



Vermont's Substance Use Disorder System of Care & VT Helplink

Vermont Department of Health
Division of Substance Use Programs



VT Helplink

Alcohol & drug support center

Connecting you **to the services you need.**

Vermont's Substance Use Disorder (SUD) System of Care

An overview and Vermont's
approach to addressing SUDs .



Stigma

What is stigma & where does it come from?

- Stigma is a discrimination against an identifiable group of people, a place, or a nation.
- Stigma around SUDs may come from old/inaccurate ideas, or fear of things that are different or misunderstood.

How does it affect people with SUD?

- Stigma may make people with SUD less willing to seek treatment or recovery resources.
- Stereotypes about people with SUD can make others feel pity, fear, and even anger.
- Women and people with children report experiencing more stigma related to SUDs.

How can we make a change?

- When talking to or about people with SUD, try not to use words that are stigmatizing.
- Use person-first language, which focuses on the person—not their illness.
- Let people choose how they are described. If you're not sure what words to use, just ask!

Language Matters

Use...	Instead of...	Because...
<ul style="list-style-type: none"> • Person with a substance use disorder • Person with a[n]: <ul style="list-style-type: none"> • Opioid use disorder • Alcohol use disorder • Stimulant use disorder • Cannabis use disorder • Person who uses alcohol or drugs 	<ul style="list-style-type: none"> • Addict • User • Substance or drug abuser • Junkie • Alcoholic/drunk • Tweaker 	<ul style="list-style-type: none"> • Using these words shows that a person with a SUD “has” a problem/illness, rather than “is” the problem. • The terms avoid elicit negative associations, punitive attitudes, and individual blame.
<ul style="list-style-type: none"> • Substance use disorder • Drug addiction 	<ul style="list-style-type: none"> • Habit 	<ul style="list-style-type: none"> • “Habit” implies that a person is choosing to use substances or can choose to stop. This implication is inaccurate. • Describing SUD as a “habit” makes it seem less serious than it is.
<ul style="list-style-type: none"> • Use (for illicit drugs) • Misuse (for prescription meds used other than prescribed) 	<ul style="list-style-type: none"> • Abuse 	<ul style="list-style-type: none"> • The term “abuse” has a high association with negative judgments and punishment. • “Misuse” is substance use outside of the parameters of how medications were prescribed.
<ul style="list-style-type: none"> • Medications for OUD (MOUD) • Opioid agonist therapy • Pharmacotherapy • Medication for a substance use disorder 	<ul style="list-style-type: none"> • Opioid substitution • Replacement therapy • Medication-assisted treatment (MAT) 	<ul style="list-style-type: none"> • It is a misconception that medications merely “substitute” one drug or “one addiction” for another. • The term MAT implies that medication should have a supplemental or temporary role in treatment. Using “MOUD” aligns with the way other psychiatric medications are understood (e.g., antidepressants, antipsychotics), as critical tools that are central to a patient’s treatment plan.

Language Matters, cont'd

Use...	Instead of...	Because...
<ul style="list-style-type: none"> • Positive drug screen/urinalysis • Testing positive on a drug screen/urinalysis 	<ul style="list-style-type: none"> • Dirty • Failed a drug test 	<ul style="list-style-type: none"> • Use medically accurate terminology the same way it would be used for other medical conditions. • These terms may decrease a person's sense of hope and self-efficacy for change • "Dirty" has association with moral/character failing
<ul style="list-style-type: none"> • Remission • Recovery • Abstinent from alcohol or drugs • Not drinking or taking drugs • Testing negative on a drug screen/urinalysis 	<ul style="list-style-type: none"> • Clean • Passed a drug test 	<ul style="list-style-type: none"> • Use medically accurate terminology the same way it would be used for other medical conditions. • "Clean" has association with moral/character strength
<ul style="list-style-type: none"> • Substance-exposed newborn • Baby born to a parent who used drugs while pregnant • Baby with signs of withdrawal from prenatal drug exposure • Neonatal abstinence syndrome (NAS)/neonatal opioid withdrawal syndrome (NOWS) 	<ul style="list-style-type: none"> • Addicted baby • Baby born addicted to drugs • Crack baby 	<ul style="list-style-type: none"> • Babies cannot be born "addicted" because addiction includes behavior – babies did not choose substance-exposure. • Using person-first language can reduce stigma. • Use of medical terminology (the same way you would for other illnesses) can help reduce stigma.

This is not a comprehensive list, and people may choose to identify themselves in a way that feels uncomfortable to us.

What is addiction?

[What is addiction? – American Society of Addiction Medicine](#)

- Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences.
- People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

Definitions related to substance use

Substance Misuse - using a substance in larger quantities than what is prescribed or intended.

- This does NOT mean that the individual is addicted to *or* dependent on the substance

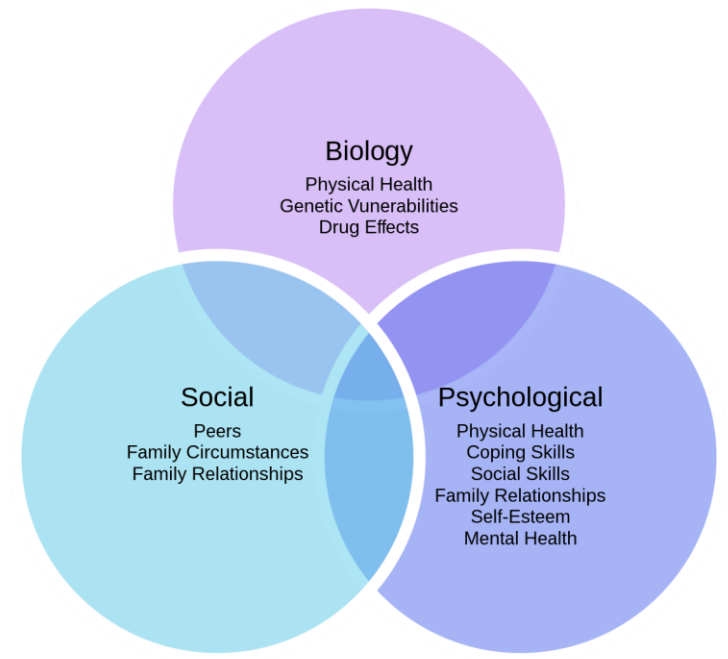
Physical Dependence - characterized by tolerance (need more to feel the effect) and/or withdrawal symptoms (physical effects when substance is not ingested)

Addiction - development of psychological dependence on one or more substances with continued use despite negative effects of use (legal, interpersonal, medical, work and/or school, etc.)

Developing a Substance Use Disorder

- No single factor determines whether a person will develop a substance use disorder. Biological, psychological, and social factors may all contribute to (or protect against) development of a SUD.
- Examples of factors that can increase risk of SUDs:
 - Genetics (family history of alcohol &/ substance use disorders),
 - Early onset of substance use (childhood or adolescence),
 - Method of administration (smoking, injection), and
 - Environmental factors (access/exposure to substances, barriers to treatment, peers, perception of risk)

<https://www.drugabuse.gov/publications/drugfacts/understanding-drug-use-addiction>



DSM 5: Substance Use Disorder

Maladaptive pattern of drug use for >12 months

- Tolerance
- Withdrawal
- More use than intended (loss of control)
- Unsuccessful efforts to quit
- Significant time spent in procurement, use, physical/emotional recovery
- Activities (occupational, social etc.) given up
- Continued use in the face of adverse health effects
- Recurrent interpersonal problems from use
- Use under dangerous conditions
- Craving
- Failure to live up to obligations

DSM 5: Substance Use Disorder

- 2-3 criteria met - “Mild”
- 4-5 criteria met - “Moderate”
- ≥ 6 criteria met - “Severe”

