



## **Northeast Kingdom Human Services Community Need Assessment**

**2023**

As required by its Certified Community Behavioral Health Clinic Planning, Development, and Implementation (CCBHC-PDI) grant, Northeast Kingdom Human Services completed a community need assessment which provides information about:

- physical boundaries and size of the service area
- prevalence of mental health and substance use conditions and related needs.
- economic factors and social determinants of health affecting the population's access to health services.
- cultures and languages of the population
- identification of underserved population(s)
- how its staffing plan will address the findings of the assessment

Members of the NKHS CCBHC Operations Committee oversaw the completion of the Community Need Assessment in February and March of 2023. This process included soliciting input from community stakeholders and reviewing and analyzing data and other relevant information to assess service area needs and identify gaps. Secondary data came from a variety of sources and includes this partial list: Vermont Departments of Health, Vital Statistics, and Labor; Adult and Youth Behavioral Risk Factor Surveillance Systems; County Health Rankings and United States Census Quick Facts. A complete list of secondary data sources is provided at the conclusion of this report.

Primary data sources included information received from surveys sent to community members and community partner organizations as well as information received from focus groups of consumers and family members. Two surveys were distributed: one for community members and one to community partner organizations to learn more about what people in the Northeast Kingdom think about mental health and substance misuse conditions, treatment needs and desired services. Both surveys included questions about:

- how mental health or substance misuse conditions impact the community
- what services are important
- what barriers exist
- what is important in improving access to services

In addition, the community partner survey included questions about workforce, cultural competency and language resources for non-English speaking individuals seeking services.

NKHS distributed both surveys electronically to over 80 organizations asking that the community member survey be shared with employees and clients. Clients of NKHS had the opportunity to complete the survey on an iPad or to complete a paper version before or after an appointment. Paper surveys were distributed at local Peer Support Organizations. The community member survey was open from 2/12/23 thru 3/24/23 and NKHS received 239 completed surveys.

The community partner survey was sent electronically to key partner organizations and schools and was open from 3/6/23 thru 3/24/23 and NKHS received 34 completed surveys. Information about the variety of organizations from which NKHS sought input are summarized in Table 7.

In addition to distribution of the community member survey to local peer support organizations and clients receiving services at NKHS mental health and substance misuse programs, members of the NKHS Operations Committee met with the Adult Mental Health, Children’s Mental Health and Addictions Standing Committees, whose twenty-six members included fourteen consumers or family members all who provided invaluable feedback about:

- barriers to people’s well-being
- what is important in accessing services
- what gaps exist and services are needed
- what populations are underserved in the community

The primary data NKHS received as a result of the surveys and focus group participation is reported throughout NKHS’s 2023 Community Need Assessment. In addition, a complete inventory of comments made by all stakeholders is found in Appendix A.

Northeast Kingdom Humans Services is committed to completing ongoing Community Need Assessments at a minimum of every three years.

## **DESCRIPTION OF PHYSICAL BOUNDARIES AND SIZE OF SERVICE AREA**

Northeast Kingdom Human Services serves the population of the Northeast Kingdom (NEK) of Vermont, a region that encompasses three of the state’s fourteen counties: Caledonia, Essex, and Orleans as shown on the map below. This area is extremely rural with a total population of 63,874 living in 55 towns of which 31 (56%) have less than 1300 residents. The population per square mile is 46.6 in Caledonia, 39.3 in Orleans and 8.9 in Essex County. Figure 1 provides a map of Vermont population by town published in 2017 and validated by 2022 US Census data.

The three-county area borders on the Eastern Townships of Quebec to the north and the state of New Hampshire to the east, separated by the Connecticut River. Orleans and Caledonia counties are bisected by Interstate 91 which intersects with the endpoint of Interstate 93. These two north-south arteries are the only major roads in these two counties. Essex County is

without direct interstate access. The three-counties have 2864 square miles of roads of which 1799 (63%) are dirt. In addition, the harsh winter climate and hilly to mountainous terrain within the Northeast Kingdom present significant geographical and transportation barriers for people living in the region.

