



Vermont Substance Use Prevention Community Health Improvement Plan

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Introduction

In fall of 2025, the Vermont Department of Health's Division of Substance Use Programs, received the 2025 Strategic Prevention Framework-Partnership for Success for States (SPF-PFS-States or PFS 25) from the Substance Abuse and Mental Health Services Administration (SAMHSA). This five-year grant, known as the Regional Prevention Partnerships (RPP) grant in Vermont, focuses on building prevention infrastructure and implementing strategies to address alcohol and cannabis use among youth and young adults across Vermont. The first year of the grant requires a comprehensive statewide community needs assessment, to ensure prevention priorities will meet the needs of state partners, subgrantees and the general population. This Community Health Improvement Plan (CHIP) builds on the [Vermont Substance Use Prevention Community Health Assessment \(CHA\)](#) and is intended to guide longer term planning across the Vermont prevention system. The CHIP is aligned with the [Vermont State Health Improvement Plan 2025-2030](#), [Vermont Division of Substance Use Programs Strategic Plan](#), and other department and Agency of Human Services (AHS) initiatives as well as priorities identified by our Vermont Prevention Lead Organizations.

Vermont's Prevention System

The prevention system is managed by the Vermont Department of Health's Division of Substance Use Programs (DSU), [which oversees a variety of prevention initiatives](#) that are carried out in collaboration with partners throughout the state. In addition to DSU staff, each Vermont Department of Health district has a Prevention Consultant, a Health Department staff member, who works within that district. Prevention work in Vermont is funded through a combination of sources, including the RPP (approximately 10% of prevention funding), Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Use Prevention, Treatment and Recovery (SUPTRS) Block Grant and state excise taxes. Multiple groups in Vermont help guide prevention work, including the State Epidemiological Outcomes Workgroup (SEOW) and the [Vermont Substance Misuse Prevention Oversight and Advisory Council \(SMPC\)](#).

In 2023, DSU established four [Vermont Prevention Lead Organizations \(VPLOs\)](#), allowing each region to respond to their communities' needs while ensuring coordinated prevention work across the state. 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 and other research-based prevention principles while allowing for flexibility and innovation.

VPLO Demographics:

- 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.
- Approximately half of younger Vermonters, 45% of those age 13-17 and 55% of those age 18-25, live in Region 1. This region includes multiple college campuses, which may account for a large portion of younger residents.
- All counties except for Chittenden County (located in VPLO Region 1) are eligible to apply for Health Resources and Services Administration Rural Health (HRSA) Grants.

Figure 1 Map of Vermont Prevention Lead Organizations



- **Region 1 VPLO:** United Way of Northwest Vermont
- **Region 2 VPLO:** Rutland Regional Medical Center.
- **Region 3 VPLO:** Northeastern Vermont Regional Hospital
- **Region 4 VPLO:** The Collaborative

[View the detailed Vermont Prevention Lead Organizations map](#) to see specific town names within each region.

Process and Timeline of Community Health Improvement Plan

In early 2026, DSU conducted a community health assessment to identify priority areas and opportunities for improvement, both at the statewide level and by VPLO region. The community health assessment [drew upon multiple qualitative and quantitative sources](#). The results of the assessment were used to inform the Community Health Improvement Plan. The drafting of the plan was the responsibility of the lead RPP Analyst and RPP Program Manager. The plan was reviewed by members of the larger RPP grant team, VPLO leadership and DSU Prevention Unit staff. In addition, an overview was presented to the SEOW in late May. All suggestions and edits we reviewed and incorporated as appropriate.

Substance Use in Vermont

Compared to most other states, Vermont has a higher prevalence of alcohol and cannabis use and a lower perception of risk for use among youth (12-17 years old) and young adults (18-25 years old). The table below shows select measures from the 2023/2024 National Survey on Drug Use and Health.

Vermont has higher prevalence of youth and young adult alcohol and cannabis use compared to most other states.

Measure	Vermont Prevalence	Ranking Compared to Other States
Alcohol use (Aged 12-17)	9.4%	3 rd
Alcohol use (Aged 18-25)	60.5%	3 rd
Binge alcohol use (Aged 18-25)	36.7%	2 nd
Marijuana use (Aged 12-17)	9.5%	2 nd
Marijuana use (Aged 18-25)	38.8%	2 nd

The risk of perception of harm from alcohol and cannabis use among youth and young adults is lower in Vermont compared to other states.

