



# **Substance Misuse Prevention in Vermont**

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# In today's presentation:

Provide an overview of substance misuse prevention in Vermont:

- What is substance misuse prevention?
- Prevention funding and initiatives
- Process of receiving state funding/cannabis excise tax dollars
- Prevention Systems Enhancement Work
  - Regional Funding Structure – Vermont Prevention Lead Organizations
- School-Based Prevention Services
- Prevention Evaluation

This will be followed by an overview of the Substance Misuse Prevention Oversight and Advisory Council (SMPC).

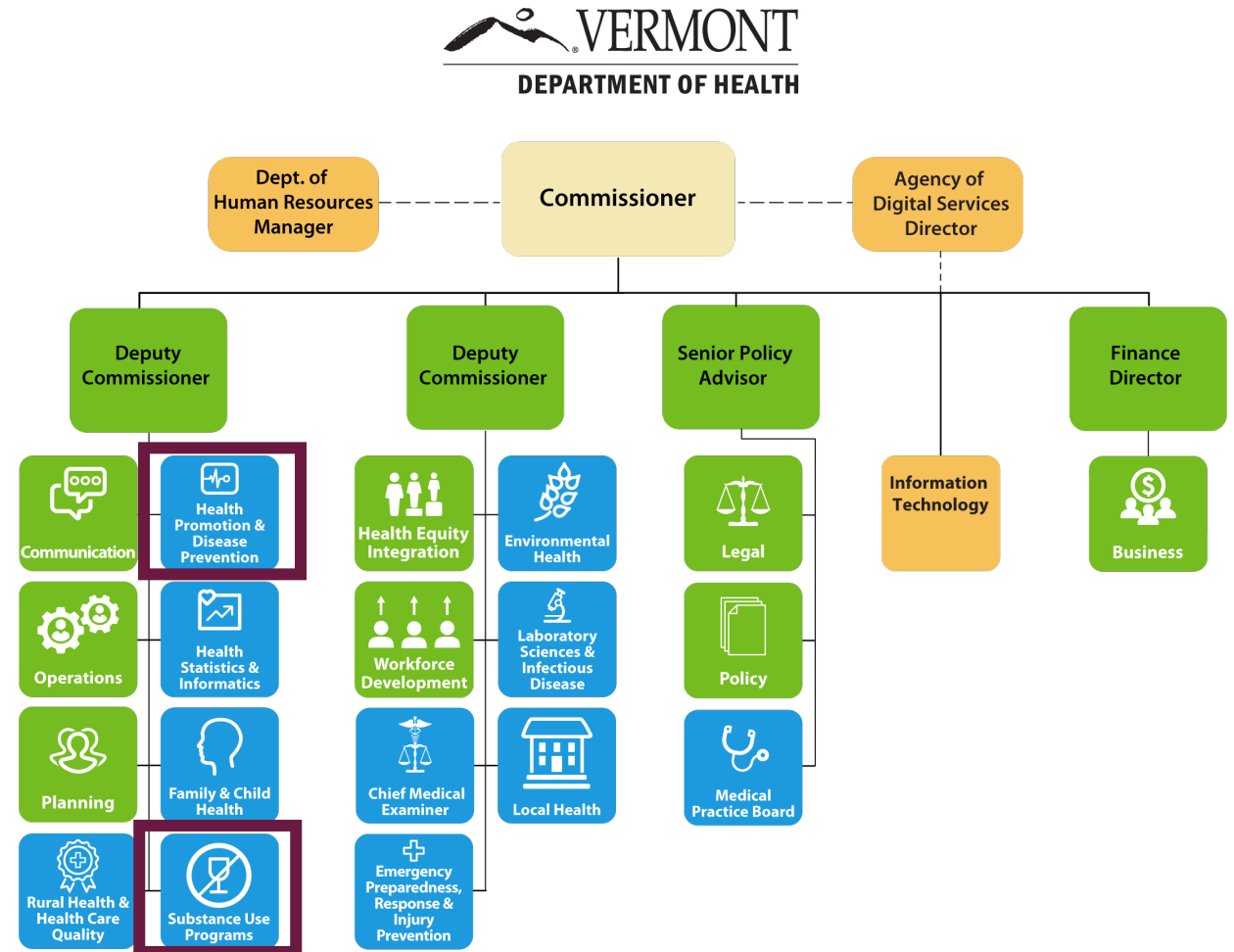
## Today's three key takeaways

- When you invest \$1 in prevention, you save \$18 down the line. It is **cost effective** to stop problems before they start.
- We have clear data in Vermont that our prevention work directly reduces substance use.
- We need to continue to invest in this system to ensure it continues to protect Vermonters in years to come.

The Prevention Unit sits in the Division of Substance Use Programs (DSU) within the Vermont Department of Health (VDH)

The Tobacco Control Program sits in Health Promotion and Disease Prevention (HPDP)

