

Vermont PFS

Summary of Qualitative Assessment of Regional Implementation and Changes in Regional Capacity

Executive Summary

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*A full report with the findings of this study has been submitted to ADAP.
If you have questions regarding the findings presented here, please contact Amy Livingston at
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Executive Summary

This report highlights findings from a recently conducted qualitative assessment consisting of interviews and focus groups with both state level staff and community level partners involved in the implementation of Vermont's Partnerships for Success (PFS) initiative. PFS is a federally funded substance abuse prevention grant awarded to the Vermont Department of Health (VDH), Division of Alcohol and Drug Abuse Programs (ADAP), by the Substance Abuse and Mental Health Services Administration. The study was designed to assess of how well the regional structure of the PFS is working and how this project has impacted regional and community capacity to prevent underage drinking and prescription drug misuse.

The following evaluation questions were explored through this study:

1. What progress has been made at the regional and community levels on the PFS objective "Increase state, regional and community capacity to prevent underage drinking and prescription drug misuse by implementing a targeted regional approach"?
2. How well has the current structure worked with having the District Directors take the lead on coordinating PFS activities with a community agency taking the lead on fiscal responsibility and implementation?
3. Based on the information gathered in addressing the first two questions, what adjustments (if any) in the administration and structure of the PFS should VDH/ADAP consider making as this project continues?

The study took place over the spring and summer of 2015. Interviews were conducted with all six VDH District Directors (DDs) involved with PFS. Focus groups were held with VDH Prevention Consultants (PCs) and representatives from both lead community agencies and community partner organizations from PFS regions. Recordings of the interviews and focus groups were transcribed and analyzed, and findings and recommendations were organized into four central themes: roles of state staff and community partners, changes to regional and community capacity, successes and challenges of regional strategy implementation, and training and technical assistance needs. Key findings and recommendations highlighted in this report are described below and currently under review by ADAP. Specific approaches and action steps needed to implement the recommendations are yet to be determined.

Roles of state staff and community partners

Findings

- There has been some confusion about the roles of the various VDH staff members involved in the grant including central office staff, the DDs and the PCs. Participants described a lack of clarity about whose role it is to monitor the work of the lead agencies and hold them accountable to grant objectives as well as some initial confusion about who lead agencies should go to with questions or issues.

- Participants noted a perceived shift in the role of the PCs with this project. PCs have traditionally been providers of technical assistance and support to community grantees but for this project they were perceived to have an increased role in monitoring the performance of grantees. This felt different and somewhat uncomfortable for both PCs and lead agencies.
- There is some overlap in outreach and technical assistance being provided throughout the regions. In some areas both PCs and lead agencies are playing this role.
- The process of selecting the lead agency was not always transparent and in some regions this led to tension among community organizations.
- The importance of having a lead agency and/or coordinator with strong prevention experience and relationship building skills was emphasized by multiple participants.

Recommendations

- Clarify the roles of central office staff, DDs and PCs. Who is responsible for holding grantees accountable, being the main point of contact, providing technical assistance, etc.?
- Clarify the differences in roles and responsibilities for regional capacity building between the DDs, PCs, and lead agencies/community partners.
- The selection of the Lead Agency should be made objectively based on clearly stated criteria and with transparency to minimize harm to existing relationships among community partners.
- The Lead Agency as well as whoever is chosen to coordinate the work across the region and with subgrantees should ideally have a history of involvement with substance abuse prevention and strong relationship building skills.
- Provide guidance or clarification, as needed, to Lead Agencies and PCs regarding Lead Agencies' autonomy in decision making, especially with respect to financial management and subcontracting.

Changes to regional and community capacity

Findings

- Participants reported increased coordination, networking, and sharing of ideas and expertise across the communities within each region.
- Efficiencies were realized through shifting much of the responsibility for communications campaigns and media outreach to the lead agency or a coordinator for each region, rather than being left to individual community partners.
- Some participants reported that their regional approach has led to greater penetration into communities that have had limited capacity and/or services and greater involvement from community partners that have not previously been engaged in substance abuse prevention efforts.
- Some participants expressed concern that shifting to a primarily regional approach has the potential to lose local connections that are viewed as critical to effective relationship building and successful prevention efforts.