Measure	Vermont Prevalence	Ranking Compared to Other States*
Perception of great risk of marijuana use (Aged 12-17)	16.3%	4 th
Perception of great risk of marijuana use (Aged 18-25)	6.4%	1 st
Perception of risk of binge drinking (Aged 12-17)	37.5%	1 st
Perception of risk of binge drinking (Aged 18-25)	31.3%	1 st

*A higher ranking denotes a lower perception of risk.

Alcohol is readily available in Vermont, with 1.9 retail outlets per 1,000 residents throughout the state. Cannabis was legalized for medical use in 2004 and legalized for recreational use in 2018; regulations were changed to allow recreational retail sales beginning in 2022. Throughout the state, there are 17 cannabis retailers per 100,000 residents.

Gaps and Priority Areas Identified in Community Health Assessment

The community health assessment, completed in March 2026, incorporated various qualitative and quantitative sources (see below) to identify community-level gaps in Vermont's prevention landscape. The assessment was completed by DSU staff and was presented to Vermont's SEOW and to VPLOs for review.

Data Sources for Community Health Assessment

Qualitative data sources used include the following:

- **Community Forums:** The Vermont Department of Health Division of Substance Use Programs held community forums in all Agency of Human Services (AHS) 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 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. [A summary of findings from the community forums can be found here.](#)
- **Regional Prevention Partnerships Grant Evaluation, 2020–2025:** In early 2026, DSU completed an evaluation of the five-year 2020 Strategic Prevention Framework-Partnerships for Success for States (SPF-PFS) grant program, implemented through Vermont Regional Prevention Partnerships. Using a mixed-method approach, the comprehensive process and outcome evaluation highlighted the positive impact of sustained substance use prevention in Vermont and identified opportunities for continuous improvement. Organizations funded through RPP shared experiences of youth taking a vested role in prevention activities within their communities and noted the positive, long-term impact of RPP funding. Past 30-day alcohol use and cannabis use for youth grades 9-12 decreased or remained similar in RPP-funded regions from 2019 to 2023 (Youth Risk Behavior Survey). For young adults age 18-25, past 30-day alcohol use decreased or remained similar in RPP-funded regions from 2018 to 2024 (Young Adult Survey). The evaluation also identified opportunities for improvement, including the identification of prevention strategies more relevant to Vermont,

continuing focus on cannabis use in young adults, and reducing the burden of reporting requirements for subgrantees.

- **Vermont Community Prevention Assessment Survey:** In January and February 2026, DSU surveyed prevention leaders statewide, including VPLO staff, community coalition staff, and prevention consultants. This survey asked respondents to rate their organization’s skills and capacity around various activities, successes in 2025, and their greatest challenges moving forward. Additionally, respondents are asked what support or trainings would be most helpful, both for their own staff and for external partners. The survey also collects information about organizations’ funding sources. There was a 63% response rate.
- [Vermont Division of Substance Use Programs Strategic Plan 2025-2028:](#) The Vermont Department of Health (VDH), Division of Substance Use Programs (DSU) aims to help Vermonters prevent and eliminate the problems caused by alcohol and other drug use. The overarching goal of the assessment and strategic planning efforts was to improve the state’s substance use system so that it better meets the need of all Vermonters.
- **VPLO Community Needs Assessments:** VPLOs are required to complete a needs assessment for their regions as a condition of their agreement with DSU. The approach for this process differed by region.

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 (SHP)	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	VDH 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.	Population estimate reports
National Survey of Children's Health (NSCH)	The 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 Services Administration (HRSA) Maternal and Child Health Bureau (MCHB).	NSCH interactive tool
National Survey on Drug Use and Health (NSDUH)	The NSDUH is a nationally representative survey, administered by 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 page
Medicaid Management Information System (MMIS)	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. VDH also maintains monthly extracts of Medicaid Claims data for internal use.	MMIS used in substance use and other data briefs
Program Reports	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

Source	Online Resource	Link
Vermont Department of Liquor and Lottery	Lists of alcohol retailers.	Licensee Database

Substance Use Prevalence by Region

Data from the Youth Risk Behavior Survey (YRBS) and Young Adult Survey (YAS) highlights areas where given regions perform worse than others on substance use prevalence measures. These are areas where a region has higher prevalence of substance use and/or lower perception of risk from substance use.