DSU and HPDP work together on substance misuse use prevention

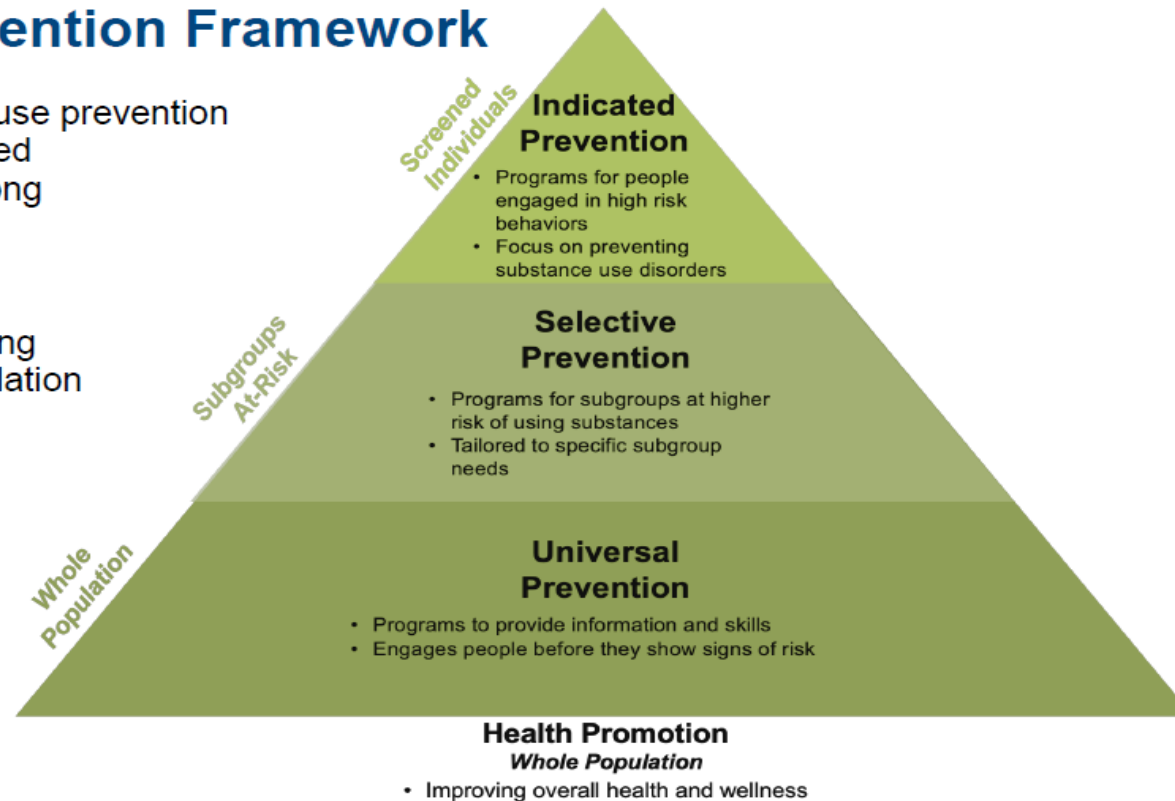


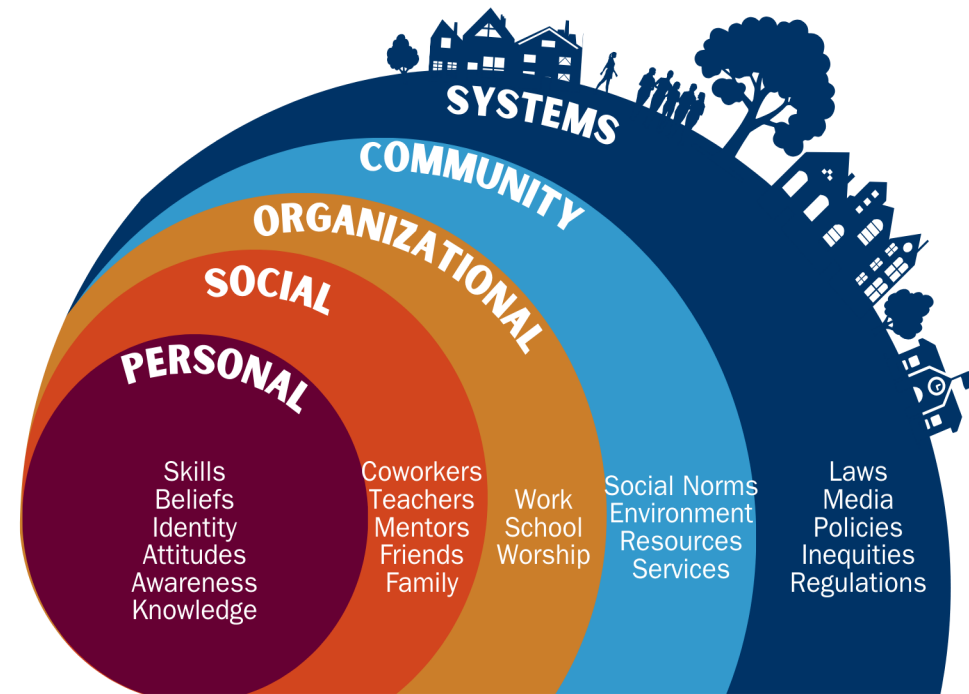
# What is substance misuse prevention?

Substance misuse prevention reduces the harmful effects of tobacco, alcohol and other drugs and stops addiction before it starts by working alongside treatment, recovery and harm-reduction services.

## The Prevention Framework

Substance misuse prevention can be organized and defined along a continuum, ranging from whole health promotion among the entire population to indicated services for specific individuals in need.





## VERMONT PREVENTION MODEL

# SUBSTANCE MISUSE PREVENTION....

- Reduces substance use and misuse **across all age groups and substances**
- Requires **strong laws, policies and enforcement** that support programmatic prevention efforts
- Uses **evidence-based approaches** and focuses on risk and protective factors.
- Uses **data to inform and implement best practices** based on local/regional needs
- Requires **robust long-term funding** to make impacts
- Includes **comprehensive strategies that work together, including** individual, community and policy levels, to impact long-term change
- Facilitates a process of change through which individuals **improve their health and wellness, live a self directed life, and strive to reach their full potential** – Prevention Works, Treatment is Effective, People Recover.

Implementing prevention strategies before drug use or excessive alcohol use progresses to addiction is among the most cost-effective ways to address substance misuse, reduce its costs to society and improve public health. For example, one study has found that school-based prevention could **save up to \$18 for every \$1 invested**.<sup>1</sup>

In tobacco control, there are multiple studies showing tobacco prevention could **save up to \$55 for every \$1 invested**.<sup>2</sup> Policy is central to a sustainable approach to long-term social norm changes such as smoke free workplace laws.

1. U.S. Department of Justice, Department of Justice  
"Substance Abuse Prevention Dollars and Cents: A  
Cost-Benefit Analysis"  
[Tinyurl.com/SUPreventionCostBenefit](https://tinyurl.com/SUPreventionCostBenefit)

2. U.S. Centers for Disease Control and Prevention  
"CDC's National Tobacco Control Program"  
[Tinyurl.com/CDCTobaccoControl](https://tinyurl.com/CDCTobaccoControl)

## PREVENTION SAVES LIVES AND MONEY.



## PREVENTION BUILDS A HEALTHIER COMMUNITY



*Examples of prevention efforts and outcomes:*

Reducing  
substance use  
during pregnancy

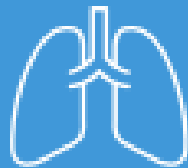
Reducing smoking  
& vaping in public  
spaces &  
workplaces

Educating alcohol  
retailers on  
recognizing  
impairment

Increasing  
resources for  
schools to address  
substance use



**Healthier  
Babies**



**Healthier  
Lungs**



**Healthier  
Roadways**



**Healthier  
Youth**

Prevention is not one thing or program – it includes multiple and comprehensive strategies that work together, including at individual, community and policy levels, to impact long-term change.

Prevention for young people makes investments in their core capacities. It's not about telling young people to just say no to drugs but focuses on things like:

- how to recognize and manage your emotions,
- learn to cope with challenges,
- how to connect with other pro-social kids, connect to your community structure (athletic, cultural, etc) -

Prevention can happen at any time at any point, which is why it needs to happen across the lifespan.

Prevention spans the continuum of services related to substance use by:

- preventing substance use and misuse,
- preventing overdoses,
- preventing the spread of misinformation around substances and substance use,
- preventing stigma around treatment and recovery of substance use disorders,
- and preventing substance use disorder recurrence.

Prevention saves money and lives. Intervening early, before drug use or excessive alcohol use progresses to addiction, is among the most cost-effective ways to:

- address substance misuse,
- reduce its costs to society,
- and improve public health.

Prevention is about providing people with the knowledge, skills, and opportunities to make the choices that are best for them.

Prevention needs robust and ongoing funding to make impacts –it's a long game and includes simultaneous efforts again at the state, community, school, family, and individual levels and ALSO ongoing policy and systems efforts to address economic and cultural influences

# Prevention Funding and Initiatives

# VDH Prevention Projects/Programs include:

Prevention  
Coalitions

School-Based  
Services and  
Curriculums

Prevention  
Consultant  
Network

Vermont  
Prevention Lead  
Organizations

College Coalition  
& Substance Free  
Dorms/Campus

Youth OVX:  
Empowerment &  
Rally Day

Drug Disposal  
System

Vaping  
Prevention -  
Cannabis &  
Nicotine

Media Messaging  
and Campaigns

Interagency  
Coordination

# Background on Prevention Funding in Vermont



Before state funding that began in FY23, DSU funded individual prevention coalitions, schools and health districts with funding from:

Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant and SAMHSA Partnerships for Success (PFS - Regional Prevention Partnerships/RPP) – focus on youth/young adults and a menu of evidence-based strategies.

