



Evaluation for Regional Prevention Partnerships (RPP)

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Regional Prevention Partnerships Evaluation, 2020–2025

Key evaluation findings

“A lot of focus has been around youth training and leadership and youth really taking that vested role in owning strategies and implementing. I think that's really been the shining star.”

The RPP evaluation highlights the positive impact of sustained substance use prevention:

- Funded organizations shared examples 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 and LGBT 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).
- From 2019 to 2025, more PACE participants reported having seen a prevention messaging campaign and making a positive behavior change.

The evaluation identified challenges that can be addressed moving forward:

- **Relevance of prevention strategies:** A Vermont-specific evidence-based and promising practices registry will identify prevention strategies that are relevant to community needs.
- **Inconsistent resources and support from the Health Department:** Address inconsistencies through collaborative continuity planning.
- **Increased cannabis use among young adults and LGBT young adults:** Focus prevention programming on young adults and LGBT young adults, aged 18-25.
- **Repetitive quarterly reporting:** Review reporting requirements with the goal of reducing reporting burden.
- **Grant limitations on allowable expenses:** Provide ongoing technical assistance to grantees to ensure allowable expenses are adequately documented and invoiced.

If you need help accessing or understanding this information, contact AHS.VDHDSU@vermont.gov.

Background

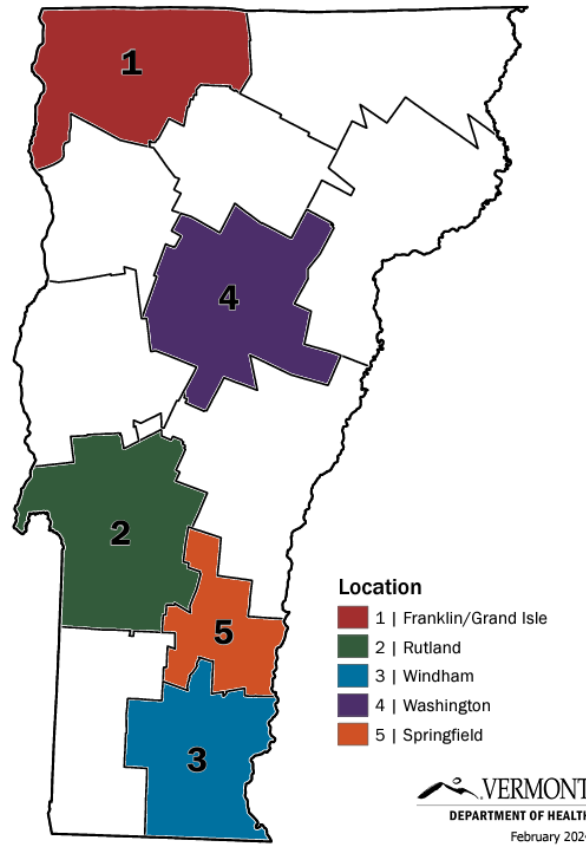
The 2020-2025 Strategic Prevention Framework-Partnerships for Success for States (2020 SPF-PFS) grant program was a five-year, \$5 million cooperative agreement with the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). The 2020-2025 award was a \$7 million decrease from the \$12 million SPF-PFS grant awarded in 2015-2020.

The Vermont Department of Health Division of Substance Use Programs (DSU) subgranted SPF-PFS funds to support substance prevention strategies through Regional Prevention Partnerships (RPP) grants.

RPP is a comprehensive combination of statewide and regional efforts to prevent and reduce alcohol and cannabis use and misuse by youth and young adults through the delivery of evidence-based prevention strategies. RPP funding supported statewide prevention trainings along with the creation, implementation and analysis of the statewide [Young Adult Survey](#) (YAS). RPP has also been one of several funding sources supporting the creative development and implementation of DSU media campaigns, including [ParentUp](#), [Let's Talk Cannabis](#), and [OutLast](#), and contributed to the [Behavioral Risk Factor Surveillance System](#) (BRFSS) question review process and purchase of extra substance use questions.

Through the previous five-year 2015 SPF-PFS, RPP funded fiscal agents (i.e., subgrantees) in all [12 of Vermont's health districts](#). In 2020-2025, RPP funded subgrantees in five health districts from 2020-2025 including Franklin & Grand Isle (1), Rutland (2), Windham (3), Washington (4), and Springfield (5).

RPP 2020-2025 Grantees



Subgrantees funded organizations who then implemented RPP activities. In some cases, the subgrantee was also the implementing organization. The Health Department also focused on serving lesbian, gay, bisexual and transgender (LGBT) youth and young adults due to the higher rates of substance use and the environmental influences contributing to substance use among this population. [Outright Vermont](#), which serves the LGBT population across the state, was a subgrantee and provided support in each funded region. Table 1 lists subgrantee organizations for 2020-2025, along with the primary counties in which they focus their efforts.

Table 1. 2020 – 2025 RPP Subgrantees, Implementing Organizations and Counties

Region	Subgrantees	Implementing Organizations	Primary Counties Served
1	Franklin County Caring Communities (Years 1-4) United Way of Northwest VT (Year 5)	Franklin County Caring Communities (Years 1-4) United Way of Northwest VT (Year 5)	Franklin and Grand Isle

2	Rutland Regional Medical Center	Rutland Regional Medical Center	Rutland
3	Youth Services, Inc./ Interaction, Inc.	West River Valley Thrives Coalition, Building a Positive Community, Deerfield Valley Community Partnership	Windham
4	Washington Central Friends of Education	Central VT New Directions (Year 1-3) Mosaic VT (Years 4-5)	Washington
5	Mountain Communities Supporting Education, Inc.	The Collaborative	Windsor
-	Outright Vermont	Outright Vermont	Statewide

Notable events during the five-year grant period impacted the RPP programming. The RPP grant period began in September 2020, shortly after the start of the COVID-19 pandemic. COVID-19 had a lasting impact on prevention capacity, strategy implementation and delivery. For the first two years of RPP, many Health Department staff supporting the program were deployed to other positions in response to COVID-19. Additionally, Vermont’s retail cannabis market also opened for adults 21 years and over in October 2022.

