

January 2021

Vermont's Regional Prevention Partnerships (RPP) Helps Expand Positive Outcomes to all Regions of the State

In 2012 the Vermont Department of Health (VDH) received a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to prevent and reduce underage drinking and prescription drug misuse among persons aged 12 to 25. The grant, titled Partnerships for Success (PFS), enabled VDH's Division of Alcohol and Drug Abuse Programs (ADAP) to design and implement a regionally based substance misuse prevention structure in Vermont founded on SAMHSA's Strategic Prevention Framework (SPF). Six of 12 regions in Vermont were selected to receive PFS funding and began implementing PFS-funded prevention strategies in the fall of 2013.

A follow-up PFS grant was received by VDH in 2015, referred to in Vermont as Regional Prevention Partnerships (RPP). This grant allowed the six original PFS grantees to seamlessly continue their efforts for another four years (July 2016 through Sept 2020), and to add preventing marijuana use among persons aged 12 to 25 as an explicit goal. RPP also extended funding to the remaining six regions of the state.

RPP Implementation

RPP and its predecessor, PFS, initiated a fundamental shift in the state's substance misuse prevention infrastructure, moving it from a decentralized community-based system to a targeted regional approach. This approach built on an already established network of community-based prevention organizations by facilitating regional partnerships among these providers and using VDH's health district office structure to enhance VDH oversight and involvement at the regional level. Accumulated findings from the PFS and RPP evaluations document and confirm that this shift has been successful in enhancing state and regional prevention capacity and (through RPP) expanding implementation of evidence-based prevention strategies across the entire state.¹ Specific enhancements achieved through this regional structure include:

- increased collaboration among stakeholders within each region
- greater prominence for prevention in regional and local planning and policies
- more efficient and effective dissemination of prevention messages through media outreach
- development of strong youth leadership and empowerment opportunities
- the expansion of prescription medication disposal options around the state

KEY POINTS

- **The RPP project expanded Vermont's successful regional prevention approach to all regions of the state.**
- **The six regions in Vermont that received funding from Vermont's first PFS grant, awarded in 2012, experienced more favorable trends in targeted substance use behaviors than the remainder of the state.**
- **The remaining regions of the state began to gain back lost ground after receiving RPP funding in 2016.**
- **Despite these apparent positive impacts of PFS and RPP, rates of marijuana use among Vermont youths and young adults have increased in recent years and remain a high priority.**

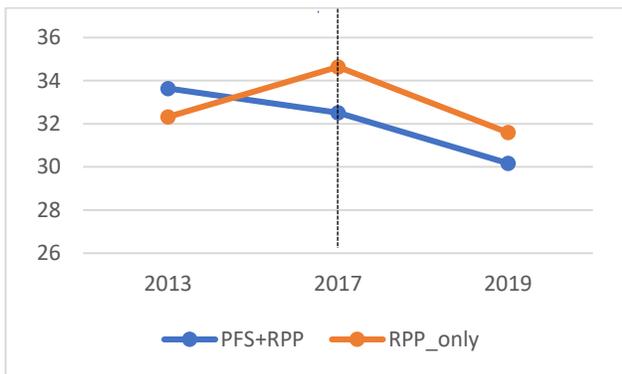
¹ Two reports (from 2015 and 2019) on the regional prevention structure that occurred with PFS and further facilitated by RPP can be found at <http://www.vt-rpp-evaluation.org/> under the Other Reports and Presentations section.

Outcomes

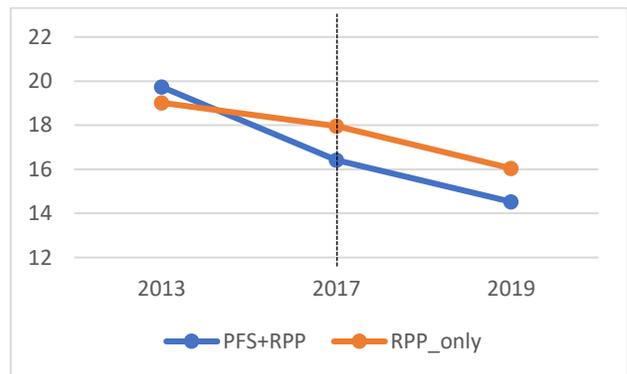
Previous reports² provide evidence suggesting that PFS improved prevention outcomes in the PFS-funded regions. An interim RPP evaluation report³ found that RPP appeared to have extended these positive outcomes to the newly funded regions. More recently available outcome data show continuing positive statewide trends for most outcome measures during RPP implementation. Furthermore, RPP-funded regions that had not received PFS funding have been able to make up for some of the ground lost during the time when PFS was underway in the PFS-funded regions of the state. The following charts depict the changes over time in the prevalence rates among high school students for key substance misuse outcome measures in the regions funded by both PFS and RPP (**PFS+RPP**) and regions funded by RPP only (**RPP_only**). The dashed vertical line in each chart marks the start of the time interval in which RPP effects would be expected to appear in the RPP_only regions.⁴