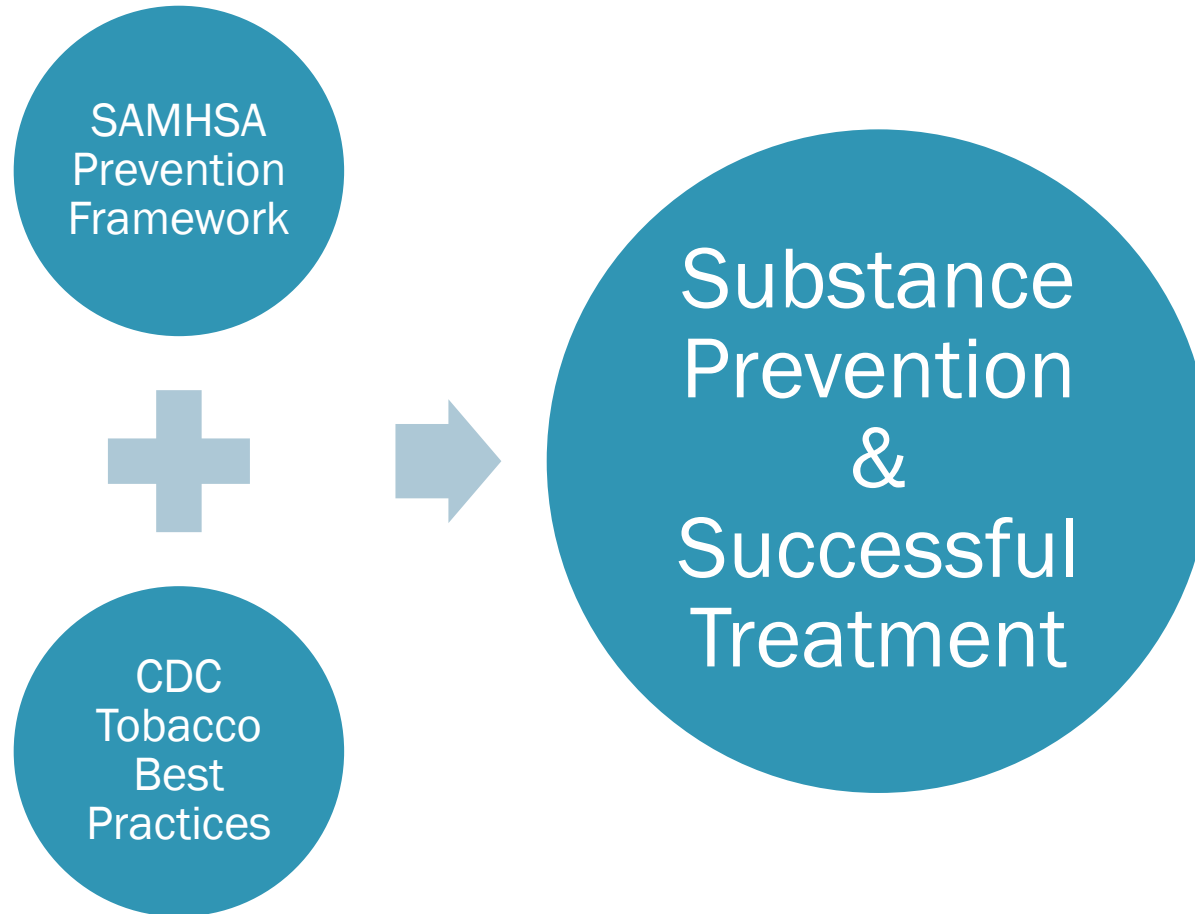


Reduction of \$1.4 M a year of PFS/RPP funding from the 2015-2020 grant to Vermont's 2020-2025 grant (went from 12 to 5 health districts) – significant gaps and disparities when funding went away. The last two PSF grants were both for 5 years – this is the last year of the 2020 PFS five-year grant.



Center for Disease Control (CDC) and Master Settlement Agreement (MSA) dollars fund HPDP/Tobacco Control Program prevention efforts.

# SAMHSA and CDC Frameworks Work Together



# Cannabis Excise Tax Funding for Substance Misuse Prevention

January 2018 - Vermont became the first state to **legalize adult use** cannabis through legislation followed by the **establishment of the retail market**.

Vermont imposes a **fourteen percent (14%) excise tax** on the retail sale of cannabis and cannabis products (sales and use tax are also collected at 6%).

The legislation establishing the retail market states that **30% of Cannabis Excise Tax dollars will go to 'substance misuse prevention programming'** (not to exceed to \$10 million).

The Cannabis Control Board was **prioritized over the 30% for prevention** in the first three years of the market (sunsets in FY25).

In FY23, **\$3 million was appropriated in the Governor's Budget** starting with general fund dollars with the intent of yearly funding and replacement with cannabis excise tax as available.

The FY26 VDH budget includes the full 30% as was the intent and is **\$6.7 million dollars for substance misuse prevention**.  
The \$3 million only funds community prevention and gaps remain in school-based funding and more.

# Impact/Opportunity with this Funding

- There were disparities in the Vermont's substance misuse prevention system that include geographical gaps and unserved or underserved populations based on federal funding reductions.
- The intent of the cannabis excise tax funding is to provide yearly, reliable and sustainable funding for prevention.
- Provides an opportunity to proactively build a robust, sustainable system that does not only rely on time-limited federal funding and that only focuses on youth and specific substances.
- State funds are more flexible to meet more needs, be more innovative and focus on all substances and ages.
- Provides a unique opportunity to truly coordinate, align, influence, support and leverage prevention efforts at the community, regional and state levels.

# Prevention System Enhancement

# Key Activities Upon Receipt of \$3 Million in State Funds (FY23)

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Completed 11-month prevention systems enhancement planning process with state prevention partners and the Public Consulting Group.

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Provided interim prevention bridge funding to coalitions and other partners during planning.

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With stakeholder input and based on the planning process above, decision made by DSU to implement a regional funding structure to keep funding closer to the communities and regional needs, data, and priorities.

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DSU developed a Regional Funding logic model.

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Four regional Vermont Prevention Lead Organizations (VPLOs) established July 2023 to lead prevention efforts and allocate prevention funding within their region.

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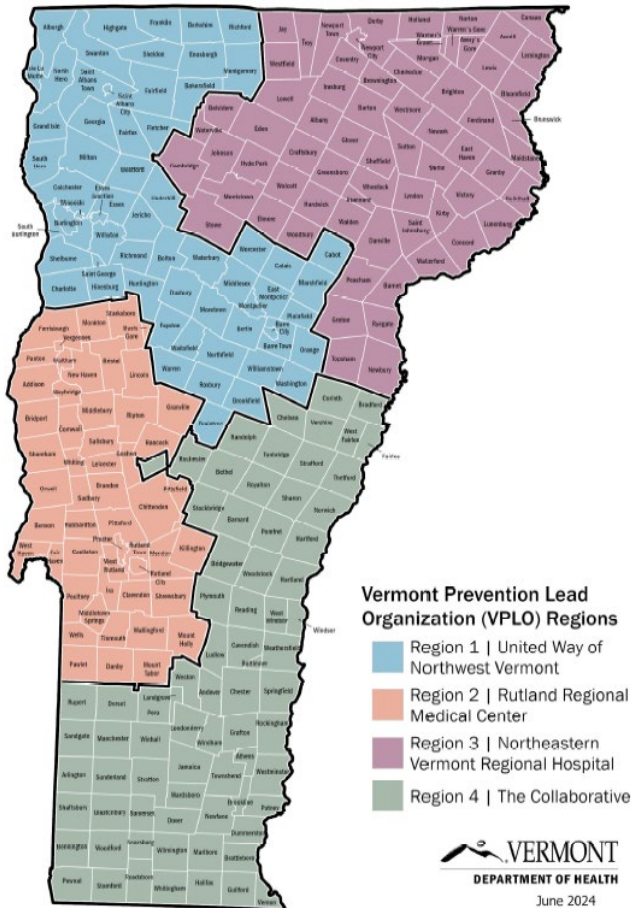
VPLOs conducted regional assessment (data analysis and capacity) which identified regional priorities and guided funding decisions in Fall of 2023.

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Subgrants to prevention partners began January 1, 2024 – 60 total over the four regions.

