

Findings from Focus Groups and Key Informant Interviews from Region 3 School Assessment of Substance Use Prevention Needs

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Acknowledgments

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Background and Methods

As part of Northeast Vermont Prevention Consortium's (NVPC) ongoing efforts to support schools in Vermont's substance misuse prevention Region 3, which includes the service areas of the Morrisville, Newport, and St. Johnsbury Health Districts, Pacific Institute for Research and Evaluation (PIRE) was contracted to facilitate focus groups to better understand the prevention needs of schools in the region and to explore how future funding opportunities could align with those needs.

Our goal was to hold up to 3 focus groups with 6–8 participants, one in each of the three health districts, to ensure diverse perspectives and meaningful discussions. The NVPC Coordination Team reached out to Superintendents in Region 3 to ask for help identifying key school staff members who would be well-suited to participate in these focus groups. Lists of names and contact information were then created from those responses. A total of 45 invitations were sent with Doodle polls to establish the most convenient times for participation.

Five focus groups were conducted in February and one key informant interview was held in March. Focus groups and key informant interviews were conducted by Marie-Elena Reyes, Evaluator with PIRE, virtually and lasted 45–60 minutes. Participants were informed that their responses would be summarized and would not be linked to anyone individually in the summary report.

Multiple snow days impacted participation and resulted in smaller groups than expected. A total of 12 individuals participated and included representation from:

- All three health districts: 8 from St Johnsbury, 2 from Morrisville, and 2 from Newport.
- A variety of roles, including: Dean of Students, mental health professional, counselor, nurse, health services, health education coordinator, and administrator, Executive Director and Assistant Director of a community partner organization.
- Multiple Supervisory Unions and schools including: Caledonia Central, Kingdom East, Lamoille North, Lamoille South, North Country, St. Johnsbury and two independent schools.

State of current substance use prevention education, implementation responsibility and collaborating partners.

Participants were asked to describe the substance use prevention education being implemented within their schools, specifically who was typically responsible for this work and if they were partnering with community organizations to help with any components of their prevention efforts. Across the schools and districts represented in the focus groups and interviews, substance use prevention education was described as a mix of evidence-based practices (EBPs), grant funded curriculum, school-specific curriculum, groups, clubs, mentoring, and family/community prevention events.

In some districts substance use prevention education is implemented in elementary (5–6th grades), middle school, and high schools, while others have a required 9th grade health class which includes prevention topics (such as healthy choices and how substances impact physical and mental well-being). Participants from several schools discussed targeted programming for youth who had been found in possession of substances (alcohol, tobacco and vapes) or students struggling with substance use who had requested one-on-one support.

Respondents shared that substance use prevention education was impacted by available resources (both staff time and materials), collaboration with non-profit organizations and grant funded support.

- Substance use prevention education was reported as the responsibility of health/wellness teachers, counselors, nurses, School Resource Officers, recovery coaches, and Student Assistance Professionals (SAPs) when present
- Recovery coaches and some SAPs were provided by collaborating organizations
- While prevention curriculum was in developmental stages for one district, activities from Too Good for Drugs were being introduced for K-8 grade students and supplemental education was provided by guest speakers, workshops, and a Wellness Fair in collaboration with community partners.
- Prevention curriculum components mentioned by respondents included: Catch My Breath, Ask, Listen & Learn, Stanford Tobacco Prevention toolkit, Think Program, Too Good for Drugs, Project Aware (a grant focused on mental health and social emotional learning), UP for Learning, Getting to "Y", the First Program, SADD (Students Against Destructive Decisions), and OVX/VKAT (Our Voices Xposed/Vermont Kids Against Tobacco).
- Guest speakers from the recovery community, law enforcement, and first responders were highly valued components of prevention efforts.
- Creation of safe spaces by SAPs, embedded recovery coaches, and counselors were described as effective strategies so that youth can ask questions about their own substance use and/or use by family members.
- Staff from two distinct districts discussed current efforts to deliver community-based prevention education though a wellness fair and a community forum as a means to educate and strengthen relationships with families. One district administrator highlighted the need to create safe spaces for families to discuss substance use at home that could be impacting youth.



“we embedded recovery coaches in the school ... doing whole school presentations, really doing a lot of outreach education. But also offering one-on-one coaching and support to students struggling with substance use and really, we opened it up to every student”. **Community partner**



“they (parents) don't want their kids to be in trouble (*“We don't know how to stop it”*). They also don't really want to address it because it's reflecting on them. And they're also then mad at the school. So having the initial contact at a ... neutral place. it's also allowing parents to see that the journey to recovery is a safe place for them”. **Community Partner**

Desired resources for improving substance use prevention efforts in schools

Responses to a question about desired resources to improve substance use prevention in their schools were tied to four topic areas: training, capacity, time, and resources. Table A below includes specific responses that fall within the 4 topics areas.

