prevention Infrastructure Grant-supported groups at LUHS/LUMS, and Craftsbury</td>
<td>Work with parents to build readiness, increase knowledge</td>
<td>Support county-wide Youth Council</td>
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<tr>
<td>c. Support regional group with Lamoille County Sheriff Dept.</td>
<td>Collaborate with LCSD re: youth leadership work – Summit</td>
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<tr>
<td>2.</td>
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<td>Marijuana eCheckup at CCV</td>
<td>Develop a model program at CCV Morrisville</td>
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<tr>
<td>RELATIONSHIP/FAMILY DOMAIN</td>
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<td>3.</td>
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<tr>
<td>Nurturing Parenting/Father Program (Family Center)</td>
<td>Collect success stories</td>
<td>1 group during the year</td>
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<td>Contract with facilitators and support recruitment efforts</td>
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<tr>
<td>COMMUNITY/ORGANIZATION DOMAIN</td>
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<td>4.</td>
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<tr>
<td>Support Responsible Beverage Service trainings</td>
<td>Coordinate with DLC for on-site compliance trainings for</td>
<td>Bring brain dev. Information to at least 1 in person training event</td>
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<td></td>
<td>a. store clerks, and</td>
<td></td>
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<tr>
<td></td>
<td>b. servers or owners</td>
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<td></td>
<td>Training also offered on-line</td>
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<td>5.</td>
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<td>Retailer recognition for passing compliance checks</td>
<td>Support student groups to recognize community leaders</td>
<td>TBD</td>
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<td></td>
<td>Write press release highlighting retailer diligence</td>
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<td>6.</td>
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<tr>
<td>Education and outreach to community on proper storage and safe disposal of unused</td>
<td>Expand permanent safe drop off locations</td>
<td>1,000 resources distributed</td>
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<tr>
<td>prescription drugs</td>
<td>Most dangerous left overs campaign</td>
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<td></td>
<td>Work with local medical community to create &amp; share resources</td>
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<td></td>
<td>Collaborate with schools to share rx safety.</td>
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<td>7.</td>
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<tr>
<td>Regional capacity building</td>
<td>Include in future grants and build infrastructure for others to see value of the work, including:</td>
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<tr>
<td></td>
<td>1. Develop in-kind tracking forms</td>
<td>FY 18</td>
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<td></td>
<td>2. Develop and conduct town meeting surveys</td>
<td>FY 19</td>
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<tr>
<td></td>
<td>3. Gather data re: community readiness/assess stage of change: focus groups and community surveys</td>
<td>FY 18/19</td>
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<td></td>
<td>4. Participate in Lamoille Unified Community</td>
<td>FY 18</td>
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### Collaborative/ACH
5. Develop quarterly newsletter
6. Develop package of education materials to use with local groups – adult and youth versions
7. Support youth summit event
8. Develop elevator speech/stairway speech that links ACEs/toxic stress to substance abuse

### 8. Local Media Campaigns
1. Support statewide media campaigns
2. Notify papers when an event is held
3. Submit quarterly pieces on marijuana, underage drinking, and prescription drug safety (total of 12)
4. Highlight events such as Getting to Y events, CAPDA training, community partner events
5. Educate, inform, influence whenever possible
6. Work with Ed Baker to record a program on his tv show
7. Use GMTCC public access to record an interview

### 9. Elementary School Pilot
Fund and measure impact of Eden Central School Pilot Share results of pilot and seek funding for expansion to a 2nd school

<table>
<thead>
<tr>
<th>POLICY DOMAIN</th>
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<tbody>
<tr>
<td><strong>10. Local policy enhancements:</strong> UAD [Restrict alcohol in public places/community events, language in town/regional plans, social host liability enhancements (SEE ALISON’S EMAIL)]</td>
</tr>
<tr>
<td>1. Have all staff and community partners involved in policy work review CADCA’s Strategizer 31 Guidelines for Advocacy.</td>
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<tr>
<td>2. Take an inventory of when town and regional plans expire and are due for revision.</td>
</tr>
<tr>
<td>3. Based on readiness and community public health interests, identify specific policy solution(s) on which to focus.</td>
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<tr>
<td>4. Establish a relationship with local leaders and key stakeholders.</td>
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<tr>
<td>5. Assess resources (human, data, financial, technical assistance) needed for policy solutions.</td>
</tr>
<tr>
<td>6. Identify and contact key community partners to collaborate on advocating for public health policy solutions.</td>
</tr>
<tr>
<td>7. Conduct policy analysis and develop written summary of analysis for public dissemination to include:</td>
</tr>
<tr>
<td>a. The problem to be addressed</td>
</tr>
<tr>
<td>b. The policy solution (include any applicable model policies)</td>
</tr>
<tr>
<td>c. What the policy will do (its positive impact)</td>
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<tr>
<td>d. Who will benefit from the policy</td>
</tr>
<tr>
<td>e. Alternatives and their impact.</td>
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<tr>
<td>8. Meet with elected and other public officials to provide information or technical assistance concerning evidence of program or policy effectiveness.</td>
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<tr>
<td>9. Broadly share balanced, objective information across large groups of interested parties (e.g. parents, private sector, other non-governmental organizations, state/local policy makers,</td>
</tr>
</tbody>
</table>
| **Note:** Dates TBD