# Structural Changes

## Vermont Prevention Lead Organizations



## Previous Structure

- Federal funding only and DSU subgranting to individual coalitions or in specific VDH health districts (through PFS/RPP)

## New Structure

- VPLOs subgrant within a broader region (cover 2 to 4 VDH health districts)

Key elements of the VPLO structure includes **regional assessments/strategic planning and fiscal management/subgranting.**

**Seventy percent of the VPLO award is required to be subgranted** in the region.

Each VPLO must establish a **Regional Advisory Board** to make recommendations on subgranting

- There must be at least two advisory board members from each health district covered by the VPLO

An overarching goal of this funding is **to sustain existing substance misuse prevention coalitions, build additional prevention capacity, and reach gap areas** to ensure statewide prevention **coverage of all 12 health districts.**

Build-out of the regional model will continue over the next several years.

# Benefits of Regional Approach

Provides a guiding vision and strategy, supports aligned activities, establishes shared measurement systems, and leverages additional funding to support prevention.

Ties funding directly to a regional strategic plan based on assessment which allows for progress on both short term and long-term goals.

Provides funding for substance misuse prevention coalitions and engages new prevention partners.

Funds are closer to communities which allows for local decision making at the regional and community-level – regional advisory boards decide on funding vs the state.

Shifts orientation from organizations to areas or populations being served.

Optimizes regional assets and variability.

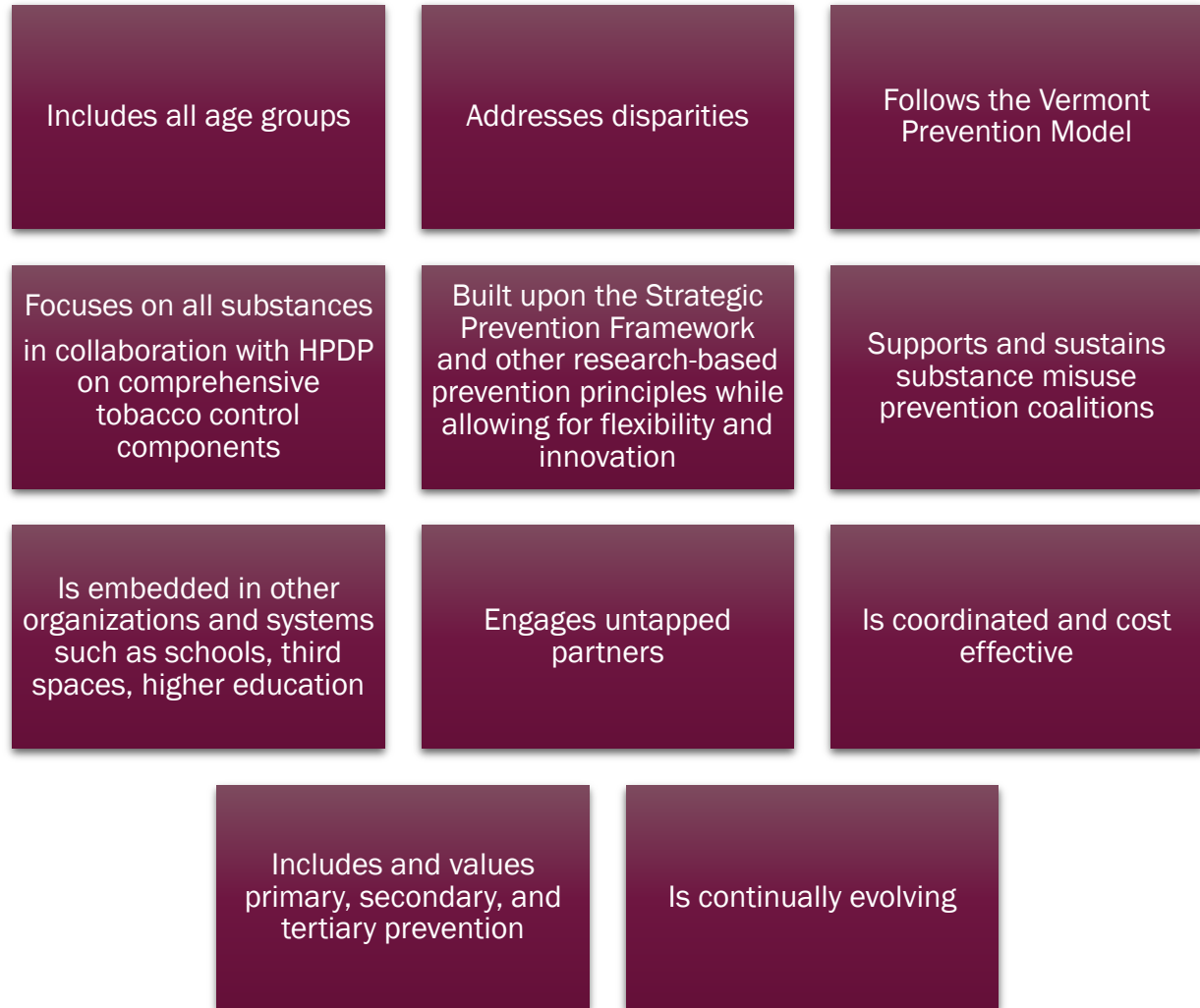
Is guided by the Collective Impact approach and the concept of a backbone organization that coordinates, mobilizes and facilitates prevention in a region.

# Prevention System Enhancement Vision

DSU envisions a substance misuse prevention system in Vermont that is **sustainable, scalable, and equitable**.

A system that 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 individuals, families, and communities across the lifespan**.

Complements HPDP's comprehensive tobacco control framework, healthy community design and clinical-community linkages work.



# What success looks like

Relevant and effective substance misuse prevention efforts statewide that meet current times, challenges and needs.

Prevention funding guided by data and assessment and reflects regional variability.

An increase in substance misuse coalitions and other prevention partners that are sustained and thriving.

Inclusion of innovation and untapped prevention partners in this work.

An expanded and supported prevention workforce.

An understanding by communities and stakeholders about what substance misuse prevention is and its impact.

## Work to Date – VPLOs have:

Established **regional advisory and coordination structures**.

Conducted **assessment** to identify strengths and gaps in each health district and region, determined regional priorities that serve as the basis for funding allocation.

Established **regional priorities** and **completed a strategic plan** based on assessment.

**Released RFPs** in October 2023; funding began January 1, 2024 and gearing up for FY26 process with RFPs out now for funding beginning 7/1/25.

Began **tracking and expanding baseline prevention** in gap areas – media messaging, community education, drug disposal promotion, trainings, and events.

Developed **logic models** and **Health Disparities Impact statements** (a compilation of data sources that outlines trends for different populations in the region).

# Partners Funded in Year 1/2

Substance Misuse Coalitions  
Parent Child Centers  
Domestic and Sexual Violence  
Organizations  
Recovery Centers  
Health care providers/FQHCs  
Court Diversion/Community Justice  
Centers  
Refugee Associations

Recreation Departments  
Hospitals  
LGBTQ+ Organizations  
Community Arts Centers  
Third Spaces  
Older Adult Service Providers  
Regional Planning Commissions  
Schools

# Projects Funded in Year 1/2

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Vermont coalitions implementing evidence-based programs to youth

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A parent child center offering prevention trainings for early childhood educators and other partners serving families with young children

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Services for justice involved youth with substance misuse challenges

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A student Leadership for Social Justice Conference

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Expansion of existing youth asset building and health equity programming

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Trainings and support services for BIPOC and LGBTQ+ Youth

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Substance use prevention case management in primary care settings

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Building a coordinated Community Response Model for those experiencing domestic violence and have a history of substance misuse

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A clinic that provides free healthcare to uninsured people in central VT

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Education and programing for older Vermonters via Area Agencies on Aging

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# VPLO Successes to Date

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Over 60 subgrantees.

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Both operating and strategy support for 16 existing substance misuse prevention coalitions.

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Built governance structures and processes that allow prevention partners to access resources (funding, information, data, tools), connect with each other, develop shared understanding, and collaborate toward shared goals.