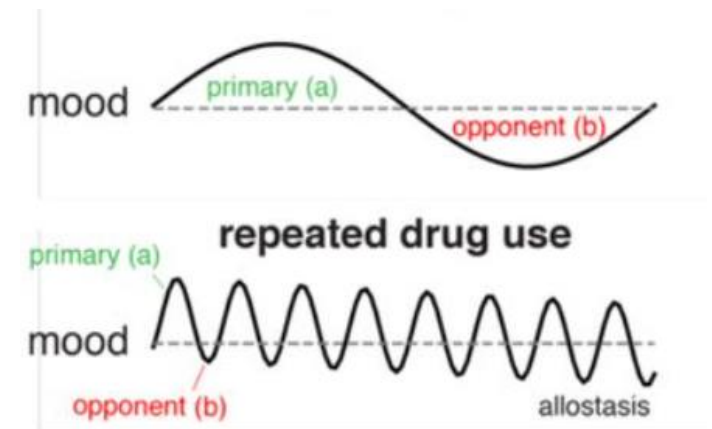
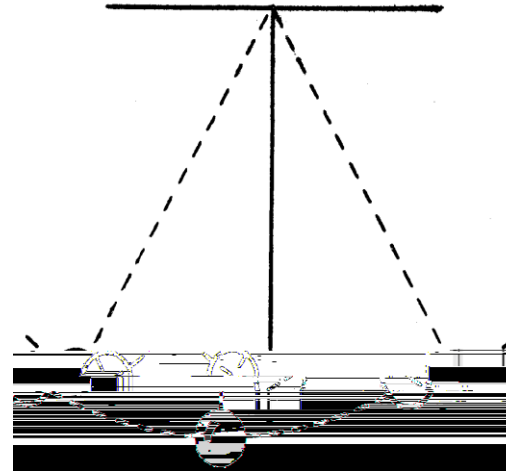
Physiological dependence is neither necessary nor sufficient to diagnosis an “addiction” (moderate to severe use disorder).

Opponent Process Theory

The intake of alcohol or other drugs activates two processes:

- Primary Process – occurs quickly; causes pleasurable effects
- Opponent Process – occurs slowly with repeated intake over long periods of time

With repeated intake over long periods of time, effects of the Primary Process decrease. Effects of the Opponent Process continue to decrease mood and emotional state of the individual even after withdrawal.



ACEs and Substance Use Disorder

What are Adverse Childhood Experiences (ACEs)?

- Adverse childhood experiences (ACEs) include potentially traumatic events that occur in childhood, or aspects of a child's environment that can undermine their sense of safety, stability, or bonding. Examples include:
 - experiencing abuse, or neglect
 - witnessing violence in the home or community
 - homelessness / unstable housing
 - having a family member attempt or die by suicide
 - household substance use/mental health problems
 - instability due to parental separation or household members being in jail or prison

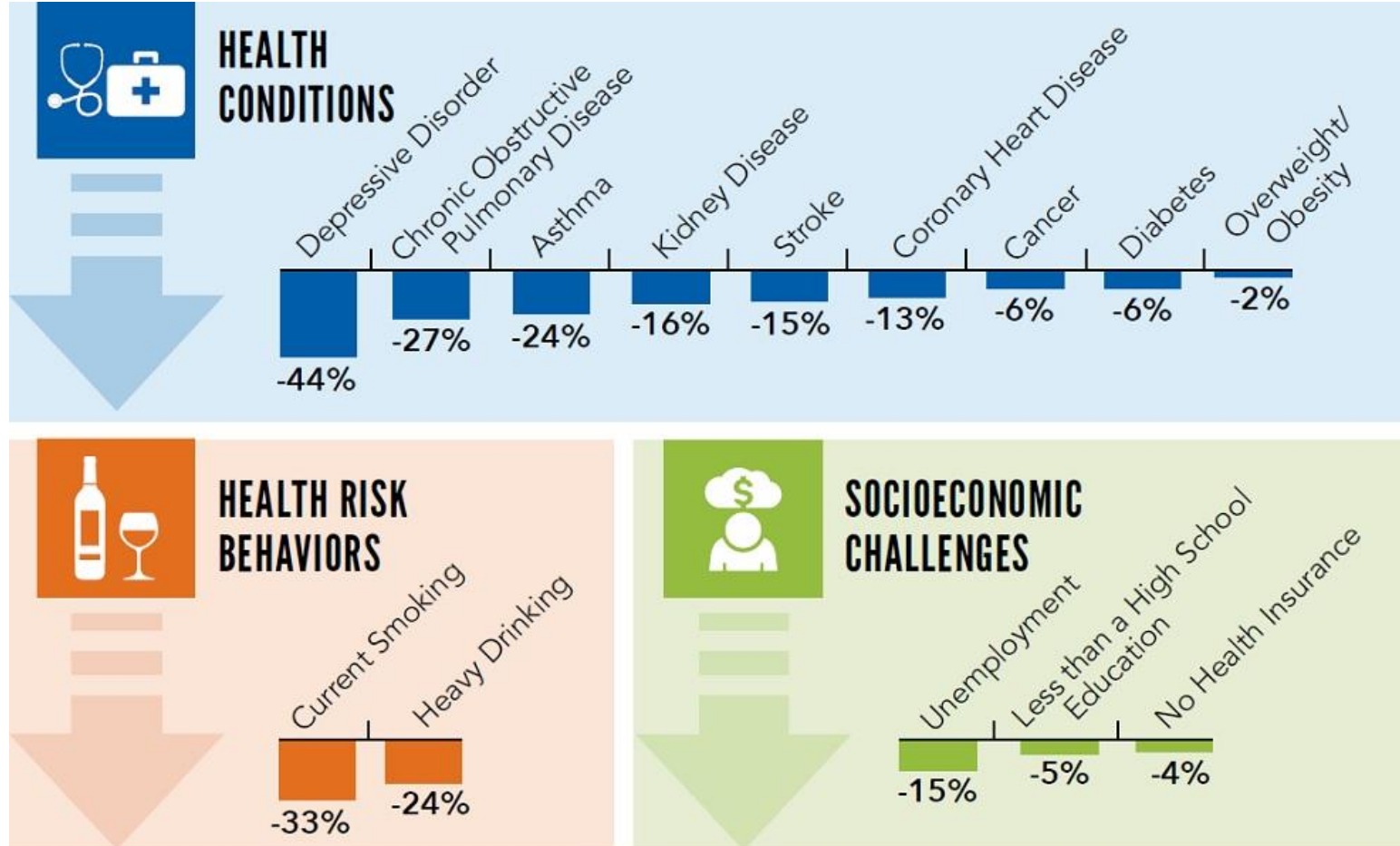
[Take an ACE Questionnaire here](#)

ACEs and Substance Use Disorder

ACEs are strongly *related to* – **not** predictive of - development and prevalence of a wide range of health problems, including substance use disorders and mental illness, throughout the lifespan.

- **ACEs are common.** About 64% of U.S. adults reported they had experienced at least one type of ACE before age 18, and nearly 1 in 6 (17.3%) reported they had experienced four or more types of ACEs.
 - ACEs were highest among women, non-Hispanic American Indian or Alaska Native adults, and adults who are unemployed or unable to work.
- **Preventing ACEs** could significantly reduce many chronic health conditions. It's estimated that over 20 million cases of depression could have been avoided by preventing ACEs.
- **ACEs aren't destiny.** Protective factors and appropriate interventions can build resilience and improve the health and well being of children and families.