Throughout the grant period, there were also staffing changes at the Health Department that impacted programming including RPP grant manager, DSU division director, prevention unit director and prevention consultant turnover. Regions 1 and 4 also experienced changes in RPP subgrantees during the grant period.

Evaluation purpose and scope

The purpose of this comprehensive process and outcomes evaluation is to understand more about the RPP program’s implementation and impact while identifying areas for continuous improvement. The combination of these evaluation approaches allows us to make informed decisions about future prevention funding and programming.

This evaluation looks at the implementation (i.e., process) and outcomes of prevention strategies implemented at the state and subgrantee level, which include activities completed in each of the five RPP-funded regions: Franklin & Grand Isle (Region 1), Rutland (Region 2), Windham (Region 3), Washington (Region 4), and Springfield (Region 5), and data collected during the grant period from 2020 to 2025.

Process evaluation findings will largely summarize information regarding project implementation, like numbers served and successes and challenges, while the outcome

evaluation aims to measure whether and to what extent the long-term goals of the program were met, like seeing a reduction of alcohol and cannabis use among youth and young adults over time.

Evaluation design

To provide value to interest-holders ([Appendix A](#)), or those involved in or affected by the program, a utilization-focused and participatory approach grounded in the Centers for Disease Control and Prevention evaluation framework was used to evaluate RPP activities.¹ Wherever feasible, the Health Department engaged interest holders in the evaluation. This evaluation also utilized a mixed-methods approach, combining quantitative and qualitative strategies such as the collection and analysis of quarterly program reports, analysis of available survey data and completion of semi-structured interviews with subgrantees ([Appendix B](#)). Quantitative and qualitative data were analyzed using Microsoft Excel, with qualitative data aggregated and analyzed using a qualitative thematic framework (i.e., reflexive thematic analysis).²

The following implementation and outcome data are included in this report:

Implementation measures



- Number of people directly served
- Number of prevention strategies implemented, including media campaign contribution and reach
- Subgrantee semi-structured interviews

Community-level outcome measures



- Past 30-day use of alcohol and cannabis among youth (grades 9-12) and young adults (age 18-25)
- Past 30-day use of alcohol and cannabis among LGBT youth (grades 9-12) and young adults (age 18-25)
- Participants (age 12-25) who have seen a prevention messaging campaign have made a positive behavior change

Data sources for the community-level outcome measures noted above include the [Young Adult Survey](#), [Youth Risk Behavior Survey](#) (YRBS) and [Policy and Community Evaluation Vermont](#) (PACE).

Evaluation questions

The following evaluation questions were developed by the Health Department with opportunities for input from subgrantees:

Process evaluation

Evaluation Questions	Data Source
To what extent was RPP implemented as intended, including number of people served and number of prevention strategies implemented across the grant period?	<ul style="list-style-type: none">• Quarterly reporting• Media messaging analytics
What impact did the COVID-19 pandemic have on implementation?	<ul style="list-style-type: none">• Subgrantee interviews
What were the key highlights, challenges, and lessons learned?	<ul style="list-style-type: none">• Subgrantee interviews
How well did identified strategies fit the region? What strategy adaptations were made, if any?	<ul style="list-style-type: none">• Subgrantee interviews
Did resources and support from the Health Department aid implementation of RPP programming?	<ul style="list-style-type: none">• Subgrantee interviews

Outcome evaluation

Evaluation Questions	Data Source
Did the RPP-funded counties experience improvements between baseline and follow-up years in the identified community-outcome measures?	<ul style="list-style-type: none">• YAS, YRBS, PACE

Process evaluation findings

To what extent was RPP implemented as intended, including number of people served and number of prevention strategies implemented across the grant period?

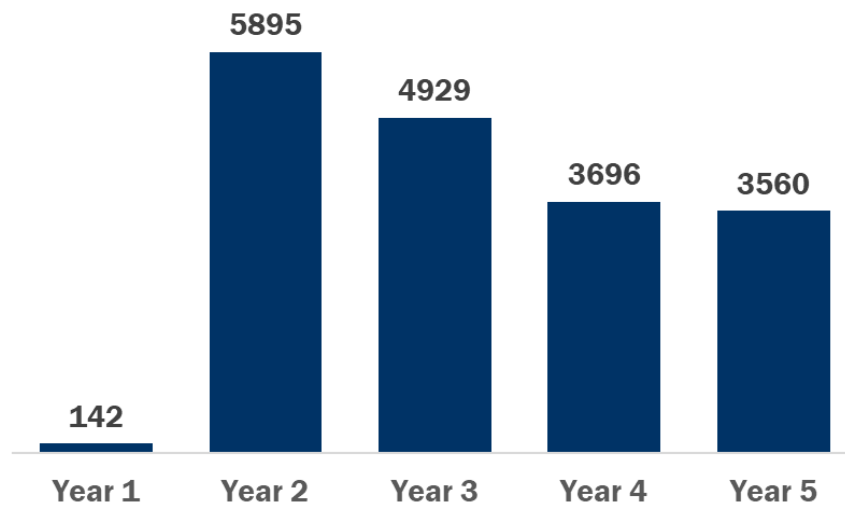
Numbers served

- Numbers served refer to individual-based prevention strategies or services delivered directly to people, either on a one-on-one basis or in a group setting.
- Year 1 of the grant is considered an implementation year, consisting primarily of planning and capacity building activities in preparation for direct service. Additionally,

Year 1 coincided with the COVID-19 pandemic, the impact of which will be addressed later in this report.