**Policy Domain:**

- One Prevention Curriculum

**Policy Considered:**

- 2 key presentatio

- Working with 4-5 communiti

- various stages of readiness
### D. Regional Prevention Plan Case Statements

The following table describes the case statement related to each strategy. These statements explain how the strategies HLV applied in the past helped to bend the curve on substance use and abuse indicators – as demonstrated in the charts on page 10.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Case Statement</th>
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<tbody>
<tr>
<td>1. RPP-supported Peer Leadership/Youth Empowerment Groups (Stowe, Peoples Academy, Hazen)</td>
<td>Groups like “Getting to Y” provide youth an opportunity to examine issues and trends around substance abuse in their schools and work to bring positive change. It also helps students to have likeminded peers who are not using substances. Getting to ‘Y’ is an opportunity for students to take a lead in bringing meaning to their own Youth Risk Behavior Survey data and taking steps to strengthen their school and community based on their findings. There is a wealth of information in this bi-annual state-wide report on the wellness of young people in our state. What it does not include is a thoughtful and informed analysis of why (‘Y’) young people are making either wise or unwise choices. There is also no input on what students believe would change these statistics for the better. Who better to tell us than youth themselves, creating an opportunity for young people to take action to shape their own futures? Increases peer belonging and commitment to school and changes community norms.</td>
</tr>
<tr>
<td>a. Previ Infrastructure Grant-supported groups at LUHS/LUMS, and Craftsbury</td>
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</tr>
<tr>
<td>b. Support regional group with Lamoille County Sheriff Dept.</td>
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<tr>
<td>Risk Factors: Addresses community norms, peer favorable attitudes towards use, and lack of perceived risk.</td>
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</table>
| **2. Marijuana eCheckup at CCV**  
- Personalized, evidence-based, online prevention & intervention program designed to reduce marijuana use  
- Customized to our local campus  
- Designed to help motivate students to reduce their level of marijuana use using personalized information about their own behavior and risk factors  
Increases awareness of perceived health and social consequences. |
| **Risk Factor: Addresses lack of perceived risk.** |
| **3. Nurturing Parenting Program (Family Center)**  
The Nurturing Fathers Program is an evidence-based, 13-week training course designed to teach parenting and nurturing skills to men. Each 2 ½ hour class provides proven, effective skills for healthy family relationships and child development.  
Increases parental monitoring in the home. |
| **Risk Factors Addressed: ACEs, emotional/behavioral problems in childhood, child abuse maltreatment, builds monitoring in home & parenting skills.** |
| **4. Support Responsible Beverage Service trainings**  
Retailer trainings are vital in keeping youth from using alcohol. In Lamoille County, only 4% of high school students who used alcohol in the last 30 days report purchasing it from a retail outlet. Supporting our retailers in their efforts is vital to keeping these numbers low. HLV partners with the Vermont Department of Liquor Control in promoting these efforts. Retailers are required to complete this training before starting work and every two years thereafter. |
| **Risk Factors: Addresses Access and lack of perceived risk.** |
| **5. Retailer recognition for passing compliance checks**  
Retailer recognition is one way we can alert the public, including youth, about the vigilance of the retail environment. When youth know that retailers are checking ID’s they are less likely to attempt to buy. |
| **Risk Factors Addressed: Addresses access and lack of perceived risk.** |
| **6. Education and outreach to community on proper storage and safe disposal of unused prescription drugs**  
Prescription opioids can be addictive and dangerous. Possessing knowledge of how to properly use, store, and dispose of unwanted medicines keeps our homes and communities safer and reduces prevalence of substance abuse disorders.  
HLV works with local physicians and pharmacists to ensure that drug safety information is shared through office visits and with prescriptions. This intervention limits social availability of a potentially harmful substance and |
**Healthy Lamoille Valley**  
**Regional Prevention Partnership Sustainability Plan 2018-2019** *(Rev. May 2018)*

| 7. Regional capacity building | Increase the perceived health risks associated with prescription drugs.  
**Risk Factors Addressed:** Lack of perceived risk, and availability  
HLV uses key strategic relationships/partnerships with regional organizations and leaders to achieve its prevention goals. Leveraging those partnerships, and growing others, with a goal to expand HLV’s work informed by the sciences in trauma and ACEs, and protective factor/two-generation strategies, is a key component of the plan for 2018 and beyond.  
**Risk Factors Addressed:** Favorable attitudes towards use, lack of perceived risk, social norms, and ACEs. |
|---|---|
| 8. Local Media Campaign | Outreach to the local media provides opportunity to share new information with the community as well as highlighting the coalition’s efforts around preventing youth substance abuse and increasing community wellness. Currently HLV uses the Hardwick Gazette, Stowe Reporter, News and Citizen, Basement Medicine (JSC), WLVB, Front Porch Forum, Green Mountain Public Access TV, Hardwick Public TV, LiveWell Lamoille Blog (Copley Hospital), HLV’s blog and Newsletter.  
**Risk Factors Addressed:** Favorable attitudes towards use, lack of perceived risk, social norms, ACEs |
| 9. Elementary School Pilot | HLV will be working with Eden Elementary School. Many youth in Eden experience a lack of clear and consistent messages from parents and community members around substance use, many experience multiple adverse childhood experiences (ACEs) and live in isolation, and poverty, creating generational cycles of substance abuse.  
HLV is partnering to address these needs through staff training around trauma and the implementation of Al’s Pals, an evidenced based substance abuse prevention program that equips students in grades k-2.  
**Risk Factors Addressed:** Favorable attitudes towards use, lack of perceived risk, social norms, ACEs |
| 10. Local policy enhancements: UAD [Restrict alcohol in public places/community events, language in town/regional plans, social host liability enhancements] | Policy enhancements allow communities to take proactive steps to creating healthier environments for their residents. These policies can lead to a decrease of retail and social availability, a shift in community norms with a shift in perceived health, legal, and social consequences.  
**Risk Factors Addressed:** Social availability, community norms.  
Policy enhancements allow communities to take proactive steps to creating healthier environments for their residents. These policies can lead to a decrease of retail and social availability, a shift in community norms with a shift in perceived health, legal, and social consequences. |
<p>| 11. Local policy enhancements: Marijuana [restrict location/hours, language in town/regional plans] | --- |</p>
<table>
<thead>
<tr>
<th>Risk Factors Addressed: Social availability, community norms</th>
</tr>
</thead>
</table>

### 12. Legislative and other outreach
It is a goal of HLV and our partners to share information with decision makers whenever appropriate. The goal is that they would know how substance abuse is impacting the youth in the communities they serve.

Risk Factors Addressed: Social availability, community norms, perceived lack of risk, ACEs.

**IV. LINKING SUBSTANCE ABUSE PREVENTION WORK TO TOXIC STRESS AND BUILDING RESILIENCE**

**A. Adverse Childhood Experiences (ACEs), Trauma, and Toxic Stress**
Adverse Childhood Experiences are those early life experiences that have been demonstrated in the research to have a long-term impact on health and well-being. HLV has embraced applying the science of adverse experiences, toxic stress, and on the flip side, the resilience and protective factors, to its work on substance abuse prevention. Jack Shonkoff at the Harvard’s Center for the Developing Child is one of the nation’s leading researchers in this evolving science. Some things are pretty clear at this juncture, and HLV is committed to continuing to grow its own understanding, and adapting its approaches and strategies as information changes.

“The time has come to expand the public’s understanding of brain development and shine a bright light on its relation to the early childhood roots of adult disease and to examine the compelling implications of this growing knowledge base.”


