

Vermont RPP

Qualitative Assessment of Regional Prevention Capacity

Executive Summary

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Division of Alcohol and Drug Abuse Programs

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

This report highlights findings from a qualitative assessment consisting of interviews and focus groups with both state level staff and community level partners involved in the implementation of Vermont's Regional Prevention Partnerships (RPP) initiative. RPP is a federally funded substance abuse prevention grant awarded to the Vermont Department of Health (VDH), Division of Alcohol and Drug Abuse Programs (ADAP) in 2015 by the Substance Abuse and Mental Health Services Administration. RPP has been implemented using the regional structure established during the Partnerships for Success (PFS) grant which preceded RPP. RPP has expanded funding from the six regions covered by PFS to twelve regions essentially covering the entire state. As with PFS, a lead community-based agency was selected for each region to receive funds to implement prevention strategies and VDH's existing health district structure was used to facilitate oversight of the project at the regional level. The study was designed to assess how well the regional structure of the RPP is working and how this project has impacted regional and community capacity to prevent underage drinking and binge drinking, prescription drug misuse and marijuana use among persons aged 12 to 25.

The following evaluation questions were explored through this study:

1. As a result of RPP funding, what progress has been made at the regional and community levels on the RPP objective "Increase state, regional and community capacity to prevent underage and binge drinking, prescription drug misuse, and marijuana use through a targeted regional approach."? What have the barriers been to making progress and how have they been overcome?
2. For the cohort of six regions (Cohort I) that had Partnerships for Success (PFS) funding prior to the RPP, how has the regional approach continued to evolve and be sustained after the transition from PFS to RPP?
3. For the cohort of six regions that were not previously funded under PFS (Cohort II), how well has the current structure worked with assigning the District Directors lead responsibility for coordinating RPP activities with a community agency taking the lead on fiscal responsibility and implementation?
4. Can the regional approach to substance abuse prevention fostered by the PFS and RPP grants be sustained beyond the end of RPP? If so, what will be needed to make this happen?

This study follows similar methods to a qualitative study conducted in 2015 at the end of the previous PFS grant which focused on the Cohort 1 regions and explored the initial transition

process to a regional prevention structure.¹ The current study provides a follow-up examination of the transition with those grantees and a greater emphasis on sustainability, as well as new perspectives from the more recently funded cohort II grantees.

Methods

The study was conducted in two phases with data collection from Cohort I occurring over the summer of 2018 and Cohort II data collection taking place in the spring and summer of 2019. Interviews were conducted with VDH District Directors (DDs) from eleven of the twelve regions (this position was vacant at the time of the study in one region). Focus groups were held with VDH Prevention Consultants (PCs) and representatives from both lead community agencies and community partner organizations from all regions. Questions for the in-depth interviews and focus groups for both cohorts were developed by PIRE with input from VDH staff and were refined throughout the data collection process. Recordings of the interviews and focus groups were transcribed and analyzed, and findings and recommendations have been organized into key themes. What follows is a summary description of these themes as well as recommendations for each.

Roles of state staff and community partners

Findings

- Roles of state staff have been clearer with RPP than they were during PFS.
- Central office (CO) staff have been accessible and have done a great job connecting grantees to resources and each other through trainings and networking opportunities.
- There has been some confusion over budget oversight roles and which decisions should happen at the CO level rather than the District Office level.
- Some participants felt that RPP has been structured in a way that is more prescriptive and less flexible and responsive to local needs as compared to past grants (e.g. PFS, SPF SIG). That said, there was also acknowledgement that the Evidence-based Work Group review and revision to the menu of interventions was very responsive to input from grantees.
- Many participants reported a desire for more timely guidance on marijuana messaging from central office, as well as clearer guidelines on what kind of messaging grantees can and cannot do locally.
- Several lead agencies reported that initiatives from central office (CO) sometimes seem to duplicate or even undermine what is already underway within regions, such as Counter Tools and some of the work to establish permanent prescription drug disposal sites.
- Turnover in positions in CO has been challenging as it means adjusting to different communication styles and guidance.

¹ A summary of this report can be found at <http://www.vt-rpp-evaluation.org/> under the Other Reports and Presentations section.

- DDs have appreciated their deeper level of involvement in this project as compared to other ADAP projects in the past.
- The involvement of the DD varies by region. Some PCs feel that there is some overlap in their role vs. the DD's which can make the role of the PC less clear for the lead agency.
- PCs like having the role of supporting lead agencies and providing technical assistance rather than holding them accountable to grant deliverables.
- Lead agencies and community partners expressed that the DDs and PCs are generally very supportive and their roles have become clearer over time.
- PCs and community partners (CPs) shared that the lead agencies (LA)/coordinators are doing a great job of coordinating the work and convening partners.