ACEs and Health



Protective Factors



- Protective factors are conditions or attributes in individuals, families, and communities that promote the health and well-being of children and families.
- Protective factors may be seen as positive countering events to risk factors, or decreasing the possibility of experiencing ACEs

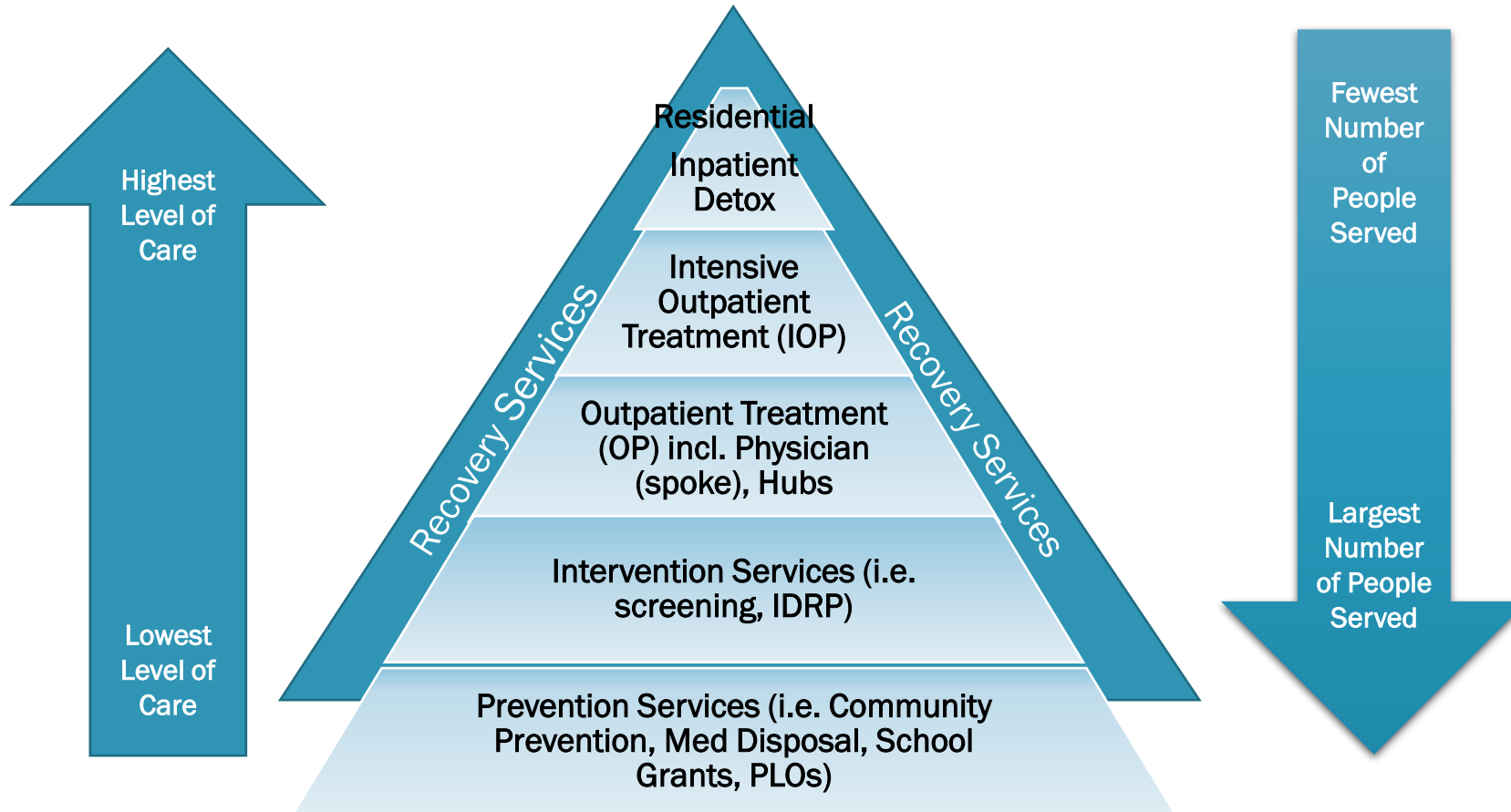
Substance Use vs Substance Use Disorders

Not everyone who uses substances develops a Substance Use Disorder.

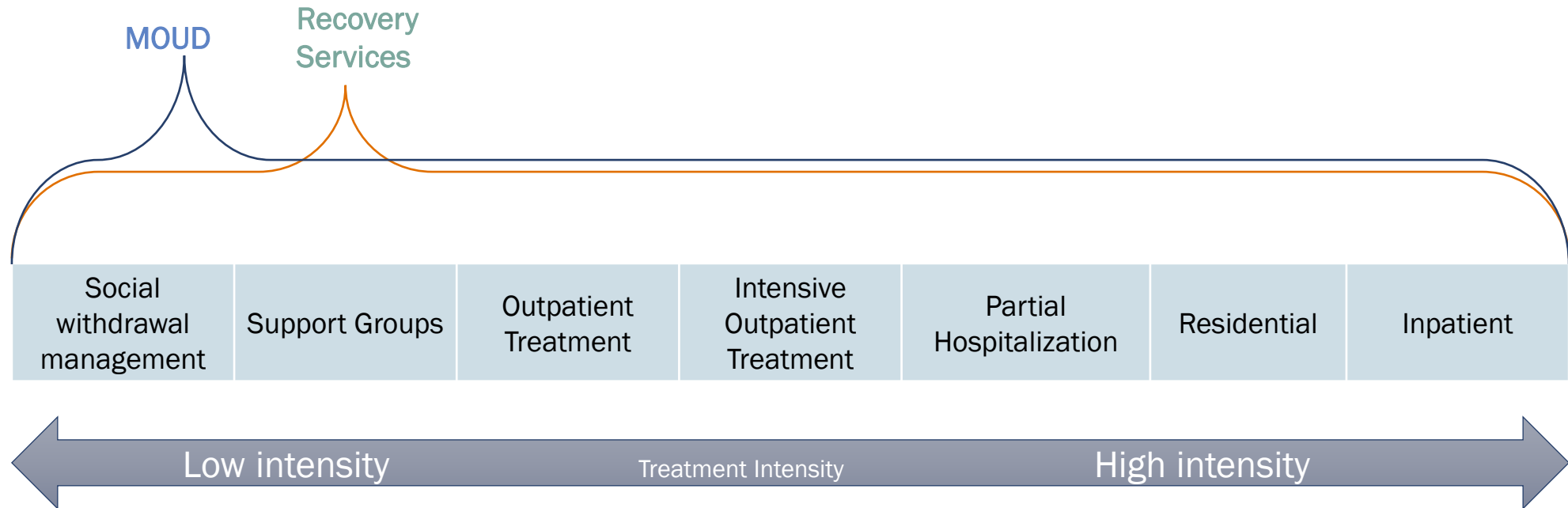
What substance has the highest percentage of individuals who try it go on to develop a Substance Use Disorder?

- Alcohol
 - 15%
- Cannabis
 - 9-10%
- Cocaine
 - 17% (snorting), 22% (smoking)
- Heroin
 - 23%
- Nicotine
 - 32%

Vermont's System of Care



Vermont's System of Care



What is “Treatment”?

There are varied settings where people may receive SUD treatment:

- **Inpatient Hospitals** provide 24 hour medical and/or psychiatric care. Treatment in these programs is determined by medical need. The length of stay varies but rarely exceeds seven days.
- **Residential programs** provide a living environment with clinical treatment services. Treatment in these programs is determined by clinical need (Vermont uses [ASAM Criteria](#)) and usually lasts less than 30 days.
- **High-Intensity IOPs** provide individual and group clinical treatment for 20+ hours per week, typically not more than 6 weeks. People go home each night.
- **Intensive Outpatient Programs (IOPs)** provide individual and group clinical treatment for 9-18 hours per week, typically not more than 6 weeks. People go home each night.
- **Outpatient Programs** provide individual and/or group clinical treatment for 1-8 hours per week. Includes MOUD (Hub/Spoke).