The original ACEs study demonstrated the links between the ten adversities listed below long-term health outcomes.
Subsequent research has helped us understand the cumulative impact of ACEs. In other words, more ACEs point to worse life outcomes. The significant number – or tipping point – seems to be four. If you experience four or more ACEs, you’re much more likely to experience some important health challenges later in life. ACEs are not a predictor for any single individual. Many factors influence how someone who has experienced several or more ACEs will fare, including family supports, lifestyle, and individual resilience. Yet, when we look across a large population, the aggregated data show that those who have experienced more than four ACEs are far more likely to experience poorer health outcomes.
“Toxic stress is particularly harmful for children because of the critical physiological and neurological developments occurring in early childhood. Left unaddressed, toxic stress can cause fundamental changes to a child’s basic brain architecture as well as his/her developing immune and hormonal systems. These changes can dramatically alter a child’s ability to learn and interact with others and can fundamentally affect physical and mental health.”

According to SAMHSA, “ACEs have a dose-response relationship with many health problems. As researchers followed participants over time, they discovered that a person’s cumulative ACEs score has a strong, graded relationship to numerous health, social, and behavioral problems throughout their lifespan, including substance use disorders. Furthermore, many problems related to ACEs tend to be comorbid or co-occurring.” (https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences#ace)

For additional information on the physiology and biology of ACEs and toxic stress, go to these sources:


The table above demonstrates the impact on people with high number of ACEs; the table below shows the multi-generational and cyclical nature of these issues.

<table>
<thead>
<tr>
<th>Table 4</th>
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<tbody>
<tr>
<td>ACES, ACE-Attributable Problems, Intergenerational Escalation</td>
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<tr>
<td><strong>Adverse Childhood Experiences (ACES)</strong></td>
</tr>
<tr>
<td>Abuse or Neglect:</td>
</tr>
<tr>
<td>1. Physical abuse</td>
</tr>
<tr>
<td>2. Sexual abuse</td>
</tr>
<tr>
<td>3. Emotional abuse</td>
</tr>
<tr>
<td>4. Physical neglect</td>
</tr>
<tr>
<td>5. Emotional neglect</td>
</tr>
<tr>
<td>Household Dysfunction:</td>
</tr>
<tr>
<td>6. Drug-addicted or alcoholic family member</td>
</tr>
<tr>
<td>7. Mentally ill, suicidal or depressed family member</td>
</tr>
<tr>
<td>8. Incarceration of household member</td>
</tr>
<tr>
<td>9. Parental discord—separation, divorce</td>
</tr>
<tr>
<td>10. Violence against a parent</td>
</tr>
<tr>
<td><strong>Increased Risk: Problems, Co-Occurrence</strong></td>
</tr>
<tr>
<td>• Dysregulation (emotion, memory, attention, learning, reactivity, sleep, immune function, pain, arousal, violence)</td>
</tr>
<tr>
<td>• Alcohol, tobacco, drug dependence</td>
</tr>
<tr>
<td>• Mental health or emotional problems that restrict activities</td>
</tr>
<tr>
<td>• Serious and persistent mental illness</td>
</tr>
<tr>
<td>• Adult incarceration</td>
</tr>
<tr>
<td>• Divorce</td>
</tr>
<tr>
<td>• Homelessness</td>
</tr>
<tr>
<td>• Disability that impedes daily functioning</td>
</tr>
<tr>
<td>• Education (low academics, school suspensions, no high school graduation, no secondary degree)</td>
</tr>
<tr>
<td>• Unemployment</td>
</tr>
<tr>
<td>• On-the-job injury or illness</td>
</tr>
<tr>
<td>• Health risk or disease (obesity, cardiovascular disease, cancer, asthma, diabetes, autoimmune disease, chronic obstructive pulmonary disease, ischemic heart disease, liver disease)</td>
</tr>
<tr>
<td>• Dissatisfaction (with life, neighborhood, sexuality, relationships, self)</td>
</tr>
</tbody>
</table>

| **Intergenerational** |
| ACES for Next Generation: |
| • Physical, sexual, or emotional abuse |
| • Physical or emotional neglect |
| • Any of five categories of household dysfunction |

| ACE Health Effects and Other Factors: |
| • Poverty |
| • Homelessness |
| • Parent with chronic disease |
| • Parent chronically dissatisfied |
| • Social isolation |

(Source: Self-Healing Communities A Transformational Process Model for Improving Intergenerational Health. Commissioned by the Robert Wood Johnson Foundation. Laura Porter, Kimberly Martin, PhD, Robert Anda, MD, MS, June 2016.)
B. Building Flourishing Communities

One of the most pertinent science-based initiatives for improving health and well-being that is taking shape in the State of Vermont is the Building Flourishing Communities (BFC) work. Rooted in work in the State of Washington over many years, and focused on community change processes, BFC efforts radically altered the trajectory on many social indicators of well-being in that state.

Applying emerging research related to the Neuroscience, Epigenetics, Adverse Childhood Experiences, and Resilience (NEAR) sciences, the BFC movement has caught hold in several other states, and Vermont is investing in this work in significant ways. The community capacity-building framework promoted by BFC is aligned with the substance abuse prevention model. Below is how Porter, et al. describe this work.

*General community capacity (GCC) refers to the ability of a geographically based group of people to come together, build authentic relationships and reflect honestly about things that matter, share democratic leadership, and take collective actions that assure social and health equity for all residents (Morgan, 2015). Scholars distinguish this type of community capacity, which focuses on enhancing the infrastructure, skills, motivation and norms of a community, from the kind of community capacity that is used to implement programs, which focuses on implementing proven model activities and evaluation protocols with fidelity (Flaspohler et al., 2008). High levels of GCC help communities to meet all kinds of challenges, from reducing interrelated and chronic problems (Hall, 2012) to recovery after a natural disaster (FEMA, 2011), without significant loss of the community’s common purposes and shared identity.*

(Laura Porter, Kimberly Martin, PhD, Robert Anda, MD, MS, *Self-Healing Communities: A Transformational Process Model for Improving Intergenerational Health*. June 2016)

Longhi, et al. also argue that: “Reducing ACE scores offers the potential for decreasing the prevalence of many health, disability, education and employment problems, the Self-Healing Communities Model’s focus on culture change and increased GCC is likely to generate significant cost savings for government, private and public sectors.” (Kezelman et al., 2015; Sidmore, 2015).

This HLV sustainability plan includes a substantial commitment to serving as a key component of the infrastructure needed to implement the BFC model. Along with mitigating ACEs and their impact, increasing community competency and capacity regarding building resilience and family and youth protective factors involve strengths-based strategies that focus on Lamoille’s youngest citizens and families, and the systems that interact with them – including health care, social services, and early care and education.

