Logic Model: ACT 82, relating to substance misuse prevention

Strategies/Inputs/Activities

Short-term Outputs/Outcomes

Intermediate Outcomes

Long-term Outcomes

Review and recommend best practices to reduce demand for substances in communities and schools.

Propose changes to existing state laws, rules, policies, and programs after review

Review community-based youth programming

Make specific prevention program recommendations after evaluations review

Review community-based programs for older Vermonters

Advise Governor and General Assembly

Examination of promising practices for prevention

Identify and coordinate initiatives across State government and community stakeholder groups

Inventory of substance misuse prevention programs in the state

Draft annual report on findings including recommendations for legislative action

Coordinate the work of the SMPC Council and planning of regional prevention efforts

Evidence-based/informed prevention initiatives are advanced in the State.

Coordination of prevention action in State Government is improved by reducing redundancy and barriers to coordination

Gaps in services and populations are addressed

Foundation of connection and support for all VT Children and youth is determined.

Gaps in services, geographic disparities and barriers are identified and addressed.

Population prevention measures are at the forefront of all policy decisions.

Funding for prevention initiatives is available through a portion of tax revenue

Increased protective factors, resilience, and feelings of connectedness across all ages, cultures, and socioeconomic conditions

Decreased risk factors for substance use in VT across all ages, cultures, and socioeconomic conditions

Improved prevention policies and programming

Prevention efforts are consolidated and coordinated across State Government

Social and environmental factors ensure opportunities for action, engagement, and connectedness

Prevention programs are available and sustainably funded across VT communities and schools

Increased efficiency and collaboration of prevention efforts across all state, public, and private entities

Increased % of :
MS/HS students who feel they matter
to community
MS/HS students who perceive harm in
substance use

Decreased % of:

VT'ers age 12+ using any substances at risk for abuse

VT'ers age 18-25 using any substances at risk for abuse

Improved health outcomes for all Vermonters

Improved well-being through prevention efforts

VT Prevention approaches are Holistic, Sustainable, Scaleable, and Equitable

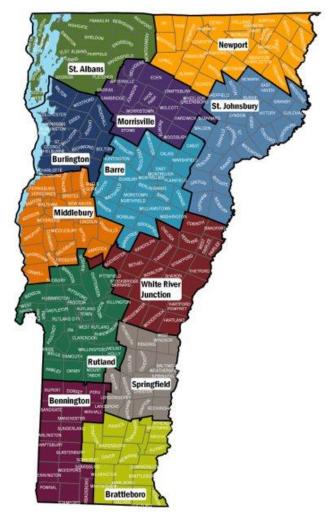
The Prevention System Overview



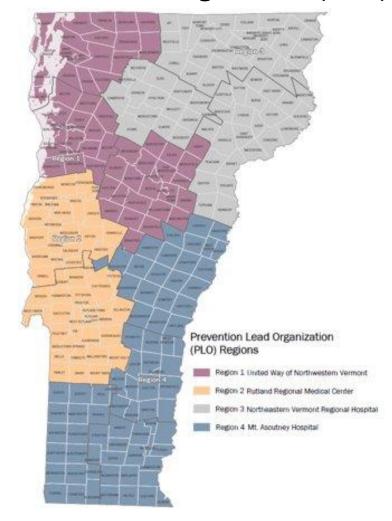
- 1. Policies and Legislation
- 2. Funding and Programming
- 3. Enforcement



Regional Prevention Consultants

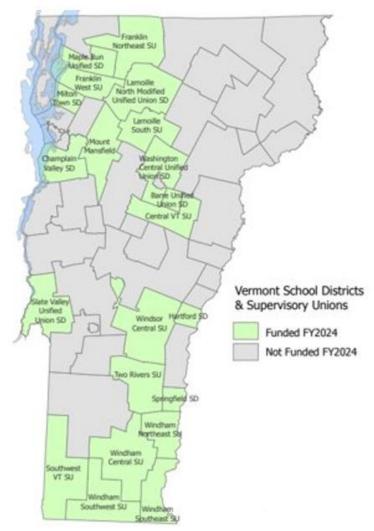


Vermont Prevention Lead Organizations (VPLO)