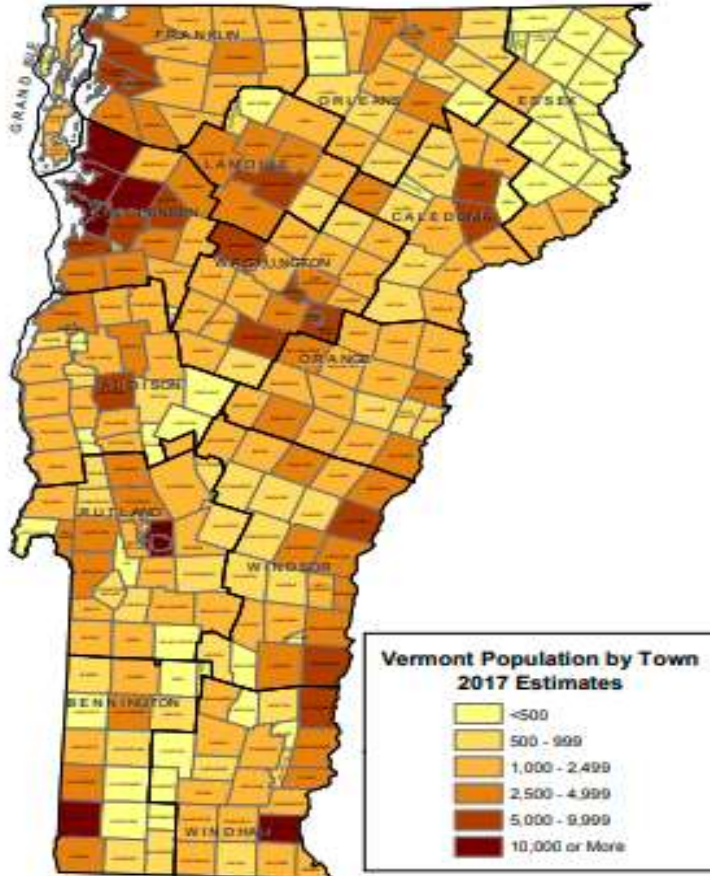


Figure 1. State of Vermont population by town. 2017 estimates were validated against 2022 Census data. [www.healthvermont.gov](http://www.healthvermont.gov)

Northeast Kingdom Human Services has been providing services to people with mental and behavioral health, substance use disorders and/or intellectual and developmental disabilities since 1960. Annually NKHS serves approximately 3500 unique clients at two locations: one in Derby Vermont and one in St. Johnsbury Vermont. Services currently provided to adults, children, and families who may be challenged by conditions affecting mind, body and spirit include:

- screening, assessment, diagnosis
- client centered treatment planning
- outpatient mental health and substance use services
- emergency services; 24-hour mobile crisis/crisis stabilization and psychiatric rehabilitation
- case management

- community and home supports
- school-based counseling

While no formal agreements are yet in place with Designated Collaborating Organizations (DCO), the Leadership of Northeast Kingdom Human Services is in active discussions with several community partners to formalize pre-existing relationships with local primary care offices and organizations providing peer support and serving Veterans and uniformed service members.

## 2. PREVALANCE OF MENTAL HEALTH AND SUBSTANCE USE CONDITIONS AND RELATED NEEDS

The people who live in the Northeast Kingdom face many challenges related to mental health and substance use conditions. When comparing many of the mental health, substance use, and suicide rate data across the state the counties that encompass the NKHS service area have poorer outcomes than the state average (Table 1.) Of particular significance, the rate of suicide in the NEK is higher across all three counties compared to the state (VT Vital Statistics, 2018-2022). Opioid overdose related deaths in Essex and Orleans counties are higher than the state average (VT Dept of Health, 2023). While In the NEK, individuals report a lower level of alcohol consumption compared to the state average (BRFSS 2020-2021), at NKHS, alcohol misuse is the primary diganosis for individuals seeking SUD treatment, followed by opioids. In addition, as indicated in Table 2, alcohol use among youth is a significant issue in the NEK with consumption exceeding that of the state average.

<b>INDICATOR</b>	<b>Vermont</b>	<b>Caledonia</b>	<b>Essex</b>	<b>Orleans</b>	<b>Data Source</b>
POOR MENTAL HEALTH DAYS (14+ DAYS IN THE LAST 30 DAYS WHERE MENTAL HEALTH SELF-REPORTED AS NOT GOOD)	16%	17%	14%	13%	BRFSS 2020-2021
DEPRESSIVE DISORDER (EVER BEING TOLD THAT THEY HAVE DEPRESSIVE DISORDER)	25%	25%	26%	22%	BRFSS 2020-2021
ALCOHOL CONSUMPTION (ANY IN PAST MONTH)	61%	58%	59%	57%	BRFSS 2020-2021
ALCOHOL CONSUMPTION (BINGE DRINKING)	17%	14%	17%	15%	BRFSS 2020-2021
DEATHS DUE TO OPIOID OVERDOSE (RATE PER 100,000 VERMONT RESIDENTS)	38.0	36.7	48.7	44.4	VT Dept of Health *March 2023
SUICIDAL THOUGHTS	5%	6%	**	6%	BRFSS 2020-2021 (DATA FROM 2018,2021)
RATE OF SUICIDE (PER 100,000 VERMONT RESIDENTS)	17.6	25.4	26.5	18.8	Vermont Vital Statistics

(2018-2022)

DATA IN RED FONT = NEK FAIRS WORSE THAN STATE AVERAGE

**TABLE 2. PREVALANCE OF MENTAL HEALTH AND SUD, MENTAL HEALTH (YOUTH RISK BEHAVIOR SURVEY-HIGH SCHOOL DATA, 2019)**

<b>INDICATOR</b>	<b>Vermont</b>	<b>Caledonia</b>	<b>Essex</b>	<b>Orleans</b>
ALCOHOL USE (LIFETIME)	55%	54%	59%	63%
ALCOHOL USE CURRENT (PAST 30 DAYS)	31%	24%	34%	38%
ALCOHOL USE (BINGE IN PAST 30 DAYS)	15%	10%	24%	22%
MARIJUANA USE (LIFETIME)	40%	30%	41%	40%
MARIJUANA USE CURRENT (IN PAST 30DAYS)	27%	18%	23%	27%
SELF HARM	19%	19%	22%	20%
FEELING SAD OR HOPELESS IN PAST YEAR	31%	31%	37%	32%
MADE A SUICIDE PLAN	13%	14%	15%	14%
ATTEMPTED SUICIDE	7%	6%	7%	8%

DATA IN RED FONT = NEK FAIRS WORSE THAN STATE AVERAGE

### **NKHS PRIMARY DATA**

As Figures 2 and 3 indicate, when NEK community members were asked to rate their own mental health in the last 30 days, 37% answered: “poor/fair”, 33% “excellent/very good” and 30% “good”. Community members were also asked about mental health or substance misuse conditions which are community concerns and 88% responded depression; 83% loneliness/isolation; 82% illegal drugs use or misuse of prescription medications; 76% suicide thoughts and/or actions and 69% alcohol use. In addition, a review of comments made by community members as noted in Appendix A indicate concerns over conditions associated with domestic violence, post traumatic stress and mental health induced truancy.