Here we can once again refer to the excellent work by Longhi, et al. in their “white paper” on Self-Healing Communities. Sustainable solutions require an approach that recognizes the interconnectedness of vexing social problems. They argue:
“We now have new information about how social problems are linked together through childhood adversity. We know that ACEs are common in every socioeconomic group in our nation. We have evidence that these problems are so widespread that we cannot use direct services to address them. Investments in structural solutions will not solve these dynamic problems. Rather than restructuring decision-making groups, programs, service locations or evaluation dashboards, we need to engage the public, inspire innovation, support peer helping, and ease the daily stress burden of parents so they can better protect and nurture the next generation. This means that we have to change the way we think about social problems and solutions.”

What is needed, they contend, is widespread culture change – requiring the full participation and engagement of community members. HLV embraces the science that tells us that an effective approach goes to the root causes, is comprehensive, and recognizes the interconnectedness of all social issues. The public health social ecological model aligns with the BFC framework – both emphasize holistic and comprehensive approaches. When applied together, the BFC focus on the NEAR sciences, and the social ecological model’s multi-domain approach, offer a roadmap for the Lamoille Valley region’s substance abuse prevention efforts going forward. HLV can provide the critical infrastructure and support needed to build and sustain a BFC-informed prevention effort. Funding for this work is a key next step for HLV.

C. One Child’s Story


This story is intended to demonstrate the approaches that are often taken to young people’s behavior – responses that do not recognize the underlying or root causes such as traumatic experiences or chronic and toxic stress. For many young children like Casey, they are not learning ways to deal with and heal from their very difficult experiences. Eventually, many young people turn to using substances or other destructive numbing activities to escape discomfort, pain, and isolation. The science has clearly laid out the links between ACEs and toxic stress, and chronic disease, including substance use disorders. HLV’s work is to turn around stories like Casey’s and assure the providers whose job it is to help him and his family apply a trauma-informed strategies and supports, and resilience-building approaches.
CASEY’S STORY

Casey is 6 years old and lives with his parents in the Central Valley. His father is an enlisted serviceman with the U.S. Army and is frequently deployed overseas. Since Casey was born, his father has been sent to Iraq three times and once to Afghanistan. When Casey’s father is home, he often has nightmares. Once fun-loving and affectionate, his father is now detached and remote with his family and many of his friends. He has given up many of his hobbies and often just sits at home, drinking beer and staring at the television. At night, after he has too many drinks, Casey’s father sometimes becomes abusive – yelling and threatening Casey’s mother.

Casey’s mother used to be employed as a teacher’s assistant at the local public school. With budget cuts in education, Casey’s mother was laid off along with several other school staff. She has not been able to find another full-time job and is now only working two days a week at a local preschool. Casey’s mother is often stressed and anxious – she finds herself easily frustrated with Casey when he does not follow directions.

Casey just started the first grade at his local school. Although it is only a few months into the school year, Casey’s teachers have already called his parents about Casey’s behavior. The teachers have noticed that sometimes Casey is too aggressive when he plays – often causing the other child to cry or run away. During class, Casey is often distracted – getting up and moving about the classroom without permission. A few days ago, Casey’s mother had to leave her job to pick Casey up early from school because Casey had hit another girl in his class when she refused to share her colored pencils with him. Casey’s teacher is frustrated with having to constantly reprimand Casey. She feels like he is taking away from the other children’s learning experiences. She wants the school principal to suspend Casey for three days for hitting the girl.

Casey’s mother takes Casey in for his annual well child check. She tells the doctor that Casey has been having frequent nightmares and is still wetting his bed at night. She is frustrated by the bed wetting because she feels like Casey is too old for those kinds of problems. The doctor notes that Casey is overweight for his age and height. His mother admits that he eats a lot of junk food and soda but also says that he is constantly hungry, often having three helpings at dinner. The doctor advises Casey’s mother to monitor his diet so that he does not gain more weight and tells her to limit his water intake before bedtime to deal with the bed wetting. The doctor also tells Casey’s mother to monitor how often Casey goes to the bathroom and to check back in a month. The doctor does not address the nightmares, saying that it is probably because of something scary that Casey saw on TV.
D. Health Care Reform and Social Determinants of Health

HLV recognizes the need to align its substance abuse prevention strategies with health care reform efforts: efforts focused on the impact of social determinants of health on chronic disease, including substance use disorders. According to Healthy People 2020, the social determinants of health are “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”

The six key areas are described in the table below. The interplay and intersections of the social determinants of health, ACEs and toxic stress, and protective factors and resilience, create a unique opportunity for HLV to knit the region’s efforts together within a single infrastructure that leverages resources, strengthens relationships and collaborative partnerships, and develops the political/social/economic will toward what could become a finely-tuned collective impact approach. The science is clear, and the needs are compelling. HLV is uniquely poised to provide the leadership to propel these efforts forward in a coordinated and impactful way.

Social Determinants of Health

As has been stated above, strategies that will move the region toward its substance abuse prevention goals must cut across all four domains or sectors: 1) individual, 2) family/relationship, 3) community/organization, and 4) policy/systems. HLV intends to use its coordinating capacity to
support implementation of a discrete set of strategies intended to mitigate ACEs, promote individual and community resilience, grow protective factors in families, and develop community competence related to the preventable impacts of trauma and toxic stress.

E. Strengthening Families™ and Youth Thrive™ Protective Factors

Strengthening Families™ and Youth Thrive are research-informed approaches to increase family and youth strengths, enhance child and youth development and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building five protective factors:

- **Parental resilience**: Managing stress and functioning well when faced with challenges, adversity and trauma
- **Social connections**: Positive relationships that provide emotional, informational, instrumental and spiritual support
- **Knowledge of parenting and child development**: Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development
- **Concrete support in times of need**: Access to concrete support and services that address a family’s needs and help minimize stress caused by challenges
- **Social and emotional competence of children**: Child and parent interactions that help families develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships

These protective factors provide a framework for working on building resilience and strengths across generations. Specific action steps can support these protective factors, and have proven effectiveness reducing child abuse and neglect.

For research on the Strengthening Families framework, go to this link:

For general information about the SF framework, and how to grow protective factors in families, go to the action sheets at this site:
https://www.cssp.org/young-children-their-families/strengtheningfamilies/about/protective-factors-framework

F. Two-Generation Approaches

Two-generation approaches assure that all community systems are working across the whole family unit, and in the context of their community. These approaches are holistic and tie together education, economic supports, social connections, and health and well-being with the goal of creating economic security across generations. Adopting this approach is rooted in the belief that to make tomorrow better for children, you have to make it better for their parents, and vice versa.
Two-generation approaches are key to successfully addressing most if not all social issues. HLV has historically recognized this and will continue to apply and support known best-practice strategies.