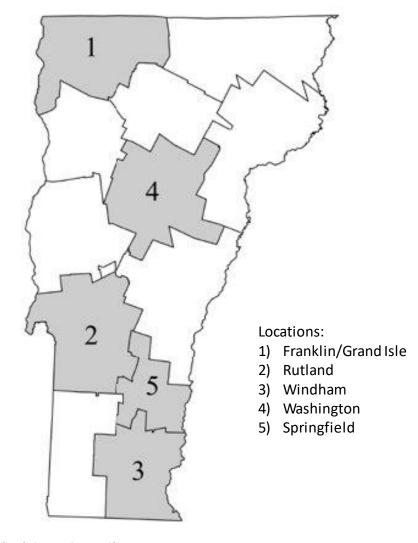




School-Based Prevention Grantees



RPP 2020-2025 Grantees





- FY 24 Tobacco Coalitions and Coverage Areas:
 - 1. Burlington Partnership for a Healthy Community: Burlington
 - 2. The Collaborative: Manchester, Sunderland, East Dorset, Arlington, Dorset, Peru, Landgrove, Londonderry, South Londonderry, Weston, Winhall, Stratton, Bennington, Shaftsbury, North Bennington, Glastonbury, Pownal, Woodford, Sandgate, Searsburg, Rupert
 - **3. Deerfield Valley Community Partnership:** Townsend, Newfane, Wilmington, Whitingham, Dover, Halifax, Stamford, and Readsboro
 - 4. Franklin Grand Isle Tobacco Prevention Coalition: Alburgh, Grand Isle, Isle La Motte, North Hero, South Hero, Swanton, St. Albans Town, St. Albans City, Sheldon, Richford, Montgomery, Georgia, Franklin, Highgate, Fairfield, Fairfax, Enosburgh, Berkshire, and Bakersfield
 - **5. Greater Falls Connections:** Vernon, Guilford, Brattleboro, Dummerston, Putney, Westminster, Athens, Grafton, Rockingham (Bellows Falls and Saxton River), Springfield
 - **6. Healthy Lamoille Valley:** Belvidere, Cambridge, Craftsbury, Eden, Elmore, Greensboro, Hardwick, Hyde Park, Jeffersonville, Johnson, Morristown, Stannard, Stowe, Waterville, Wolcott, Woodbury



- 7. Mosaic VT: Barre City, Barre Town, Berlin, Cabot, Calais, Duxbury, East Montpelier, Fayston, Marshfield, Middlesex, Montpelier, Moretown, Northfield, Plainfield, Roxbury, Waitsfield, Warren, Waterbury, Woodbury, Worcester
- 8. Northeastern Vermont Regional Hospital: Barnet, Burke, East Burke, Concord, Concord Center, East Concord, East Lyndon, East Haven, Danville, Gilman, Granby, Groton, Guildhall, Kirby, Lunenburg, South Lunenburg, Lyndon, Lyndon Center, Lyndonville, Maidstone, Newark, Newbury, South Newbury, Peacham, Ryegate, East Ryegate, Sheffield, South Ryegate, St. Johnsbury, Sutton, Topsham, Victory, Waterford, Wells River, West Burke, West Danville, Wheelock, South Wheelock
- **9. Rutland Regional Medical Center:** Benson, Brandon, Castleton, Chittenden, Clarendon, Danby, Fair haven, Hubbardton, Ira, Killington, Mendon, Middletown springs, Mount holly, Mount tabor, Pawlet, Pittsfield, Pittsford, Poultney, Proctor, Rutland city, Rutland town, Shrewsbury, Sudbury, Tinmouth, Wallingford, Wells, West haven, West Rutland
- 10. Building a Positive Community: Brattleboro, Dummerston, Putney, Guilford, Vernon, Athens, Brookline, Jamaica, Marlboro, Newfane, Townshend, Windham, Wardsboro, Wilmington, Westminster, Whittingham, Dover, Halifax, Somerset, Stamford, Stratton and Readsboro
- 11. Winooski Partnership for Prevention: Winooski, South Burlington



- Agency of Education Tobacco Grants:
 - Nicotine and Substance Use Prevention <u>Request for Proposals</u> currently open
 - Deadline to submit questions: April 8th
 - Question Responses Available: April 12th
 - Application Due: April 17th
 - AOE Responses to Grantees: May 23rd
 - Start Date: July 1st
 - Local Educational Agencies (supervisory unions/districts) are eligible to apply
 - LEAs can apply for up to \$35,000 depending on how many strategies are chosen



Discussion