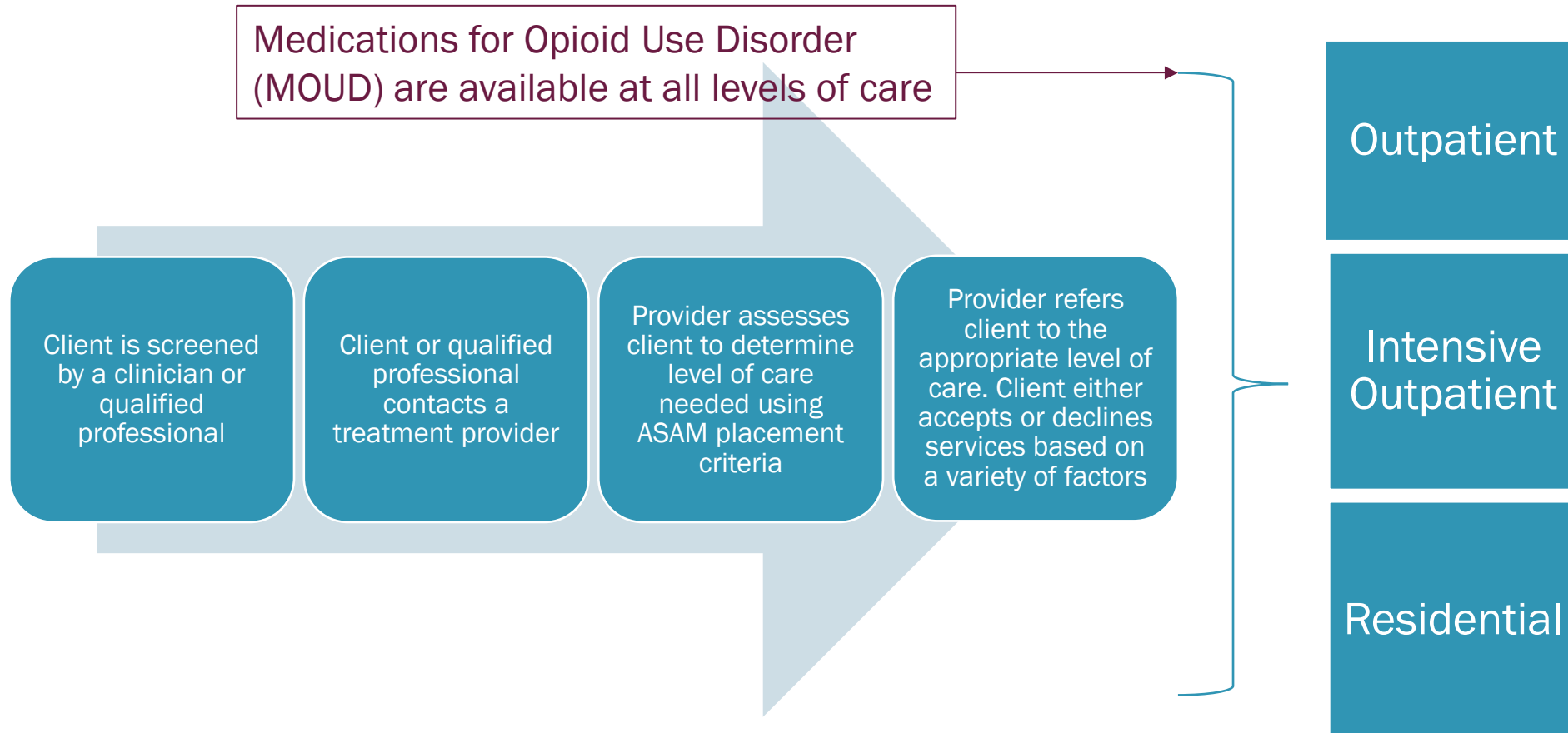
Medications for Opioid Use Disorder

- Medications for Opioid Use Disorder (MOUD) are prescribed medications, often in combination with counseling and behavioral therapies, to provide a ‘whole-patient’ approach to the treatment of substance use disorders.
- There are three drugs approved by the FDA for the treatment of opioid dependence: buprenorphine, methadone, and naltrexone.
- MOUD have been shown to:
 - Improve patient survival
 - Increase retention in treatment
 - Decrease illicit opioid use and other criminal activity among people with SUDs
 - Increase patients’ ability to gain and maintain employment
 - Improve birth outcomes among pregnant people with SUD

Comprehensive Treatment Programs

- Cognitive behavioral therapy
- Motivational incentives
- Motivational interviewing
- Group therapy

Accessing Treatment in Vermont



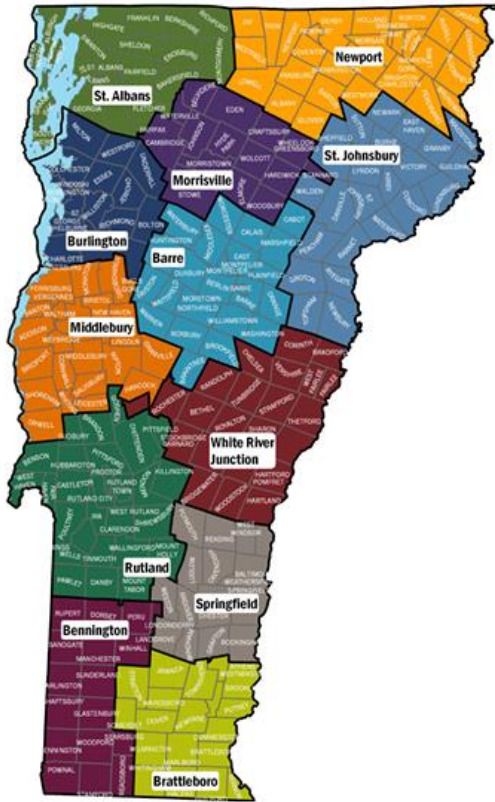
Prevention Programs

- Preventing substance misuse reduces the risks that contribute to alcohol, tobacco or other drug use – while promoting protective factors that support healthy lifestyles and communities.
 - For teens and children, a psychosocial approach emphasizing personal skills development and task-oriented training often reduces substance use
 - For teens at higher-risk of substance use, counseling and family intervention show promise in affecting long-term risk and protective factors
 - For adults, changing the policies, regulations and laws to alter the community environment reduces alcohol and other drug misuse

Prevention Programs

- Medication Disposal Kiosks/Drug Disposal Project
- Medication Mail-back Envelopes
- Prevention Lead Organizations
- School-based grants
 - Substance use education for students & parents
 - Peer leadership groups
- Vaping prevention

Community Prevention - DSU Prevention Consultants



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Intervention Programs

- The goals of intervention programs are to:
 - reduce the harms associated with substance misuse,
 - reduce risk behaviors before they lead to injury,
 - improve health and social function, and
 - prevent progression to a disorder and subsequent need for specialty SUD services
- Provides information about substance use risks, normal or safe levels of use, and strategies to quit or cut down on use and use-related risk behaviors.
- Facilitates patient initiation and engagement in treatment when needed.
- May be considered “bridge” between prevention and treatment services. For individuals with more serious substance misuse, intervention can serve as a mechanism to engage them into treatment.

Intervention Programs

- SBIRT/SBINS
- School-based grants
 - Substance use screening & referral to services
- Cultural Brokers
- Impaired Driver Rehabilitation Program
- [Let's Talk Cannabis](#)
- [One More Conversation](#) and [information for Providers](#)

Recovery & Harm Reduction Programs

- Recovery Services are peer-based services that offer *non-clinical*, substance-free environments for living, recreation, skill-building, and other recovery supports. These include Recovery Centers, recovery coaching, peer support groups, recovery housing/sober living.
- Harm reduction emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission; improve physical, mental, and social wellbeing; and offer low barrier options for accessing health care services (including MH & SUD)

Recovery/Harm Reduction Programs

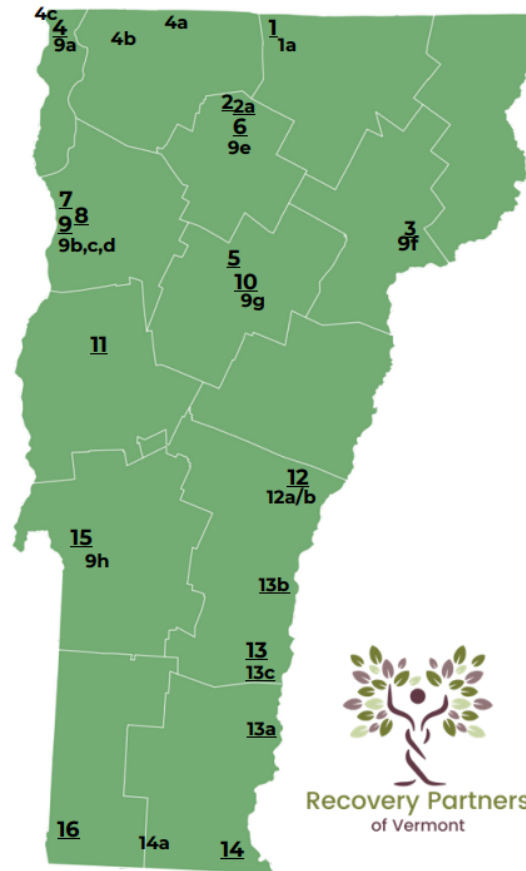
- [Recovery Partners of Vermont](#)
- [Vermont Alliance for Recovery Residences](#)
- [Recovery Vermont](#)
 - Vermont Recovery Coach Academy
 - Recovery Coach Training Programs
 - Recovery Coach Certification & Continuing Education
- [Syringe Service Programs](#)
- [Harm Reduction Packs](#) include naloxone overdose reversal nasal spray (Narcan ®), xylazine & fentanyl test strips, information about treatment and recovery options, and other self-care products.