- 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

VPLO Needs Assessments

Highlighted priorities and challenges from the VPLO needs assessments are noted below. As VPLOs were allowed to create their own self-assessment process to best meet their own needs, the information presented varies by region.

Region 1:

- 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 region is composed of two counties (Addison County and Rutland County) that historically have been siloed from each other in prevention efforts. Strengthening partnerships can help address barriers to prevention work.
- There are no prevention coalitions in the region. Establishing and supporting a coalition is a priority for improving the region's capacity and prevention work.
- Partners have varying levels of knowledge, experience, and capacity for prevention work. In their SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis, the VPLO noted the opportunity to offer a variety of prevention training.

Region 3:

- Timing of prevention funding can complicate planning.
- Subgrantees have differing levels of experience managing grants and may need increased technical assistance.
- Improving communication efforts.
- Enhancing school connections.
- Ensuring ongoing professional development.
- Aligning processes with the anticipated Vermont evidence-based practices registry without having this information as they build their workplan.
- Capacity of staff and community partners.
- Ensuring gaps are addressed and innovative projects are identified and prioritized.
- Ensuring supported projects have primary prevention as the main component when addressing strategic plan goals.

Region 4:

- Enhancing support for schools.
- Creating connections.
- Supporting and funding projects focusing on mental health initiatives, initiatives supporting target groups, and prevention resources and education.
- Conducting assessments and formulating strategic plans.
- Evaluating the project.
- Enhancing communication efforts.
- Ensuring ongoing professional development.

2020-2025 RPP Grant Evaluation Report

The 2020-2025 RPP grant evaluation highlighted many successes and positive impacts of sustained substance use prevention; however, it also identified certain challenges that VDH can help address:

- Subgrantees reported that prevention strategies identified by VDH often did not fit regional needs, were ineffective in application, or were inflexible.

- Support from DSU was inconsistent. Of note, subgrantees reported that grant manager turnover affected their ability to receive adequate and timely support.
- Quarterly reporting requirements were repetitive and posed a burden on staff.
- Restrictions on allowable expenses sometimes limited subgrantees' ability to implement strategies. One subgrantee specifically noted that restrictions on purchasing food interfere with engaging with youth. Inconsistency in allowable expenses was also reported as a challenge.

Vermont Community Prevention Assessment Survey

In the survey, community prevention leaders requested certain training for both their own organizations and partner organizations. The top categories of requested training types 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

Community Health Assessment and DSU Strategic Plan

The findings of the community health assessment fit into the following categories outlined in the DSU strategic plan.

Access to Care

- Allocate funding in a manner that best addresses identified gaps

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
- 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 training on a routine basis to accommodate new staff
- Provide technical assistance aimed at increasing prevention programming in colleges

Goals and Objectives

The overall goal of RPP work is to reduce the onset and progression of alcohol and cannabis use/misuse 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; promoting the use of evidence-based interventions and/or practices to maximize positive health outcomes; and, addressing larger, more systematic structural issues related to access to high quality prevention services for all populations that are relevant, recovery-oriented and trauma-informed as a means of improving overall health and wellbeing.

This section reviews goals that are directly intended to address the gaps identified by the community health assessment and are able to be addressed by community or state action. As needs and gaps vary between regions, some of these goals apply to the whole state, whereas other goals apply to specific VPLO regions more than others. For each goal, specific objectives and at least one performance measure are identified. Due to the interconnected nature of substance use prevention work, some of these goals and objectives may involve funding from sources other than RPP.

Goal: Establish and utilize a registry of evidence-based programs for Vermont

Gaps Addressed: The 2020-2025 RPP grant evaluation found that in many cases, subgrantees felt prevention strategies identified by DSU were ineffective; some were irrelevant to regional needs or inflexible.

DSU Role: Creating a registry specific to Vermont will help identify programs that are feasible to implement and have the most impact within Vermont's unique substance use and prevention landscape. With the support of an external consultant, DSU will develop a registry of evidence-based and evidence-informed programs specific to communities in Vermont. Additionally, DSU and an external consultant will provide guidance for how to use this registry to respond to evolving local needs.

Objectives:

- By the end of June 2027, pilot the registry with two regions.
- By the end of September 2027, roll out an updated registry to all regions with guidance and training for usage.
- By the final year of the grant, at least 50% of strategies used by each VPLO will be from the registry.

