

Substance Use Prevention Statewide Community Health Assessment

**Strategic Prevention Framework-
Partnership for Success for States 25
Vermont Regional Prevention Partnerships
Substance Use Prevention
Statewide Community Health Assessment**

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Executive Summary

This document summarizes the findings of the Community Health Assessment associated with the 2025 Strategic Prevention Framework-Partnership for Success for States grant, known as the Regional Prevention Partnership (RPP) in Vermont. The findings will help the four Vermont Prevention Lead Organizations that oversee prevention activities in their regions and State Regional Prevention Partnership Leadership to set priorities and address gaps.

Vermont has among the highest rates of use and lowest perception of risk of use in the US, particularly among youth, leading to the focus on youth and young adult alcohol and cannabis use. We found there is some regional variation in use and risk perception within the state, with Region 1 having highest rates of young adult use of alcohol and cannabis, Region 2 having highest rates of young adult cannabis use frequency, Region 3 having highest rates of youth and young adult alcohol use and Region 4 having highest rates of youth cannabis use. There are also opportunities for Regions 3 and 4 to engage in discussions with supervisory unions around school health programs to support the implementation of school prevention programming. Regions 1, 2 and 4 have opportunities to add representatives from different sectors to their network to better inform and implement their prevention strategies. Region 2 can benefit from building prevention coalition capacity in their region.

The assessment also indicates that state prevention leadership should focus on identifying evidence-based prevention strategies that are applicable to regional needs, support efforts to increase the prevention workforce, increase participation of youth and young adults in program planning, provide consistent resources and support to the regions, and provide technical assistance to regions in the form of peer to peer learning opportunities and statewide and regional trainings.

Introduction

The Vermont Department of Health Division of Substance Use Programs (DSU) received 2025 Strategic Prevention Framework-Partnership for Success for States (SPF-PFS-States) funding starting in October of 2025. In Vermont, this funding is known as the Regional Prevention Partnership (RPP).

This community health assessment (CHA) identifies key health needs and issues through a systematic, comprehensive data collection and analysis process. Our goal is to identify the highest needs in each of the four state prevention regions. The regions are led by Vermont Prevention Lead Organizations (VPLOs).

The Vermont SPF-PFS-States focuses on youth (13-17) and young adults (18-25) because we are taking an approach that addresses substance use among younger people to address addiction before it starts, which then decreases long-term impacts of substance use on people and communities. We are focusing on alcohol and cannabis, the two substances most frequently used in Vermont.

Background

The Vermont Department of Health Division of Substance Use Programs (DSU) manages the prevention system. The entire system is guided by one vision and associated high-level goals.¹

Vision: The substance misuse prevention system is sustainable, scalable, and equitable and uses evidence-based/informed/best practice programs, policies, and innovative approaches to prevent the onset of substance misuse disorder, delay initiation of use, promote healthy lifestyles and optimize well-being among people, families, and communities across the lifespan.

High-level Goals

1. Prevent and reduce substance use/misuse across all ages and substances.
2. Ensure all Vermonters have access to substance misuse prevention statewide that allows for and optimizes regional assets and variability.
3. Decrease geographic and other health disparities.
4. Increase efficiency and collaboration on prevention efforts across all state, public, and private entities through a consolidated and holistic approach to prevention that is sustainable, scalable, and equitable

¹ [DSU Prevention Systems and Program Overview](#), November 2025.

DSU oversees a variety of prevention initiatives and in 2023, established the **Vermont Prevention Lead Organizations (VPLOs)**² to allow regions to be responsive to the needs in their communities and ensure coordinated prevention work statewide. VPLOs serve as fiscal agents to community organizations, coordinate through a regional advisory structure, and work with district partners to allocate substance misuse prevention funding in their region. All VPLOs use the Vermont Prevention Model, the Strategic Prevention Framework (SPF) and other research-based prevention principles while allowing for flexibility and innovation.

VPLO regions work to reduce the onset and progression of alcohol and cannabis use by youth and young adults by expanding the capacity of community-based organizations statewide to implement and sustain prevention services in communities with high substance misuse rates; promote the use of evidence-based interventions and practices to maximize positive health outcomes; and, address larger, more systematic structural issues related to access to high quality prevention services for all populations that are relevant, recovery-oriented and trauma-informed. The VPLOs are still building capacity and models but early indications are that the updated structure and mechanism for distributing funding for prevention has started to create slight adjustments to the types of prevention programming, audiences, and approaches to prevention efforts, resulting in additional community engagement and capacity.³

In Vermont, the SPF-PFS grant is called the Regional Prevention Partnership (RPP). The RPP funding supplements other prevention funding and increases Vermont's ability to provide prevention programming. Prevention is also supported by the Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Use Prevention, Treatment and Recovery (SUPTRS) Block Grant, and state appropriations from opioid abatement settlement funds and state excise taxes. VPLOs support prevention efforts for all ages and groups by using a public health approach focused on addressing risk and protective factors.

RPP funds will be sub granted to communities through the VPLOs. RPP work includes the development of a Vermont evidence-based continuum that considers community priorities. Funding allocations are based on community assessments of regional and community needs, identified risk and protective factors, and community readiness in a manner that ensures prevention coverage across the state.

RPP also provides funding for media messaging, statewide training, ongoing technical assistance, the Vermont Young Adult Survey and more.

Vermont is focusing on youth and young adults ages 13-25 statewide, who use cannabis and drink alcohol at higher rates than the national average. The adolescent brain is more

² [Vermont Prevention Lead Organizations](#), August 2025

³ JG Research. Formative Evaluation of Vermont Substance Use and Misuse Prevention, 2025 (not yet published)

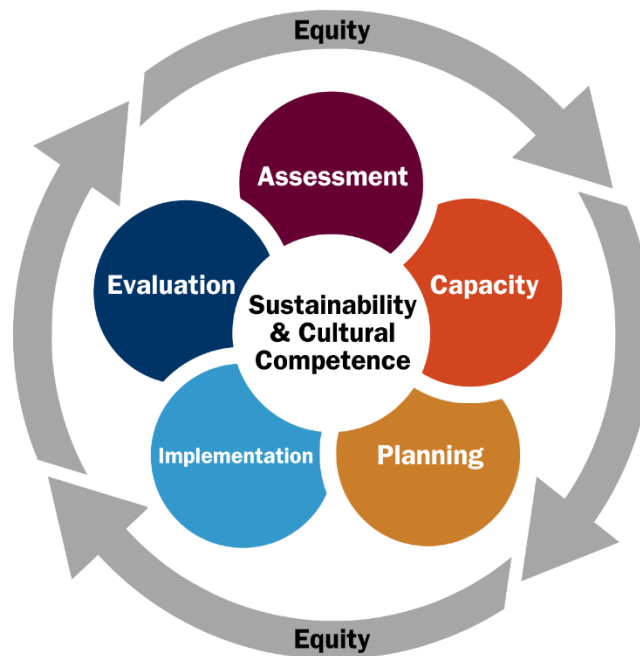
vulnerable to alcohol and drugs than the adult brain and early use can disrupt brain development, which increases the risk of developing a substance use disorder. Nationally, 90% of those with substance use disorders started using drugs and alcohol before age 18.⁴ Alcohol and cannabis are the two most frequently used substances by youth and young adults in Vermont.

Terms and Definitions

- **Prevention Coalition** - A collaborative group of individuals, organizations, and partners working together to address substance use and misuse prevention.
- **Prevention Consultants** – Vermont Health Department staff members who work within one of the 12 health districts within Vermont whose role is to provide information, referrals, training, and consultation on substance misuse and prevention best practices. [Learn more about Prevention Consultants.](#)
- **Prevention Partner** - An individual or organization independently engaged in substance use and misuse prevention or acting as a partner to a Prevention Coalition.
- **Vermont Prevention Lead Organizations (VPL0)** – Four regional organizations established in 2023 who are responsible for assessment and subgranting, and lead and expand prevention activities in the region. [Learn more about Vermont Prevention Lead Organizations](#)
- **The Strategic Prevention Framework (SPF)**- The SPF is a framework that promotes a comprehensive approach to Prevention. Developed by SAMHSA, the framework includes 5 steps and 2 guiding principles. The Health Department and most prevention partners use the SPF to assure a comprehensive and thoughtful approach.

⁴ Addiction Policy Forum. (2019, August 13). *What is Prevention | Introduction* [Video]. YouTube. <https://www.youtube.com/watch?v=0Sj78uJUOPk>

Figure 1 Strategic Prevention Framework Model



- **Vermont Prevention Model** - The Division of Substance Use Programs, Prevention Unit and VPLO's work with people at the state, community, school, family and individual levels to develop strategies that positively change communities. By providing education, positive alternatives, policy changes, community support and early identification of problems and referral to services, prevention programs work to help Vermonters of all ages lead healthy lives. *Adapted from: McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. Health Education Quarterly 15:351-377, 1988.*

Figure 2 Vermont Prevention Model



Advisory Groups and Partners

Vermont's CHA is informed by the advisory groups and interested parties listed below.

Substance Misuse Prevention Oversight and Advisory Council (SMPC):⁵ The SMPC was established within the Department of Health to improve the health outcomes of all Vermonters through a consolidated and holistic approach to substance misuse prevention. All categories of substances are included in this effort, including alcohol, cannabis, controlled substances such as opioids, cocaine and methamphetamines, and tobacco products, tobacco substitutes and substances containing nicotine. The SMPC provides advice to the Governor and General Assembly for improving prevention policies and programming throughout the State and to ensure that population prevention measures are at the forefront of all policy determinations. The SMPC is led by the Department of Health and current members include representatives from Prevention organizations, research, school health, trauma prevention and resiliency, liquor and lottery, mental health, treatment court, and the governor's office.

Community Forums: In October and November of 2025, DSU held community meetings in each of Vermont's 12 health districts focusing on the full continuum of care for substance use. One forum goal was to learn about prevention needs within the context of larger issues that impact substance use. Meetings included a wide range of community partners such as experts in the substance use field, subrecipients of state and federal funding for substance use services, community leaders, people in recovery, school representatives, state senators

⁵ [Substance Misuse Prevention Oversight & Advisory Council](#)

and representatives, medical, substance use and mental health providers, law enforcement, state staff and others.

State Epidemiological Outcomes Workgroup (SEOW): The Vermont SEOW meets at least once a month and focuses on data sources that are available for use across the state. RPP state leads are members of the SEOW, and this assessment was reviewed by the SEOW on February 26, 2026.

VPLO Regional Advisory Groups (one per region): Members are high-level professionals with broad networks (Department of Health District Directors, Healthcare & Mental Health representatives, Regional Planning Directors, etc.) to approve funding awards and help the VPLO engage a broad range of agencies in the funding opportunities and prevention education and messaging. There is no specific number of members needed, but there should be at least 12 and include at least 2 representatives from each health district covered and all ages should be represented.

Data Collection Strategy

Vermont used a combination of qualitative and quantitative data to inform the community health assessment. To capture the perspectives and experiences of community members, people with lived experience, organizational leaders, and other interest holders with connection and insight to the substance use system of care in Vermont, people were engaged through group discussions and surveys during the data collection process for recent DSU and VPLO needs assessments. We also included information from statewide community forums in all 12 districts of the state. Surveys were sent to prevention leadership to collect current thoughts of capacity and needs. In addition, we completed a systematic review of existing data in the form of planning documents, evaluations, funding sources, interest holder lists, and other relevant administrative documents.

Note that “cannabis” and “marijuana” are used interchangeably in this document to be consistent with the source documentation. Vermont uses cannabis in most state documents and most federal sources use marijuana.

Qualitative data collection and sources

Qualitative data was collected through multiple initiatives over the past several years:

- Community forums were conducted by the Vermont Department of Health in October and November 2025 in each health district. The purpose of the community conversations was to hear about the full continuum of care for substance use services - what is working, what is not, and suggestions for improvement. These conversations included community members from many sectors representing local government, community substance prevention, intervention, treatment, and recovery

community leaders, community social services organizations, medical professionals, school leadership, law enforcement, state representatives and senators, state district staff, state substance use and mental health staff.