Over the five-year grant period, subgrantees directly served an estimated 18,222 Vermonters based on subrecipient quarterly reports.

Year 1 of the grant is considered an implementation year, and it is expected that fewer people would be directly served during this period. The COVID-19 pandemic also began during Year 1 and had lasting impacts on grant activities.



Number of people served may include duplicates.

Strategy implementation

- RPP funds supported the implementation of seven **required prevention strategies**, including a selection of one of four **strategies to support DLL and local retailer efforts to prevent underage drinking**, and several **optional prevention strategies**.
- Strategy implementation was sustained through grant years 1-5, with subgrantees collectively implementing an average of **16 unique prevention strategies per grant year**. This indicates that subgrantees implemented approximately nine additional strategies per year beyond the seven required strategies. Regional capacity building was the only strategy implemented by all subgrantees across all five grant years.

Table 2. Number of subgrantees implementing prevention strategy, by grant year

Strategy	Year 1	Year 2	Year 3	Year 4	Year 5
Required Strategies					
Regional Capacity Building	6	6	6	6	6
Education and Outreach to Community on Youth Cannabis Use Prevention	5	5	5	5	4
Enhance Local Law Enforcement Efforts	5	5	5	5	4
Local Policy Enhancements to Prevent Cannabis Use	5	5	5	5	4
Local Policy Enhancements to Prevent Underage Drinking	5	5	5	5	4
Young Adult	6	5	3	5	3
"Select 1" Required Strategy					
Retailer Recognition for Passing Compliance Checks	5	5	3	3	3
Sticker Shock	2	4	1	1	2
Support Responsible Beverage Service Trainings (DLL)	3	3	1	2	1
False/Fraudulent ID Enforcement Checks	1	0	0	0	0
Optional Strategies					
Gender Sexuality Alliance (GSA) in Schools	5	6	6	5	5
Advising & Training of Peer Leadership/Youth Empowerment Groups in Schools	3	3	5	4	2
DITEP/Youth Mental Health First Aid Training	2	3	1	1	0
Cannabis eCheckUp	1	1	1	1	2
Alcohol eCheckUp	1	1	1	1	2
Mentoring	1	1	2	1	1
Support Evidence-Based Classroom Curriculum	0	0	1	1	0
Alcohol Edu for College	0	1	0	0	0
Guiding Good Choices	0	0	1	0	0
Screening and Referral in Schools	0	0	0	1	0
Other, preapproved strategy	0	0	0	1	0
Nurturing Parenting Program	0	0	0	0	0
Strengthening Families Program for Youth 10-14	0	0	0	0	0

Year 1: 9/1/2020 - 8/30/2021; Year 2: 9/1/2021 - 8/30/2022; Year 3: 9/1/2022 - 8/30/2023; Year 4: 9/1/2023 - 8/30/2024; Year 5: 9/1/2024 - 8/30/2025.

Media campaigns and reach

- RPP has been one of several funding sources supporting the creative development and implementation of DSU media campaigns.
- Over the grant period, RPP contributed to several media buys, or purchases of advertising, including four [ParentUp](#) media buys, four [Let's Talk Cannabis](#) media buys and seven [OutLast](#) media buys.
- **Exploratory engagements** are measured by video completions, reactions/likes/comments, link clicks, web sessions, Facebook/Instagram saves, Snapchat story opens, etc.
- **Message delivery or impressions** are the number of times an ad was displayed/seen on screen.
- In addition to the measures defined above, the Health Department also collects web metrics on RPP-supported media campaigns, including total number of web sessions and average session duration.



[ParentUp](#) helps parents and caregivers to have conversations with their children about alcohol and other drugs. This social marketing campaign provides tips for establishing a supportive environment and creating on-going, two-way dialogue to make discussions easier about alcohol, cannabis, other drugs and mental health.



[Let's Talk Cannabis](#) is an educational campaign providing science-based information to increase awareness about cannabis and how it affects our bodies, minds and health. The campaign provides information on the health and developmental risks of use among youth or people who are pregnant, prevention tips and how to access help.



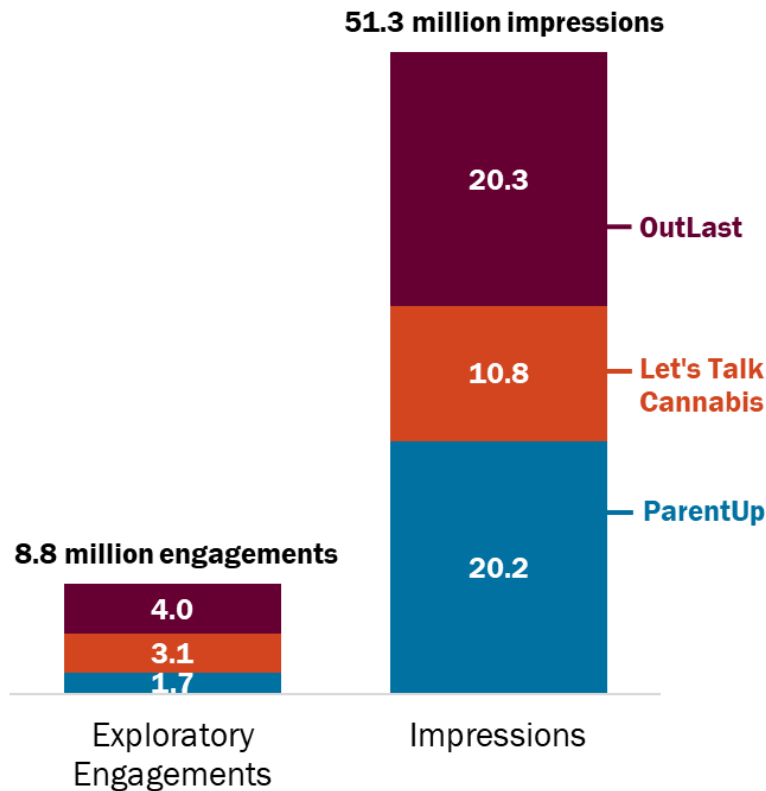
[OutLast](#) is a digital campaign for teens at an increased risk for alcohol and cannabis use. Messaging emphasizes how substances can interfere with managing stress and anxiety, self-control, being focused and achieving goals.