When community partner organizations were asked about which mental health or substance misuse conditions are community concerns, 100% responded illegal drugs use or misuse of prescription medications; 97% alcohol use; 97% depression and/or anxiety; 94% loneliness/social isolation and 88% suicide thoughts and/or actions.

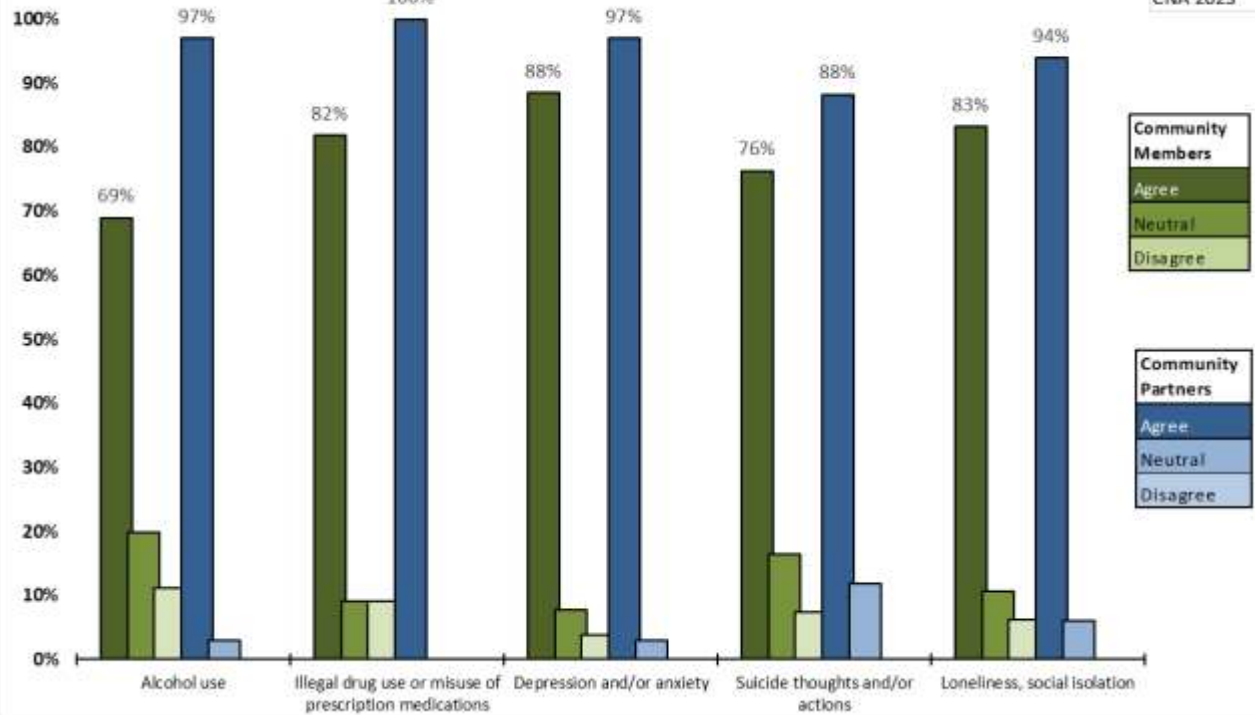
**Figure 2. Rate Mental Health in Past 30 Days  
(Community Members)**

NKHS NEK  
CNA 2023



**Figure 3. Mental Health or Substance Misuse Conditions are Concerns for My Community**

NKHS NEK  
CNA 2023



### 3. ECONOMIC FACTORS AND SOCIAL DETERMINANTS OF HEALTH AFFECTING ACCESS TO SERVICES

The Northeast Kingdom faces significant disparities that impact quality of health and mental wellbeing. When comparing social determinant of health indicators such as poverty, food security, employment status, health insurance status, isolation, and broadband access the NEK fairs worse in all three counties compared to the state. Social associations are drastically lower than the rest of the state, due in part to the geographic isolation and insufficient internet access. The state as a whole is facing significant housing shortages and housing that is available is older and in need of repairs. The NEK is not immune to the issue of severe housing problems with the percent equal to or slightly worse off than the state depending on the county.