- Each VPLO completed a regional community needs assessment. As these assessments were done independently, Each region included different interest holders and used a somewhat different process.
- For this assessment, we surveyed prevention leaders in the state to collect information about their perceptions of the successes and challenges of the system, their capacity to lead and provide prevention services, their ability to respond directly to federal funding opportunities, their ability to apply SPF strategies and their knowledge of prevention resources that we may not have already been aware of prior to this process.

Quantitative data sources

Vermont relies on a wide variety of quantitative data to inform our substance use prevention work. The data sources used in this document may include but are not limited to:

Table 1 Quantitative Data Sources

Source	Online Resource	Link
Behavioral Risk Factor Surveillance System (BRFSS)	The BRFSS tracks health-related risk behaviors, chronic health conditions and use of preventive services among Vermont adults, to assess progress on public health goals and to plan, support and evaluate health promotion programs.	BRFSS Page
Youth Risk Behavior Survey (YRBS)	The YRBS is used to monitor priority health risk behaviors including behaviors that contribute to unintentional injuries, mental health, physical activity, nutrition, tobacco use, alcohol, marijuana and other drug use, and sexual behaviors. It also measures the prevalence of behaviors and beliefs that contribute to the resiliency of young people.	YRBS Page
Young Adult Survey (YAS)	The YAS collects data on young adults' attitudes and behaviors regarding alcohol use, tobacco, nicotine delivery products, illicit drugs, and prescription drugs as well as questions related to Vermont Department of Health communications campaigns.	2024 YAS and county reports are available on this page

Source	Online Resource	Link
School Health Profiles	School Health Profiles monitors school health education requirements and content, physical education and activity, school health policies related to HIV infection/AIDS, tobacco use prevention, nutrition, asthma management activities, family and community involvement in school health programs, and school health coordination.	SHP Page
Vermont Population Estimates	The Health Department provides estimates of resident population by age, race, sex, geography which are used to estimate the population served by various programs and to provide denominator data so that we may calculate population-based rates for numerous public health measures. These estimates are derived from data from the U.S. Census Bureau.	Estimate Reports
National Survey of Children's Health	The National Survey of Children's Health (NSCH) provides rich data on multiple, intersecting aspects of children's lives—including physical and mental health, access to quality health care, and the child's family, neighborhood, school, and social context. The National Survey of Children's Health is funded and directed by the Health Resources and Service Administration (HRSA) Maternal and Child Health Bureau (MCHB).	Interactive tool
National Survey on Drug Use and Health	The National Survey on Drug Use and Health (NSDUH) is a nationally representative survey, administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), capturing a variety of substance use and mental health data. This survey measures alcohol, marijuana, and other drug use prevalence, in addition to rates of mental illness and substance use disorders.	NSDUH Collection
Medicaid Management Information System	The objectives of this system and its enhancements include the Title XIX program control and administrative costs; service to recipients, providers, and inquiries; operations of claims control and computer capabilities; and management reporting for planning and control. The Health Department also maintains monthly	Used in substance use and other data briefs

Source	Online Resource	Link
	extracts of Medicaid Claims data for internal use.	
Program Reports	Health Department grantee reports on funded activities. These vary depending on the activity, but examples are the school-based grant reports, VPLO reports.	Reporting tools
Cannabis Control Board	Lists of cannabis licenses by type of license in Vermont.	Licensing Reports
Vermont Department of Liquor and Lottery	Lists of alcohol retailers.	Licensee Database

Youth and young adult engagement

The Department is primarily focusing on substance use prevention among youth and young adults, including them in the process is a priority. Youth were primarily engaged through the VPLO needs assessment work in each of the regions supplemented with survey level data. In addition to the Youth Risk Behavior Survey (YRBS) for middle and high school students and the Behavioral Risk Factor Surveillance System (BRFSS) for adults 18+, Vermont draws upon the Young Adult Survey (YAS - ages 18-25) and the PACE survey (ages 12-25) to get timely and Vermont-focused survey information for our target populations.

Vermont engages youth to participate in focus groups to inform the development of media campaigns that target youth.

Youth are also engaged through our partners in the tobacco program through the Our Voices eXposed (OVX) program for middle and high school-aged youth leaders. In OVX, middle and high school youth work to educate and inform their school peers, community members and local and state decision makers on the manipulative and deceptive marketing tactics tobacco and vape companies use to target youth and addict the next generation.

In addition, state prevention staff participate in Vermont's College Coalition, which helps inform on the prevention needs of college aged youth, as well as funding and supporting Getting to Y programs across Vermont. Getting to Y supports middle and high school student teams as they review and reflect on YRBS data. Students work with supportive adults to identify school priorities, educate communities on school needs and to make change. We continue to look for other opportunities to engage youth and young adults.

Vermont's Prevention Landscape

Vermont population

Vermont is a small, rural state with a population of 647,464. The state spans 9,217 square miles with 70 people average per square mile. Vermont is made up of 14 counties.

More than one quarter of the people live in **Chittenden County**. **Rutland County** is the next most populous and **Washington County** is a close third. **Caledonia, Essex and Orleans**, the counties that make up the Northeast Kingdom, are some of the least populated and the most rural.

Figure 3 Vermont Population Basics



1. [State Population Totals and Components of Change: 2020-2023](#), U.S. Census Bureau
2. [State Area Measurements and Internal Point Coordinates](#), U.S. Census Bureau

Vermont Facts:

- One in four residents are over the age of 60 (28% or 183,000 adults), making it the 4th oldest population in the country.⁶

⁶ Which U.S. states have the oldest populations? (n.d.). PRB. <https://www.prb.org/resources/which-us-states-are-the-oldest/>

- Since 2001, Vermont has experienced a decreasing youth and an increasing older adult population.⁷
- There is a high degree of educational attainment in the state—94.2% of adults age 25 and older have a high school education or more, and 41.7% have at least a bachelor's degree.⁸
- The median household income in Vermont is \$74,014 (in 2022 inflation-adjusted dollars), approximately the same as nationally.⁹ The state's unemployment rate is 2.5%.¹⁰
- Most people in Vermont are white (92.3%), a higher proportion than most of the rest of the US. Among people in Vermont, 1.2% identify as Black or African American, 2.1% as Hispanic, 1.7% as Asian, 0.2% as American Indian/Alaska Native, 0.6% as some other race, and 4.0% as two or more races.¹¹

Substance use in Vermont compared to other states

Vermont has higher rates of substance use and lower perception of risks for alcohol and cannabis use among people under 26 than most other states for many measures. Vermont is focusing RPP prevention activities on this age group to make a long-term impact on overall substance use.

Table 2 Top Five States for Highest Alcohol Use and Lowest Perception of Risk of Alcohol Use – select measures NSDUH 2023/2024

	Alcohol Use Aged 12-17	Alcohol Use Aged 18-25	Binge Alcohol Use Aged 18-25	Perception of Risk of Binge Drinking Aged 12-17	Perception of Risk of Binge Drinking Aged 18-25
1	District of Columbia 9.8%	District of Columbia 65.4%	District of Columbia 41.9%	Vermont 37.5%	Vermont 31.3%
2	New Hampshire 9.5%	New Hampshire 60.5%	Vermont 36.7%	New Hampshire 38.3%	Montana 33.2%
3	Vermont 9.4%	Vermont 60.5%	North Dakota 35.8%	Iowa 38.4%	New Hampshire 33.2%
4	Kansas 9.2%	Rhode Island 59.2%	Wisconsin 35.1%	Montana 39.0%	Iowa 33.3%

⁷ [Healthy Aging in Vermont: An Overview of Adults 60+ Years Old](#), Vermont Department of Health

⁸ [American Community Survey 2022](#), 5-year estimates, U.S. Census Bureau

⁹ [American Community Survey 2022](#), 5-year estimates, U.S. Census Bureau

¹⁰ [Labor Market Data by County](#) 2025, Vermont Department of Labor

¹¹ [American Community Survey 2022](#), 5-year estimates, U.S. Census Bureau

	Alcohol Use Aged 12-17	Alcohol Use Aged 18-25	Binge Alcohol Use Aged 18-25	Perception of Risk of Binge Drinking Aged 12-17	Perception of Risk of Binge Drinking Aged 18-25
5	Rhode Island 8.9%	North Dakota 57.8%	Kansas 34.8%	Missouri 39.1%	North Dakota 33.5%

Source: NSDUH, 2023/2024

Table 3 Top Five States for Highest Marijuana Use and Lowest Perception of Risk of Marijuana Use – select measures

	Marijuana Use Aged 12-17	Marijuana Use Aged 18-25	Perception of Great Risk of Marijuana Use Aged 12-17	Perception of risk of Marijuana Use Aged 18-25
1	Maine 9.9%	Maine 40.1%	New Hampshire 14.9%	Vermont 6.4%
2	Vermont 9.5%	Vermont 38.8%	Colorado 15.6%	New Hampshire 7.0%
3	New Mexico 9.5%	Montana 35.2%	Oregon 16.0%	Rhode Island 7.5%
4	District of Columbia 8.8%	Massachusetts 33.9%	Vermont 16.3%	Maine 8.1%
5	Colorado 8.2%	Rhode Island 33.6%	Washington 16.8%	Wisconsin 8.2%

Source: NSDUH, 2023/2024

The high use of alcohol and cannabis by youth and young adults support Vermont's strategy of focusing on these substances with RPP funding.

Other nationwide measure comparisons

Comparing Vermont to other states helps us gain perspective in other areas as well. Vermont has some additional risks that may inform prevention programming. These are measures where Vermont is statistically worse than the US rates.

Table 4 Vermont compared to US. National Survey of Children's Health

Measure	VT	US	Source
Child has one or more reported mental, emotional developmental or behavioral problem (age 3-17)	33.4%	26.4%	National Survey of Children's Health (2023/2024)
Adolescent depression or anxiety (age 12-17)	25.2%	17.8%	National Survey of Children's Health (2023/2024)

Vermont Prevention Lead Organization Demographics

There are four Vermont Prevention Lead Organizations (VPLOs) as shown below. Each region has a lead organization that coordinates the regional advisory structure and works with district partners to prioritize prevention needs in their region and oversee the community organizations that are funded through the VPLOs.

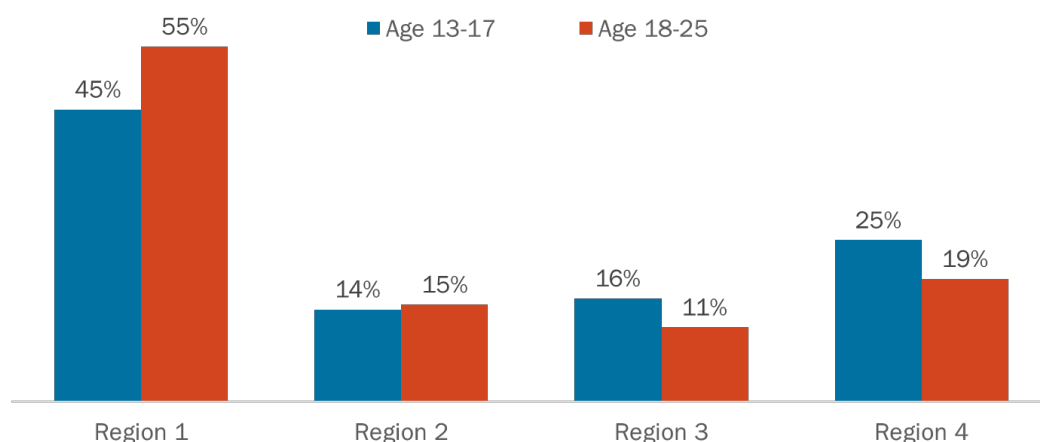
The Department of Health will fund the VPLOs to distribute the RPP grant funds to organizations within the VPLO districts. Each VPLO has completed a needs assessment to guide this work.