Performance Measures:

- Number of individuals served by direct/individual-based evidence-based strategies
- Number of people reached by indirect/population-based evidence-based strategies
- Percent of strategies used by VPLOs that are included in the registry
- Regional applicability of identified evidence-based strategies (as rated by VPLOs)

Goal: Provide training on prevention-related topics

Gaps Addressed: Several areas of the community health assessment addressed the need for additional trainings geared towards various audiences, including VPLOs, partner organizations, and other state departments. VPLO assessments also indicated a need for consistent trainings. While there are various training needs, certain topics were frequently requested by prevention leaders. Additionally multiple sources have noted many non-prevention professionals struggle with a basic understanding of substance misuse prevention purpose and principles. Introductory prevention trainings offered to non-prevention professionals can help address limited knowledge and misconceptions.

DSU Role: DSU will provide trainings to VPLOs and partner organizations on a variety of prevention-related topics, focusing on the steps of the Strategic Prevention Framework, coalition development, non-profit management, community readiness, and prevention core competencies. DSU prevention staff will continue to provide Prevention Ethics twice a year and SPF Application for Prevention Success Training once a year, as required by our Substance Abuse and Treatment Block Grant. DSU staff will ensure VPLO's are aware of training resources provided by the New England Prevention Technology Transfer Center and the Strategic Prevention Technical Assistance Center.

Objectives:

- In each funding year, staff from all regions will attend at least four State-led topical trainings on capacity-building, prevention infrastructure, and/or sustainability planning.

Performance Measures:

- Number of trainings offered per funding year
- Number of training participants per funding year
- Percent of training participants who reported increased knowledge after attending a training

Goal: Include youth input in RPP planning and implementation

Gaps Addressed: Prevention work for youth must be done in collaboration with youth. Consistently engaging youth ensures prevention efforts are well suited for target populations and encourages youth leadership in prevention efforts. DSU does not currently have a consistent way to collect input from youth regarding prevention activities.

DSU Role: DSU prevention staff will participate in the newly formed "State Youth Advisory Council". DSU will also collect information on youth involvement in RPP planning and implementation in our VPLO quarterly reports. All input will be summarized and incorporated into RPP planning as appropriate.

Objectives:

- A DSU prevention staff member will regularly attend State Youth Advisory meetings
- Youth are actively involved in planning and/or implementing youth-focused RPP strategies to improve strategy relevance and efficacy.

Performance Measures:

- Percent of State Youth Advisory Council meetings attended by a DSU prevention staff member

- Percent of youth-focused strategies that actively involve youth in planning and/or implementation

Goal: Develop and/or support community coalitions

Gaps Addressed: Community based processes, including the development and sustaining of community prevention coalitions, has been a national prevention guidepost for many years. Coalitions bring together diverse community sectors to address substance use, with a focus on community readiness, ownership and local knowledge. There are a variety of community prevention coalitions across Vermont, in various stages of readiness/functionality. While some VPLO's have multiple coalitions, others have none. Three out of four regions currently have community prevention coalitions. Region 1 has identified supporting and strengthening coalitions as a priority activity.

DSU Role: Development of new coalitions in regions/subregions without coalitions is a priority for RPP 25, as is fostering the success of current coalitions. DSU will provide training and technical assistance specific to coalition development to all regions. State RPP 25 staff will closely monitor progress through monthly check-ins and quarterly reporting, providing support as needed. DSU Prevention Consultants will attend coalitions meetings within their regions and provide ongoing support.

Objectives:

- Any VPLO region or part of a VPLO region not covered by a coalition should establish at least one or expand the scope of a local group to ensure inclusion substance misuse prevention.
- Any VPLO region or part of a VPLO region with an active substance misuse prevention coalition should identify specific RPP 25 priorities to expand current coalition capacity and build infrastructure.

Performance Measures:

- Number of prevention coalitions by region
- Number of community sectors engaged by region

Goal: Diversify funding sources for prevention work

Gaps Addressed: Diverse and sustainable funding sources are needed to build and sustain capacity for prevention work and allow regions to better respond to their community's specific needs. In VPLO self-assessments, leaders consistently identified funding as one of the main challenges, particularly around staff capacity. Most but not all regions currently receive funds from sources other than DSU.