<b>INDICATOR</b>	<b>Vermont</b>	<b>Caledonia</b>	<b>Essex</b>	<b>Orleans</b>	<b>Data Source</b>
MEDIAN HOUSEHOLD INCOME	67,674	\$55,159	\$48,194	\$58,037	Quick Facts 2022 US Census
PERSONS IN POVERTY	10.3%	12.5%	14.4%	12.6%	Quick Facts 2022 US Census
SEVERE HOUSING PROBLEM *	17%	15%	15%	18%	County Health Rankings 2022
UNINSURED <65YEARS	4.5%	5.1%	5.6%	5.8%	Quick Facts 2022 US Census
UNEMPLOYMENT	2.8%	3.7%	4.5%	5.7%	VT Dept. of Labor (data as of March 24.2023)
FOOD INSECURITY	11%	12%	12%	12%	County Health Ranking 2022
SOCIAL ASSOCIATION RATE (PER 10,000 POPULATION)	820	38	4	26	County Health Ranking 2022
HOUSEHOLDS WITH A COMPUTER, (2017-2021)	92.3%	88.8%	86.1%	88.8%	Quick Facts 2022 US Census
BROADBAND INTERNET SUBSCRIPTION (2017-2021)	84.6%	81.0%	77.4%	84.2%	Quick Facts 2022 US Census

\*Severe Housing Problems is the percentage of households with one or more of the following housing problems: housing unit lacks complete kitchen facilities; housing unit lacks complete plumbing facilities; household is overcrowded; or household is severely cost burdened. DATA IN RED FONT = NEK FAIRS WORSE THAN STATE AVERAGE

#### **NKHS PRIMARY DATA**

As noted in Table 4 community members reported the following economic and social determinants of health factors affecting access to services: not enough money to meet basic needs (23.1%); lack of affordable housing (18.9%); transportation (17.9%); not enough food (10.7%); lack of employment (8.2%) and lack of health insurance (7.8%). Also of note, 31.6% of

community members report that waiting list(s) for service(s) and 26.6% replied that stigma around needing help were barriers to accessing services.

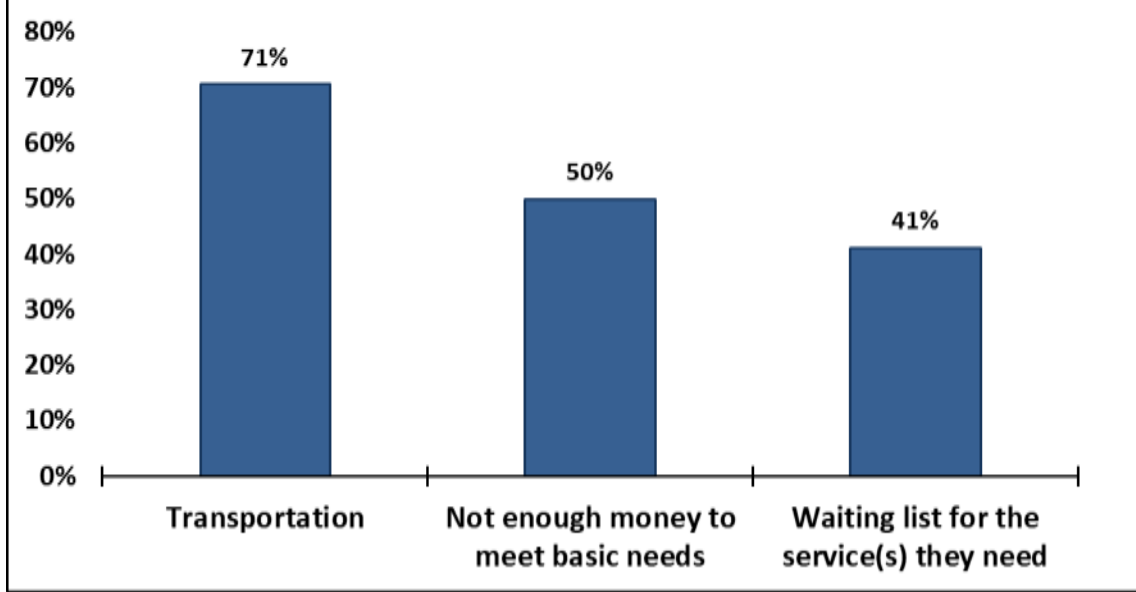
The survey asked Community Partners to select the top three barriers that prevent people in the NEK from accessing services and responded: transportation (71%); not enough money to meet basic needs (50%) and waiting list(s) for service(s) (41%).

<b>TABLE 4. NEK COMMUNITY MEMBERS PERCEPTION OF BARRIERS TO MENTAL WELLBEING</b>				
	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>N/A</u>
WAITING LIST FOR THE SERVICE(S) I NEED	31.60%	10.39%	32.03%	25.97%
STIGMA AROUND NEEDING HELP	26.60%	19.31%	37.77%	16.31%
NOT SURE WHERE TO GET HELP	24.90%	14.59%	41.63%	18.88%
NOT ENOUGH MONEY TO MEET BASIC NEEDS	23.10%	16.24%	41.88%	18.80%
LACK OF AFFORDABLE HOUSING	18.90%	13.73%	44.21%	23.18%
TRANSPORTATION	17.90%	11.06%	47.66%	23.40%
LOCATIONS OF NKHS OFFICES	12.70%	16.16%	44.98%	26.20%
NOT ENOUGH FOOD	10.70%	15.81%	51.71%	21.79%
HOURS OF OPERATION OF NKHS	10.40%	15.58%	45.89%	28.14%
LACK OF EMPLOYMENT	8.20%	14.16%	49.36%	28.33%
LACK OF HEALTH INSURANCE	7.80%	11.64%	58.62%	21.98%
LACK OF CHILDCARE	7.80%	14.22%	37.93%	40.09%
CULTURAL BARRIERS (FOR EXAMPLE: LANGUAGE OR RELIGION)	4.40%	10.00%	53.48%	32.17%