For more information on the important of a two-generation approach, please see the following resources: Ascend at the Aspen Institute, Two Generations, One Future: Moving Parents and Children Beyond Poverty Together (2012), available at: http://b.3cdn.net/ascend/f52f62b126afc10fd6_2rnm60p51.pdf


G. Other Trauma-Informed and Resilience-Promoting Models

Restorative Justice Approaches/Practices: HLV has at its fingertips a community organization that has trained staff in restorative practices. Trauma-informed and resilience-building philosophies are embedded in restorative practices, and could be expanded. Parents and schools are two obvious audiences for increasing the application of some of the key principles that undergird restorative justice; and, that is accomplished by using behaviors that are: relationship-centered, respectful, democratic, holistic, and accountable.
V. COMMUNITY SUSTAINABILITY ANALYSIS

A. The Path Forward
This section of the Sustainability Plan lays out the details of how the Regional Prevention Partnership (RPP) resources will be used going forward to sustain substance abuse prevention outcomes. HLV is also focused on supplementing RPP funds with other resources to enhance the targeted substance abuse prevention efforts with “upstream” work across the four domains identified previously (i.e., comprehensive plan across individual, family/relationship, community/organization, and policy/system domains). This 2018-2019 Plan includes continued development and implementation of effective substance abuse prevention strategies – building on 20 years of success, with an added emphasis on trauma, toxic stress, and promoting resilience.

What follows are the following descriptions of HLV’s short term future to sustain substance abuse prevention outcomes:

- Support existing substance abuse prevention efforts
- Enhance substance abuse prevention work NEAR sciences-informed strategies
- Conduct on-going assessments
- Collect and analyze data
- Build capacity
- Identify and implement strategies
- Support structure

Porter, Longhi, et al. make the case for a comprehensive and community-based approach that is targeted at community culture, and not limited to specific subsets of the population. To be effective, they argue, approaches must embrace the complex and intergenerational nature of social problems.

“The health and social problems we are facing in too many communities are highly complex. They are interrelated and intergenerational. If we have any chance of turning things around, we need solutions that address the complexity of problems and can be easily and effectively replicated in different community environments at a modest cost. Building the community capacity to create a Culture of Health for neighborhoods and families offers us the best hope for doing that in our time.”

(http://www.acesconnection.com/g/orange-county-ca-aces-connection/fileSendAction/fcType/5/fcOid/446460198376367373/fodoid/446460198376367372/Self%20Healing%20Communities%20RWJF%20June%202016.pdf)

The pages that follow provide the framework for HLV’s short-term future – building on the RPP accomplishments in the past, and its intention to expand its sphere of work and influence into broad sectors if funding becomes available. This part of the Plan is on some level aspirational. RPP funding will support the targeted strategies described previously (starting on page 10), and described in more detail below (starting on page 33).
HLV’s history of success and strong foundation positions it uniquely to serve as a convener and connector in the region; forging connections and alignment among the array of public health and health care reform efforts currently underway. HLV will leverage the synergies of broad-based work that builds on the emerging and related health care reform, Accountable Communities for Health, Building Flourishing Communities, Positive Behavior Interventions and Supports (PBIS) in the education system (https://www.pbisvermont.org/), 3-4-50 public health (http://www.healthvermont.gov/3-4-50), and other related initiatives currently being embraced in Vermont to improve outcomes for children, youth, and families.

In addition to the health care arena, HLV seeks to grow its role in the region as an umbrella or container for diverse and wide-ranging strategies within the four domains described above. HLV sees itself supporting improved community outcomes and adding value to existing efforts. HLV will build on its history of implementing research-informed and evidence-based programs with new research on the NEAR sciences, and expanded community partnerships, to create a model for other regions and states related to positive health outcomes.

**B. SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION’S (SAMHSA) STRATEGIC PREVENTION FRAMEWORK (SPF)**

**Strategic Prevention Framework (SPF):** HLV uses SAMHSA’S SPF to assure successful implementation of its priority strategies. “SPF is a planning process for preventing substance use and misuse. The five steps and two guiding principles of the SPF offer prevention professionals a comprehensive process for addressing the substance misuse and related behavioral health problems facing their communities. The effectiveness of the SPF begins with a clear understanding of community needs and involves community members in all stages of the planning process.”

This framework can be applied to the trauma and resiliency focused work and below we describe how the SPF steps will guide HLV’s work in the coming year.

**The steps of the SPF include:**

**Step 1 – Assess Needs:** What is the problem, and how can I learn more?

**Step 2 – Build Capacity:** What do I have to work with?

**Step 3 – Plan:** What should I do and how should I do it?

**Step 4 – Implement:** How can I put my plan into action?

**Step 5 – Evaluate:** Is my plan succeeding?
SAMHSA connects trauma, toxic stress, and resilience to this framework for prevention. SAMHSA describes the links between ACEs and prevention in this way:

ACEs and Prevention Efforts

Preventing ACEs and engaging in early identification of people who have experienced them could have a significant impact on a range of critical health problems. You can strengthen your substance misuse prevention efforts by:

- Informing local decision-making by collecting state-and county-level ACEs data
- Increasing awareness of ACEs among state- and community-level substance misuse prevention professionals, emphasizing the relevance of ACEs to behavioral health disciplines
- Including ACEs among the primary risk and protective factors when engaging in prevention planning efforts
- Selecting and implementing programs, policies, and strategies designed to address ACEs, including efforts focusing on reducing intergenerational transmission of ACEs
- Using ACEs research and local ACEs data to identify groups of people who may be at higher risk for substance use disorders and to conduct targeted prevention


STEP 1. ASSESS NEEDS: WHAT IS THE PROBLEM, AND HOW CAN I LEARN MORE?

Healthy Lamoille Valley’s Needs Assessment: The HLV Sustainability Plan includes a trauma informed approach to substance abuse prevention. It also seeks to knit together currently unconnected and inconsistently applied Strengthening Families, Youth Thrive, Building Flourishing Communities, and other related frameworks embedded in the sciences of trauma, toxic stress, and resilience, and especially prevalent in early childhood systems and services.

An important part of the assessment process includes an assessment of community resources. SAMHSA describes community resources as ... anything a community can use to help address prevention needs, such as:

- People (for example, staff and volunteers)
- Specialized knowledge and skills (for example, research expertise)
Healthy Lamoille Valley
Regional Prevention Partnership Sustainability Plan 2018-2019 (Rev. May 2018)

- Community connections (for example, access to population groups)
- Concrete supplies (for example, money, and equipment)
- Community awareness of prevention needs
- Existing efforts to meet those needs


To help inform the HLV assessment, during the fall 2017, 52 Lamoille Valley residents and professionals were interviewed. Through these stakeholder interviews community leaders and citizens have identified a broad set of issues and activities related to reducing substance abuse among young residents of the Lamoille Valley.