Outcome measures based on data from Vermont's Youth Risk Behavior Survey (of high school students):

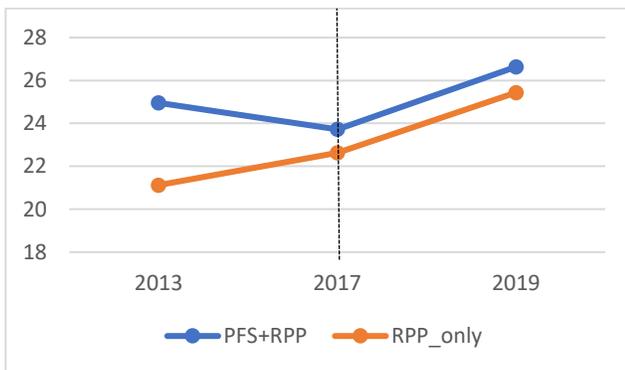
Current alcohol use



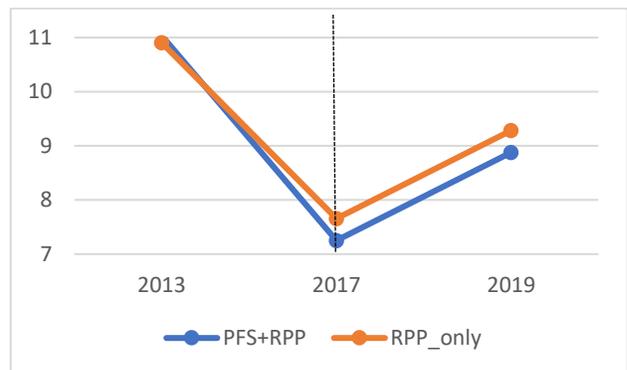
Current binge drinking



Current marijuana use



Past year misuse of Rx pain relievers



² See the [PFS Evaluation Summary](#) and the [RPP Interim Outcome Evaluation](#) reports available on the VDH/ADAP website.

³ Available at <http://www.vt-rpp-evaluation.org/> under the Other Reports and Presentations section.

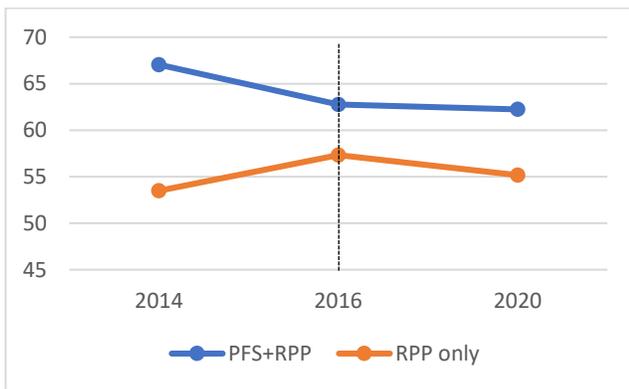
⁴ Full implementation in the RPP_only regions was not underway until the fall of 2017, therefore making the 2017 YRBS estimates appropriate baseline measures for these regions. Values for the intermediate pre-RPP year of 2015 are not shown in order to make the differences in trends between the pre- and post-RPP periods more apparent.

The charts showing the YRBS-based outcomes all depict a stronger performance in the PFS-funded regions of the state, relative to the unfunded regions, between 2013 and 2017. From 2017 to 2019, however, the performance of the RPP_only regions matched or exceeded the performance of the PFS+RPP regions, thereby supporting the effectiveness of the RPP funding in helping these previously unfunded areas of the state to more effectively address their substance misuse prevention goals. Measures of risk factors for alcohol and marijuana use, such as low disapproval, low perceived risk from using, and perceived availability, generally exhibited the same patterns (findings not shown). The increasing statewide prevalence rates among high school students for marijuana use, however, and increases in prescription pain reliever misuse between 2017 and 2019, highlight significant challenges for current and upcoming prevention misuse prevention efforts in Vermont.

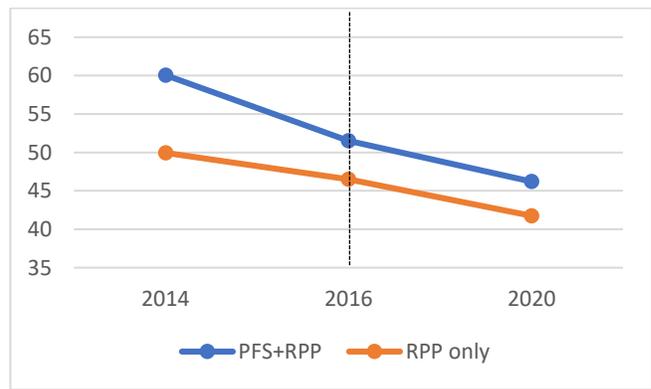
The next four charts depict the changes over time in the prevalence rates for key substance misuse outcome measures among young adults in both the PFS+RPP regions and the RPP_only regions, as based on data from the Vermont Young Adult Survey. Again, the dashed vertical line in each chart marks the start of the time period in which RPP effects would be expected in the RPP_only regions.⁵