**Figure 4. Top Three Barriers to Receiving Services  
(According to Community Partners)**

NKHS NEK  
CNA 2023



#### 4. CULTURES AND LANGUAGES OF THE POPULATIONS RESIDING IN THE SERVICE AREA

As the data in Table 5 indicates, when compared to the state of Vermont, there are slightly more people in the NEK who self-identify as white alone, slightly less who identify as Black or African American alone. There is also a slightly higher percentage of females living in the NEK than in Vermont as a whole. All three counties have higher percentage of people 65 years and older when compared to Vermont (20.6%): 27.1% in Essex, 23.6% in Orleans, and 22.1% in Caledonia. 40.9% of all Vermonters report earning a Bachelor’s Degree or higher compared to 19.9% in Essex, 27.3% in Orleans and 30.9% in Caledonia.

12% of Vermont’s Veteran population lives in the NEK. As noted previously in the CNA, the population per square mile is much lower in the three-county area: 8.9 in Essex, 39.4 in Orleans and 46.6 in Caledonia compared to 69.8 for all of Vermont. Statewide, 5.5% speak a language other than English compared with 7.1% in Essex and 5.8% in Orleans counties.

<b>INDICATOR</b>	<b>Vermont</b>	<b>Caledonia</b>	<b>Essex</b>	<b>Orleans</b>
WHITE ALONE	94%	95.8%	95.9%	96.1%
BLACK OR AFRICAN AMERICAN ALONE	1.5%	1.0%	0.8%	0.8%
ASIAN ALONE	2.0%	1.0%	0.8%	0.5%
FEMALE	50.3%	49.8%	49.4%	49.7%
PERSONS OVER 65 YEARS AND ABOVE	20.6%	22.1%	27.1%	23.6%
VETERANS,NUMBER (2017-2021)	34,347	1,936	483	1,768
POPULATION PER SQM,2020	69.8	46.6	8.9	39.4
BACHELORS DEGREE OR HIGHER , % OF PERSONS AGE 25+YEARS, 2017-2021	40.9%	30.9%	19.9%	27.3%
LANGUAGE (% OF PERSONS AGE 5+ YEARS SPEAKING LANGUAGE OTHER THAN ENGLISH AT HOME, 2017-2021)	5.5%	3.9%	7.1%	5.8%
NUMBERS IN RED/GREEN FONT FAIR WORSE/BETTER IN NEK THAN STATE AVERAGE				

#### **NKHS PRIMARY DATA:COMMUNITY MEMBERS SURVEY**

Table 6 provides information on the demographic characteristics of the respondents to NKHS’s community members survey, including age, gender, ethnicity, and race and the results are similar to the secondary data reported in Table 5 with the exceptions that 76.1% respondent were female and 13.9% were 65 years and older.

<b>TABLE 6 COMMUNITY MEMBERS SURVEY RESPONDENT DEMOGRAPHIC CHARACTERISTICS</b>			
<b>Age:</b>		<b>Ethnicity:</b>	
Under 18	0.5%	Non-Hispanic	77.49%
18-24	5.0%	Other (please specify)*	10.99%
25-34	23.3%	Prefer not to say	8.90%
35-44	23.3%	Central American	3.66%
45-54	16.3%	Hispanic	1.05%
55-64	17.8%	Puerto Rican	0.52%
65-74	9.9%	South American	0.52%
75+	4.0%		
<b>Gender Identity:</b>		<b>Race:</b>	
Female	76.12%	White	93.03%
Male	20.40%	American Indian	3.98%
Prefer not to say	1.00%	Other (please specify)	3.98%
Other (please specify)	1.00%	Prefer not to say	2.99%
Transgender (Male to Female)	0.50%	Black or African American	1.99%
Transgender (Female to Male)	0.50%	Chinese	0.50%
Gender non-confirming	0.50%		
*Other ethnicity: American, Indian diverse (naive & immigrant heritage), Irish American, European, White, Italian bi-cultural, Caucasian, Jewish, French, Scottish, Canadian, Irish, Portuguese Eastern Europe			

### **NKHS PRIMARY DATA: COMMUNITY PARTNER SURVEY**

As Table 7 indicates, a wide variety of organizations completed NKHS's community partner survey, including those who served people living in Caledonia county (84.8%), in southern Essex county (66.7%), in Orleans county (45.5%) and northern Essex county (42.4%) with several organizations serving people living in more than one of the counties. Staff who completed the community partners survey had a variety of roles in their organizations, including: peer supports (3%); mental health or substance use disorder provider (3%); direct care provider (6%); care management/cordination (21%); supervisory or administration(39%) and somethig else (27%).

While 82% of the community partners reported cultural competency training and committees were part of their organizations, the degree to which this exists varies. 47% of community partners indicated that they provided some interpretation services, with most utilizing

contracted translation services. 42% of the community partners reported providing telehealth services to the clients they served, with 62% reporting telehealth service improved their ability to serve clients.