Recovery Organizations

- Recovery Organizations are places people can find information about substance use disorders, pathways to recovery, and support for families and friends from people with lived experience in a safe environment.
- Recovery Organizations help people connect to a recovery community that meets their needs.
- Each Recovery Organization includes people who have lived experience with recovery ready to help guests establish connections, employment, treatment, safe housing, and other needs.
- Recovery Organizations aren't only for people seeking recovery, but anyone who has been affected by a family member, friend, or loved one's substance use.


Recovery Partners of Vermont

Member Organizations of Recovery Partners of Vermont



The map shows Vermont divided into 16 numbered regions, each with sub-regions. The list on the right provides details for each region, including the organization name, location, and phone number.

- 1 - Journey to Recovery Community Center | Newport | (802)624-4156
1a - Satellite Office | North Country High School
- 2 - Jenna's Promise | Johnson | (802)343-8741
2a - Recovery Residence- Rae of Hope
- 3 - Kingdom Recovery Center | St. Johnsbury | (802)751-8520
- 4 - Turning Point Franklin Couty | St. Albans | (802)782-8454
4a - Satellite Office | Richford
4b - Satellite Office | Enosburgh
4c - Satellite Office | Alburgh/Islands
- 5 - VAMHAR/RecoveryVT | Montpelier | (802)223-6263
- 6 - North Central Vermont Recovery Center | Morrisville | (802)851-8120
- 7 - Turning Point Center of Chittenden County | Burlington | (802)861-3150
- 8 - Vermont Alliance for Recovery Residences | Burlington | info@vtarr.org
- 9 - Vermont Foundation of Recovery | Essex | (802) 753-4340
9a - Recovery House - St. Albans
9b, c, d - Recovery House - Essex (3)
9e - Recovery Residence - Morrisville
9f - Recovery Residence - St. Johnsbury
9g - Recovery Residence - Barre
9h - Recovery Residence - Rutland
- 10 - Turning Point Center of Central Vermont | Barre | (802)479-7373
- 11 - Turning Point Center of Addison County | Middlebury | (802)388-4249
- 12 - Upper Valley Turning Point Center | White River Junction | (802)295-5206
12a - Recovery Residence - Willow Grove
12b - Recovery Residence - Jack's House
- 13 - Turning Point Center of Springfield |Springfield | (802)885-4668
13a - Satellite Office - TP South | Bellows Falls
13b - Satellite Office - TP North | Windsor
13c - Recovery Residence - Springfield
- 14 - Turning Point Center of Windham County | Brattleboro | (802)257-5600
14a - Satellite Office - Wilmington
- 15 - Turning Point Center of Rutland | Rutland | (802)773-6010
- 16 - Turning Point Recovery Center of Bennington | Bennington | (802) 442-9700



Recovery Partners
of Vermont

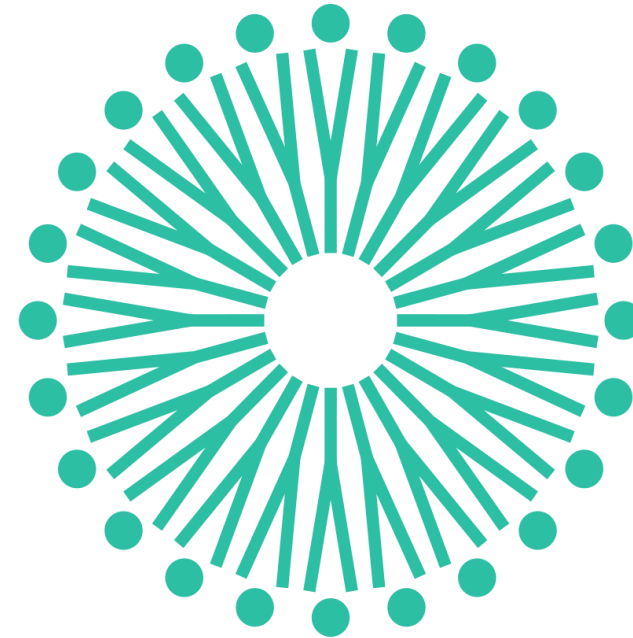
Syringe Service Programs

AREAS SERVED	NAME	MOBILE OR FIXED SITE
Bennington and Windsor County	AIDS Project of Southern Vermont	Fixed and mobile
Chittenden County	Howard Center Safe Recovery	Fixed and mobile
Orange and Windsor County, select NH counties	HIV/HCV Resource Center	Mobile
Orleans, Essex, Caledonia, Orange, Washington, Lamoille, Addison, Rutland, Chittenden, Franklin, Grand Isle County	Vermont CARES	Fixed and mobile

VT Helplink: Alcohol & Drug Support Center

802-565-LINK [5465]

www.VTHelplink.org



VT Helplink

Alcohol & drug support center

VT Helplink: Alcohol & Drug Support Center

- VT Helplink is a single point of contact for Vermonters seeking information & support for substance use.
 - One-call access to information, resources, referrals and scheduling (starting in FY23)
 - Anyone can call to find resources for themselves, or on behalf of family, friends, loved ones, clients.
- People can access VT Helplink online at www.VTHelplink.org or by phone at 802-565-LINK[5465], toll free 833-565-5465
- Calls are taken by [certified](#) Screening & Information Specialists (SIS), under the supervision of Master's-level clinicians. Many SIS are people in long term recovery and/or have experience as recovery coaches.

Connection to services

- People can access information and education on Vermont's continuum of substance use services (prevention, intervention, treatment, recovery, harm reduction/OD prevention, legal & socioeconomic resources)
- Treatment providers include those certified through the Division of Substance Use Programs' [Preferred Provider Network](#), and [Blueprint Spokes](#).
- Participating treatment resources have the capacity to accept referrals, willingness to work with a range of clients with varied needs and have limited barriers for prospective clients in need of treatment services.

VT Helplink Online – VTHelplink.org

VT Helplink
Alcohol & drug support center

[Find help](#) [Treatment & recovery](#) [Safer use](#) [Prevention](#)

[802.565.LINK](tel:8025655254) [Provider login](#)

Connecting you to the services you need.

VT Helplink is your connection to Alcohol and Drug Support Services. We're here for you.

[Call us. 802.565.LINK](tel:8025655254)

[Connect via chat.](#)

VT Helplink online screening

- People can complete an online screening to find resources that meet their needs
- Screening tool will provide additional information, based on responses.
- People self-report substance(s) they use, when they last used each substance, and how often the substance is/was used.
- Gender identity, age, town of residence, and preferred distance to resources are required.

Find help

Find services instantly: Please answer the questions below to find services for you or someone you care about. All responses are confidential.

If you already know what you are looking for, [click here](#) to search for services on your own.

Is this for you or someone else?

Me Someone else

Substance use treatment is voluntary, meaning a person must want treatment to get services. This assessment suggests services for people who want treatment. Call the Helplink at 802-565-LINK to learn more.

Who is the person you're seeking help for? (optional)

My spouse/partner/fiance

Have they used any substances in the past 6 months?

Yes No, they are in recovery

Which substance(s) do they use?

Alcohol x Fentanyl x Cocaine / Crack x

When did they last use Alcohol?