Figure 4 Vermont Prevention Lead Organization Coverage



The demographics vary by VPLO with over a third of the population living in Region 1, the most populous part of the state, Chittenden County. The population density of Region 1 (140/sq mile) is more than twice that of the next most populous region, Region 2 (57/sq mile) with the other regions being even more rural. Region 1 also has the largest percentage of younger people with 31% of Region 1 residents being under age 26. Region 1 has 45% of all Vermonters aged 13-17 and 55% of those aged 18-25, making it the region with the greatest number of people in the target age groups.

Figure 5 Percentage of Vermont Youth and Young Adults by VPLO Region



More Vermont youth and young adults live in Region 1 than any other region. Region 1 has 45% of Vermonters aged 13-17 and 55% of Vermonters aged 18-25.

Vermont is a very rural state with all counties in Vermont except for Chittenden County (located in VPLO Region 1) eligible to apply for Health Resources and Services Administration Rural Health (HRSA) Grants.¹² However, parts of Region 1, outside of Chittenden County, are rural, and as such are eligible to apply for HRSA grants.

We had anticipated that we would see higher rates of substance use in Vermont's rural areas (VPLO Regions 2-4) but when we looked at the prevalence data, we found that this did not consistently occur. However, rural areas have greater challenges with transportation and fewer opportunities for employment and to take advantage of economies of scale in programming.

Region 1 includes the multiple college campuses, including the University of Vermont and the Community College of Vermont, which may be the reason over half the young adult population is in that region.

Vermont Prevention Capacity/Landscape Assessment

This section focuses on the structure of the VPLOs and the capacity they and their communities have access to for guiding and providing prevention activities.

VPLO Network Representation

¹² [Rural Health Grants Eligibility Analyzer](#). Last update: 9/11/25

Each of the VPLO regions has a different partner network. Having a diverse network of partners is important since different organizations can provide or support prevention activities to different people and communities.

Table 5 VPLO Community Network Representation

Partner Category	Region 1	Region 2	Region 3	Region 4
Community-based social service organization	19	24	28	15
K-12 education	0	1	62	13
Other	6	21	47	2
Hospital/healthcare organization	4	7	15	6
Statewide social service organization	15	4	6	6
Substance misuse prevention organization	6	3	11	9
Local government agency	0	1	24	1
Prevention coalition	9	5	4	6
Recovery services	2	6	10	4
Law enforcement	2	1	10	3
Afterschool provider	6	5	1	2
Cultural/ethnic organization	2	0	8	0
Regional and local planning commission	0	0	5	5
State agency	3	1	5	1
Post secondary education	0	3	6	0
Early Childhood education/childcare provider	2	2	2	2
Senior serving entity	0	0	5	2
Substance use disorder treatment provider	2	3	2	0
Restorative justice	0	0	4	2
Religious organization	0	0	5	0
Court/judicial	1	1	1	1
Total Potential Partner Categories VPLOs Can Add	7	5	0	5

Source: JG Research Evaluation, 2025

While the number of partners in each partner category may vary due to the number of resources in the VPLO, the VPLOs should strive to maximize the sectors represented in their

network. There is no optimal number of partners, but a wider network may offer more opportunities for participation in prevention activities. The Region 3 network has representation from the largest number of partner sectors and Region 1 has the least. Community-based social service organizations are consistently the most common partners across all four regions. Region 3 was the only region that included K–12 education organizations as the most frequently identified organization type, and Region 3 accounted for nearly 80% of all K–12 education partnerships statewide. In all but Region 3, religious organizations and cultural/ethnic organizations are missing entirely from the prevention networks. Only Regions 3 and 4 include entities that serve seniors and regional and local planning commissions. Any partner category highlighted in red is an opportunity for the VPLO to expand their reach in their community.

Prevalence measures by VPLO region

Prevalence data shows differences in use and perception of risk in each of the regions. This helps to determine how the VPLO should be allocating their resources. The data sources used for this are the most recent Youth Risk Behavior Survey (YRBS 2023) and Young Adult Survey (YAS 2024). While not all differences are statistically significant, measures where a region is consistently better or worse can indicate an area of focus.

Table 6 Prevalence Rate by VPL

Measure	Region 1	Region 2	Region 3	Region 4
Percent of high school students drinking alcohol, past 30 days. (YRBS)	27%	25%	29%	26%
Percent of high school students who binge drink, past 30 days (YRBS)	13%	13%	16%	13%
Percent of high school students who drove while drinking alcohol, past 30 days. (YRBS)	7%	8%	9%	7%
Percent of high school students who think people greatly risk harming themselves if they have 5 or more alcoholic drinks once or twice each weekend (YRBS)	35%	37%	31%	36%
Percent of high school students who say their parents feel it is wrong or very wrong for them to use alcohol. (YRBS)	66%	69%	67%	68%
Percent of high school students who think it is wrong or very wrong for someone their age to drink alcohol. (YRBS)	51%	57%	49%	54%

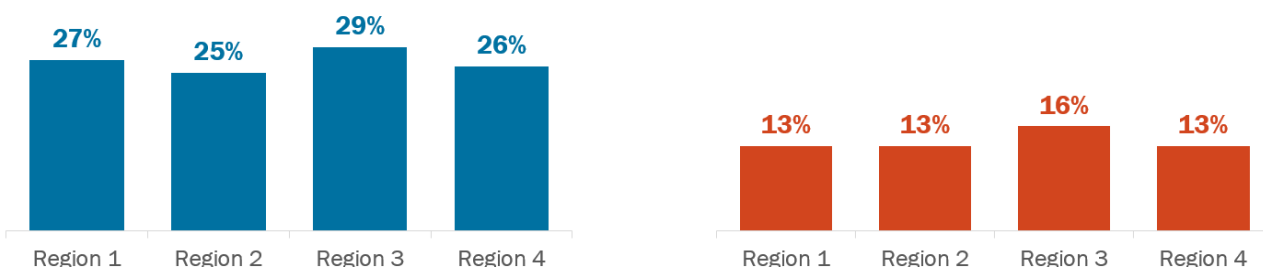
Measure	Region 1	Region 2	Region 3	Region 4
Percent of high school students who attended school under the influence of alcohol or drugs (YRBS)	11%	11%	13%	14%
Percent of high school students who say it would be sort of or very easy to get alcohol if they wanted it. (YRBS)	66%	64%	66%	66%
Percent of high school students who use marijuana, past 30 days. (YRBS)	22%	21%	23%	24%
Percent of high school students who use marijuana 20 or more times past 30 days. (YRBS)	6%	7%	7%	8%
Percent of high school students who drove when using marijuana, past 30 days. (YRBS)	11%	13%	13%	13%
Percent of high school students who think people greatly risk harming themselves if they use marijuana regularly. (YRBS)	24%	26%	25%	23%
Percent of high school students who say it would be sort of or very easy to get marijuana if they wanted it. (YRBS)	56%	56%	58%	62%
Percent of high school students who think it is wrong or very wrong for someone their age to use marijuana. (YRBS)	54%	58%	55%	53%
Percent of high school students who say their parents feel it is wrong or very wrong for them to use marijuana. (YRBS)	75%	75%	75%	73%
Percent of young adults (18-25) who used alcohol in the past 30 days (YAS)	74.1%	56.1%	67.1%	59.7%
Percent of young adults (18-25) who binge drink in the past 30 days. (YAS)	45%	37%	36%	33%
Of young adults (18-25) who drink, the percent who binge drank in the past 30 days. (YAS)	45.0%	37.0%	36.4%	33.3%
Of young adults (18-25) who binge drink, percent who binge drank 6 or more days in the past 30 days. (YAS)	21%	28%	26%	19%
Of young adults (18-25) who drink, percent who drove after having too much to drink in the past 30 days. (YAS)	1.9%	—	6.4%	—

Measure	Region 1	Region 2	Region 3	Region 4
Percent of young adults (18-25) who believe there is no risk or slight risk from having five or more drinks once or twice a week. (YAS)	23.2%	23.8%	26.5%	19.4%
Percent of young adults (18-25) who believe it is very or somewhat easy for underage persons to buy alcohol in stores (YAS)	31.2%	31.0%	34.8%	23.4%
Percent of young adults (18-25) who believe it is very or somewhat easy for underage persons to buy alcohol in bars or restaurants (YAS)	27.4%	16.8%	26.9%	19.2%
Percent of young adults (18-25) who used cannabis in the past 30 days (YAS)	50.0%	38.2%	49.9%	48.9%
Of young adults (18-25) who use cannabis, percent who use cannabis 20 or more days in the past 30 days. (YAS)	41.3%	57.2%	39.1%	43.9%
Of young adults (18-25) who use cannabis, percent that drove after using cannabis in the past 30 days. (YAS)	11.0%	10.1%	10.8%	11.0%
Percent of young adults (18-25) who believe there is no risk or slight risk from using cannabis regularly (YAS)	60.5%	64.5%	65.5%	64.5%
Percent of young adults (18-25) who believe it is very or somewhat so for underage persons to get cannabis (YAS)	72.3%	79.6%	71.6%	64.3%
Percent of students who have a trusted adult at school they can talk to if they have a problem (YRBS)	69.2%	63.7%	70.8%	70.7%
Percent of students who agree or strongly agree that they matter to people in their community (YRBS)	58.0%	53.3%	48.9%	52.3%

Rates of adolescent and young adult alcohol use varied by region and age group.

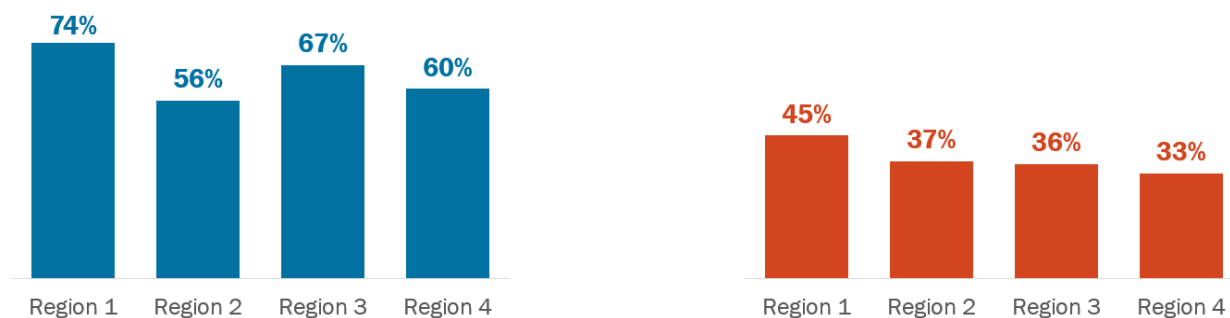
Figure 6 Percent of Vermont High School Students Who **Drank Alcohol and **Binge Drank** in the Past 30 Days by VPLO Region**

In all regions, approximately half of high school students who drank alcohol also binge drank.



Source: YRBS, 2023

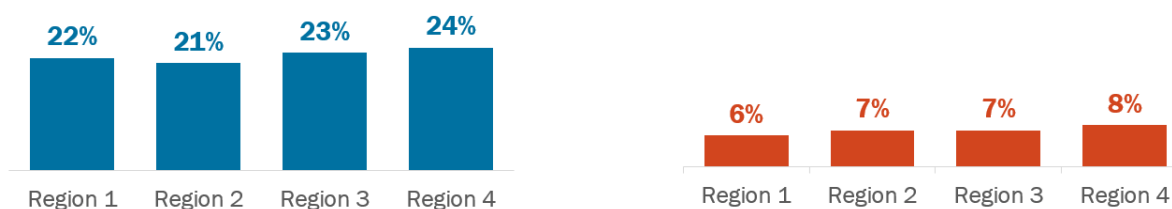
Figure 7 Percent of Vermont Adults Aged 18-25 Who **Drank Alcohol and **Binge Drank** in the Past 30 Days by VPLO Region**



Source: YAS, 2024

In all regions, more than half of those who drank alcohol also binge drank. Cannabis use rates also varied by region and age group.

Figure 8 Percent of Vermont High School Students Who Used Cannabis and Used Cannabis 20+ Times in the Past 30 Days by VPLO Region



Source: YRBS, 2023

In all regions, approximately one-third of those who used marijuana also used 20 or more times. All regions focus on youth and young adult alcohol and cannabis use since they are the substances that are used most often. Based on the numbers above, these are the categories of greatest prevalence by region.