Between Oct 2021 to August 2025, approximately 38,257 hours of alcohol and cannabis media content were consumed across ParentUp, Let's Talk Cannabis and OutLast campaigns.

That's the equivalent of continuously watching all nine seasons of The Office more than 520 times!

RPP funding contributed to multiple media buys for ParentUp, Let's Talk Cannabis, and OutLast, resulting in 8.8 million exploratory engagements and 51.3 million impressions.

RPP is one of several funding sources supporting the development and media implementation of these campaigns.



One-hour semi-structured interviews were completed with a subgrantee or implementing organization from each region to answer evaluation questions addressing program implementation and the impact of the COVID-19 pandemic, the highlights, challenges, and lessons learned over the five-year grant period, prevention strategies and strategy adaptation, and resources and support from the Health Department ([Appendix B](#)).

Interviews were recorded, transcribed and then analyzed using a reflexive thematic approach, a qualitative analysis framework that focuses on identifying, revisiting and refining themes as insights emerge during analysis.

What were the key highlights, challenges, and lessons learned?

Subgrantees shared program **highlights, challenges** and **lessons learned through RPP implementation** over the entirety of the grant.

Highlights:

People working together, collectively approaching prevention activities and responding to challenges.

- All subgrantees shared this as a key highlight of the RPP work.
- “Part of what made the work valuable was building connections and building community and building collective response and education and action. My main highlight was to see people working together, to see people corroborating in really desperate and challenging circumstances.”

Building relationships, including strong partnerships with DSU, and opportunities to share resources facilitate RPP activities.

- “We've had a huge growth in partners in terms of bringing people into the work, connecting with some of the local hospitals and local organizations and just really bumped up the number of people that are aware of prevention or involved in prevention and [are] our partners in this work.”

Successfully engaging youth.

- Subgrantees emphasized examples of youth taking a vested role in prevention activities within their communities.
- “A lot of focus has been around youth training and leadership and youth really taking that that vested role in owning strategies and implementing. I think that's really been the shining star.”

Seeing the long-term impact of this programming.

- “So for me, I think just seeing that impact, you know this is...I grew up here, and I work with youth in other capacities in my life so I personally just really enjoyed seeing that and then working directly with the teenagers with, with the youth and just being able to listen to their viewpoints. Being able to take this work and adapt it to what they're saying we need in our community. And empowering them to be the leaders in their voice. And what they need.”
 - “I think the other highlight still is coming back to that like seeing a real shift and change in stigma around addiction and substance use disorders and also seeing people connecting the dots between that kind of whole picture view.”
-

Challenges:

Staff-related challenges, like turnover and grant manager continuity.

- “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.

- “There were some drawbacks as well in that RPP is restricted by age group and certain activities.”
- “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.”

What organizations learned through RPP implementation:

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.”
- “This has been a really great group of partners to work with...there is some power to working with, with partners and to having people who you can rely on and still be responsive to their needs and capabilities.”

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.”
- “I think the biggest take away is around that coordinated communication and so making sure that we're including everybody that needs to be included and making that welcome and inviting to have voices at the table.”

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.”
-

What impact did the COVID-19 pandemic have on implementation?

The COVID-19 pandemic occurred during the first grant year and had lasting impacts. Year 1 is a crucial time for planning, capacity building and implementation in preparation for direct service. Subgrantees noted **capacity changes** and **social impacts** that influenced program implementation in addition to a **decrease in program engagement** because of the COVID-19 pandemic.

Capacity changes decreased prevention capacity, often due to a decreased ability to connect and build partnerships, and the loss of ability to do in-person work during the pandemic.

- “We lost all of the face to face, and so there was the struggle of people being able to come to the table virtually, which I think that, you know, anybody working within probably any industry but even specifically prevention here that that in-person really energizes it creates a natural collaboration and support structure that that we completely lost those first few years.”
 - Some subgrantees identified that changes during the pandemic increased capacity to do prevention work through the implementation of telework and identification of alternative strategies.
-

The pandemic contributed to social changes that impacted programming, like divisiveness, isolation and a general lack of trust in public health.

- “In particular being able to support youth in substance use prevention work when they are struggling to have good connections and relationships because of that isolation has been incredibly challenging.”
-

There was a loss of participant base and engagement, particularly youth engagement.

- “Even now you know it's like there's a change of...and I don't know if it's because they were on devices so much...it's like they don't want to engage and we're still feeling that...I mean anything we needed help with, kids would all be...it feels like pulling teeth sometimes. That they'd rather just go home and get on their video games...it definitely feels different. Their willingness to be engaged.”
-

How well did identified strategies fit the region? What strategy adaptations were made, if any?