Outcome measures based on data from Vermont’s Young Adult Survey (of persons aged 18 to 25):

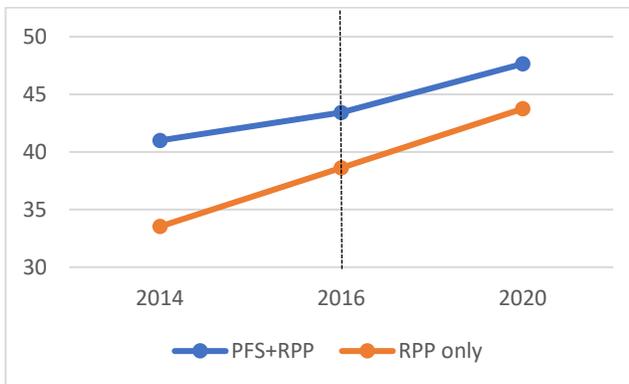
Current underage alcohol use (ages 18 to 20 only)



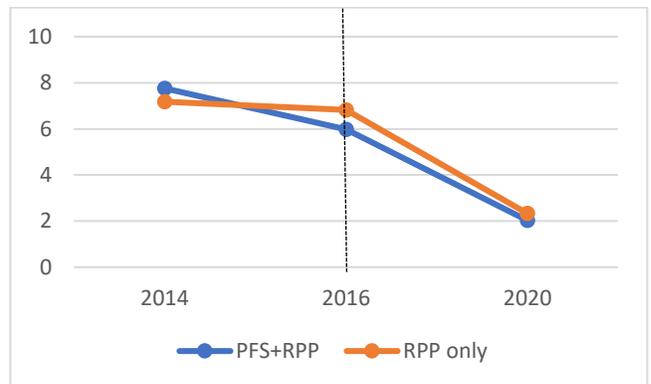
Current binge drinking



Current marijuana use



Past year misuse of Rx pain relievers



⁵ Values for the intermediate post-RPP year of 2018 are not shown in order to make the differences in trends between the pre- and post-RPP periods more apparent.

The YAS-based measures also reveal improvements in performance among the RPP_only regions relative to the PFS+RPP once the RPP-funded prevention activities were underway. And as was the case with the YRBS-based outcome measures, the YAS data show similar patterns for additional outcome measures examined, including perceptions regarding perceived risk of harm and perceived availability for alcohol, marijuana, and prescription pain relievers.

Collectively, the YRBS and YAS data presented above support the expectation that the expansion of RPP funding into previously unfunded areas of the state would help keep these regions from falling further behind RPP-funded regions that had previously benefitted from PFS. Not only did this occur, but for some outcomes the newly funded regions experienced even more progress in achieving reductions than the previously funded regions. These findings are consistent with the observations that PFS and RPP have facilitated a successful transition to a regionally based substance misuse prevention system in Vermont, one that is now better positioned to efficiently impact the entire state rather than selected communities or regions only. At the same time, challenges remain, both in terms of maintaining and further enhancing the regional approach, and with respect to stemming the increasing rates of marijuana use and sustaining progress on reducing the rates of other substance use behaviors.

A more detailed report from the RPP evaluation is available online.⁶ Findings from this report include comparisons of recent substance misuse trends between Vermont and the U.S., and an assessment of progress made during RPP in reducing substance misuse disparities experienced by LGBTQ and low SES youths and young adults. Key findings on these topics include:

- During RPP implementation, results are mixed across various youth and young adults substance misuse measures regarding Vermont's performance in reducing substance misuse relative to the nation as a whole. Additional data from years closer to the conclusion of RPP in 2020 are needed in order to capture trends across the entire timespan of the RPP project.
- During RPP implementation, substance misuse disparities experienced by LGBTQ persons, and to a lesser extent by low SES persons, have been reduced. Based on the limited evidence available, however, it was not possible to determine the extent to which RPP may have contributed to this progress as opposed to broader societal influences and the growing percentage of youth and young adults in recent years who self-identify as LGBTQ.

This report was prepared for VDH by the Pacific Institute for Research and Evaluation (PIRE) in conjunction with the evaluation of the Regional Prevention Partnerships (RPP) project. Funding for RPP and its evaluation was provided by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). Additional information about this report is available by contacting Amy Livingston, PIRE, at alivingston@pire.org.

⁶ Available at <http://www.vt-rpp-evaluation.org/> under the Other Reports and Presentations section.