Within the past 3 days

How often do/did they use Alcohol?

4-6 days most weeks

When did they last use Fentanyl?

Within the past 3 days

How often do/did they use Fentanyl?

4-6 days most weeks

When did they last use Cocaine / Crack?

More than 3 days ago, but within the past month

How often do/did they use Cocaine / Crack?

3 days or fewer most weeks

Do they have health insurance / coverage?

Yes No

No-cost or low-cost treatment is available for many Vermonters without health insurance coverage

Choose any of the following that apply to them. (Optional)

- They are currently in or need treatment for a mental health condition
- They are homelessness
- They are pregnant
- They have served in the U.S. military

What is their gender?

Genderqueer/gender non-conforming

What is their age?

You may need to start treatment at a hospital instead of a substance use treatment program. Withdrawal from alcohol can be dangerous. Call the Helpline for more information or contact details for your local hospital.

To find service near you choose Service Category, Service Type, and your location (town or zip code).

Items marked with an asterisk (*) must be completed.

Select a service category*

Medication Assisted Treatment (MAT) x SUD Inpatient Services x
SUD Residential Services x SUD Outpatient Services x

Select one or more services*

Office Based Opioid Treatment (Spoke) x
Inpatient Detoxification / Withdrawal Management x
Residential Treatment x Intensive Outpatient Program x
Opioid Treatment Programs (Hub) x Outpatient Counseling x

Select town or enter zipcode:

Barre or

Select or begin typing city name.

Filter for program eligibility (optional)

Select gender

Genderqueer/gender non-conforming

Health insurance / coverage (leave blank if none)

Select an option

Select how far to search:

50 miles

Enter age

35

Only show funded programs

These programs receive funding from the Vermont Department of Health

Search Clear Form

We found 20 result(s) for your selections

Sort by name

Sort by distance

Download as PDF

Send as email

BAART Programs Berlin - Central Vermont Addiction Medicine

617 Comstock Road , Suite 5, Berlin, VT 05602

(802) 223-2003

www.baartprograms.com

Services offered: Opioid Treatment Programs (Hub)

Ages served: Adults(18+)

Intake Hours (Walk-in): Weekdays: 07:00 AM-08:00 AM

3.16 mi

Treatment Associates, Inc. - Montpelier

73 Main Street , Suite 27, Montpelier, VT 05602

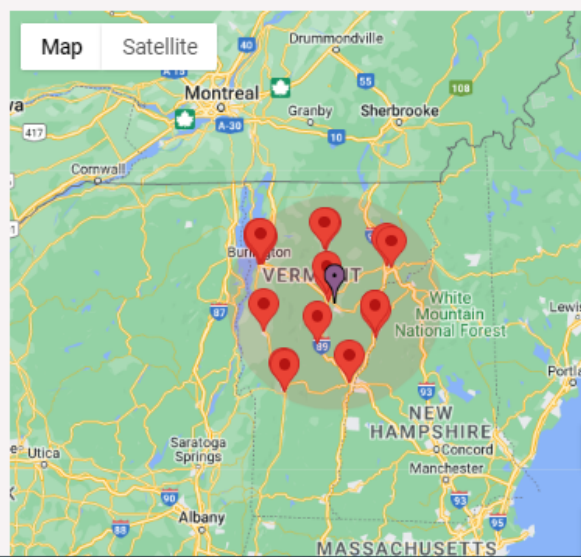
(802) 225-8355

www.treatmentassociatesinc.com

Services offered: Office Based Opioid Treatment (Spoke), Intensive Outpatient Program, Outpatient Counseling

Ages served: Adults(18+)

Intake Hours (Phone): Weekdays: 11:00 AM-11:30 AM

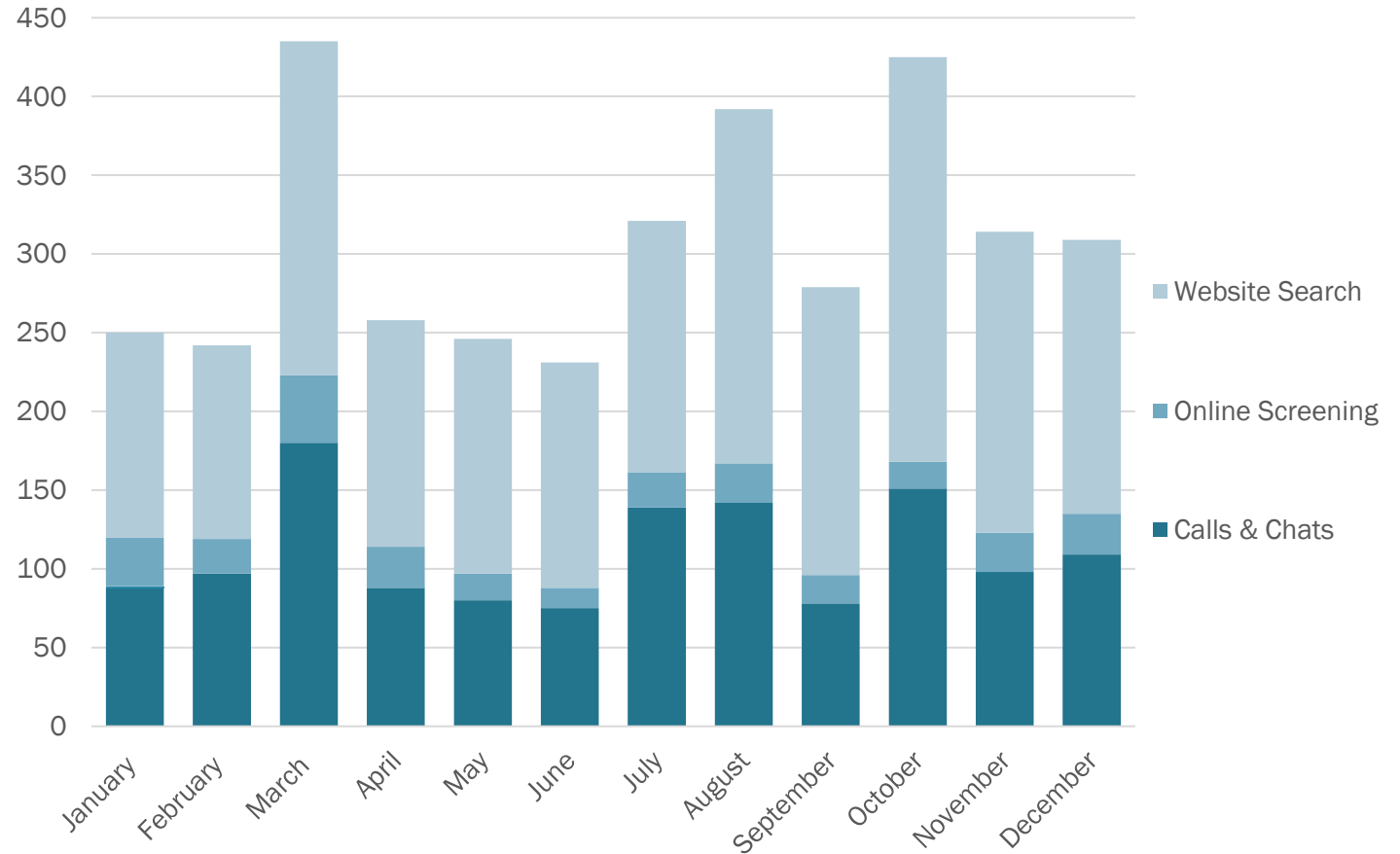


Screening results

- Screening results may display withdrawal safety information
 - Alcohol
 - Benzodiazepines (i.e. Xanax, Ativan)
- Can be modified after initial search:
 - Service Category
 - Service(s)
 - Town/Zip
 - How far to search
 - Health Insurance
- Results can be downloaded or sent by email

Statewide VT Helplink Data 2023 - Access

- In 2023, most people interacted with VT Helplink online, via:
 - [Self-screening tool](#)
 - Online chats with Screening & Information Specialists
 - [VT Helplink searches](#)
- [VT Helplink](#) had over 38,000 website visits in 2023. Website traffic is generated from:
 - VT Helplink marketing campaigns (i.e. social media ads, google display)
 - Partner campaigns (i.e. [KnowOD](#))
 - Navigation directly to the website