A majority of subgrantees shared that the prevention strategies identified by the Health Department were not applicable to regional needs for a variety of reasons including overall **strategy relevance, rigidity and low interest**.

Additionally, subgrantees expressed **more guidance was needed from the Health Department for how to implement and report on strategies**. To make strategies better fit the region, subgrantees relied on **creative planning and strategic implementation** and **leveraged community partner expertise**.

Prevention strategies identified by the Health Department could better fit regional needs.

In many cases, identified strategies were outdated, not relevant to Vermont or not effective in application.

- A majority of subgrantees shared this viewpoint.
- “The list of strategies does not fit our region very well at all.”
- “There were certain evidence-based programs that were being suggested that were just not effective in the application of them. And some of them honestly like, and this probably wasn't the case when the grant started, but some of them felt very outdated. And it's difficult to try to implement, you know something by the book when you're feeling like it's not the most effective way to reach, you know, the youth.”

Strategies lacked flexibility.

- “I think more flexibility, less structure, less focus on evidence-based strategies and more focused on evidence supported strategies or kind of smaller impact, recognizing that like each town has its own needs in Vermont...I think that would have a really incredible impact.”

There was often low interest in RPP prevention strategies from communities and partners.

- “I don't think that the community has identified those as priority areas to have a good impact in prevention in [the region], and so there just wasn't a willingness to really engage.”
- “We just did not have a lot of interest in some of the strategies that were offered because folks didn't see the value in them and didn't think that they were applicable to our region.”

More guidance was needed from the Health Department for implementing and reporting on strategies.

- “We could provide strategies that were, you know, relevant and increasing the impact of RPP and resourcing regional partners to increase their impact, but it did not always fit like in the 15 strategies that you list on your [quarterly] report form. Like, ‘Could we find the right ones?’, ‘Was I answering them quite the way they needed to be answered?’”
-

Strategy adaptations:

Subgrantees relied on creative planning and strategically implemented certain strategies.

- “I mean obviously with evidence-based programs you can't really adapt them all that much. So I tried to lean away from those a little bit, especially the ones we found to be a little ineffective. I think the biggest adaptation that was the most successful for us was approaching prevention messaging in a non-traditional way.”
 - “Some of the things that we had to come up with and the creativity was pretty amazing.”
-

Subgrantees leveraged partner expertise when looking to adapt strategies to better fit their region.

- “Regional partners have their expertise and that is their regions and communities and the players in them and the things that we cannot possibly know coming from outside.”
-

Did resources and support from the Health Department aid implementation of RPP programming?

Subgrantees identified various **challenges** and **successes** related to resources and support provided by the Health Department.

Challenges:

Getting timely responses to TA requests.

- “I think that there had been a gap, an ongoing gap, with guidance and support in that way when requests were made for technical assistance or training that often never came to fruition.”
-

Receiving support on grant-specific prevention strategies.

-
- “Since they [strategies] were prescribed within the agreement and you know the State's award, we were looking to the State to provide that connection and motivation for those partners to engage on those strategies.”
-

Health Department grant manager turnover impacted the quality of support.

- “It was interesting and you know this grant involved quite a bit of turnover in terms of the grant administrators. And so each administrator had sort of their own approach to what that looked like.”
-

Successes:

Support received during required subgrantee meetings, including conversations about what is working and resource sharing across regions.

- “I would say probably the most successful resourcing was the ability to coordinate meetings and trainings that required grant providers to participate.”
 - “They used to do a required grantee meeting where everyone would kind of share what they were doing, which was a valuable resource because then it would connect you with someone doing something that you were interested in.”
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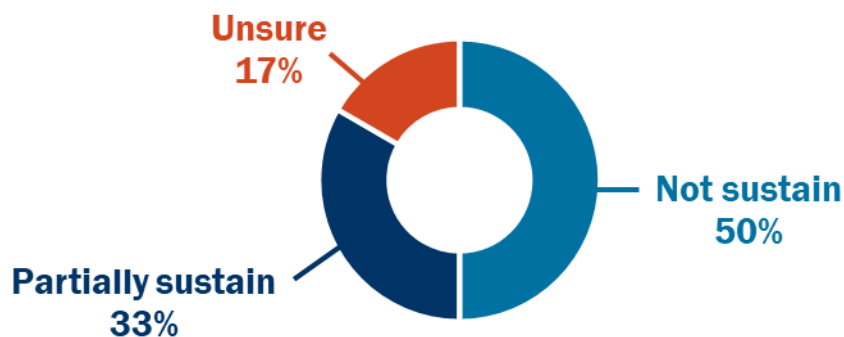
Support from Department resources outside of RPP like the Prevention Consultants (PCs) and Offices of Local Health.

- “In terms of resources, probably the biggest one they offer is the PC. He's invaluable and he's at all of our meetings and is of great support.”
 - “Our local office of health was incredibly helpful”
-

Subgrantees were also asked about the ability of their organization to sustain substance use prevention work beyond the end of the grant, if future PFS grant funds were not secured.

Half of subgrantees (3/6) indicate their organization will **not sustain this substance use prevention work if this funding source does not continue.**

No subgrantee organization indicates that they can fully sustain this work past the grant period without additional funding.



Outcome evaluation findings

SAMHSA’s reporting included PFS-required community-level outcome measures for 30-day alcohol use, 30-day marijuana use and positive behavior change. The Health Department identified the following measures from the YAS, YRBS, and PACE to fulfill PFS reporting requirements.

- Past 30-day use of alcohol and cannabis among youth (grades 9-12) and young adults (age 18-25)
- Past 30-day use of alcohol and cannabis among LGBT youth (grades 9-12) and young adults (age 18-25)
- Participants (age 12-25) who have seen a prevention messaging campaign have made a positive behavior change

While observing data outlined in the following section, remember that we cannot directly attribute community impacts to RPP programming as there are multiple substance use prevention efforts occurring across Vermont.