DSU Role: DSU will support VPLOs and relevant community subgrantees in identifying and applying for additional funding sources and will provide trainings focused on financial sustainability. DSU will work to maintain existing prevention funding and will continue to advocate for prevention funding at the state level.

Objective:

- By the end of September 2028 (end of funding year 3), all regions will submit a draft sustainability plan. In the sustainability plan, regions should identify at least two possible funding sources outside of DSU funds.

Performance Measure:

- Number of funding sources per VPLO region

Goal: Maintain regular communication between DSU and VPLOs

Gaps Addressed: Maintaining communication between different parties involved in RPP work is crucial, and there are areas where communication can be improved. The RPP 2020-2025 evaluation report noted that communication between DSU and subrecipients could be improved and be more consistent.

DSU Role: DSU will hold regularly scheduled meetings with each VPLO. Additionally, DSU will host drop-in meetings to allow VPLOs to access additional support on an as-needed basis. The frequency of these meetings will be reassessed on a biannual basis and will be increased or decreased as needed. Prevention consultants and RPP 25 grant staff will attend said meetings. In addition, DSU RPP 25 staff will create guidance documents relevant to major grant requirements/expectations to clarify and clearly communicate expectations to VPLOs.

Objectives:

- DSU and each VPLO will meet monthly for planning, updates, and issue resolution.
- DSU will hold quarterly statewide grantee meetings.

Performance Measures:

- Percent of VPLOs who report that documents and communications are useful and clear
- Percent of VPLO community partners who report to the VPLO that documents and communications are useful and clear

Goal: Increase and support technical capacity for prevention work

Gaps Addressed: Many activities, including grant management and work involving data, rely on technical skills and knowledge. Some VPLO regions noted difficulties in managing new

subgrantees with varying levels of grant management experience, and some difficulty providing all necessary technical assistance with limited staff.

VDH Role: DSU will provide trainings focused on technical capacity, both to VPLOs and their subgrantees, and will aim to respond to requests for technical assistance in a timely manner.

Objectives:

- The State will fulfill 90% of technical assistance requests of DSU RPP staff from regions within 2 weeks of initial request.
- Each region will attend at least one training per funding year focused on increasing technical capacity.

Performance Measures:

- Percent of technical assistance requests of DSU RPP staff from VPLOs fulfilled within 2 weeks of initial request

Indicators and Evaluation Plan

Several population-level indicators will be used to assess the prevalence of substance use, risk factors, and protective factors. These indicators will be assessed at a state level, and where possible, by VPLO region. The indicators below are tracked for other projects or groups, such as the Substance Use Dashboard. Additionally, many of these measures are required components of the RPP evaluation for this grant period.

Population-level indicators

Indicator	Data Source
Percent of Policy and Communication Evaluation participants who have seen a prevention messaging campaign have made a positive behavior change in the subsequent three months*	PACE
Percent of young adults (18-25) who believe there is no risk or slight risk from using cannabis regularly*	YAS
Percent of young adults (18-25) who used alcohol in the past 30 days*	YAS
Percent of young adults (18-25) who binge drink in the past 30 days	YAS
Percent of high school students who binge drink, 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 used cannabis in the past 30 days*	YAS

Indicator	Data Source
Of young adults (18-25) who use cannabis, percent who use cannabis 20 or more days in the past 30 days	YAS
Percent of high school students drinking alcohol, past 30 days*	YRBS
Percent of high school students who use marijuana, past 30 days*	YRBS
Percent of students who agree or strongly agree that they matter to people in their community*	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 think people greatly risk harming themselves if they have 5 or more alcoholic drinks once or twice each weekend*	YRBS
The rate of Youth Substance Abuse Safety Program (YSASP) alcohol and marijuana citations for youth under 21*	YSASP

*This indicator is a required measure for the RPP evaluation.

YRBS and YAS data are available on a biannual basis. PACE and YSASP data are available yearly.

VDH is currently working to identify a contractor for evaluation, and will work with the contractor to identify goals, develop methodology and data collection tools, and create an evaluation plan and identify additional measures to track.

Next Steps

After the Community Health Improvement Plan is disseminated, DSU will develop an RPP 25 strategic plan to guide this work. The plan will be revisited on a yearly basis and updated as needed. In addition, DSU is creating an RPP 25 statewide Evaluation plan. The RPP evaluation over its course may also identify areas where the plan needs to be changed or where different activities may better serve prevention goals.