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Subgrantee activities were differentiated while still coordinated through a mutually reinforcing plan of action.

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Development of a Substance Misuse Employer Toolkit (Region 1).

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Provided Prevention 101 trainings and technical assistance around organizational capacity and development in each region.

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Embedded the Strategic Prevention Framework/RBI/Collective impact in this work.

# VPLO Successes, continued

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Provided funding and a process for similar coalitions in a region for strategic planning to increase collaboration and efficiencies.

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Created regional data dashboards to collect data and measure results consistently.

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Led transition planning when a prevention coalition no longer became viable.

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Leveraged additional funding streams for evaluation related activities and more.

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Incorporated AmeriCorps Vistas, Public Health Fellows (CDC), Vermont National Guard placements as part of the coordination teams in regions.

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Received funding and support from hospitals or universities for additional special projects specifically focused on priority areas (e.g. UVM Health Network Project focused on medical students working with older adults around substance use prevention).

# Lessons Learned/VPLO

## Year 1 & 2 Year Reflections

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This approach represents a shift and it will continue to take time to fine-tune the model, structure and more.

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Regional Advisory Boards engage in deep conversations about funding that often challenges their previous thinking – together they push, explore and expand how they think about prevention in a way that couldn't come via the state.

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Partners may not be at a point to be thinking as “innovatively” and upstream as we are – change takes time.

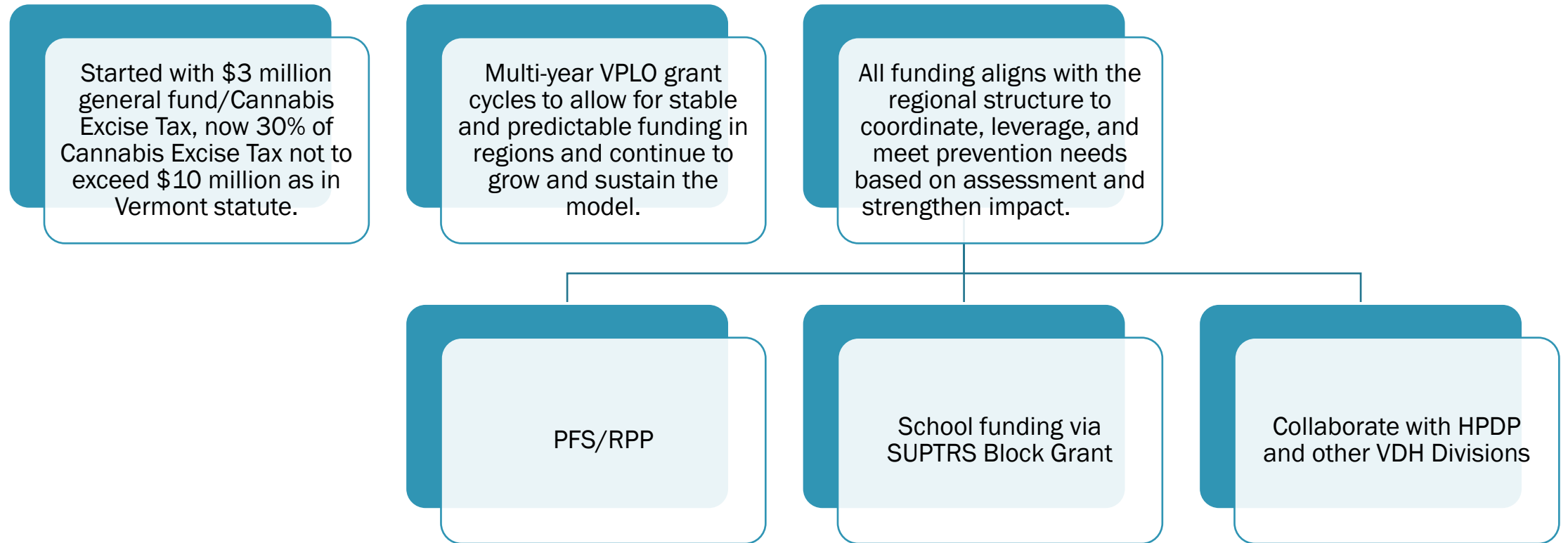
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Having essentially a ‘backbone’ organization in a region is critical to sustainability and building capacity far beyond strategies alone or what the state can do.

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Established with an initial focus on substance misuse coalitions but this work is about so much more – projects, strategies, capacity, sustainability and true systems enhancement.

# Future Vision



# School-Based Prevention Services

# School-Based Prevention

As the most universal, natural setting for children and adolescents, schools are uniquely positioned to provide programs and services that promote student health and optimal wellness and remove barriers to active learning.

School-based student assistance provides a prominent and effective means to address substance use and mental health concerns and is backed by an extensive research base nationally that documents success.

School-based prevention is not about saying no to cannabis, alcohol or tobacco – it's about helping students feel connected, learn to cope with stress, and build confidence which makes kids more likely to succeed – not just in the classroom but in life.

Substance misuse prevention in schools goes beyond health class and can have profound effects on every part of a student's academic and personal life.

Research shows that the earlier we start talking to kids about healthy choices, the better their outcomes. Substance misuse prevention isn't a one-time message – it's a long-term investment in a child's future.

Prevention programming supports educators and school staff and builds strong schools.

# DSU School-Based Grants

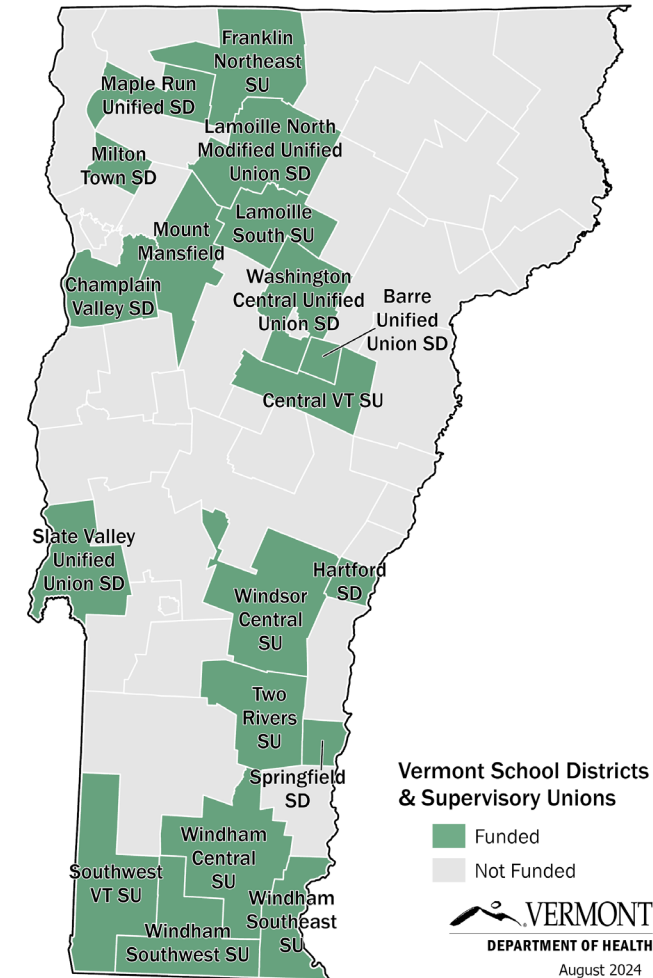
DSU School-Based Substance Use Prevention Grants fund Student Assistance Professionals (SAPs) and the Whole School, Whole Community Whole Child (WSCC) model.

- Screening and referral to substance misuse and mental health services
- Evidence/based school policies and programs
- Teacher and support staff training
- Peer leadership/youth empowerment groups
- Parent/family information and training

Data supports school-based services effectiveness. From 2011-2019, rates of any alcohol use, binge drinking and prescription drug misuse in Vermont all trended downward in funded schools.