Did the RPP-funded counties experience improvements between baseline and follow-up years in the identified community-outcome measures?

The tables below indicate change in measures from baseline year to the most recent data year. A statistically significant **favorable** change is indicated by + while - indicates a statistically significant **unfavorable** change.

For youth grades 9-12, rates of past 30-day alcohol use decreased from 2019 to 2023 in all RPP-funded regions.

Statewide rates of past 30-day alcohol use in this population also decreased from 2019 to 2023.

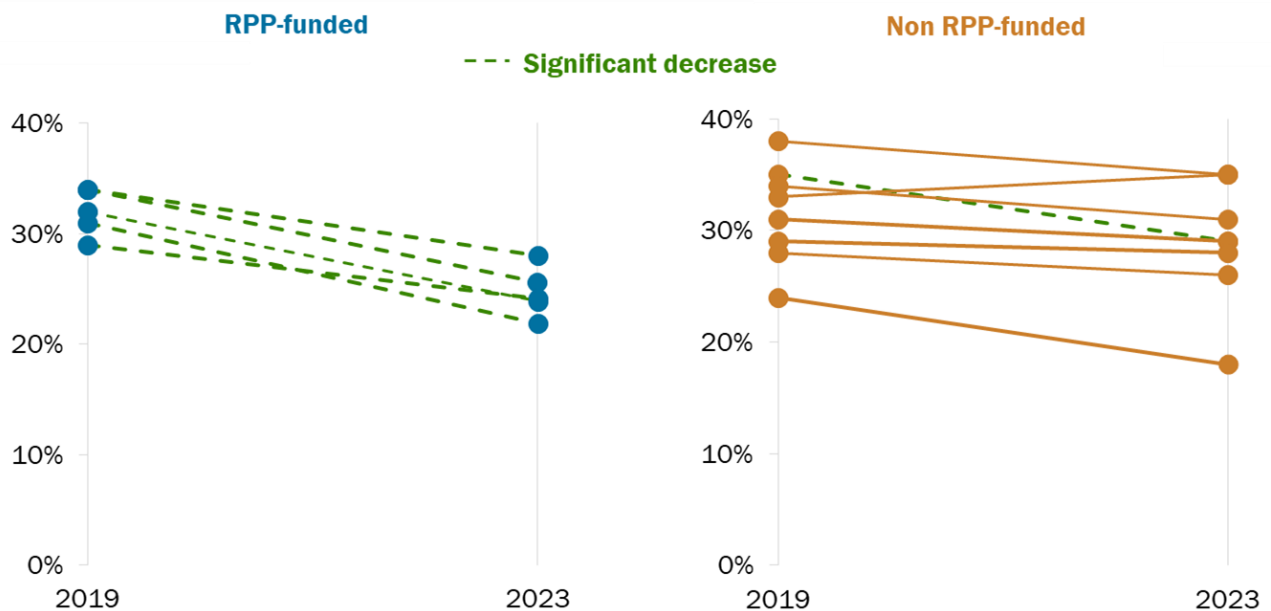
Table 3. Percent of youth grades 9-12 who report past 30-day alcohol use.

Region	County	2019	2023	Change	Significance
1	Franklin	34.0%	25.6%	↓ 8.5%	Decrease+
2	Rutland	31.0%	21.9%	↓ 9.1%	Decrease+
3	Windham	32.0%	23.9%	↓ 8.1%	Decrease+
4	Washington	34.0%	28.0%	↓ 6.0%	Decrease+
5	Windsor	29.0%	24.1%	↓ 4.9%	Decrease+
Vermont	-	31.0%	26.9%	↓ 4.1%	Decrease+

Source: Youth Risk Behavior Survey, 2019 and 2023. Franklin county data used to represent Franklin and Grand Isle.

When looking at rates of past 30-day alcohol use in both RPP-funded and non-funded regions for this population, rates in all RPP-funded regions significantly decreased while rates remained similar in most non RPP-funded regions.

This comparison does not consider regions who may have Community PFS grants from SAMHSA or other sources of prevention funding.



Source: Youth Risk Behavior Survey, 2019 and 2023. Franklin county data used to represent Franklin and Grand Isle.

Rates of past 30-day cannabis use for youth grades 9-12 decreased or remained similar in RPP-funded regions.

Statewide rates of past 30-day cannabis use in this population also decreased from 2019 to 2023.

Table 4. Percent of youth grades 9-12 who report past 30-day cannabis use.

Region	County	2019	2023	Change	Significance
1	Franklin	23.0%	20.8%	↓ 2.2%	Similar
2	Rutland	27.0%	21.1%	↓ 5.9%	Decrease+
3	Windham	32.0%	27.2%	↓ 4.8%	Similar
4	Washington	30.0%	22.2%	↓ 7.8%	Decrease+
5	Windsor	24.0%	21.8%	↓ 2.2%	Decrease+

Vermont	-	27.0%	22.4%	↓ 4.6%	Decrease ⁺
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Source: Youth Risk Behavior Survey, 2019 and 2023. Franklin county data used to represent Franklin and Grand Isle.

For young adults age 18-25, rates of past 30-day alcohol use decreased or remained similar in all RPP-funded regions, while rates of past 30-day cannabis use remained similar in most regions from 2018 to 2024 with no significant increase.

This pattern is consistent with statewide rates of past 30-day alcohol and cannabis use in this population. The retail cannabis market was legalized in October 2022 for adults age 21 and older. Region 2 is the only funded region showing a downward trend in cannabis use rates in this population from 2018 to 2024.