- Resources are spread thin especially in those regions with multiple coalitions and community partners who are engaged in the work. This has presented some limitations in the ability of these organizations to contribute to regional efforts.
- There has not been a strong focus on making linkages to subpopulations that may be experiencing health disparities.

Recommendations

- In areas with strong local coalitions, find ways for them to connect with and benefit from efficiencies of a regional network while maintaining local autonomy.
- Monitor the level of involvement and sustainability of community partners in the PFS implementation (in light of the limited PFS resources they receive).
- Identify specific things that can be done regionally to explore and address health disparities, such as talking with individuals or groups who might have insight into how to reach subpopulations within the region.

Successes and challenges of regional strategy implementation

Findings

- Coordination of media outreach across the regions has gone really well, especially when there is a statewide campaign that comes with materials and a suggested schedule of outreach activities.
- There has been some success coordinating and promoting parenting education programs across regions, which has led to expansion of these programs to areas of the region that may not have been reached previously.
- Outreach to communities and to pharmacists and health care providers on the prevention of prescription drug misuse, including the development of permanent drop box locations for unused prescription drugs, has gone well and has included the involvement of partners that may not have been involved in prevention before.
- Many participants reported a desire for clearer guidance on the state's expectations for work on prescription drug misuse and timelier statewide outreach materials.
- Educating towns on policy approaches to prevention has been one of the more challenging strategies to implement both locally and region-wide. Some regions have had success working with their regional planning commission to start to bring substance abuse prevention into the design of regional and town plans.
- Many participants expressed a desire for clearer expectations and guidance from ADAP on policy strategies.

Recommendations

- Consider more statewide campaigns that can be implemented locally.
- Review evidence-based strategies to identify which are implemented most efficiently statewide, regionally and locally, and develop menus for regional grantees accordingly.

- Review guidance provided to regions on advocacy, perhaps consulting with the Tobacco Program and/or someone with local policy expertise.
- Provide clear guidance on specific things regions can do to support the work of the statewide Prescription Drug Abuse Task Force.

Training and technical assistance needs

Findings

- Some District Directors and Lead Agencies/coordinators expressed a desire for more training or TA on how to manage federal/state grants including budgeting and setting up contracts for sub-grantees.
- More technical assistance is needed on implementing local policy change.
- Participants are interested in more opportunities for face-to-face networking and sharing of ideas and experiences.
- Some participants expressed a need for clarification on some elements of the PFS reporting tool and challenges with compiling information from across the region.

Recommendations

- Re-invite grantees and sub-grantees to participate in training design.
- Provide more face-to-face trainings and/or networking opportunities. These could be done on a statewide level or regionally, tailored to the needs of particular regions.
- Consider contracting with an expert on municipal policy who can serve as a technical assistance coach for grantees and can work with individual PFS regions to help advance specific policy projects they are working on.
- If networking calls continue, make them more structured with an agenda that gets sent out in advance and a facilitated discussion on topics that are of interest to the group.
- Provide a refresher on the reporting tool to include sub-grantees and an opportunity for grantees to ask questions and share approaches for completing the tool when there are multiple sub-grantees working on different interventions.

The qualitative study described in this report provides one very important component of an overall assessment of the implementation and sustainability of Vermont’s regional approach to substance abuse prevention. In particular, the study has provided rich insights regarding the implementation of the regional approach that would not be possible through other means, and has identified issues that warrant attention in order to improve and sustain this approach. The final assessment of how well the regional approach has served to enhance regional and local capacity to prevent substance abuse, however, will be based on multiple sources. These include process data collected from the Lead Agencies regarding implementation of the PFS, and findings from the outcome evaluation that will examine changes in targeted substance use behaviors in the six PFS-funded regions.