- Region 1 – Young adult use of alcohol and cannabis.
- Region 2 – Young adult cannabis use frequency.
- Region 3 – Youth and young adult alcohol use.
- Region 4 – Youth cannabis use.

Capacity and resource scan of the regions

Table 7 Capacity by VPLO

Measure	Region 1	Region 2	Region 3	Region 4
Number of community prevention coalitions per 100,000 people	1.7	0.0	4.2	5.6
Percent of students in supervisory unions that receive school health prevention funding from the Department of Health	71%	56%	35%	77%
SFY26 School Health Funding per person aged 13-17	\$69	\$65	\$60	\$97
Number of Certified Prevention Specialists per 100,000 people	1.7	2.0	3.2	6.3
Number of prevention consultants per 100,000 people	1.0	2.0	3.2	1.9
VPLO SFY26 appropriated prevention funding per resident	\$4.53	\$7.39	\$9.76	\$8.30

Measure	Region 1	Region 2	Region 3	Region 4
Number of colleges per 100,000 people aged 18-25*	26	38	62	67
Licensed retail alcohol outlets per 10,000 people	11	14	15	18
Cannabis retailers per 10,000 people	1	2	2	2
Percent of 13-17 year olds enrolled in Medicaid as of 1/1/25	43%	56%	63%	49%
Percent of 18-25 year olds enrolled in Medicaid as of 1/1/25	22%	33%	50%	37%
Estimated rate of Youth Substance Abuse Safety Program (YSASP) alcohol and marijuana citations for youth aged 10-20 per 1,000 people aged 10-20** in SFY25	7	8	14	13

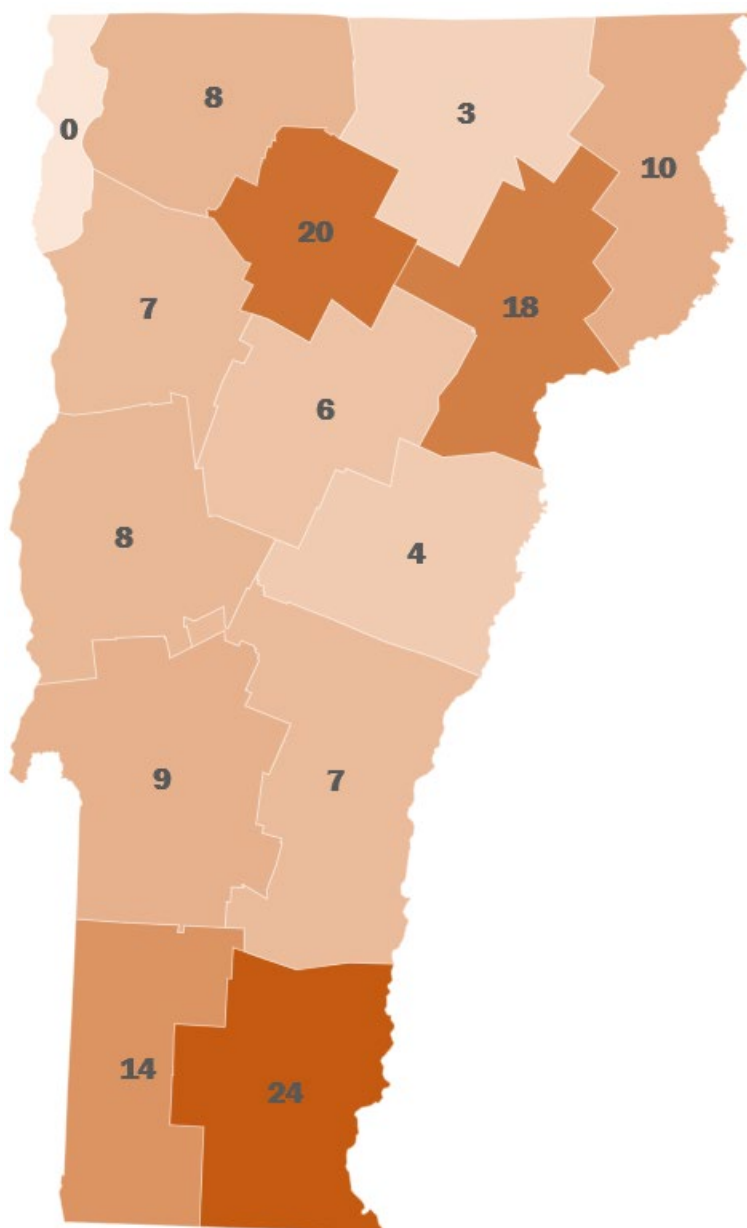
*Recognized Colleges and Universities – includes all physical locations for colleges with more than one location where classes are offered. Excludes VT College of Fine Arts and Sterling College because they have closed or will close in 2026.

**This is an estimation – exact rates are not available because the geographic areas and age groups are both estimated due to data limitations.

Medicaid enrollment is a proxy for low income. The region that has more of an urban population, Region 1, has lower enrollment and Region 3 has the highest Medicaid enrollment, an indication of lower income. Region 3 also has a low portion of students in schools that receive school health funds. Region 4 appears to have the highest resource level of all regions.

The Vermont Youth Substance Awareness Safety Program (YSASP) provides an alternative to the civil court process for youth who violate Vermont's underage alcohol and cannabis law. It helps people understand the impact of substance use on themselves and others and lowers the risk of future use. If needed, high-risk youth are referred for clinical services. Youth who participate in the program avoid driver's license suspension and a \$300 fine and parents must attend if the person is under 18. Please note that the number of citations may also be related to enforcement efforts and is not strictly a measure of prevalence of underage substance use.

Figure 9 Rate of YSASP underage alcohol/cannabis citations per 1,000 people aged 10-20 by County



Regional prevention leader self-assessment

As part of this process, leaders of the VPLO and community coalitions and the state prevention consultants that support prevention activities were surveyed to determine the regional level of expertise and the training needs in the regions. If you would like to see the survey contents, please contact ahs.vdhdsu@vermont.gov. There was a 63% response rate.

In general, leaders scored their regions positively in the categories of having a comprehensive approach, collaboration, leadership and staff knowledge and capacity.

Comprehensive approach: Overall, the respondents were confident that they were using a comprehensive approach. The area with the most opportunity in this category is the ability to influence policy and legislation.

Collaboration: In general, respondents have confidence in their collaboration skills but there are opportunities in identifying policy/organizational practices to pursue.

Leadership: Most respondents are reasonably confident about leadership skills but report less knowledge about making the case for policy and environmental change. This is related to policy challenges mentioned in the comprehensive leadership and collaboration sections.

Staff knowledge and capacity: In general, most organizations feel confident about staff knowledge and capacity with funding and evaluation being the largest challenges.

Training needs: We also asked about training needs for themselves and their partners. The top categories of training types requested are:

- Policy, Advocacy, and Systems Change including community and municipal prevention strategies
- Core Prevention Foundations and Evidence-Based Practice including substance use and prevention basics
- Community Mobilization, Coalition Building, and Facilitation including cross-sector collaboration
- Infrastructure, Grant, and Evaluation Capacity including Grant, Financial, and Nonprofit Management
- Communications, Media, and Public Messaging

Additional Community Resources: Respondents did not identify any significant resources that were not already known to state prevention leadership.

Funding: Seventy-five percent of regions indicated they receive prevention funding from sources other than the Vermont Department of Health Division of Substance use programs. However, not all know how to respond to SAMHSA PFS Community funding opportunities.

Here are the more specific needs indicated by region and at the state level:

- Region 1 Opportunities
 - How to influence policy and legislation
 - Strengthen individual substance use knowledge and skill
 - How to make the case for environmental change
- Region 2 Opportunities
 - How to influence policy and legislation

- How to foster coalitions and networks
- How to form and lead a coalition
- How to make the case for environmental change
- Region 3 Opportunities
 - Capacity to apply for SPF-PFS funds directly from SAMHSA.
 - Capacity to apply for funding from sources other than VDH/DSU
 - How to influence policy and legislation
- Region 4 Opportunities
 - How to influence policy and legislation
- Prevention Consultant Opportunities
 - Facilitated discussions between prevention consultants and other prevention roles because PCs often have a different perspective on the abilities within the region.
- State – applies to all regions
 - Provide training on the following topics:
 - Substance misuse basics
 - Policy and legislation
 - How to assess potential partners and opposition and understand political feasibility of initiatives
 - How to assess community priorities and readiness to engage
 - How to identify potential policy/organization practices to pursue
 - Strategies to build the prevention workforce
 - Strategies to build sustainable funding
 - How to bring prevention partners whose work results in reducing risk and increasing protective factors to the prevention table

Prevention funding

The State of Vermont funds prevention services through multiple state and federal funding sources. Multiple sources of funds are combined to maximize our ability to provide services. The SPF-PFS funds make up approximately 10% of total substance use prevention funding in state fiscal year 2026 (7/1/25-6/30/26). Special funds include opioid abatement settlement funds, cannabis excise tax funds and other state sources.

Table 8 Vermont Prevention Funding Summary

Program	General Fund (GF)	Special fund (SF)	Tobacco Fund	Federal Funds (FF)	Global Commitment (CG)	Total
School-based	\$320,893	\$533,702	\$154,782	\$540,745	\$241,080	\$1,791,202

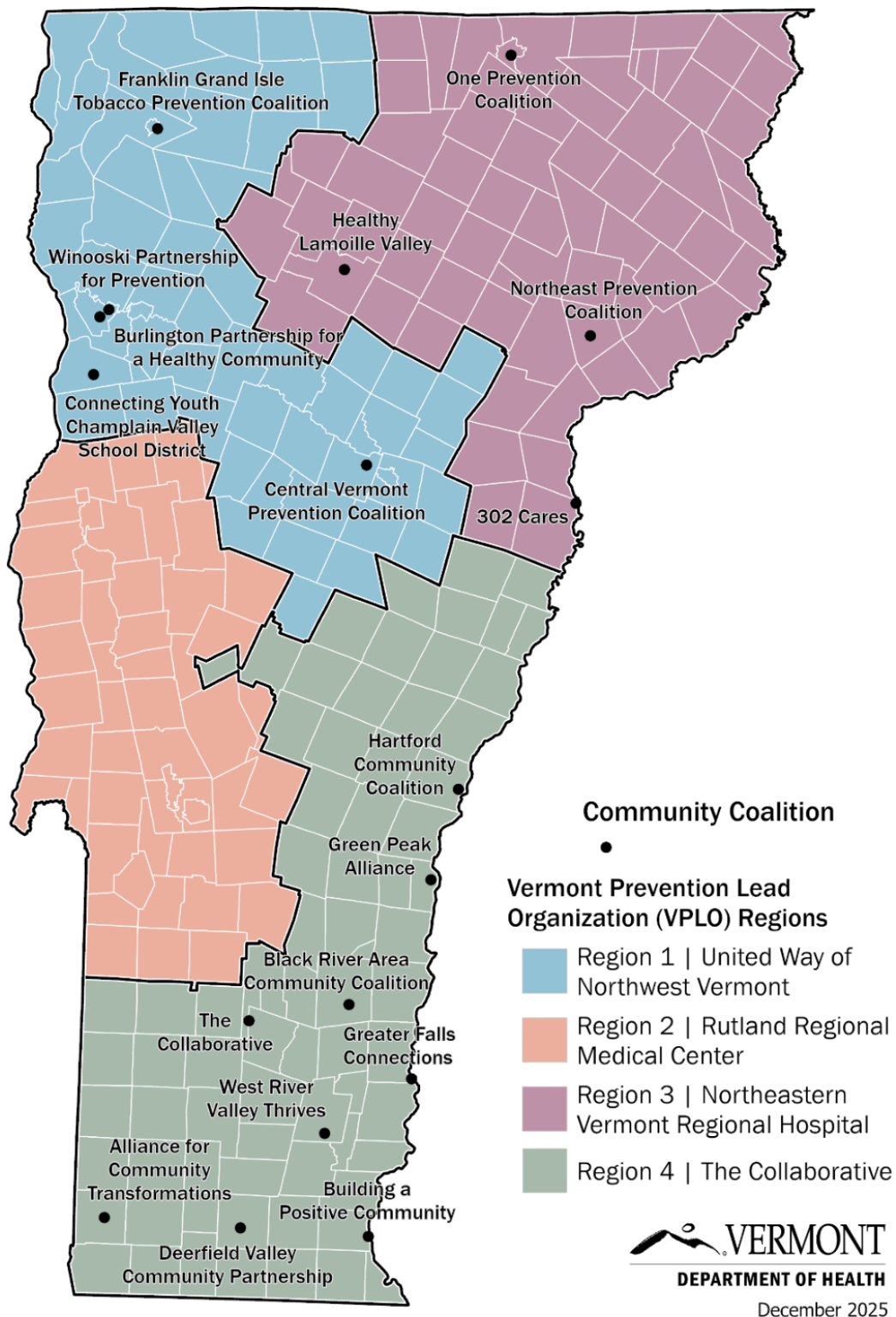
Program	General Fund (GF)	Special fund (SF)	Tobacco Fund	Federal Funds (FF)	Global Commitment (CG)	Total
Substance Misuse Prevention Services						
Statewide Drug Disposal Program		\$440,000				\$440,000
Tobacco Control Program			\$574,918	\$1,101,504	\$1,455,755	\$3,132,177
Substance Misuse Prevention Oversight and Advisory Council		\$260,000				\$260,000
Community-based Substance Misuse Prevention Services		\$6,750,000				\$6,750,000
Division of Substance Use Programs Prevention Staff				\$2,704,539		\$2,704,539
Regional Prevention Partnership Program				\$1,682,718		\$1,682,718
Total	\$320,893	\$7,983,702	\$729,700	\$6,029,506	\$1,696,835	\$16,760,636