Table 5. Percent of young adults age 18-25 who report past 30-day alcohol use.

Region	County(ies)	2018	2024	Change	Significance
1	Franklin and Grand Isle	71.0%	65.7%	↓ 5.3%	Similar
2	Rutland	74.4%	47.9%	↓ 26.5%	Similar
3	Windham	69.9%	47%	↓ 23.0%	Decrease ⁺
4	Washington	74.1%	59.1%	↓ 15.0%	Similar
5	Windsor	74.4%	70.9%	↓ 3.5%	Similar
Vermont	-	75.7%	69.0%	↓ 6.7%	Decrease ⁺

Source: Young Adult Survey, 2018 and 2024

Table 6. Percent of young adults age 18-25 who report past 30-day cannabis use.

Region	County(ies)	2018	2024	Change	Significance
1	Franklin and Grand Isle	42.0%	52.6%	↑ 10.6%	Similar
2	Rutland	42.5%	41.1%	↓ 1.4%	Similar
3	Windham	40.6%	50.3%	↑ 9.7%	Similar
4	Washington	40.7%	42.9%	↑ 2.2%	Similar
5	Windsor	40.1%	52.1%	↑ 12.0%	Similar
Vermont	-	44.4%	48.1%	↑ 3.7%	Similar

Source: Young Adult Survey, 2018 and 2024

For LGBT youth grades 9-12, rates of past 30-day alcohol use and cannabis use decreased or remained similar from 2019 to 2023 in RPP-funded regions.

This pattern is consistent with statewide rates of past 30-day alcohol and cannabis use in this population.

Table 7. Percent of LGBT youth grades 9-12 who report past 30-day alcohol use.

Region	County	2019	2023	Change	Significance
1	Franklin	39.0%	23.0%	↓ 16.0%	Decrease+
2	Rutland	37.0%	25.0%	↓ 12.0%	Similar
3	Windham	40.0%	27.0%	↓ 13.0%	Decrease+
4	Washington	38.0%	28.0%	↓ 10.0%	Similar
5	Windsor	32.0%	22.0%	↓ 10.0%	Similar
Vermont	-	36.0%	27.0%	↓ 9.0%	Decrease+

Source: Youth Risk Behavior Survey, 2019 and 2023. Franklin county data used to represent Franklin and Grand Isle.

Table 8. Percent of LGBT youth grades 9-12 who report past 30-day cannabis use.

Region	County	2019	2023	Change	Significance
1	Franklin	36.0%	27.0%	↓ 9.0%	Similar
2	Rutland	38.0%	26.0%	↓ 12.0%	Similar
3	Windham	36.0%	33.0%	↓ 3.0%	Similar
4	Washington	38.0%	25.0%	↓ 13.0%	Decrease+
5	Windsor	33.0%	26.0%	↓ 7.0%	Similar
Vermont	-	35.0%	27.0%	↓ 8.0%	Decrease+

Source: Youth Risk Behavior Survey, 2019 and 2023. Franklin county data used to represent Franklin and Grand Isle.

For LGBT young adults age 18-25, rates of past 30-day alcohol use remained similar from 2018 to 2024 in most RPP-funded regions. Statewide cannabis use in this population trends upward with no significant increase from 2018 to 2024.

For most regions, this pattern is not consistent with the statewide rate change for past 30-day alcohol in this population. Region 5 is the only region showing an upward trend consistent with the statewide trend.

Table 9. Percent of LGBT young adults age 18-25 who report past 30-day alcohol use.

Region	County(ies)	2018	2024	Change	Significance
1	Franklin and Grand Isle	81%	64%	↓ 17.4%	Similar
2	Rutland	73%	51%	↓ 21.5%	Similar
3	Windham	62%	52%	↓ 10.0%	Similar
4	Washington	78%	66%	↓ 12.6%	Similar
5	Windsor	62%	77%	↑ 15.2%	Similar
Vermont	-	73.0%	73.6%	↑ 0.6%	Similar

Source: Young Adult Survey, 2018 and 2024

Table 10. Percent of LGBT young adults age 18-25 who report past 30-day cannabis use.

Region	County(ies)	2018	2024	Change	Significance
Vermont	-	50.0%	54.9%	↑ 4.9%	Similar

County-specific responses are not available for this measure due to small sample size.

Source: Young Adult Survey, 2018 and 2024

The number of PACE participants (age 12-25) who have seen a prevention messaging campaign and made a positive behavior change increased from 2019 to 2025.

From 2019 (27.5%) to 2025 (65.3%), there was a 37.8% increase in the percentage of PACE participants who reported having seen a prevention messaging campaign and made a positive behavior change in the subsequent six months. **The 2025 PACE collected data on different media campaigns than those included in the 2019 survey. Caution should be used when interpreting and comparing these results.**

Continuous prevention efforts make an impact

[Substance use prevention efforts occurring across Vermont](#) contribute to the favorable community outcomes identified in this report. While we cannot directly attribute community impacts to RPP programming, it is still informative to examine change over time within the counties where RPP-funded interventions are delivered. Evidence of desirable changes over time increases the likelihood that RPP activities contributed to the positive changes seen in targeted substance use and protective behaviors.



- To see population-level outcomes because of substance use and misuse prevention efforts, long-term, uninterrupted, and continuously funded programming is required ([Appendix C](#)).



- As future iterations of this funding are available, opportunities for continuous improvement will be assessed by the Health Department to better support program implementation and performance.

For more information: contact AHS.VDHDSU@vermont.gov, with subject line “RPP Evaluation.”