Many of those interviewed expressed an interest in technical assistance, training, and professional development with local organizations to improve their ability to provide services in a trauma-informed way, and to support staff who experience their own trauma reactions and compassion fatigue because of what they are exposed to on a daily basis in their work.

While the RPP funding will support the strategies described in Section III, HLV is committed to seeking additional funding, in partnership with other regional coalitions and teams, to create a comprehensive community effort to reduce the prevalence of all chronic diseases – including substance abuse disorders. HLV will engage in on-going needs assessment, articulation of the problems and review of emergent opportunities, and creation of messaging that resonates across the community’s diverse audiences. This will involve continual learning and evolving as the landscapes change over time.

STEP 2. BUILD CAPACITY: WHAT DO I HAVE TO WORK WITH?

Healthy Lamoille Valley’s Capacity Building Work: According to Longhi, Porter, et al., capacity building can occur at three levels:

- Among individuals – the importance of individual understanding, skills and buy-in in accepting, carrying out, and disseminating innovations
- For organizations – the importance of the strength of leaders, organizational structure/management style, system readiness, resources and staff expertise and partner networks providing external supports
- For communities – the importance of: trust, relationships, and connections at the individual level; networking of partners with relevant skills and resources at the organizational level; and shared focus, community leadership, participation and sense of community at the ‘cultural’ level.

“… In theory, communities with greater capacity should be better able to support and maintain a prevention delivery system. Such a community would likely include
organizations that are able to implement prevention innovations and that have the support of the community to do so. The findings of Feinberg et al. (2005) provide some empirical evidence in support.”


1. Data-driven community planning process: HLV will continue to access up to date information from the following sources:
   - Dept. of Liquor Control compliance data
   - Youth Risk Behavior Survey
   - Behavioral Risk Factor Surveillance System
   - AHS Community Profiles

2. Analyzing the data: Quarterly meetings of the HLV Coalition are opportunities to continue to review data, focus efforts to improve outcomes related to substance abuse, and link efforts across the community to fully leverage cross-sector assets and resources. Each quarterly meeting agenda of the Coalition will include a data review discussion.

3. Data points that will support HLV’s coalition work in the future include:
   - ACEs and Social Determinants of Health related data points
     - Poverty/income (ACS)
     - Local law enforcement (County Sheriff and municipal police reports)
     - Education and school readiness
       - http://vermontinsights.org
     - Interpersonal violence and crime/incarceration trends (Dept. of Corrections, Clarina Howard Nichols Center)
     - Children’s Integrated Services (Dept. for Children and Families)
     - Homelessness and housing insecurity
     - Food shelf utilization (local data)
     - Child abuse/neglect and out of home placements for children
     - Other public health data
   - Tobacco use data
• Underage drinking violations (Lamoille Restorative Center)
• Marijuana tickets issued (Lamoille Restorative Center)
• Higher education data (Johnson State College – student substance related incident reports, sexual and interpersonal violence incident reports)
• Focus groups and surveys

4. Regional prevention capacity: As described in the table starting on page 10, HLV will implement the following strategies specifically focused on capacity building for substance abuse prevention efforts, and to support its application for a SAMHSA Drug Free Community grant – or other federal funding – in 2019. These efforts will help HLV better assess the community readiness for next steps, and engage partners and community members in the work.

1. Develop in-kind tracking forms
2. Conduct town meeting surveys
3. Gather data regarding community readiness and stages of change by using focus groups and community surveys
4. Participate in Lamoille Unified Community Collaborative/Accountable Communities for Health
5. Develop a quarterly newsletter
6. Develop a package of education materials to use with local groups – adult and youth versions
7. Support a youth summit event
8. Develop an elevator speech/stairway speech that links ACEs/toxic stress to substance abuse

New connections to health care: HLV will become aligned with emerging health care reform efforts centered at the local Federally Qualified Health Center, Community Health Services of Lamoille Valley (CHSLV) and Copley Hospital. RiseVT, a new initiative out of Copley Hospital will focus on data driven public health work. HLV will have an opportunity to align its substance abuse prevention efforts with Copley’s investments in reducing incidences of chronic disease through this new initiative. HLV can play an important role in this and other public health efforts by increasing the community’s awareness of the NEAR sciences.

CHSLV is currently developing an Accountable Community for Health (ACH) model in the coming months. The ACH infrastructure will use an inter-disciplinary, collective impact framework focused on the social determinants of health. HLV will align with the ACH to move the prevention agenda forward in the Lamoille Valley region. Funding opportunities may emerge from these new partnerships.

STEP 3. PLAN: WHAT SHOULD I DO AND HOW SHOULD I DO IT?

Healthy Lamoille Valley’s Planning Work: As stated previously, HLV will link more intentionally with existing and emerging cross-sector community efforts – e.g., Building Flourishing Communities, Building Bright Futures, Local Interagency Networking Team, RiseVT, Accountable Communities for Health/Unified Community Collaborative, Housing Coalition, Hunger Council – and will leverage the related efforts of these diverse community initiatives. HLV will bring substance abuse prevention science and information to those existing and emerging entities.
Applying a Trauma, Toxic Stress, and Resilience Lens

_Stakeholder Interview Results:_ As stated previously, 52 regional stakeholders across diverse sectors were interviewed last fall. The following table contains examples of goals that emerged from the interviews, and that will guide a community planning process that HLV will lead in 2018. Using this set of goals as a starting place, community partners will define specific strategies and activities it will undertake in 2018 and 2019 if funding is secured. Strategies to obtain funding will also be identified.

### Examples of Trauma and Resilience Priorities for HLV and Partners in 2018-2019

<table>
<thead>
<tr>
<th>REGIONAL GOALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDIVIDUAL DOMAIN</td>
</tr>
<tr>
<td>1. Children and youth have connection to a caring adult in the school and/or community</td>
</tr>
<tr>
<td>2. Children and youth have a medical home</td>
</tr>
<tr>
<td>3. Youth have leadership development opportunities</td>
</tr>
<tr>
<td>4. Parents have skills and knowledge to provide safe and supportive environments for their child’s development</td>
</tr>
<tr>
<td>RELATIONSHIP/FAMILY DOMAIN</td>
</tr>
<tr>
<td>1. Families have transportation to access healthy family activities</td>
</tr>
<tr>
<td>2. Families participate in drug-free community events, and use public recreation resources such as parks, trails, and playgrounds</td>
</tr>
<tr>
<td>COMMUNITY/ORGANIZATION DOMAIN</td>
</tr>
<tr>
<td>1. Community members, especially youth, experience no stigma for getting help for substance use disorder and/or mental health conditions</td>
</tr>
<tr>
<td>2. Community residents have knowledge of impact of ACEs, toxic stress, and trauma, and skills and knowledge related to promoting resilience and protective factors; including a targeted effort with housing providers and local landlords</td>
</tr>
<tr>
<td>3. Organizations, community groups, businesses, and schools support life skills development among adolescents</td>
</tr>
<tr>
<td>4. Food shelf and community meal volunteers and staff know about ACEs and links to food insecurity</td>
</tr>
<tr>
<td>5. Community leaders possess awareness of impact of ACEs, toxic stress, and community’s efforts to promote resilience and protective factors</td>
</tr>
<tr>
<td>POLICY DOMAIN</td>
</tr>
<tr>
<td>1. Schools apply restorative practices and principles</td>
</tr>
<tr>
<td>2. Health care and human service organizations have trauma-informed policies and practices</td>
</tr>
</tbody>
</table>