*The Department expects to use these funds for their intended purpose and fully obligate or expend these funds in FY26. None of these appropriations are subject to reversion or have obligation deadlines that would preclude the use of these funds.

Coalition Coverage

The number of community prevention coalitions varies by region. There are no community coalitions in Region 2 and nine in Region 4. Most prevention issues are very large and require coordination among different sectors to succeed. Community coalitions are the connectors between the sectors and are important to provide a comprehensive community approach to substance use prevention.

Figure 10 Community coalitions in VPLO regions



School health

One of the most powerful tools for preventing youth substance misuse already exists in our communities: schools. When we invest in school-based prevention, we're not just helping students avoid harmful substances—we're helping build stronger, healthier, more connected communities. Supervisory unions (SU) in the VPLO regions currently do not have equal coverage for school health services.

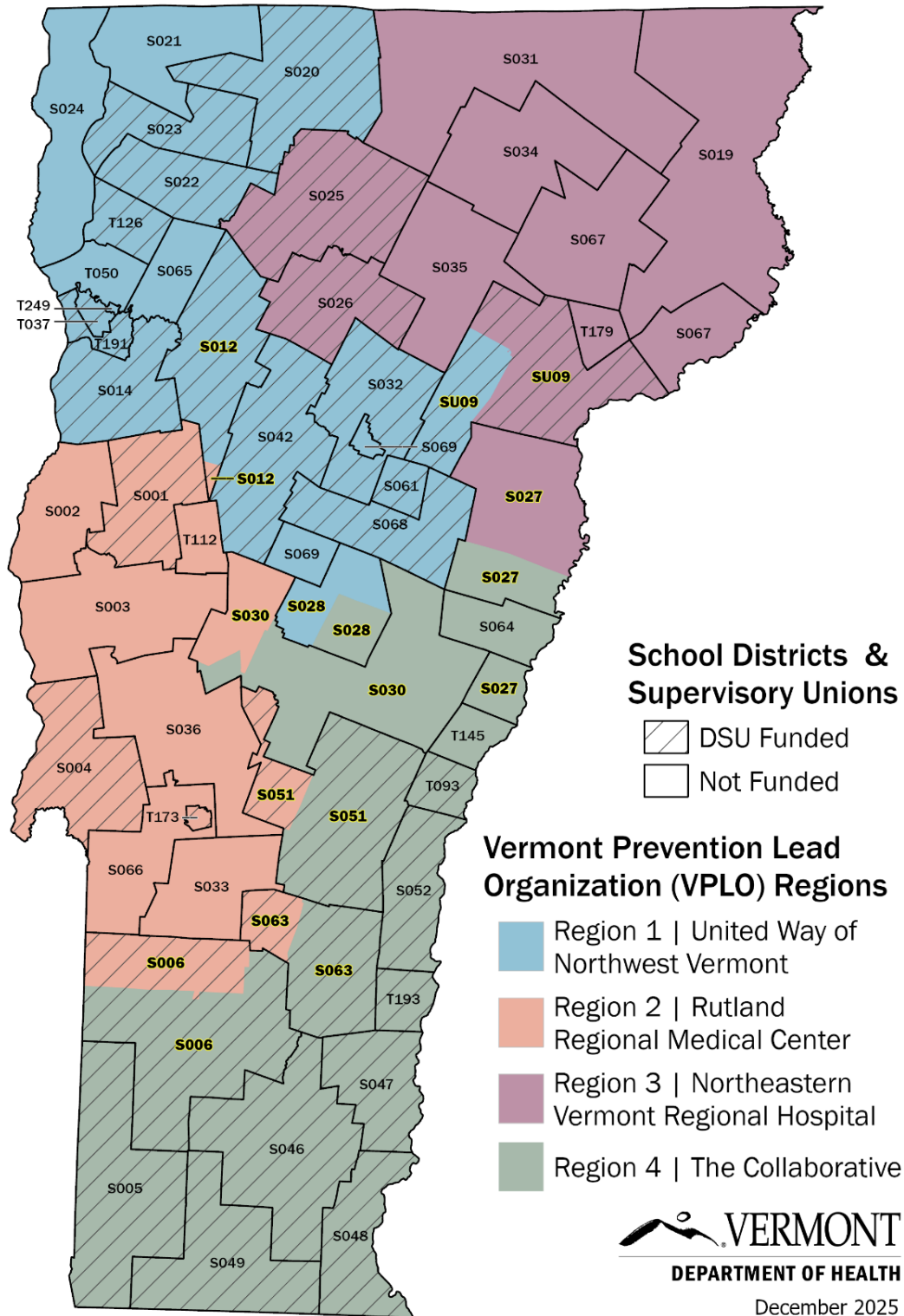
Table 9 DSU school health programming by VPLO

VPLO Region	Total SU	Est Students 2025 AOE data	SU with School Health Grants	Students In SU with School Health Funds FY26	Percent of SU with Grants FY26	Percent of Students In Funded School Health SUs FY26
Region 1	17	31014	11	21644	65%	70%
Region 1&2	1	2286	1	2286	100%	100%
Region 1&3	1	1050	1	1050	100%	100%
Region 1& 4	1	748			0%	0%
Region 2	9	9824	3	4012	33%	41%
Region 2&4	4	3742	3	2608	75%	70%
Region 3	8	8743	2	2905	25%	33%
Region 3&4	1	1378			0%	0%
Region 4	10	11004	8	10358	80%	94%
Vermont	52	69789	29	44863	56%	64%

Note: Some supervisory unions cross VPLOs and are therefore listed as combined regions.

Statewide, 64% of students are in supervisory unions that have received Health Department prevention program funding for school health programming. Region four has the greatest access to school health services, followed by region one which is the region with the most students. Region 3 and Region 2 have the lowest SUD school health programming coverage and Region 3 is also the most rural region which makes it more difficult for people to access services. In rural regions, schools are the best place to reach adolescents.

Figure 11 School health coverage by VPLO



While there has been success in working with K-12 schools in Vermont, it has been challenging to build relationships with colleges. In the previous version of this grant, we had optional EBP strategies for Alcohol eCheckUp and Cannabis eCheckUp for college students. Only two funded partners pursued this option during the five years of the grant with limited success.

Retail Alcohol Outlets

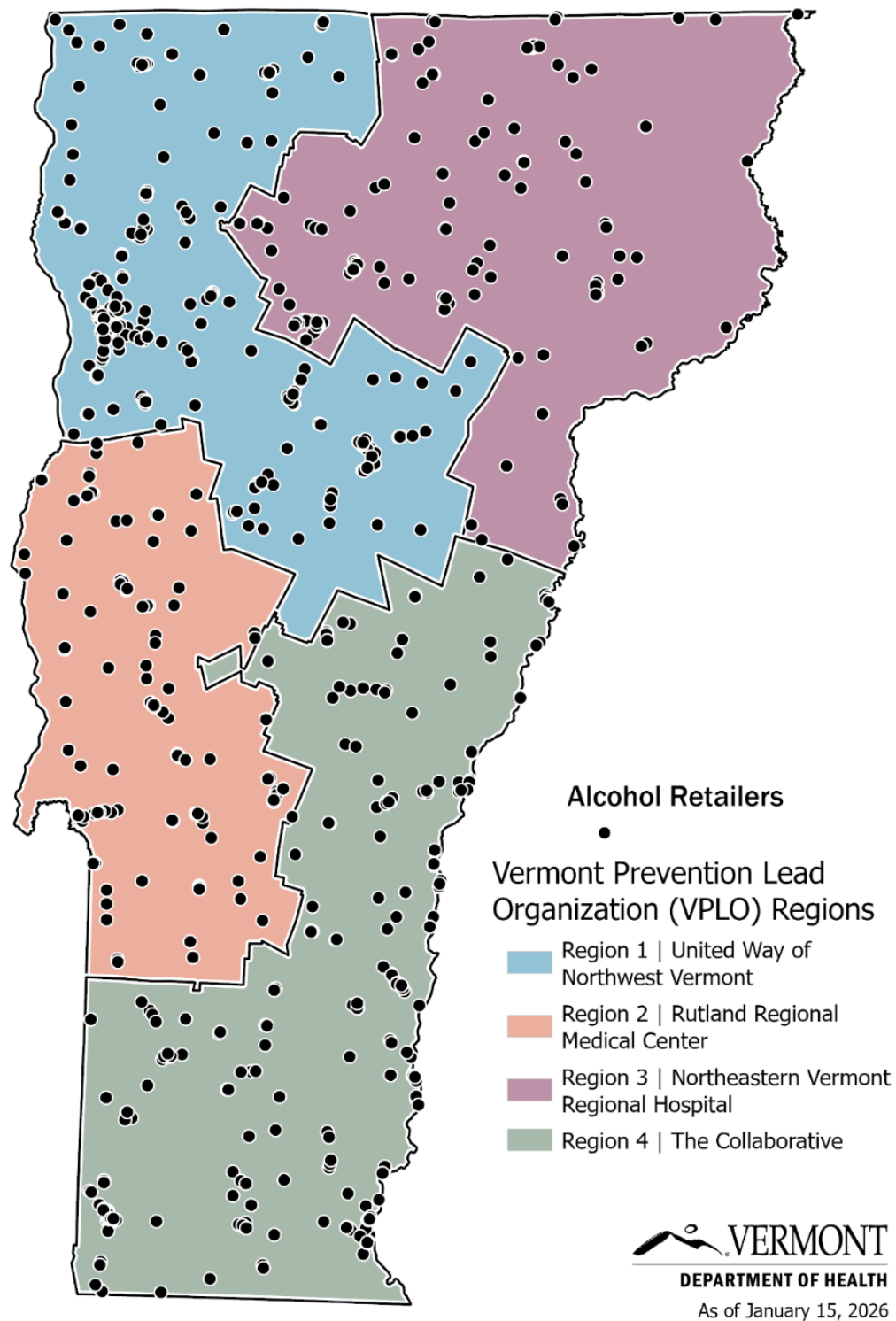
Alcohol is readily available in Vermont, partially because Vermont is a tourist destination and because Vermont prides itself on the craft breweries and distilleries in the state. Vermont has one of the highest rates of alcohol use and binge drinking in the US.