HPDP TCP also works effectively with Agency of Education on substance use prevention and youth empowerment and asset building through OVX groups.

## Vermont Department of Health FY25 School Substance Use Prevention Grantees



# Prevention System Evaluation

# Prevention Evaluation

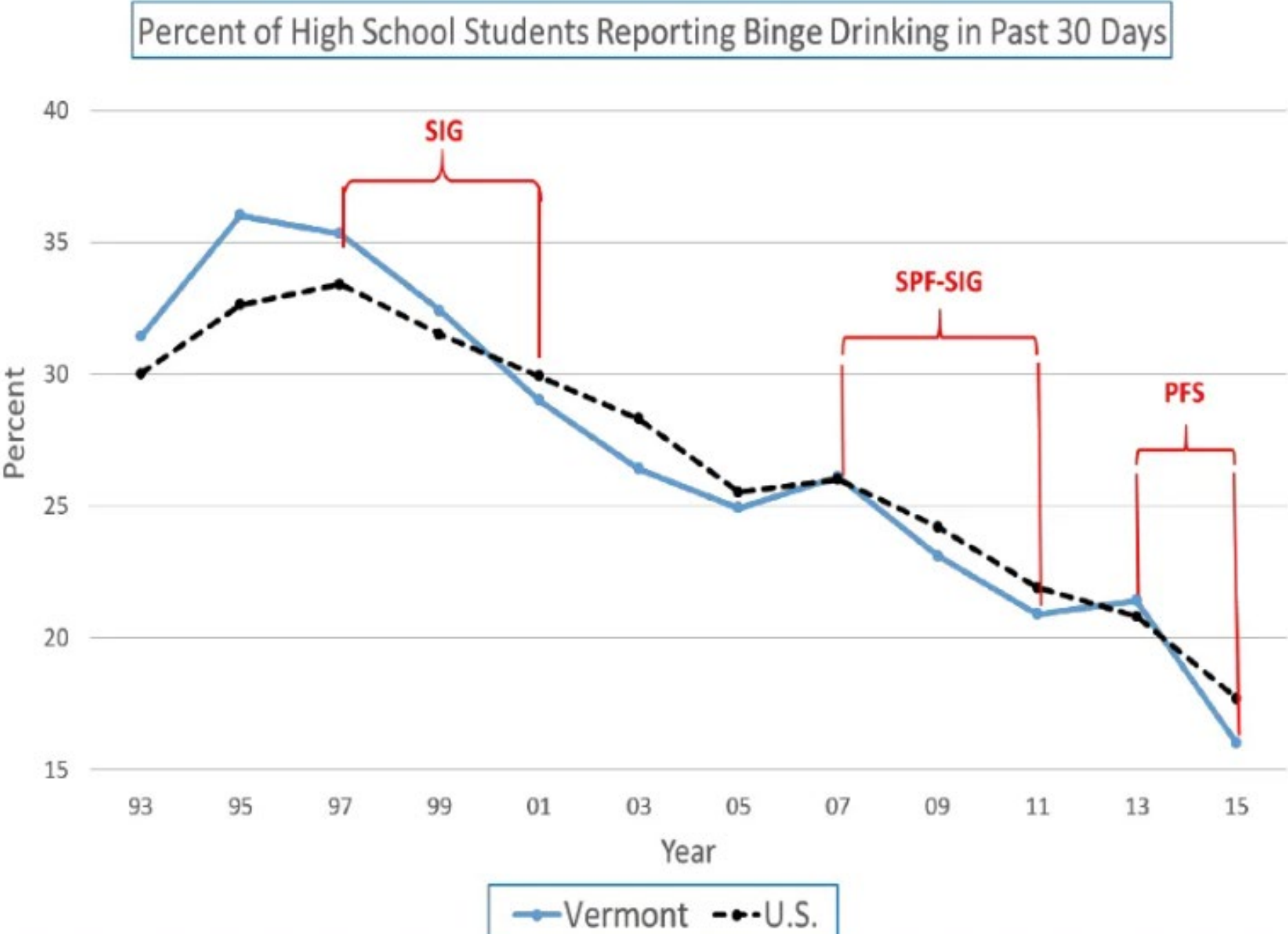
DSU has evaluated its federal PFS grants – these were initially 3-year grants and since 2015 have been five-year grants with a final evaluation report. We are in year 5 of our current 2020-25 grant with an evaluation report coming out in the fall.

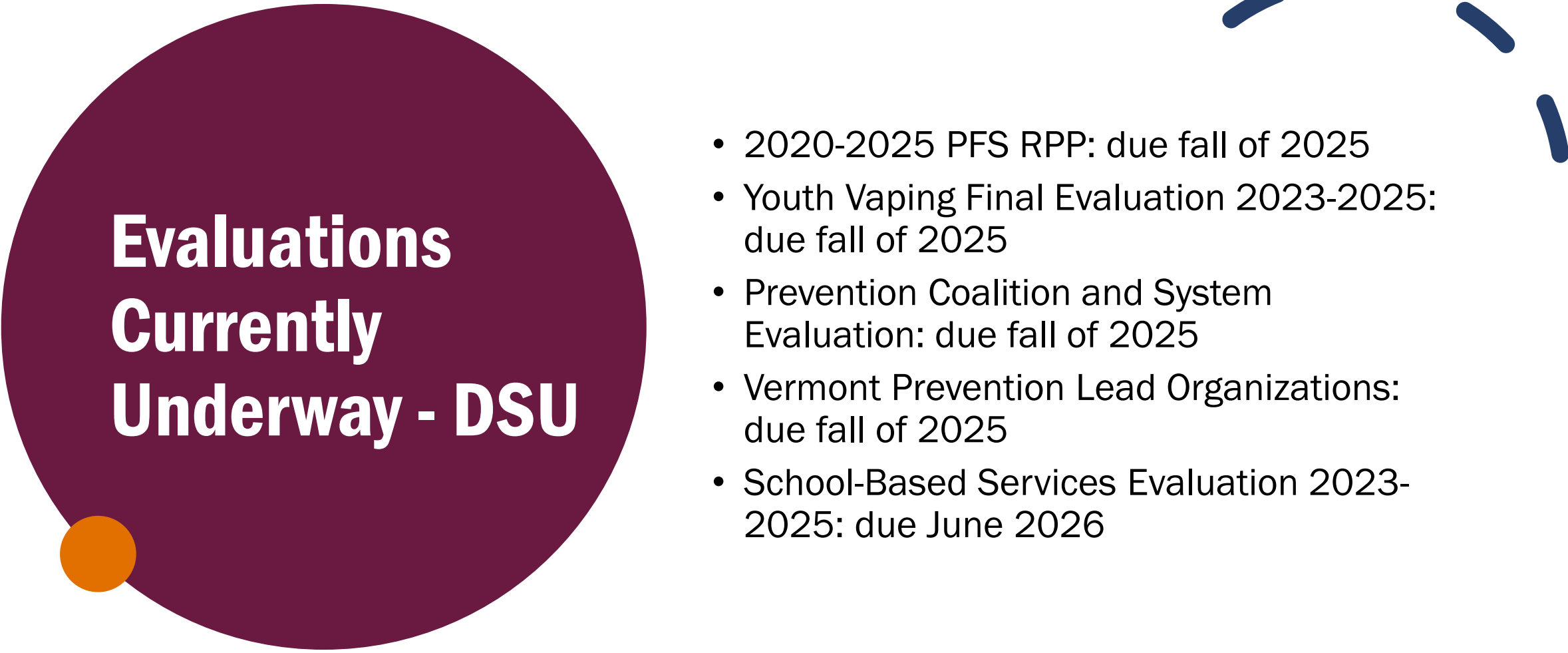
- Earlier evaluations of the three-year grants showed that **when there was federal investment, rates of use went down.**
- The 2021 report of the 2015-2020 PFS grant found **that targeted substance misuse behaviors and related risk factors among youth and young adults in Vermont decreased** over the combined timespan of the PFS. The state experienced **significant reductions in outcomes connected with both alcohol use and prescription drug misuse during this period.**

HPDP TCP also conducts robust evaluations with 3<sup>rd</sup> party evaluator: [Plans & Reports | Vermont Department of Health](#)

**PREVENTION  
WORKS!**

\$\$\$ in  
prevention  
helps us to  
out- perform  
national  
efforts.