Below is a summary of the specific recommendations that arose out of the stakeholder interviews. These may or may not become priorities as the community, with HLV’s leadership, engages in the next step of the planning process.
Stakeholder Priorities – A Summary

**Individual (child-youth-family) domain:**
- Address youths’ misguided perceptions about dangers, risks, and prevalence of substance use
- Reduce children and youth social isolation
- Help youth learn about ACEs and resilience
- Promote more supports at transition from high school
- Support increase in life skills among youth
- Increase sense of belonging and feeling valued
- Promote feeling of hopefulness

**Relationship/Family domain**
- Increase opportunities for parents to receive support and make social connections
- Improve self-care opportunities for financially stressed families
- Better coordinate concrete supports for lower income families
- Create opportunities to learn about child/brain development and ACEs/protective factors
- Increase supports for fathers

**Organization and Community Domain:**
- Increase support to schools to better meet increased social emotional needs of children
- Address human service provider’s compassion fatigue
- Create methods to bridge cultural and language differences across human service agencies and between health care and human services
- Increase community awareness of stress levels and support for child care system
- Increase community level understanding of impact of trauma
- Increase coordination between businesses and services
- Improve cultural competence re: substance abuse
- Create opportunities for cross-agency professional development
- Support delivery of multi-generational services and supports
- Increase out-of-school-time opportunities to engage diverse student interests
- Improve community perception of schools
- Improve accessible recreation opportunities
- Increase community awareness related to the prevalence and impact of trauma and toxic stress and how to promote resilience and protective factors
- Create vehicle or methods to share community-level data
- Improve public transportation services
- Reduce stigma and judgment associated with asking for help (esp. related to mental health and substance use)
- Promote youth peer leadership development opportunities
- Promote and frame community dialogue re: social determinants of health
- Improve social media awareness
- Support creation of family-friendly gathering places
- Promote need for and development of recovery transition housing

**Policy and Systems Domain:**
- Create restorative discipline policies in all schools
- Coordinate regional public health campaigns
These specific recommendations offer HLV and its partners many directions in which it can move in, and come with strong commitments to support the work that emerges.

**STEP 4: IMPLEMENT: HOW CAN I PUT MY PLAN INTO ACTION?**

**RPP Partner List and Budget Projections for 2018-2019:** The table below describes the 2018-2019 concerns and strategies under the Regional Prevention Partnership funding, and includes the partners that will be engaged in each strategy, the prospective budget for each strategy, and how HLV anticipates adding trauma/toxic stress and resiliency lens to the work.

<table>
<thead>
<tr>
<th>Regional Prevention Partnership Strategies</th>
<th>Partners</th>
<th>Budget Consideration*</th>
<th>Applying a Trauma/Resilience Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INDIVIDUAL DOMAIN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
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<tr>
<td>a. Peer Leadership/Youth Empowerment Groups (Stowe, Peoples Academy, Hazen)</td>
<td>3 – RPP Schools (Hazen, PA, Stowe)</td>
<td>RPP budgets - $1,000 per school = $3,000</td>
<td>In addition to YRBS data, youth groups receive information about Adverse Family Es and their prevalence; watch Resilience movie and use discussion guide</td>
</tr>
<tr>
<td>b. Prevention Infrastructure Grant-supported groups at LUHS/LUMS, and Craftsbury</td>
<td>2 – Prev. Infrastructure Grant (PIG) Schools (Craftsbury, Lamoille Union) Lamoille County Sheriff’s Department – Student Action Team Lamoille Restorative Center – Informed choices Events for Parents supporting Youth</td>
<td>PIG Startup - $6,500 Lam County Sheriff Dept – Staff time Lam Rest. Center - $3,000 Events: $900</td>
<td>Youth will look at links between early life experience to chronic disease and their decisions</td>
</tr>
<tr>
<td>c. Support regional group with Lamoille County Sheriff Dept.</td>
<td></td>
<td></td>
<td>Apply developmental lens to discussions (explore existing curriculum and discussion guides to assist)</td>
</tr>
<tr>
<td>2. Marijuana eCheckup at CCV</td>
<td>CCV Morrisville</td>
<td>$1,475</td>
<td></td>
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<tr>
<td><strong>RELATIONSHIP/FAMILY DOMAIN</strong></td>
<td></td>
<td></td>
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<tr>
<td>3. Nurturing Parenting/Father Program (Family Center)</td>
<td>Lamoille Family Center</td>
<td>$4,000</td>
<td>Have trauma/brain development expert attend as a guest presenter</td>
</tr>
<tr>
<td><strong>COMMUNITY/</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORGANIZATION DOMAIN</td>
<td>DEPT. OF LIQUOR CONTROL, MERCHANTS</td>
<td>700 – snacks &amp; scholarships</td>
<td>For in-person trainings HLV will introduce the links of substance use and abuse to adverse childhood experiences and the relevance of brain development</td>
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<tr>
<td>4. Support Responsible Beverage Service trainings</td>
<td>DLC, School groups, businesses, media</td>
<td>$50 for certificates</td>
<td>Review media messages being currently used and apply elevator speech</td>
</tr>
<tr>
<td>5. Retailer recognition for passing compliance checks</td>
<td>Opiate workgroup, physicians, pharmacists, law enforcement, media, schools</td>
<td>Ads: $1630 Take Back Print resources: $500</td>
<td>Develop and have readily available a package of ACEs, toxic stress, and AFES related data. Support Building Flourishing Communities efforts related to expanding community awareness of impact of toxic stress and importance of promoting resilience.</td>
</tr>
<tr>
<td>6. Education and outreach to community on proper storage and safe disposal of unused prescription drugs</td>
<td>LINT/ &amp; LINT Resilience Subcommittee Opiate Council Stowe Planning Table (funds under support of youth) Strategic partnerships BFC &amp; event support Memberships</td>
<td>$500 event support Memberships: Chamber, CADCA (About $500)</td>
<td>Embed elevator speech in media messages Conduct public access interview at Green Mt Tech</td>
</tr>
<tr>
<td>7. Regional capacity building</td>
<td>VDH Campaigns Local media FPF Web related costs</td>
<td>Ads: $1,630 FPF: $1,200 Social media boosts: $100 Web: $600 Adobe suite: $565 Paper subscriptions $142</td>
<td>Connect elevator speech to town policies</td>
</tr>
<tr>
<td>8. Local Media Campaigns</td>
<td>Fund and measure impact of Eden Central School Pilot Share results of pilot and seek funding for expansion to a 2nd school</td>
<td>$10,000 Roesnner</td>
<td>Connect elevator speech to town policies</td>
</tr>
<tr>
<td>9. Elementary School Pilot</td>
<td>Towns – Admin, clerks, boards LCPC Community groups who</td>
<td>Printing: $1,000 (primer &amp; Meeting materials )</td>
<td>Connect elevator speech to town policies</td>
</tr>
<tr>
<td>POLICY DOMAIN</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
## 11. Local policy enhancements: Marijuana