Retail outlet density varies by VPLO region. Region 4 has 188 alcohol retailers per 100,000 people, the highest of any region. Region 1 at 113 per 100,000 is the lowest.

A continuing prevention policy opportunity for prevention organizations is decreasing on-site alcohol advertising because most alcohol retailers sell a wide variety of products that are used by people of all ages making on-site advertising visible to people under 21. According to the 2024 Vermont Tobacco and Alcohol Retail Audit¹³, there is alcohol marketing on 48% of retailer's cooler doors, 40% of floor displays or standing posters, and 30% inside the store. These are down from the 2022 rates but there are still opportunities to decrease it.

¹³ [Vermont Tobacco and Alcohol Retail Audit, April 2025](#)

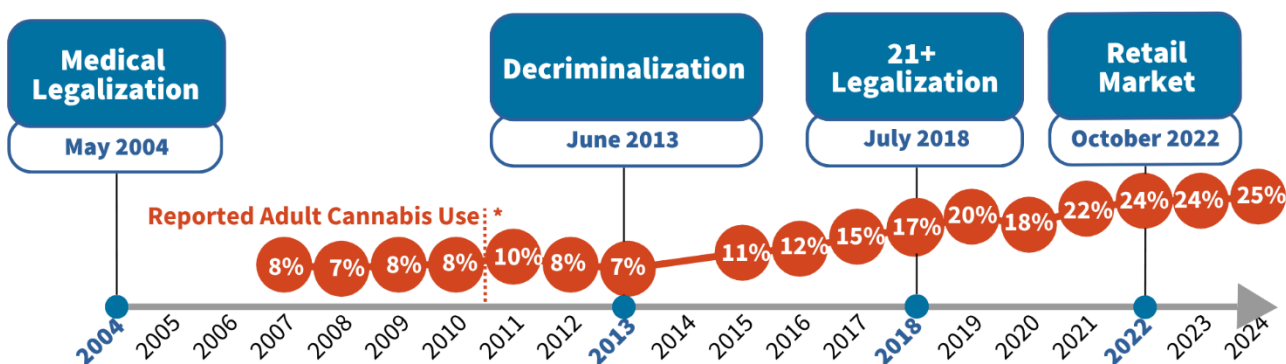
Figure 12 Alcohol retailers by VPLO



Cannabis Use

Vermont legalized medical use of cannabis in 2004 and made additional regulatory changes in 2022 that allowed legal recreational sales of cannabis to adults. Adult (18+) cannabis use more than tripled since cannabis was decriminalized in 2013. Figure 13 Vermont cannabis policy timeline

Past 30-day adult use of cannabis has more than tripled since adult use was decriminalized in 2013.



Source: [Behavioral Risk Factor Surveillance System \(BRFSS\)](#)

Vermont has historically focused more prevention resources on youth and young adults than older people. Since decriminalization, past 30-day use of cannabis has remained stable among high school students, doubled among those 18-24, quadrupled among those aged 25-44 and 45-64, and increased ten-fold for people aged 65+.

Figure 14 Cannabis use in populations targeted with more intensive prevention services, high school students and young adults, stayed about the same or increased less than the total adult population since cannabis was decriminalized

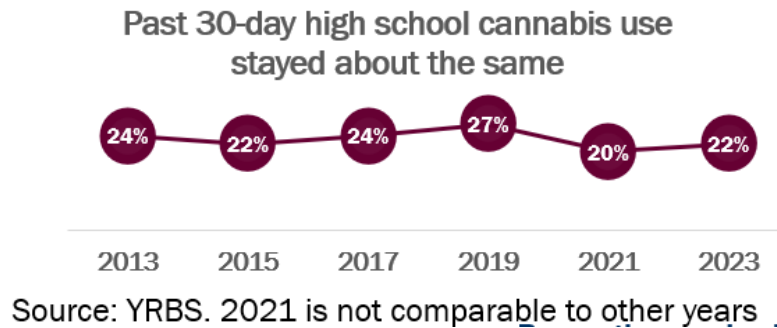
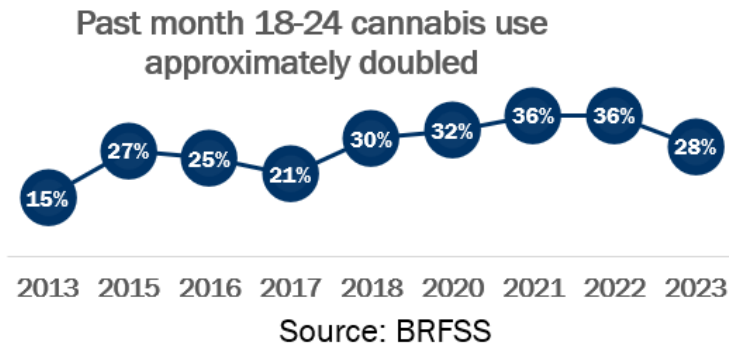
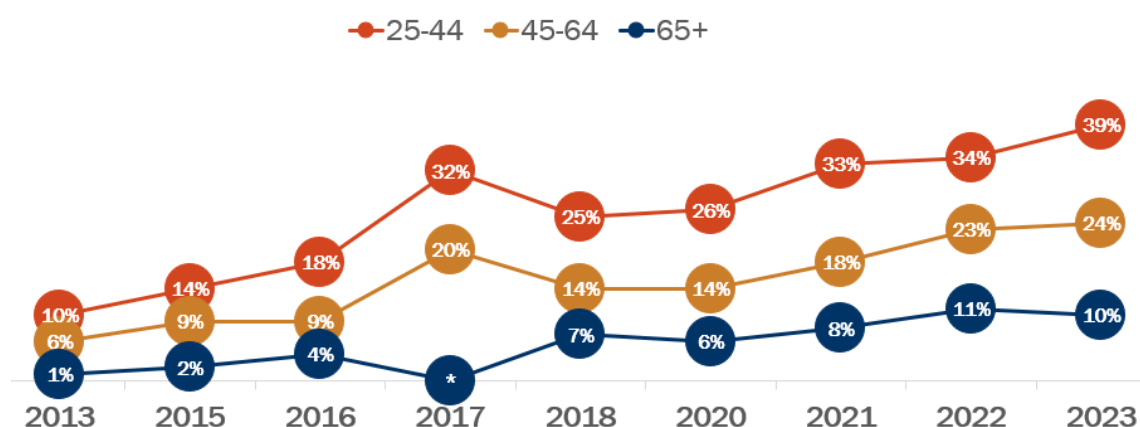


Figure 1 Past Month Cannabis Use by Age Group

For adult populations receiving less intensive prevention services, past month cannabis use quadrupled for those aged 25-44 and 45-64 and increased ten-fold for those aged 65+ since cannabis was decriminalized



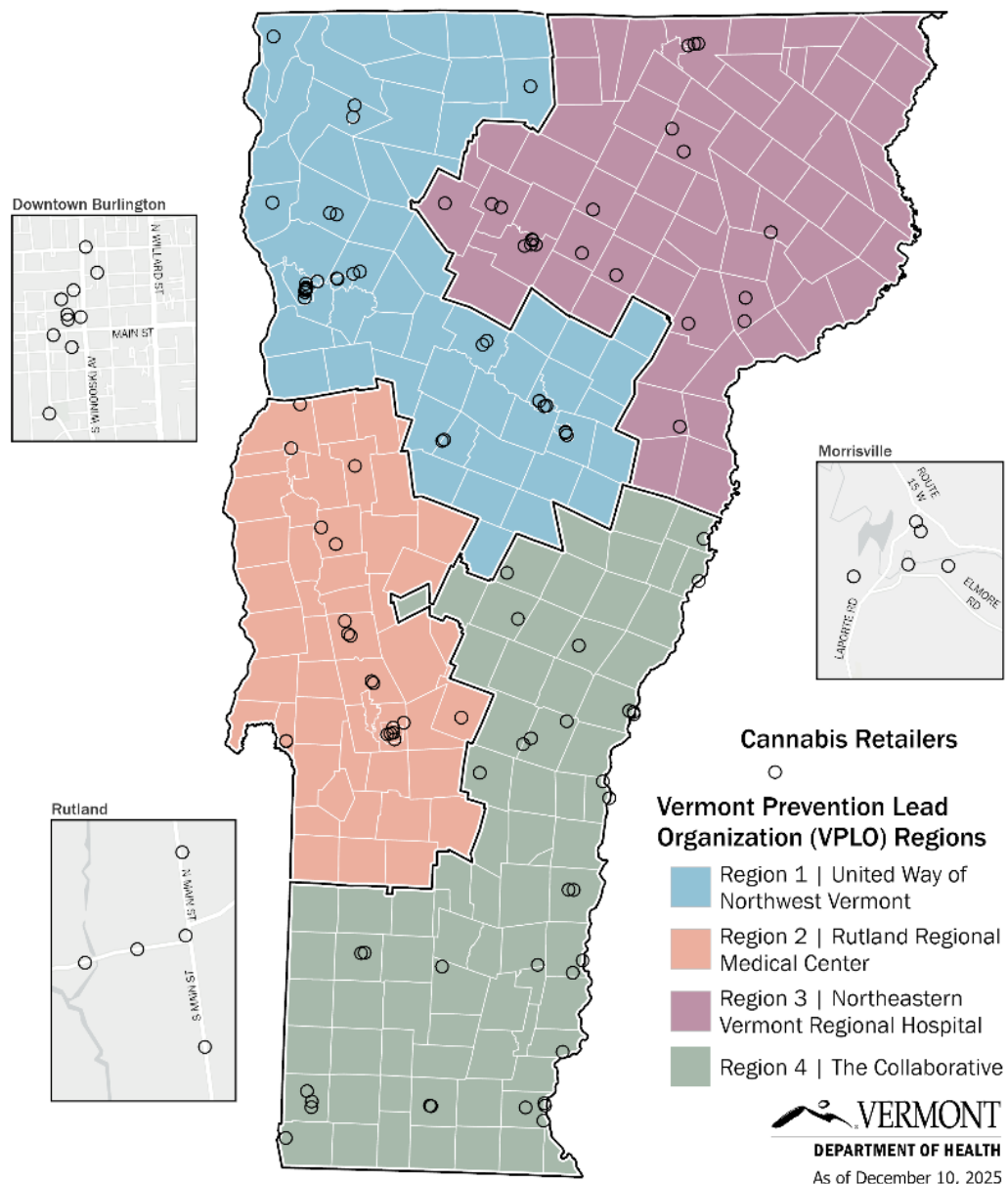
*Suppressed due to low numbers. Source: BRFSS

Retail outlets are licensed by the [Cannabis Control Board](#) and distributed through the state. Geographically, it appears that these locations are fairly evenly distributed across the state but since there are significant population differences between the VPLO regions, the number of cannabis outlets per 10,000 people varies by VPLO. Region 4 has the highest density at 2.2 outlets per 10,000 people, while Region 1 has the lowest density at 1.2 outlets per 10,000 people.

Advertising for cannabis products in Vermont is limited – there is a requirement that cannabis establishments not advertise products via any medium unless they can show that not more than 15 percent of the audience is reasonably expected to be under 21 years of age. According to law, no one under 21 is allowed in cannabis retailers and retailer websites must have gatekeeping to keep people under 21 from accessing¹⁴ them so advertising is less of an issue with cannabis than with alcohol. However, pro-cannabis advocates request changes to cannabis advertising legislation every year so this is subject to change.

¹⁴ [Cannabis Advertising Guidance, Nov. 2022](#)

Figure 16 Cannabis retail outlets by VPLO



Existing Needs Assessments and Evaluations

We used existing needs assessment and community work to inform the CHA. These include community forums that were held statewide in late 2025, the DSU needs assessment was completed in 2025 and needs assessments conducted by each of the VPLOs. Findings from these sources are summarized below.

Evaluation findings from the 2020 PFS-SPF/RPP

The 2025 RPP builds on the work that was done in the 2020 RPP/PFS-SPF grant, so the evaluation findings from that grant also inform this assessment. These are statewide findings.

Lessons learned – things to continue to reinforce in this current RPP opportunity.