<b>TABLE 7. CATEGORY OF ORGANIZATIONS RESPONDED TO PARTNER SURVEY</b>	
Domestic Violence	Wellness services
Schools	Mental health and substance use treatment
Homeless Services	Outpatient SUD treatment with MAT (OUD & AUD)
Services to help low income Vermonters	Public Health
Hospitals	Services to families and children
Housing Services	Community & Economic Development
Criminal Justice	Non Profit Organization
Child Welfare	Wellness Center & Yoga Studio
Primary Care Office	

## **5. IDENTIFICATION OF UNDERSERVED POPULATIONS WITHIN THE SERVICE AREA**

To identify underserved populations in the Northeast Kingdom, members of NKHS's CCBHC Operations Committee reviewed input received from:

- Community member surveys
- Community partner surveys
- Adult Standing Committee Focus Group
- Children's Standing Committee Focus Group
- Addiction Standing Committee Focus Group
- Secondary data sources as noted in this report.

As a result of its Community Need Assessment process, NKHS has identified the following underserved populations in its service area:

- Adolescents discharged from psychiatric in-patient units.
- Adolescents who "age out" of many support services at age 18.
- Parents of children with behavioral health challenges
- LGBTQ individuals of all ages, with special focus on people under age 30 years old.
- Veterans
- Individuals who have low or no income, are uninsured or underinsured.
- Individuals aged 60 and older.
- Individuals with lived experience of mental health or substance use conditions, including those with co-occurring conditions.
- Individuals impacted by domestic violence.

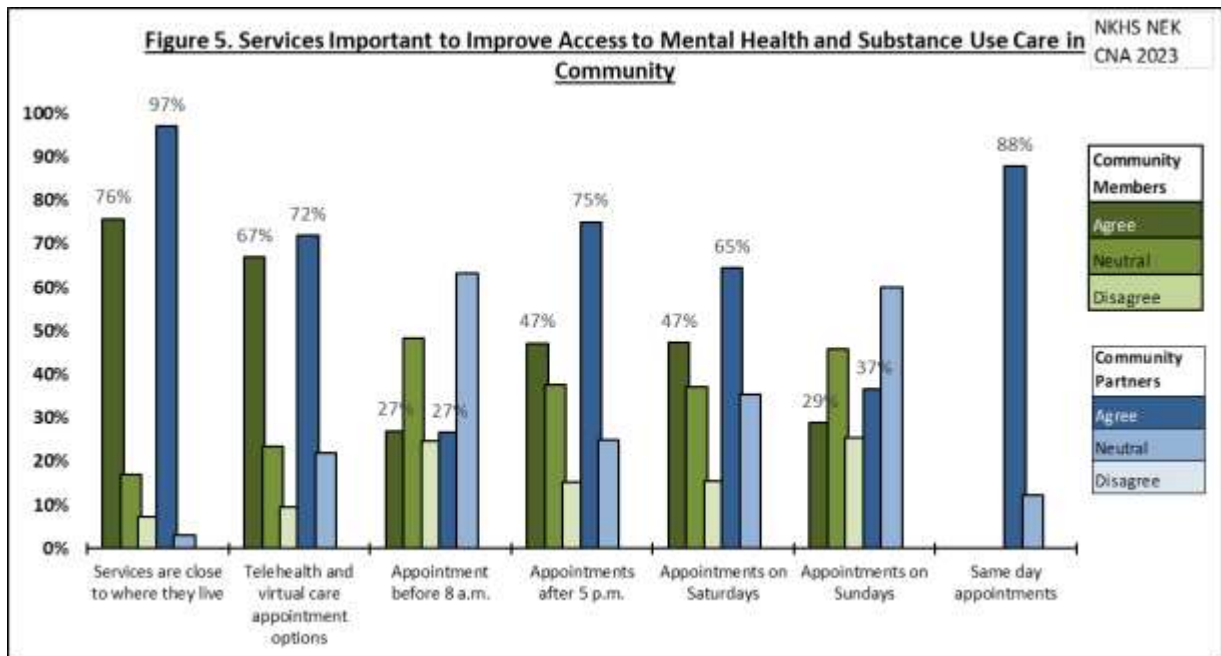
## 6. DESCRIPTION OF HOW THE STAFFING PLAN WILL ADDRESS FINDINGS

The leadership of NKHS is committed to full utilization of information learned from its Community Need Assessment process to guide the development of its staffing plan which will include both CCBHC funded and non-grant funded staff. NKHS included questions on both its community member and community partner surveys seeking input about access to mental health and substance misuse services as well as which services are important to the community.

The data in Figure 5 provides the following feedback on ways NKHS could improve access to services:

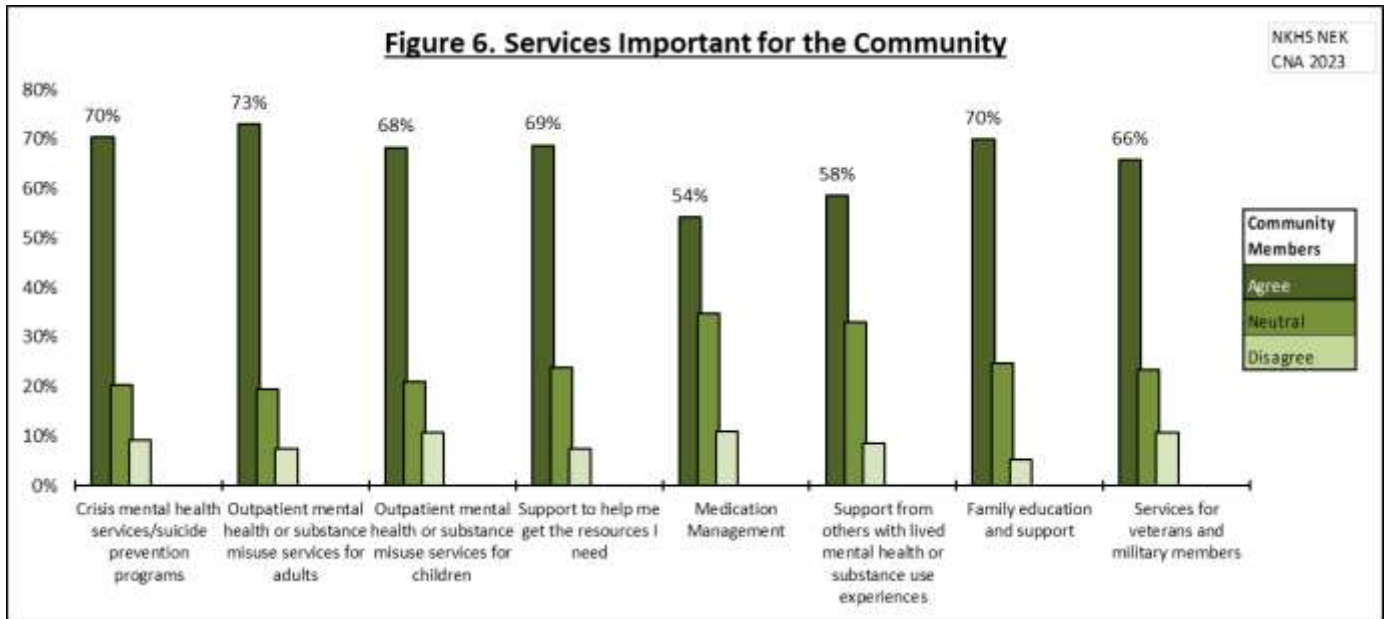
- Continue to provide telehealth and virtual care appointment options: (67% of community members and 72% of community partners)
- Provide appointments after 5 p.m.: (47% of community members and 75% of community partners)
- Provide appointments on Saturdays: (47% of community members and 65% of community partners)
- Provide same day appointments: (88% of community partners-please note, this question was inadvertently omitted from the community member survey).

Figure 5 also indicates that there is less support for appointments before 8 a.m. (27% for both community members and partners) as well as for providing appointments on Sundays (29% of community members and 37% of community partners).



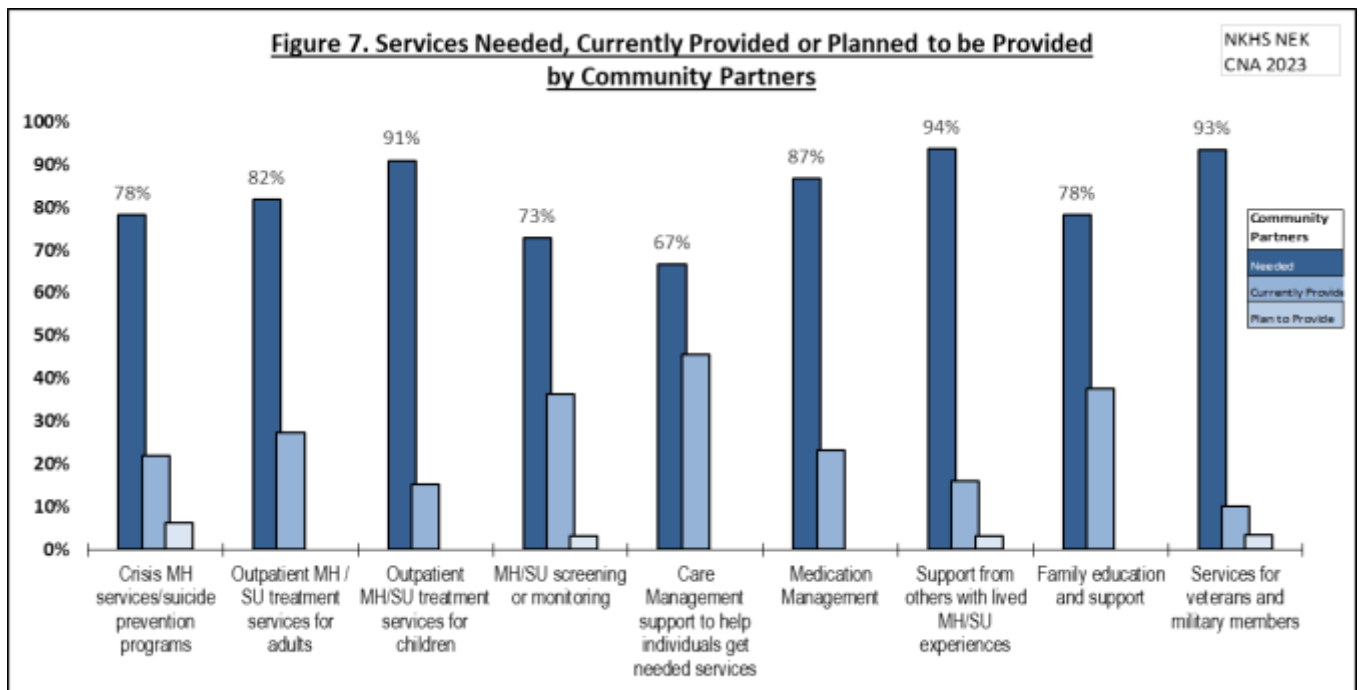
As indicated in Figure 6, community members responded that the following mental health and substance misuse services are important for the people living in the Northeast Kingdom:

- Outpatient mental health or substance use treatment services for adults (73%)
- Crisis mental health services/suicide prevention programs (70%)
- Family education and support (70%)
- Support to help me get the resources I need (69%)
- Outpatient mental health or substance use treatment services for children (68%)
- Services for Veterans and military members (66%)
- Support from others with lived mental health or substance use experiences (58%)
- Medication management (54%)



The data in Figure 7 provides feedback from community partners as to their perception of the mental health and substance misuse services that are needed in the NEK as well as the degree the partners provide resources to meet the needs identified.