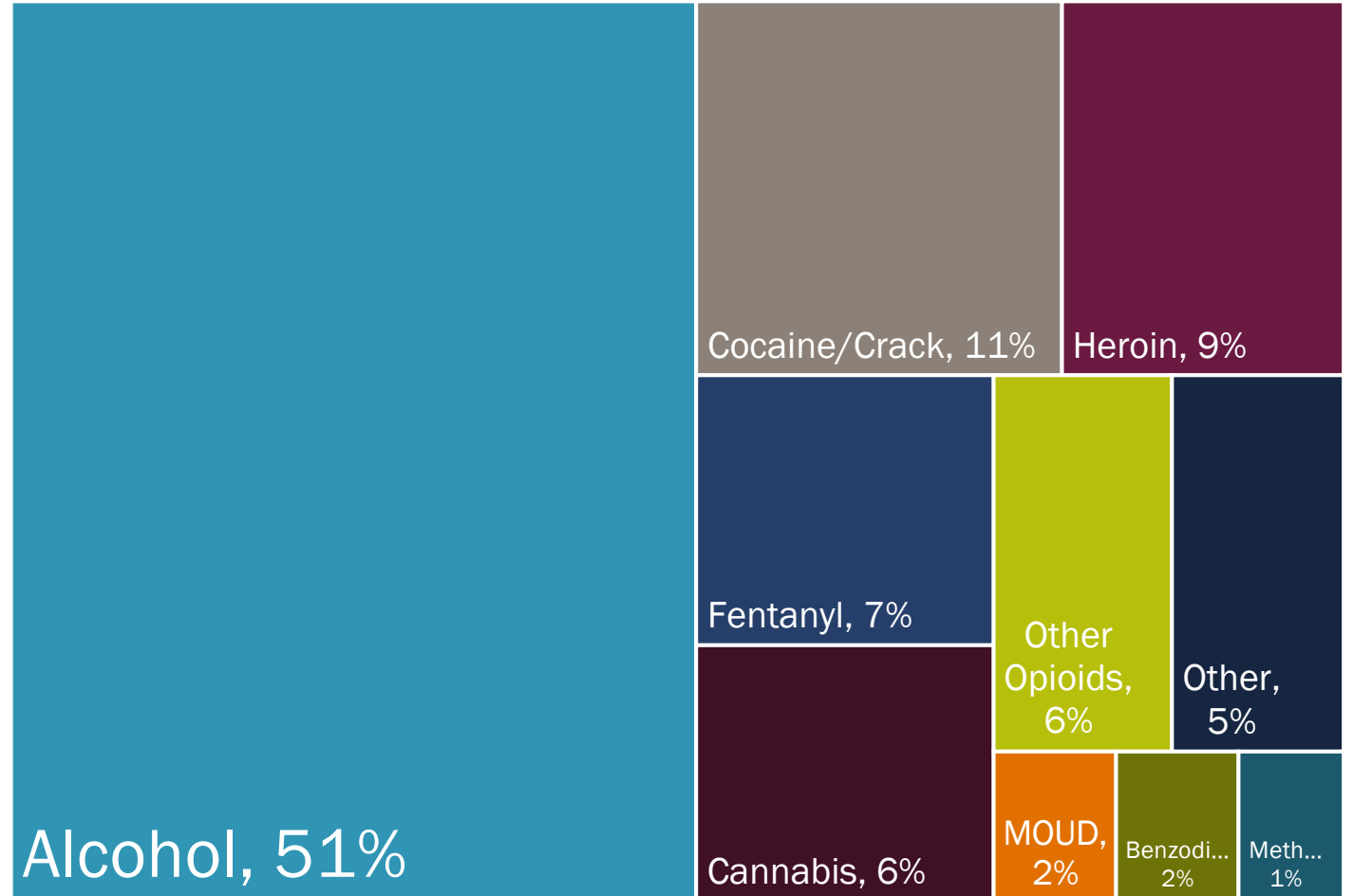


Statewide VT Helplink Data 2023 - Access

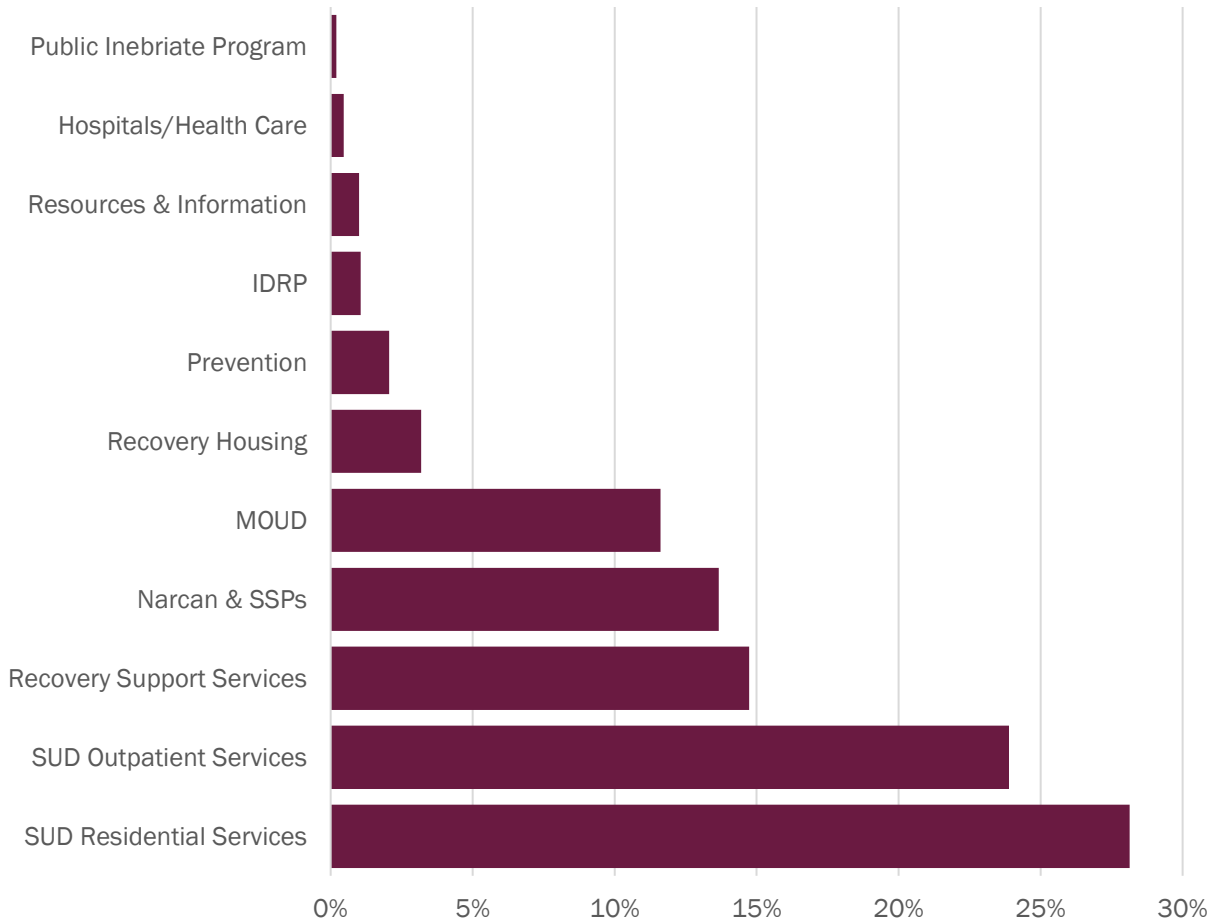
- In 2023, most people (~60%) indicated hearing about VT Helplink (“referral source”) via the internet.
 - VT Helplink marketing campaign metrics show success in messaging VT Helplink via online platforms
 - Online/digital marketing is likely not the most effective way to reach older adults, people without housing, people without internet access, people who speak languages other than English.
- The second most common referral source to VT Helplink varied by month. Most months the 2nd most common referral source was SUD Treatment Providers (~11%) or human/social service providers (~10%).