- **The importance of strong relationships and partnerships.** “I think we learned that relationships are the way that this work gets done. That having strong reciprocal authentic relationships, not business or professional relationships, is the way that Vermonters do this work.”
- **Community expertise and representation are crucial resources for this work.** “One [lesson learned] is just really honoring the expertise of regional partners and the expertise in their own communities as just really crucial within this type of work.”
- **Be willing to adapt to a partner’s needs.** “The willingness to adapt based on readiness...‘What does it look like for partners to be ready?’ [and] ‘How can we cultivate that readiness if it’s not there...not present yet?’, And I don’t think that I was quite hip to those things when we first got started, but certainly something I’ll carry forward in.”
- **Showing up makes an impact.** “It’s important to have good messaging, but it’s also just important to show up.”

Remaining challenges – things to continue to address.

- **Prevention strategies identified by the Health Department were not applicable to regional needs.**
 - In many cases, identified strategies were outdated, not relevant to Vermont or not effective in application.
 - Strategies lacked flexibility.
 - There was often low interest in RPP prevention strategies from communities and partners.
 - More guidance was needed from the Health Department for implementing and reporting on strategies.
- **Resources and support from the Health Department was inconsistent**

- Grantees need more timely responses to TA requests.
- Grantees need more support on grant-specified prevention strategies.
- **Health Department grant manager turnover impacted the quality of support.** “I think the impact of staffing transitions was one of the most challenging things that we dealt with the entire time. There's just no continuity.”
- **Grant limitations related to allowable expenses, repetitive quarterly reporting and the rigidity of grant-specific prevention strategies.** “Whoever the powers are that say, ‘You need to engage youth around prevention, but don't buy food’ ...they just don't know youth.”
- **Not receiving consistent guidance over the five-year grant period.** “There was not a lot of guidance and not a lot of consistency in like allowability of expenses. So that just made it really like difficult to think ahead and to plan ahead because you know one year something would be allowable, the next six months it wasn't and it would come with very little guidance as to why.”

Community forums

The Vermont Department of Health Division of Substance Use Programs held community forums in all the districts throughout the state between September 29, 2025 and October 29, 2025. These forums focused on the full substance use continuum of care and provided an education opportunity for people who may have expertise in one aspect of the system but lack knowledge in others. It was also an opportunity for interest holders from different areas to connect and collaborate and for legislators to hear about the needs of the system of care. All regions had strong legislative representation and Region 1 had excellent participation from city leadership. Region 3 had strong participation from substance use prevention, intervention, treatment and recovery providers. Region 3 had the highest overall participation rate.

Table 10 Community forum participation rates by VPLO per 100,000 residents

Organization Type	Region 1	Region 2	Region 3	Region 4
City/town representatives/employees	35.2	3.1	8.4	8.2
Healthcare	3.7	3.1	10.6	13.2
Legislature	55.9	71.4	113.0	84.7
Other	10.2	17.3	23.2	30.7
DSU Service Provider	12.9	15.3	38.0	17.6
School	7.1	10.2	20.1	9.4
State	2.0	5.1	8.4	1.9
Unknown	0.7	2.0	2.1	1.9

Organization Type	Region 1	Region 2	Region 3	Region 4
Rate per 100,000	128	128	224	168

There was consensus around the needs of the system throughout the state. The prevention-related findings include:

- Increase prevention and early intervention services in schools that connect to the whole family
- Increase small group services in schools
- Increase prevention programming and coalition support statewide throughout Vermont
- Address the current state of the workforce across the continuum of care
- Expand SUD education efforts for decision makers, other Agency of Human Services departments, medical providers and the community at large. There are misunderstandings about SUD and the difficulties with addressing it.
- Enhance training and social marketing efforts focused on legal substances (e.g., alcohol, cannabis)

Vermont Department of Health: Division of Substance Use Programs Needs Assessment

The 2024 DSU needs assessment focused on the full continuum of care. In the needs assessment, prevention sector participants stressed that much of the substance use prevention work is localized. They use the SAMHSA's Strategic Prevention Framework to help assess the local data and choose interventions based on the locally relevant risks and protective factors and stressed that while some prevention messaging is universal, prevention messaging is more often tailored to specific substances, communities, or audiences. One prevention sector participant stressed the importance of prevention work by saying, "if we don't do the long-term work like policy and environmental strategies, we are not going to affect the population-level change."

Prevention recommendations highlighted in the DSU needs assessment include:

- **Continue and expand public education around substance use, addiction, and importance of prevention.** Prevention sector participants saw a need for continued educational efforts to raise awareness across the state about the root causes of substance use and addiction and what prevention is and why it's important. Participants shared suggestions for more targeted education efforts. Other participants recommended more messaging and education for seniors about the signs and dangers of substance misuse. A participant from the harm reduction sector

suggested more grassroots outreach to users to inform them of the dangers of new substances.

- **Increase prevention messaging focused on cannabis to counter the perception of safety.** Given that legalization has normalized cannabis use and created the perception that it is safe, Prevention Consultants see a need for more messaging around the dangers of long-term cannabis use and its impact on the development of children and youth. A few suggested applying messaging lessons from alcohol and tobacco to campaigns focused on cannabis.
- **Support comprehensive prevention approaches and messaging that address mental health further upstream.** Participants in and outside the substance use prevention sector described a need to work further upstream to address the causes of substance use, particularly among youth. One treatment provider stated, “primary prevention is so important and it’s different than what we are looking at now.” Participants provided a range of suggestions, including strengthening community-based youth services and programs that build trusting relationships with young people, expanding efforts that teach children and youth emotional management skills, and investing in youth and family-focused interventions like Prevent Child Abuse VT, parenting support programs, and home visiting programs that address trauma and adverse childhood experiences (ACEs) and support those who struggle with parenting.
- **Expand prevention programming through new partnerships with other sectors and organizations.** Participants saw an opportunity to expand prevention efforts through partnerships with others. One prevention sector participant described a recent effort to engage a small group of employers to develop a toolkit to support employers to prevent and address substance use. Others would like to see greater engagement with law enforcement to help them understand how prevention supports their work and to develop shared strategies. One participant also recommended expanding efforts to engage retailers in advertising. A treatment sector participant would like to see greater engagement of treatment and recovery providers in prevention work including the engagement of clinicians in regional prevention networks and better coordination between school-based Student Assistance Programs (SAPs) and local community clinical providers. This recommendation echoes earlier feedback received from the prevention sector in Vermont¹⁵ which included the recommendation to “build shared responsibility for prevention across state departments, and to identify areas for improved coordination among departments for greater impact and improved service delivery”.

¹⁵ Vermont Department of Health. (2022, July). State Medical Practice Committee meeting materials. <https://www.healthvermont.gov/sites/default/files/documents/pdf/VDH-SMPC-July2022-Meeting-Materials.pdf>

- **Provide more sustained and predictable funding for prevention efforts.** Participants from the prevention sector saw a need for more consistent and sustained funding for prevention efforts across the state to continue and expand prevention work and to ensure stability in the workforce. Several participants observed that making the case for prevention to decision-makers and having data to share is essential. One participant recommended greater standardization of goals and measures for prevention across the state so the sector can more effectively collect and share information about prevention efforts and their impact. “If we don’t put money on the table people are not going to be staying in this field and do the work. If we don’t find a way to pay these people, we are going to lose people who have this great experience and love the work.” – Prevention Sector

Substance Misuse Prevention Oversight and Advisory Council (SMPC)

The SMPC is one of the advisory groups for the RPP but this group is also responsible for providing advice to the Governor and General Assembly for improving prevention policies in the State. The SMPC submits an annual report to the legislature and reviews VPLO materials such as their needs assessments and strategic plans. This helps align prevention programming across different initiatives and funding sources.

The Substance Misuse Prevention Oversight and Advisory Council identified the following three goals as necessary for effective substance misuse prevention statewide:

1. Increase protective factors and build resilience and feelings of connectedness in Vermont communities, across all ages, cultures, and socioeconomic conditions.
2. Decrease risk factors for substance misuse in Vermont for individuals of all ages, cultures, and socioeconomic conditions.
3. Increase efficiency and collaboration on prevention efforts across all state, public, and private entities, through a consolidated and holistic approach to prevention that is sustainable, scalable, and equitable.

The SMPC also reviews active legislation with substance use prevention impacts and develops associated recommendations based on scientific literature.

VPLO Needs Assessments

Each VPLO is required to do a community needs assessment as a condition of their agreement with VDH and all strive to align their goals with the VDH goals, which are:

- Prevent and reduce substance use/misuse across all ages and substances.
- Ensure all Vermonters have access to substance misuse prevention statewide that allows for and optimizes regional assets and variability.
- Decrease geographic and other health disparities.
- Increase efficiency and collaboration on prevention efforts across all state, public, and private entities through a consolidated and holistic approach to prevention that is sustainable, scalable, and equitable.

Each organization had their own approach to this process and incorporated information from their own resources and community partners. The information in this community health assessment is intended to supplement what the regions have already done by providing a direct comparison using the same measures for each VPLO.

Region 1: Prevention Center of Excellence Strategic Plan 2021-2026

Priorities identified:

- Improving outcomes for individuals and families.
- Directing needed and requested support to network partners.
- Making a unique contribution to the effectiveness, efficiency, and appropriateness of how the region strategically aligns and coordinates its resources and efforts across all levels of the Vermont Prevention Model.

Region 1 noted that they need to identify and quantify the resources and assets available in the region that do, can, or could provide or support prevention efforts.

The activities Region 1 is prioritizing are:

- Collaborative actions and initiatives (at levels of the Vermont Prevention Model)
- Network functions and capacity (access to data, resources, information, materials)
- Engaging and unifying the region (partners, strategies, timing, advocacy)

Region 2: The Rutland Regional Medical Center led VPLO

This region has not yet finalized their strategic plan which contains their assessment so this section is based on a draft of the strategic plan. In the draft, the VPLO identified some of their challenges and goals and completed a [logic model](#) for each of the Region 2 counties. The final version of the strategic plan will be available in the spring of 2026 and only a section related to evaluation is still being finalized and added.

Goals identified:

- Prevent or delay the onset of substance use through the promotion of DSU campaigns, drug disposal opportunities, and/or substance-free events within the funded year.
- Prevent risks associated with substance use, and prevent substance use recurrence
- Increase the self-reported well-being among individuals across the lifespan by decreasing substance-use risk factors and/or increasing protective factors
- Identify and resolve barriers to prevention services by building and strengthening existing community partnerships

Challenges Identified:

- Lack of Prevention Coalitions
- Historically Siloed Counties
- Varying Levels of Knowledge, Experience, and Capacity

Region 2 also completed a SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis as part of the strategic planning process which took place in early 2025 and is a point of time snapshot of where the VPLO was at that time. They have continued to work on and resolve several of these issues.

Region 2 SWOT Analysis

Strengths:

- **Strong Relationships:** The organization has excellent partnerships in Addison County, a good relationship with the state, and access to valuable data.
- **Adaptable and Dedicated Team:** The staff is flexible, passionate, and responsive to partner needs (e.g., easing requirements). They quickly and thoughtfully distribute funds.
- **Capacity for Education:** VPLO #2 can offer valuable training and resources (like "Askable Adults") to strengthen its initiatives
- **Losing Prevention Focus:** The main issue is a lack of strong focus on substance use prevention; resources are spread too thin on activities not clearly aligned with prevention goals.