- Support from others with lived mental health or substance use experiences (94% with <20% providing services).
- Services for Veterans and military members (93% with <10% providing services).
- Outpatient mental health or substance use treatment services for children (91% with <15% providing services).
- Medication management (87% with < 35% providing services)
- Outpatient mental health or substance use treatment services for adults (82% with <30% providing services).
- Crisis mental health services/suicide prevention programs (78% with <20% providing services)
- Family education and support (78% with 0% providing services).
- Mental health/substance misuse screening or monitoring (73% with <35% providing services).
- Care management support to help individuals get needed services (67% with <45% providing services)



MH= Mental Health SU= Substance Misuse



The Community Need Assessment recently completed by Northeast Kingdom Human Services has provided valuable insight from both community members and community partners. This input has reinforced the importance of ensuring its staffing plan includes resources to provide both the services and access to these services people living in the NEK have identified they need.

The needs identified as a result of the CNA align with the goals and objectives NKHS included in its Certified Community Behavioral Health Clinic grant application. A partial list of grant objectives it's staffing plan will address include:

- Increasing weekday service hours to 8 p.m.
- Providing a minimum of four hours of services on Saturday
- Implementing Same Day access to services
- Continuing to enhance service provision and evidence-based practices around targeted care management, care coordination, peer support services and Veterans and military member support services.

NKHS's staffing plan will include both CCBHC funded and non- grant funded positions and has successfully recruited these CCBHC funded positions:

- Project Director: 1.0 FTE
- Project Evaluator: 1.0 FTE
- Outpatient Intake Clinician: 1.0 FTE
- Data Manager: .5 FTE
- Veterans Outreach Case Manager: .5FTE

NKHS is actively recruiting for these CCBHC funded positions:

Clinical Care Manager: (1.0 FTE):

- Will coordinate the work of the navigators and case managers who are instrumental in providing timely screening and assessments of individuals requesting services. This position will support the staff in providing both early recognition of individuals identified as at-risk or from one of categories of people NKHS has identified as underserved as well as the opportunity to connect them with resources early in their NKHS experience. It will also assist in ensuring targeted care management services are in place to assist with adolescents aging out of support services, after discharge from in-patient services and meeting the needs of other underserved populations identified in the CNA.

CCBHC Peer Support Specialist: (.5FTE)

- Will provide peer and recovery support services to individuals with lived experience of mental health and substance use conditions. NKHS in recruiting for someone willing to

work a flexible schedule to evenings and weekends because of feedback received from the CNA process.

In addition to the above CCBHC funded positions, NKHS is actively recruiting to fill these non-CCBHC funded positions which directly align with the needs identified in the CNA process:

- Elder Clinician: (1.0 FTE)
- Reach Up Care Coordinator/Wellness Coach: (1.0 FTE)
- Children's Psychiatric Nurse Practitioner: (1.0 FTE)

**Reference list: Secondary Data Sources; NKHS Community Need Assessment 2023**

[https://www.healthvermont.gov/sites/default/files/documents/pdf/STAT\\_2017\\_Population\\_Estimates\\_Bulletin.pdf](https://www.healthvermont.gov/sites/default/files/documents/pdf/STAT_2017_Population_Estimates_Bulletin.pdf)

BRFSS 2020-2021 : [2021 VT BRFSS Data Summary \(healthvermont.gov\)](https://www.healthvermont.gov/sites/default/files/documents/pdf/2021_VT_BRFSS_Data_Summary.pdf)

VT Department of Health March 2023: [Monthly Opioid Report \(healthvermont.gov\)](https://www.healthvermont.gov/sites/default/files/documents/pdf/Monthly_Opioid_Report_March_2023.pdf)

Vermont Vital Statistics: [Microsoft Power BI \(powerbigov.us\)](https://powerbigov.us/) Healthy Vermonters 2020

Youth Risk Behavior Survey 2019: [2019 YOUTH RISK BEHAVIOR SURVEY REPORT \(healthvermont.gov\)](https://www.healthvermont.gov/sites/default/files/documents/pdf/2019_YOUTH_RISK_BEHAVIOR_SURVEY_REPORT.pdf)

County Health Ranking 2022: [https://www.countyhealthrankings.org](https://www.countyhealthrankings.org/)

Quick Facts 2022 US Census: [U.S. Census Bureau QuickFacts: United States](https://www.census.gov/quickfacts/)

VT Department of Labor 2023: [Labor Market Data by County | Department of Labor \(vermont.gov\)](https://labor.vermont.gov/labor-market-data)

Attached please find Appendix A: list of comments received from community member and community partner CAN surveys.