Recommendations

- When providing information on required activities for the grant and/or a menu of options, provide clear guidance through either in-person trainings or through the quarterly networking calls on how these requirements were established and the process for requesting to use an alternative strategy that is not on the menu.
- As the marijuana laws evolve in Vermont, continue to provide regular communication and support to grantees about expectations regarding local messaging and their response to community conversations.
- When planning statewide initiatives that are related to work being done by regional prevention organizations, consider structuring opportunities for input from these organizations. (Note: This would include making sure that the organizations are fully aware of the conditions and requirements imposed by federal granting agencies on the Central Office regarding how federal grants are to be administered and monitored).
- Maintain the structure of having one lead prevention agency in each region with direct oversight provided by the District Director and support and technical assistance provided by the Prevention Consultant. Clarify budgetary and programmatic decision-making channels and clarify oversight roles of ADAP Central Office and Office of Local Health.

Health Disparities

Findings

- RPP has helped raise awareness of health equity issues and progress has been made to address disparities, especially with GLBTQ youth.
- Most participants acknowledged that they could be doing more to reach the three populations identified by ADAP as experiencing health disparities (low SES, GLBTQ youth and military families).

Recommendations

- Continue providing guidance and training on how to tailor strategies and make linkages to populations experiencing health disparities.

- Consider ways to bring a health equity lens into guidance and implementation of population-level strategies such as policy enhancements and prevention messaging specifically.

Successes and challenges of regional strategy implementation

Findings

- Overall, implementation is running smoothly and community partners are working well together to reach their entire region.
- Coordination of media outreach, retailer recognition, promotion of prescription drug take-back days and disposal sites and law enforcement strategies across the regions has gone really well and is a more efficient approach than each community working to implement these strategies on their own.
- School-based strategies and town policy approaches are best implemented at the local community level, although there are opportunities to share resources regionally such as the policy primers that have been developed by several regions.
- Policy work is slow, especially when there is limited readiness in some communities.
- Several lead agencies shared that the Counter Tools assessments took up a lot of staff time and duplicated work that had already been done in some communities.
- Implementation is not necessarily consistent across the regions and often depends on the strength of the partner organizations.
- As noted above, several participants expressed a desire for more flexibility with interventions and activities, which would allow them to be more responsive to community needs as they arise.
- The implementation planning tools, or fidelity steps, that ADAP has provided for each intervention received mixed reviews from participants. Some expressed that they are useful, especially in the beginning stages of implementation. Others said that as implementation continues from year-to-year they have become less useful because some of the initial steps that are done at the beginning stages of implementation are no longer relevant.
- There were also mixed feelings about the work plan templates that were introduced last year to help grantees to operationalize the planning tools with timelines and individuals responsible for each key activity. Some said that they were helpful for planning the work for the coming year and others felt like the template was too restrictive and they would have preferred to customize a work plan that was more meaningful to them.

Recommendations

- Provide guidance to grantees on the level of flexibility they have and process to follow if they would like to implement an intervention or conduct an activity that is not on the RPP menu. Consider allowing a certain percentage of funding to be used for implementing

strategies or activities that are not necessarily evidence-based but that the region or community identifies as important (as constraints of funding sources allow).

- For multi-year grants, consider alternative ways to track fidelity over time that would eliminate unnecessary tracking of activities already completed in previous years.
- For future years, consider a more flexible work plan deliverable. If planning tools are used for future grants, invite lead agencies to provide input on revisions that will enhance their practical use.

Training and technical assistance needs

Findings

- Some DDs expressed a desire for more training on prevention and the Strategic Prevention Framework (SPF). They also shared that it is difficult for them to go to the four-day Substance Abuse Prevention Skills Training (SAPST) course.
- Some DDs also indicated that more training and/or guidance on budgeting and the financial aspects of the grant would have been helpful early on.
- Some LAs would have liked to have had some training on overseeing subcontracts and the skills required for coordinating a project of this scale.
- Quarterly networking calls are helpful, but often there isn't enough time after content is shared by ADAP for peer-to-peer sharing. It was recognized that ADAP seems to be working on improving the format for these calls.
- Participants continue to desire more opportunities for face-to-face networking and sharing of ideas and experiences, either with all grantees or in smaller regional networking meetings with two or more neighboring regions.
- The trainings have started to feel a bit repetitive, particularly for Cohort I regions. Some LAs shared that at this point they feel comfortable connecting with their peers around the state on their own and would appreciate having outside or national speakers present at trainings more often to further develop knowledge and skills and to increase interest among community partners.
- Receiving the summary of implementation successes and challenges from each region's quarterly reports is very helpful.
- More training at the beginning of the grant on the steps of the SPF and the expectations and guidance on implementation of the required interventions would have been helpful.