References

1. Kidder DP, Fierro LA, Luna E, et al. CDC Program Evaluation Framework, 2024. MMWR Recomm Rep 2024;73(No. RR-6):1–37.
DOI: <http://dx.doi.org/10.15585/mmwr.rr7306a1>
2. Braun, V., & Clarke, V. (2020). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology*, 18(3), 328–352.
<https://doi.org/10.1080/14780887.2020.1769238>

Appendices

A. Rationale for the use of “Interest Holders”

The 2024 CDC evaluation framework provides the following rationale for utilizing the term “interest holder” to describe persons or organizations previously described as “stakeholders” in evaluation work:

Interest holder: Any person or organization having an investment in the evaluation, such as those served or affected by the program, those planning or implementing the program, those who might use the evaluation findings, and those who are skeptical about the program. Previously referred to as “stakeholder” (8), a term that can indicate a power differential between groups and that is recognized as having a violent connotation for certain American Indian or Alaska Native tribes and tribal members (19–22). Advancing equity requires many actions, one of which is using inclusive and respectful language in communications. Replacing the term stakeholders aligns with an equity-centered approach to communications because it recognizes the cultural, linguistic, environmental, and historical experiences of the many audiences of this evaluation framework and persons who might be affected by use of the framework (19,23,24). Stakeholder was replaced with interest holder to emphasize that anyone with an interest in the evaluation or program that is the subject of the evaluation are to be engaged in this collaborative process.”

B. Semi-structured subgrantee interview questions

Interview Questions: Responses should consider the entire five-year grant period or as long as your organization has been funded through this grant from 2020 onwards.

Background Questions

- What is your role in implementing this grant? How long have you been in this role and/or in similar roles.
- What was your region hoping to achieve with this funding?

Implementation

- Apart from funding, do you feel that DSU provided the right and/or enough resources and support for you to effectively deliver provided prevention strategies?
- How did COVID-19 impact implementation and effective delivery of prevention strategies?

Prevention Strategies

- How well do you feel the list of strategies provided by DSU fit your region?
- [If applicable] How did you adapt these strategies to your region?

Sustainability

- Do you feel your organization will be able to:
 - 1) Fully sustain its substance use prevention work beyond the end of the grant
 - 2) Partially sustain its substance use prevention work beyond the end of the grant
 - 3) Not sustain its substance use prevention work beyond the end of the grant
- If this funding were to end, what parts of the effort would continue at your organization?
- What operations/programs, if any, would need to change to sustain programming?

Reflections and Feedback

- Looking back over the past 5 years, what is a key highlight of this work?
- What is a challenge from this work?
- What lessons did you learn from your work on the RPP grant that you or your organization will utilize in the future?
- Is there anything else you would like to share about your experience?

C. Evaluation process and population-level change

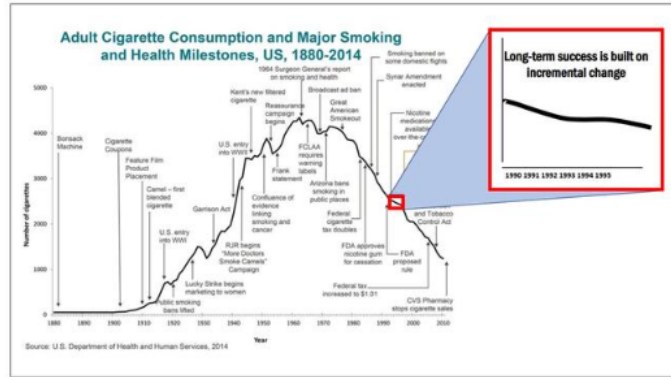
0-6 MONTHS: IMPLEMENTATION	6-12 MONTHS: PROGRAM START UP	6-18 MONTHS: BEGIN TO PROVIDE SERVICES	12-24 MONTHS: CONTINUOUS QUALITY IMPROVEMENT (QI)	24+ MONTHS: CONTINUED PROGRAMMING
<ul style="list-style-type: none"> • RFP & Grantee Selection • Grants issued • Data informed program deliverables 	<ul style="list-style-type: none"> • Grantee planning and training • Define and set up programming & data collection • Evaluation planning 	<ul style="list-style-type: none"> • Data collection begins • Goal: Knowledge & attitudes shift 	<ul style="list-style-type: none"> • Data collection continues • Identify areas for continuous quality improvement • Goal: Behavior change 	<ul style="list-style-type: none"> • Evaluation continues • Statewide data may show change for large scale efforts

Source: [Evaluation | Vermont Department of Health](#)

When can we see population-level behavior change?

Population-level change requires long-term and sustained strategies, funding and legislation.

Long-term success is built on incremental change. For example, the U.S. Department of Health and Human Services outlines the numerous smoking and health milestones over 130 years that contributed to the incline and decline in adult cigarette consumption. Strategies impacting the decrease in consumption varied in scope and included health messaging like the 1964 Surgeon General's report on smoking linking smoking and cancer and health and warning label requirements, legislative action like advertising bans and cigarette taxes and cessation initiatives like nicotine replacement gum and patches and other quit resources.



Example of the time and complex strategies needed to see change in health behaviors at the population-level. (Click image to enlarge.)

A single strategy may have negligible change on a population-level, but in combination with a number of strategies from a variety of angles over decades can result in significant change.

What can program evaluations tell us?

Program evaluations tell us what parts of the program work well and what to change so that the program works better.

When can we see short-term behavior change?

It takes time from when funding is allocated to when new programs are implemented. Evaluation resources are also limited and must be prioritized. Depending on the timeline, evaluations may show short-term impacts on the people directly served by the program.

Source: [Evaluation | Vermont Department of Health](#)