Statewide VT Helplink Data 2023 – Primary Substance

- Most interactions continue to report alcohol as the “primary” substance/why people are contacting VT Helplink
- About a quarter (24%) of people indicate opioids (heroin, fentanyl, prescription opioids, MOUD) as primary.
- Another 12% of people report stimulants (primarily powder cocaine) as primary.
- Polysubstance use is common.



Statewide VT Helplink Data 2023 – Referrals



- In 2023 the most common referrals were to:
 - SUD Residential
 - SUD Outpatient (including IOP)
 - Recovery Supports (i.e. coaching, centers)
 - Harm reduction (Narcan® & SSPs)
- Referrals *do not* necessarily indicate clinical eligibility for services or client accessing resources.
- VT Helplink offers follow-up calls, but the opt-in rate is extremely low.

Marketing & Communications

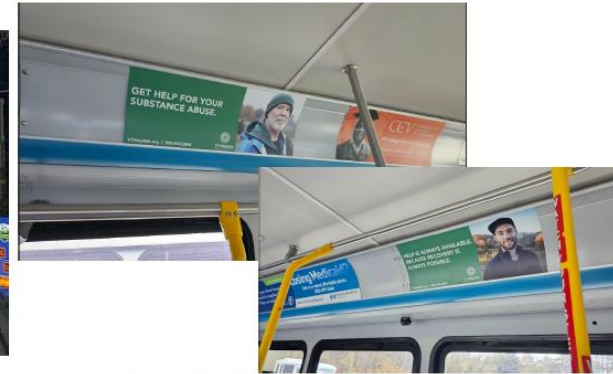
- Media campaigns specific to VT Helplink may run concurrent or separate from other Health Department substance use messaging. Channels used have included:
 - Broadcast & streaming TV
 - Social media
 - Banners/Google search optimization
 - Youtube
 - Bus Signage
- VT Helplink is often co-branded with other VDH/DSU marketing campaigns and programs (examples – [KnowOD](#), [Parent Up](#))
- Community partner organizations are welcome to use the VT Helplink logo and/or contact information on their materials and/or websites

VT Helplink Marketing

EXPOSURE — BUS SIGNAGE Examples



Green Mountain Transit Exterior Signage



Green Mtn. Transit Inside Buses



Advanced Transit Exterior Signage



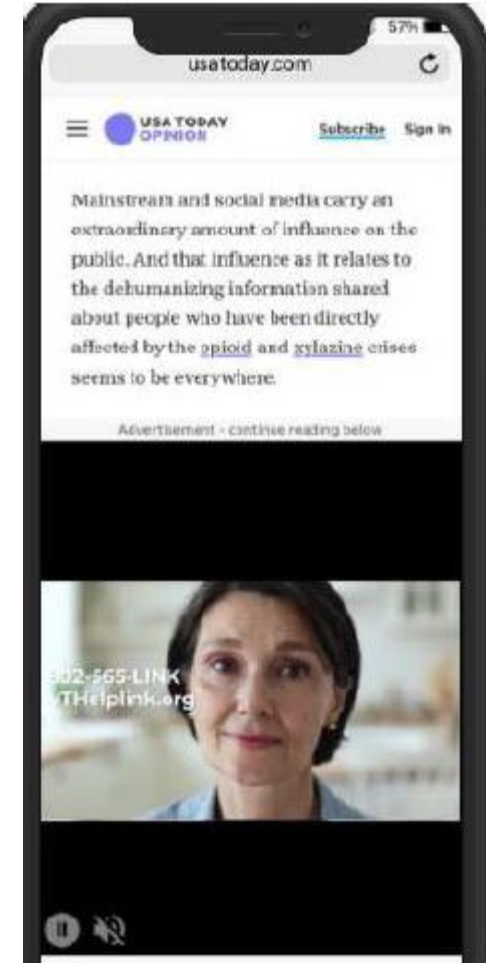
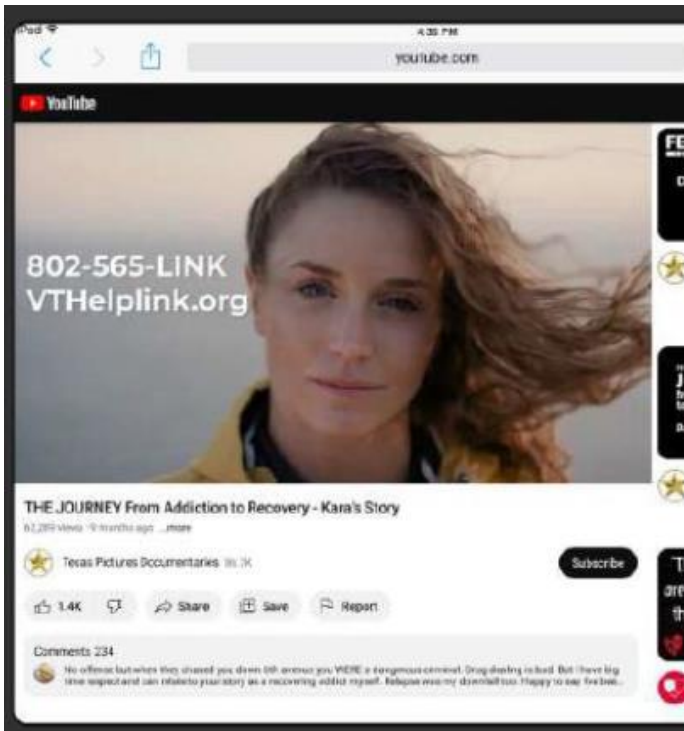
Advanced Transit Inside Buses



Tri-Valley Exterior Signage



VT Helplink Marketing



VT Helplink Harm Reduction Messaging

- In 2022, VT Helplink partnered with SSPs to create a messaging campaign focusing on harm reduction
- Real SSP staff stories
- Intentionally substance-agnostic
- Focus on reducing stigma, normalizing harm reduction, putting “faces” to harm reduction, sharing stories of people with lived experience.
- Full videos available on the [VT Helplink website](#)

VT Helplink Materials

- The Vermont Alcohol and Drug Information Clearinghouse (VADIC) is undergoing changes and will soon become part of the VT Helplink website.
- In the interim, people can utilize the temporary [Order Form](#).
 1. Check out the list of available items in the [online menu](#).
 2. When you're ready to order, click the '[VADIC Order Form](#)' link
 3. Copy and paste the names of the items you would like, as well as requested quantities, into the order form.
- Please expect up to two weeks for delivery. Thank you for your patience and understanding while we transition!

Coming Soon - Text Messaging & New Hours

- Starting October 2024, people will be able to access VT Helplink through text messaging!
 - Incoming texts will be responded to by the same calltakers who answer phones & online chats
 - Will include messaging campaign to inform public
- Starting January 2025, VT Helplink will be available by phone & text message 24/7/365.
 - Hours through 2024: Monday-Friday 8am-10pm, Weekends & Holidays 8am-6pm
 - Will include messaging campaign to inform public

Vermonters' experience with VT Helplink

- Caller experience is a critical component of VT Helplink. All callers are offered opportunity to complete a brief satisfaction survey following their interaction (opt-in). Vermonters calling VT Helplink who consented to provide feedback rate their satisfaction with VT Helplink rate their experience as such:
 - Caller's satisfaction with information provided by VT Helplink: 4.7/5
 - Caller's satisfaction with the calltaker who assisted them: 4.6/5
 - Would the caller recommend Helplink to family/friends: 99.5% of callers said "Yes"
- From a Vermonter - "Hi there, I just wanted to say [calltaker] was very supportive and knowledgeable and patient. I did not feel like I was being judged, thank you so much and I really appreciate what you're doing for individuals and families"

Questions, Thoughts, Feedback, Suggestions?



Send me an email:

Mariah.Ogden@Vermont.gov

Schedule a meeting automatically:

<https://calendly.com/mariah-ogden/meeting>