Recommendations

- Identify additional training opportunities for DDs on prevention and the SPF.
- At the beginning of future grants, provide more in-depth training on each step of the SPF, particularly for grantee staff who are newer to prevention, as well as in-person training that covers in-depth the expectations of the grant and guidance on each required strategy.
- Restructure quarterly networking calls to allow for more time for peer sharing (note: this is already underway).

- Provide or help facilitate more face-to-face networking opportunities. These could be done on a statewide level or regionally, tailored to the needs of particular regions. (Note: based on additional input received, some regions, or stakeholders within regions, would prefer more TTA from outside experts relative to internal peer networking. See next bullet).
- Maintain opportunities for quality in-person training. Balance peer-to-peer learning with opportunities to learn from state and/or national experts.
- Continue to share summary of implementation successes and challenges following each quarterly report.
- Consider encouraging or requiring Prevention Specialist certification for all Prevention Consultants and regional prevention coordinators in the future. This would help establish a statewide standard for the prevention workforce as well as elevate the importance of their roles in their communities.

Sustainability

Findings

- Some components of RPP might be sustained if funding disappears, but without sustained funding and paid staff, it is unlikely that regional prevention work would continue at the same level particularly in those regions that do not have a strong coalition or network of coalitions.
- The strength of regional partnerships is critical for sustainability and could possibly be leveraged to obtain additional funding.
- Activities like youth leadership that are more visible and valued by the community may be more likely to be sustained.
- Population-level interventions like policy work have been prioritized to be sustained by some regions because of the potential for long-term impact.
- There are some strategies that could end up being sustained by another organization such as a hospital, school or law enforcement agency after the grant ends.

Recommendations

- Identify and pursue a strategy for continuously funding regions to continue RPP beyond the grant period (i.e., as soon as July 2020).
- Provide timely information to grantees on other funding opportunities whenever possible.
- Provide support and assistance to grantee organizations in applying for (or otherwise securing) other funding.
- Monitor status and vitality of prevention services in each region after RPP concludes and identify successful (and unsuccessful) sustainability strategies.

Conclusions

Based on the information gathered through this qualitative assessment, it is evident that the RPP has built on the successes of the PFS and has expanded state and regional substance abuse prevention capacity through a regional prevention structure.

Identified **strengths** of this regional model included:

- The establishment of stronger and more intentional collaborations with partners, particularly those that already have a regional focus such as hospitals and regional planning commissions, and the sharing of skills and expertise across these partners.
- Efficiencies through regional coordination of strategies such as media outreach, expansion of prescription drug disposal options, strategies with retailers and law enforcement, and the development of prevention primers or guides for policy makers.
- The regional non-competitive distribution of funding which feels more equitable and leads to a greater sense of inclusion for traditionally underserved and/or more geographically isolated communities.
- The strengthening of regional partnerships has made it easier for community-based organizations to collectively apply for and leverage other funding.

Some **challenges** were also identified, including:

- Perceived differences in guidance to grantees following turnover in ADAP program manager staff.
- Frustration with guidance on promotion of state communications campaigns and lack of timely messaging related to marijuana.
- The amount of funding is spread thin, particularly within regions that have numerous prevention coalitions that are working together and sharing the funds.
- Sometimes the geographic boundaries as defined by RPP are not aligned with how people access services or with the service areas of certain partners such as hospitals.
- Unpredictability of long-term funding and the reliance on federal discretionary grants.

As a result of the RPP, the state now has a network of trained and skilled community-based partners who work in partnership with District Office staff to deliver prevention services across their regions. Many participants expressed a desire for more sustained funding that would allow them to continue to build on the capacity and infrastructure successes achieved through PFS and RPP.

A final evaluation report which will include findings from all data sources (both outcome and process) will be developed by PIRE and shared with ADAP at the end of the RPP grant. Meanwhile, the findings and recommendations provided in this report can serve to help inform ADAP with regard to both the final months of the RPP project implementation and as it considers future directions for prevention infrastructure and funding approaches beyond RPP.