- **Misunderstanding of VPLO2's Role:** External partners often see VPLO #2 only as a source of money rather than a broader prevention entity.
- **Administrative Burden:** Coordination relies too heavily on RRMCM staff, and there is a general need to streamline financial and application processes

Weaknesses:

- **Losing Prevention Focus:** The main issue is a lack of strong focus on substance use prevention; resources are spread too thin on activities not clearly aligned with prevention goals.
- **Misunderstanding of VPLO2's Role:** External partners often see VPLO #2 only as a source of money rather than a broader prevention entity.
- **Administrative Burden:** Coordination relies too heavily on RRMCM staff, and there is a general need to streamline financial and application processes

Opportunities:

- **Prioritize Prevention Training:** VPLO #2 can offer more training on evidence based prevention, logic models, and the SPF to ensure grantees submit impactful proposals.
- **Refine the Grant Process:** There's a call to clarify VPLO2's functions and create a more transparent, timely, and focused grant application process with clearer guidelines.
- **Build Capacity:** VPLO #2 can improve collaboration by mapping current resources, strengthening relationships across counties, and encouraging a more inclusive, lifespan-focused approach to prevention.
- **Improve Data:** There is an opportunity to hire an evaluator and collect more specific data on substance use (like vaping) to better measure and target efforts

Threats:

- **Strained Community Relationships:** There are tensions with some partners that hinder collaboration, data sharing, and engagement.
- **Resistance from Key Partners:** Some schools are resistant to engaging with prevention initiatives, and hospital administrative processes can be burdensome and slow down payments.
- **Administrative & Evaluation Challenges:** State grant reporting is seen as overly complicated and time-consuming. The lack of a dedicated evaluator and the limited capacity of non-profits threaten VPLO2's ability to measure its actual impact

Region 3: Northeastern Vermont Regional Hospital led VPLO

This VPLO published a strategic plan that was developed in early 2024 and is designed to identify specific objectives for each of the Region 3 priorities identified through the needs assessment, and specific strategies to be implemented by the VPLO to help achieve the objectives, including strategies for building substance use prevention capacity and infrastructure in the region.

Priorities identified:

- Reduce underage alcohol use
- Reduce underage cannabis/marijuana use
- Reduce underage tobacco and electronic vapor product (EVP) use
- Reduce adult high risk substance use
- Reduce prescription drug misuse
- Create a community where youth and adults feel valued, connected, and supported
- Respond to emerging substance use related issues in the region with innovative strategies, including harm reduction approaches
- Build substance use primary and secondary prevention capacity and infrastructure at the community and regional levels

Region three noted that there are some challenges around the timing of funds related to additional assessments and strategic planning that result in overlapping planning processes. Also, they find it challenging to manage new subgrantees who have differing levels of experience in managing grants requiring increased technical assistance from limited VPLO staff.

Region 4: The Collaborative led VPLO

Region four information is based on documents submitted to VDH and a report that was presented that summarizes their work.¹⁶

Priorities identified:

- Foster Belonging and Well-Being
- Combat Loneliness and Cultivate Connection

¹⁶ *Prevention Lead Region 4: A High-Level look at our work and impact.* (2025, May). Health Vermont. Retrieved January 29, 2026, from <https://www.healthvermont.gov/sites/default/files/document/dsu-smpc-materials-may-2025.pdf>

- Increase Understanding of Prevention\The Community's Health
- Increase Awareness of Resources\Connection to Care
- Utilize Collective Impact for Community Transformation

Region 4 developed a summary of Needs/Quality Improvement Plan to guide their work. The categories included in this plan are:

- Enhance support for schools
- Create connections
- Support and fund projects that support those with the greatest needs
- Conduct assessment and formulate strategic plans
- Evaluate the projects
- Enhance communication efforts
- Ensure ongoing professional development

Gaps Identified

This section summarizes the findings of the RPP/ PFS 25 statewide prevention assessment. It uses existing needs assessments, prevalence and community resources calculations, the prevention leaders survey and interest holder input, including a review of the materials by the State Epidemiological Outcomes Workgroup (SEOW) to identify gaps in the Vermont prevention system. It presents the opportunities by the VPLO region and the opportunities that are specific to state prevention staff.

How priorities are determined

Each VPLO has activities they do very well and others where there are some opportunities. This assessment focuses on areas of opportunity. The data is reviewed by source/category such as VPLO Needs Assessment, prevalence data, community resources, school programming, partners, etc. to determine the VPLOs that are outliers compared to the other VPLOs. When there are tables such as some of those above with values that allow direct comparison, the region with the most favorable rate on a measure is highlighted in green; the one with the least favorable rate is highlighted in red.

Similar measures are rolled up to a general category. For example, there are several measures of young adult cannabis use and when a region has a majority of measures that shows use is higher/perception of risk is lower the summary information for the region indicates that focusing on young adult cannabis use is an opportunity.

There are significant overlaps in strategies that address substance use so identifying a focus area does not indicate that the region should not focus on other areas, but they should make sure that the strategies they choose address priority areas.

The state level opportunities are organized within the categories used in the Division of Substance Use Programs Strategic Plan to make sure the work done through this grant aligns with the priorities identified in that process.

Changing community norms takes time as does behavior change. Changes in substance use are impacted by opportunities and challenges associated with the community the person lives in, their specific economic situation, their mental and physical health, their friends and family, their education, and other resources that require supports at a level that is over and above those that are provided through the EBPs that are used for prevention programming. Vermont uses resources over and above prevention resources to provide supports to people and allow them to benefit from programming such as those that are provided by our prevention partners.

Identified Opportunities

Region 1

VPLO Needs Assessment

- Collaborative actions and initiatives (at levels of the Vermont Prevention Model)
- Network functions and capacity (access to data, resources, information, materials)
- Engaging and unifying the region (partners, strategies, timing, advocacy)

Substance Prevalence

- Highest priority prevalence area is young adult use of alcohol and cannabis. Measures:
 - Percent of young adults (18-25) who used alcohol in the past 30 days (YAS)
 - Of young adults (18-25) who drink, the percent who binge drank in the past 30 days (YAS)
 - Percent of young adults (18-25) who believe it is very or somewhat easy for underage persons to buy alcohol in bars or restaurants (YAS)
 - Percent of young adults (18-25) who used cannabis in the past 30 days (YAS)
 - Of young adults (18-25) who use cannabis, percent that drove after using cannabis in the past 30 days. (YAS)

Community Coalitions

- Develop, support, and train additional community coalitions to serve the region.

Potential new partner types to include in prevention work

- K-12 education
- Local government agencies
- Regional and local planning commissions
- Post secondary education
- Senior serving entity
- Restorative justice
- Religious organization

Region 2

VPLO Needs Assessment

- No Prevention Coalitions
- Break down silos between counties in the VPLO
- Address the varying levels of knowledge, experience, and capacity

Substance Prevalence

- Highest priority prevalence area is young adult use of cannabis. Measures:
 - Of young adults (18-25) who use cannabis, percent who use cannabis 20 or more days in the past 30 days.
 - Percent of young adults (18-25) who believe it is very or somewhat easy for underage persons to get cannabis (YAS)

School Prevention Programming

- Increase portion of students with access to prevention programming in schools.

Potential new partner types to include in prevention work

- Cultural/ethnic organization
- Regional and local planning commission
- Senior serving entity
- Restorative justice
- Religious organization

Region 3

VPLO Needs Assessment

- Difficult to plan given the unpredictable timing of receipt of prevention funding
- Management of new subgrantees with differing levels of grant management experience requires increased technical assistance

Substance Prevalence

- Highest priority prevalence area is youth and young adult alcohol use. Measures:
 - Percent of high school students drinking alcohol, past 30 days. (YRBS)
 - Percent of high school students who binge drink, past 30 days (YRBS)
 - Percent of high school students who drove while drinking alcohol, past 30 days. (YRBS)
 - Percent of high school students who think people greatly risk harming themselves if they have 5 or more alcoholic drinks once or twice each weekend (YRBS)
 - Percent of high school students who think it is wrong or very wrong for someone their age to drink alcohol. (YRBS)
 - Of young adults (18-25) who drink, percent who drove after having too much to drink in the past 30 days. (YAS)
 - Percent of young adults (18-25) who believe there is no risk or slight risk from having five or more drinks once or twice a week. (YAS)
 - Percent of young adults (18-25) who believe it is very or somewhat easy for underage persons to buy alcohol in stores (YAS)
 - Percent of young adults (18-25) who believe there is no risk or slight risk from using cannabis regularly (YAS)

School Prevention Programming

- Increase portion of students with access to prevention programming in schools.

Low Income Vermonters

- Identify partners and/or develop activities that support low-income adolescents and young adults.

Region 4

VPLO Needs Assessment

- Enhance support for schools
- Create connections
- Support and fund projects that support those with the greatest needs

- Conduct assessment and formulate strategic plans
- Evaluate the projects
- Enhance Communication efforts
- Ensure ongoing professional development

Substance Prevalence

- Highest priority prevalence area is youth use of cannabis. Measures:
 - Percent of high school students who use marijuana, past 30 days. (YRBS)
 - Percent of high school students who think people greatly risk harming themselves if they use marijuana regularly. (YRBS)
 - Percent of high school students who say it would be sort of or very easy to get marijuana if they wanted it. (YRBS)
 - Percent of high school students who think it is wrong or very wrong for someone their age to use marijuana. (YRBS)
 - Percent of high school students who say their parents feel it is wrong or very wrong for them to use marijuana. (YRBS)
 - Percent of high school students who attended school under the influence of alcohol or drugs (YRBS)
 - Of young adults (18-25) who use cannabis, percent that drove after using cannabis in the past 30 days. (YAS)

Potential new partner types to include in prevention work

- Cultural/ethnic organization
- Post secondary education
- Substance use disorder treatment provider
- Religious organization

Alcohol Retailers

- Focus policy on decreasing alcohol advertising at alcohol retailers.

Vermont Prevention Program

General categories are from the VDH DSU needs assessment; opportunities are based on this community health assessment

Access to Care

- Allocate funding in a manner that best addresses gaps identified in this document.

Expansion of Services or Supports

- Increase prevention and early intervention services in schools that connect to the whole family
- Increase small group services in schools
- Increase prevention programming and coalition support statewide through Vermont Prevention Lead Organization structure

Coordination and Collaboration

- Lead meetings that bring together VPLO regions that are addressing common issues
- Use grant monitoring tools that identify places where peer-to-peer collaboration will be helpful and then assist VPLOs in setting them up
- Increase youth and young adult participation in statewide prevention advisory groups.

Training Education and Awareness

- Expand SUD education efforts for decision makers, other AHS departments, medical providers and the community at large. There are misunderstandings about SUD and the difficulties with addressing it.
- Enhance training and social marketing efforts focused on legal substances
- Provide training opportunities and technical assistance to address needs identified in this document such as those related to policy change at the community level.
- Schedule basic trainings, such as on the SPF model, on a routine basis to accommodate new staff.
- Provide technical assistance aimed at increasing prevention programming in colleges

Resources and Capacity

- Address the current state of the workforce across the continuum of care
- Continue to apply for additional funding to support prevention efforts
- Develop ways to better recruit and retain people to the prevention field
- Support prevention certification efforts
- Reviewing funding allocation guidance for school-based health

2020 RPP Evaluation

- Make sure the evidence-based prevention strategies identified by the Health Department are applicable to regional needs.
- Provide consistent resources and support to grantees
- Maintain grant leadership consistency through transition planning which will also provide consistent guidance.
- Clarify allowable expenses, decrease repetitive quarterly reporting

Dissemination Plan and Next Steps

Vermont has developed a plan for dissemination of the Statewide Community Health Assessment.

Sharing results

Results will be shared in the following ways:

- A presentation will be developed from the Community Health Assessment document and presented at meetings for:
 - Vermont Prevention Lead Organizations
 - All DSU staff
- The Community Health Assessment will be posted on the Vermont Department of Health Division of Substance Use programs website.
- A description of the Community Health Assessment and a link to the document will be emailed to the VPLO leadership.
- A description of the Community Health Assessment and a link to the document will be posted to the Vermont Prevention Listserv.

Assessing use of the Community Health Assessment:

Each time the Community Health Assessment is presented or shared we will also share a link to a brief survey about the document.

Next steps: Community Health Improvement Plan

The Vermont DSU Prevention team will begin work on the Prevention Community Health Improvement Plan (CHIP) upon completion of this Health Assessment.

A priority for the CHIP will be aligning the measures with the priorities identified through the DSU Needs Assessment and Strategic Plan, the SMPC measures, and the measures identified by the VPLO needs assessments.

Feedback

We welcome your feedback!

Please complete this [short survey](#) to let us know how we can improve this document.