## Evaluations Currently Underway - DSU

- 2020-2025 PFS RPP: due fall of 2025
- Youth Vaping Final Evaluation 2023-2025: due fall of 2025
- Prevention Coalition and System Evaluation: due fall of 2025
- Vermont Prevention Lead Organizations: due fall of 2025
- School-Based Services Evaluation 2023-2025: due June 2026

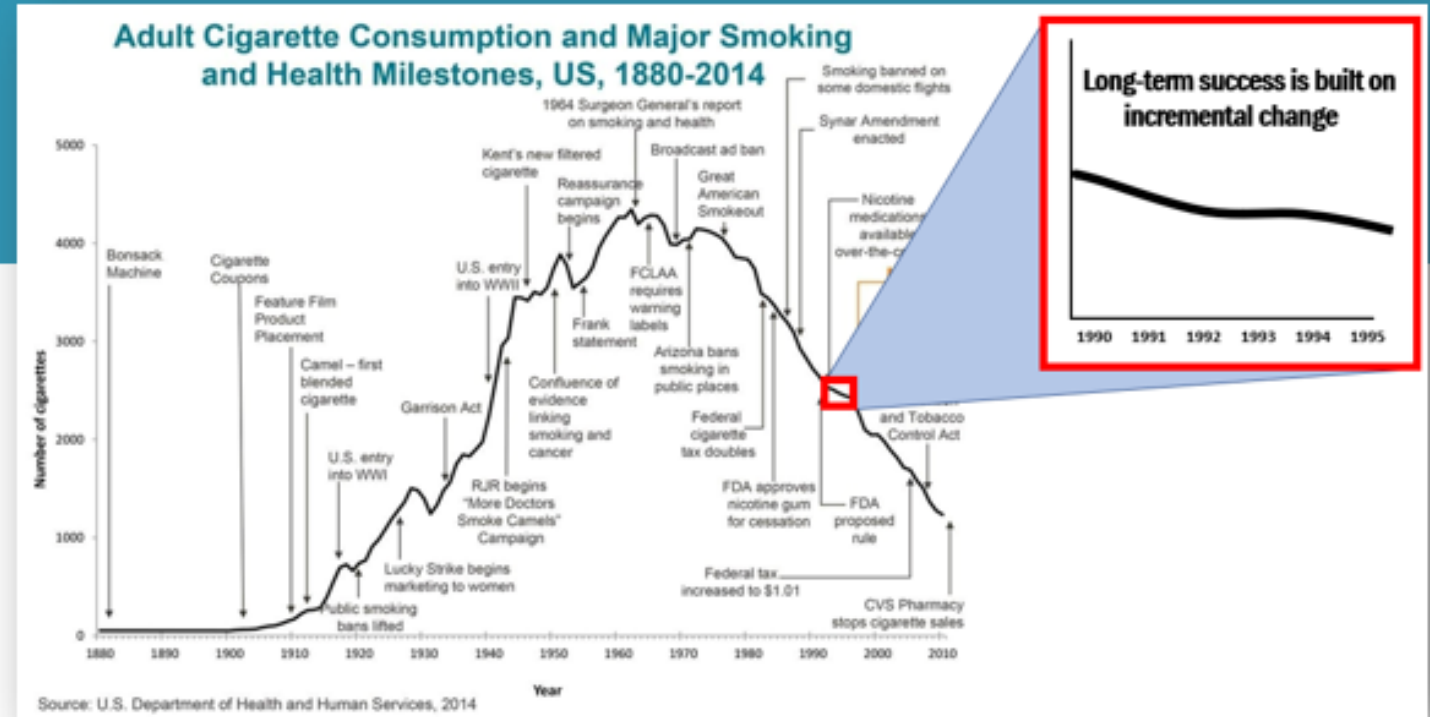


# Trends from Population- Based Data Sets

- The **2024 Young Adult Survey (YAS)** found past 30-day alcohol use among underage young adults (ages 18-20) and binge drinking among all young adults have decreased significantly since 2014
- The **2023 Youth Risk Behavior Survey (YRBS)** data shows:
  - Since 2019 and between 2021 and 2023, the percent of high school students who believe it is wrong for someone their age to use electronic vapor products statistically increased (56% vs 67% vs 70%).
  - One in 20 middle school students (5%) drank alcohol in the past 30 days, statistically fewer than 2013 (7%).
- The **2022/23 National Survey on Drug Use and Health (NSDUH)** found alcohol use among minors (12-20) in Vermont was at 24.66%, the highest in the country, but down from 37% in 2013.

# When will we see changes due to programming?

Population-level outcomes require sustained programming, activities, legislation, and funding as shown in the smoking example. Change can't be attributed to any one activity. There is little year to year change, only over time.



- Most new initiatives reach small groups of people. Evaluation of new initiatives may show short-term impacts on people served directly but won't result in population change.
- Program implementation takes time and data collection can't begin until programs have started.
- Evaluation resources are limited, and we must prioritize what can be evaluated

## Today's three key takeaways

- When you invest \$1 in prevention, you save \$18 down the line. It is **cost effective** to stop problems before they start.
- We have clear data in Vermont that our prevention work directly reduces substance use.
- We need to continue to invest in this system to ensure it continues to protect Vermonters in years to come.

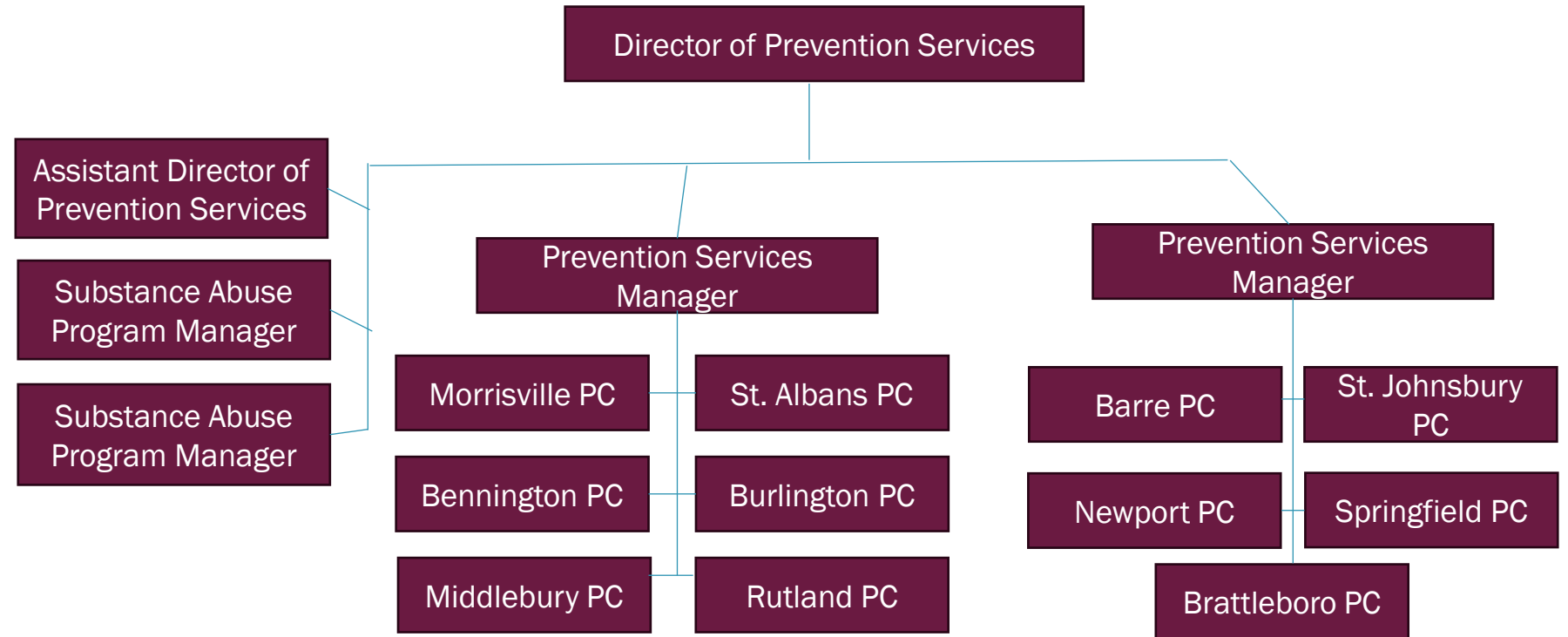
# Thank you!