See above

See above

Connect elevator speech to town policies

## 12. Legislative and outreach

State legislators

No formal cost

### STEP 5: EVALUATE: IS MY PLAN SUCCEEDING?

HLV funded projects will be asked to report to the coalition using an Results Based Accountability framework. For programs offering services to targeted populations, performance measures will be defined using the RBA questions: How much did we do? How well did we do it? Is anyone better off? Population-level indicators related to substance abuse, and health and well-being, will be tracked and monitored.

### C. SUSTAINABILITY GOALS

#### INFRASTRUCTURE TO ACHIEVE ENHANCED GOALS AND STRATEGIES

HLV plans to expand its Steering Team membership to achieve its ambitious goals. Potential members in 2018 include:

**Steering Committee:**
- VDH District Director
- ADAP Prevention Consultant
- Lamoille Family Center – fiscal agent
- HLV Coalition Coordinator
- AHS Field Services Director
- ACH/UCC Director
- Lamoille County Mental Health Services Children’s Director
- AHS/DCF/Economic Services Reach Up Director
- AHS/DCF/Family Services District Manager
- Law Enforcement Representative
- Youth Justice Professional
- Community Member/Parent(s)
- Youth Members
- Education Sector Representative

**Coalition Members/Partners will Include:**
Healthy Lamoille Valley
Regional Prevention Partnership Sustainability Plan 2018-2019 (Rev. May 2018)

- Public Health, Health Care and Behavioral Health: Vt. Dept. of Health Community Health Services of Lamoille Valley, Copley Hospital, Lamoille County Mental Health Services, Northern Counties Health Care
- Law Enforcement: Lamoille County Sheriff, Morristown PD, Hardwick PD
- Early Childhood and Family Services: Lamoille Family Center, Building Bright Futures, Laraway Youth and Family Services, Agency of Human Services
- Parents/Youth: Local Interagency Networking Team and Act 264 Parent Navigator, Promise Communities Parents
- Education: Lamoille North Supervisory Union, Lamoille South Supervisory Union, Orleans Southwest Supervisory Union
- Elected Officials
- Substance Abuse Prevention, Treatment, and Recovery: Alcohol and Drug Abuse Programs Consultant, Behavioral Health & Wellness, North Central Vt. Recovery Center
- Restorative and Youth Justice: Lamoille Restorative Center, Hardwick Justice Center
- Poverty: Capstone Community Action Agency
- Violence and Sexual Assault: Clarina Howard Nichols Center, AWARE
- Post Secondary Education: Community College of Vermont, Northern Vermont University/Johnson State College
- Housing: Lamoille Housing Partnership, Lamoille Housing and Homeless Coalition
- Faith Community/Religion: e.g., Morrisville Congregational Church, Stowe St. John’s in the Mountains Episcopal Church
- Lamoille Rail Trail
- Town Libraries
- Promise Communities – Eden, Craftsbury, Morrisville
- Business Associations, Creative Workforce Solutions
- Transportation: Rural Community Transportation, Green Mt. Transit

Working Groups or Other Groups Supported By, Represented In, or Connected to, the Coalition
- Opioid Group
- Building Flourishing Communities Planning Group/Trainers
- Building Bright Futures
- Hunger Council of Lamoille Valley
- Lamoille Valley Housing and Homelessness Coalition
- Local Interagency Networking Team (LINT)
- Accountable Community for Health/UCC
- Community Allies (Hardwick)
- Morrisville Alliance for Culture and Commerce
- Lamoille Ecumenical Council

Healthy Lamoille Valley Coalition – and Related Efforts
Healthy Lamoille Valley
Regional Prevention Partnership Sustainability Plan 2018-2019 (Rev. May 2018)

The diagram below depicts the broad efforts HLV will be connected to and supporting in the coming year(s). The outcomes are at the center of the diagram and the work, and the second circle represents the steering team, a subset of the full coalition of local leaders who will lead the effort.

The HLV coalition is the glue that connects the diverse Lamoille Valley, both whole-population AND targeted initiatives intending to reduce substance abuse. With links to education, law enforcement, faith-based organizations, government, health care, human services, and business sectors, HLV is uniquely poised to leverage the vast resources of the Lamoille Valley to improve its outcomes.
VI. RESOURCE AND FEASIBILITY ANALYSIS

A. Resource needs, including grants (federal, state, local, public, and private foundations), donations, and in-kind support

Grants/Funds:
1. RPP funding supports on-going prevention efforts related to enforcement, compliance, and youth leadership (Getting to Y groups)
2. Other funding needed for: Building Flourishing Communities, trauma-informed strategies, early childhood and two-generation strategies, community and public health activities related to broader health outcomes, and youth transition supports and life skill development for adolescents
3. In-kind donations include: steering committee membership, coalition participation, collaborative implementation of identified strategies (e.g., workforce, transition services, professional development, technical assistance re: trauma-informed services, concrete supports)

B. Projected budget for the year beyond the current funding (see attached)

C. Feasibility of potential funding

HLV will actively pursue a partnership with a foundation or national funder that is willing to support a broad, comprehensive, and trauma-informed, resilience-building health care and human service effort across the Valley. The Robert Wood Johnson Foundation is one obvious potential funding source. A thorough search of potential funders will be conducted in the coming weeks. Several Vermont legislative initiatives also have the potential to support this work.