# APPENDIX

# **ADDITIONAL DETAILS ON SUBSTANCE MIUSE PREVENTION**

# VDH Division of Substance Use Services – Prevention Unit

In the Prevention Unit, there are five administrative positions and 11 Prevention Consultants (PCs) who are based in the VDH Health District offices. The PCs form a Vermont Prevention Consultant Network that provides training, technical assistance and more.



# Strategic Prevention Framework

The SPF includes these five steps:

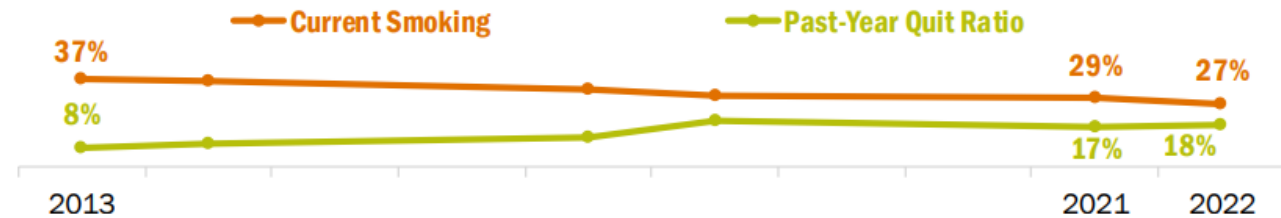
1. **Assessment:** Identify local prevention needs based on data (e.g., What is the problem?)
2. **Capacity:** Build local resources and readiness to address prevention needs (e.g., What do you have to work with?)
3. **Planning:** Find out what works to address prevention needs and how to do it well (e.g., What should you do and how should you do it?)
4. **Implementation:** Deliver evidence-based programs and practices as intended (e.g., How can you put your plan into action?)
5. **Evaluation:** Examine the process and outcomes of programs and practices (e.g., Is your plan succeeding?)





## Smoking among Medicaid-Insured Vermonters Continues to Decline

Between 2021 and 2022, cigarette smoking among Medicaid-insured adults decreased from 29% to 27%. Additionally, the proportion of adults who smoked in the past year and recently stopped smoking (Past-Year Quit Ratio) increased, indicating a rise in recent successful quitting.<sup>3</sup>



## Estimated Cost Savings to Vermont Medicaid

Based on VT Medicaid spending of \$1.9 billion in 2022, for every 1% decrease in the smoking rate among Medicaid-insured adults from 2021 to 2022, VT is estimated to save \$8.3 million in 2023.<sup>4, 5</sup> With the 2.4% decrease in smoking from 2021 to 2022, Vermont expects to save \$19.5 million in Medicaid spending.

**Estimated VT Medicaid  
Cost Savings in 2023:  
\$19.5 million**

### REFERENCES:

- <sup>1</sup> Williams et al. (2019). A Framework for Effective Promotion of a Medicaid Tobacco Cessation Benefit. Health Promotion Practice. doi.org/10.1177/1524839919829452
- <sup>2</sup> Consumer Assessment of Healthcare Providers & Systems
- <sup>3</sup> VT Behavioral Risk Factor Surveillance System, 2013-2022
- <sup>4</sup> [www.kff.org/medicaid/state-indicator/total-medicare-spending](http://www.kff.org/medicaid/state-indicator/total-medicare-spending)
- <sup>5</sup> Glantz, S. JAMA Network Open. 2019; 2(4):e192307. doi:10.1001/jamanetworkopen.2019.2307

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Learn more at [HealthVermont.gov](http://HealthVermont.gov)

In 2022, for every 1% decrease in the smoking rate among Medicaid-insured adults, VT is estimated to have saved \$8.3 million in 2023.

# DSU Prevention System Enhancement Activities

Regional Funding  
Structure/Vermont  
Prevention Lead  
Organizations

Update prevention language,  
approaches, definitions to  
meet the current times and  
needs;

Enhance how we define,  
deliver and support Evidence  
Based Practices by balancing  
evaluation rigor with cultural  
and community fit to increase  
equity;

Broaden how we evaluate  
prevention work by including  
qualitative data, mapping  
and more vs. only measuring  
fidelity to strategies.

Define and ensure a blanket  
of prevention across the  
state.

Increase innovation in  
prevention.

Align and integrate funding -  
VPLOs, PFS/RPP, school-  
based in regions

Weave prevention further into  
the SUD Continuum by  
funding primary, secondary  
and tertiary prevention and  
more

Bring new partners to the  
prevention table and work.

Workforce development.

# DSU Work to Support the VPLO Structure



Provide **guidance** (definitions, answering questions, helped to problem-solve, created resources and reference documents, etc.)



Offer maximum **flexibility** given regional variability and structure.



Meet monthly with each VPLO and monthly **All-VPLO** meeting.



**Prevention Consultants support VPLOs in teams:** serving on regional coordination teams, assisting with assessment, providing training and technical assistance to advisory boards, subgrantees and communities.



Communicating and **messaging** around new structure.



**Reporting, metrics, and evaluation.**

# Process To Apply for Funding from VPLOs

Subgrantees applying for VPLO funding identify a risk and/or protective factor and complete a basic logic model.

Training is provided on the **SPF and Prevention 101** (including logic models) as well as Grant Writing, Results Based Accountability, Collective Impact.

Regional funding priorities in **RFPs** are based on assessment and **determine funding allocations.**

**Regional Advisory Board** make funding recommendations to VPLO.

VPLOs provide **office hours, Q&A sessions** and more to support grantees through the process.

# Policy Supports Reducing Substance Use.

- State and Federal Tobacco Tax Increases
- Alcohol Minimum Floor Price Floor
- Youth, cessation, media and policy components work together to reduce access and use.



# VPLO Metrics – Years 1/2

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Who the subgrantees are

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How subgrantee work fits into regional priorities

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Number served and how that number was determined

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Demographics of those served

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Baseline prevention coverage

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Capturing work across Vermont Prevention Model

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Capturing work at each prevention level

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Capacity within region to do prevention work

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Summary of work at the VPLO and subgrantee level

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# VPLO Logic Model – Currently being reviewed and revised

## Vermont Prevention Lead Organizations

Date created: 26 Sept 2023  
Last updated: 18 Feb 2025

## Goal Statement

A regional substance misuse funding structure that continually sustains existing substance misuse prevention coalitions, builds additional prevention capacity, and reaches gap areas to ensure statewide prevention coverage.