Table A. Resource recommendations to improve substance use prevention in schools

Training	<ul style="list-style-type: none"> • Prevention training for all staff (not just health instructors) about recognition of early signs of substance use and associated risk factors • Training of trauma informed approaches for communicating with parents • Training for parents on early recognition of substance use
Capacity	<ul style="list-style-type: none"> • More staff and/or coordinators with dedicated time for prevention education • Capacity to expand education to elementary level students • Dedicated Health or Prevention Education Coordinator across all school levels • Part-time staff to oversee tobacco prevention education in schools
Time	<ul style="list-style-type: none"> • Paid time in summer for health educator to review possible curricula and EBPs and develop curriculum modifications for ADA compliance • Paid time dedicated to analyzing how all the different prevention pieces across grade levels are age appropriate, cohesive, and comprehensive
Resources	<ul style="list-style-type: none"> • Menu of community support resources and contact information of community organizations offering resources • Contacts to recovery community and speakers who could talk about the process of recovery for students, parents, families • Tactile/ interactive kits to encourage discussion with students about substances • Funding for food and organizing activities to support Clubs/Ambassadors or Buddy system – older students guiding younger students (elementary) with staff advisors.

Barriers to submitting applications for funding

For the majority of focus group/interview participants, lack of knowledge about grant opportunities and time to write and coordinate grant applications were substantial challenges.

Participants highlighted the following challenges for submitting applications for funding:

1. Not enough people (capacity) or time to write grants during the school year
2. Lack of knowledge of available funding
3. Grant proposal requirements that seemed onerous i.e., effort needed to write the grant or for implementation was not considered worth the benefit of funding (would prefer low barrier application process)
4. Application deadline was not conducive for school calendar year (occurs during very busy school calendar time)
5. Grant funds were not awarded at a time which accommodated planning and implementation. It would be more helpful to receive funding just ahead of the school year
6. Some school districts had grant writers but could use help identifying funding opportunities and support writing grant applications.

Finally, one participant stated "I am at an independent school – we don't apply for grants... I don't think we can because of our independence". This statement may indicate a potential need to clarify the eligibility of applicants for available funding going forward.



"capacity ... there's just not enough people, not enough time" **Health Education Coordinator**

"trying to write a grant during the school year is impossible" **Counselor**

"(challenges) Time of year and weighing all that has to go into being a participant or a recipient of a grant and what the grant can offer" **Health Education Coordinator**

Current prevention grants and coordination responsibility

Participants were asked to describe who was responsible for coordinating implementation, grant reporting and the business aspects of the grant in their school or district

Not all participants had knowledge of who was responsible for grant writing, reporting or business aspects of grants. Some stated that grant-writing was performed by a dedicated district level or supervisory union grant writer, administrator or health education coordinator. In at least 2 districts, business office staff handled oversight and business aspects of the grant.

Two specific examples of grants mentioned that participating school districts have received include Project Aware, which is a partnership of the Department of Mental Health and the Agency of Education and provides mental health support to students, and the Tobacco grant which is funded through the Department of Health and Agency of Education and implemented by health teaching staff in middle school and high school.

Community partners also wrote grants and completed reporting requirements when collaborating with schools to implement substance use prevention services, such as embedded recovery coaches and diversion program elements like one-on-one sessions with youth and families to avoid suspension.

Current data sources used to understand the needs of students related to substance use

More than half of the participants reported using YRBS data to understand the needs of students related to substance use while expressing frustration in the lag time of 2 years before the release of findings **especially during a time of rapid changes with substance use.**

Several school districts had supplemented the YRBS data with other survey instruments to allow for shorter turn-around of findings, for example,

- **Closegap** – a digital system for daily student check-ins about mental health and self-guided social-emotional learning.
- **Project Aware Universal Screener** a universal social-emotional screener for early detection of struggling students.
- **SSIS Social-Emotional Learning Edition (SSIS SEL)** a comprehensive, evidence-based, social-emotional learning system that assesses key academic skills and integrates the different components with an aligned, multi-tiered intervention.
- **SWIS Data Student Wide Info System (PBISApps)** – to access office discipline referral data and early childhood incident data (can be viewed across multiple schools to get summaries across districts, counties or state) and
- District-specific anonymous Youth Surveys (with parental consent).



“The Youth Risk Behavior Survey and the length (of time) that it takes to get that data back. And then last time we didn't have 50 students that had (completed) answers, so we didn't get data for us but it takes so long to get the information back and things are changing so rapidly.” **Administrator**

One participant mentioned using SWIS for comparison data on a district and county wide level with the YRBS. SSIS had been used in another district and was important for assessing needs as reflected by this comment: *"there's so much in there that we can use to really get a pulse on where our kiddos are at and start thinking about what healthy behavior outcomes do we want to be targeting and what are our needs?"*

One district representative explained that all staff were trained in restorative practices and multiple methods for collecting data on student needs and school climate/culture had been implemented. Concern Forms from staff and students were encouraged. School resource officers (SROs, also trained in restorative practice) provided home visits with parents. Weekly safety meetings that included adult mentors, counselors, SROs, nurses, principals, and some students were conducted for analysis and discussion of collected data and student needs.

A second district representative reported an interest in engaging students in the analysis of YRBS findings and incorporating youth engagement in the development of a district wide prevention education plan.

Other data sources considered important were news articles, students and parents.

Generally participants recognized the potential benefits of additional data sources especially "really good, accurate facts and not scare tactics". Often the response was that they needed more time and capacity to assess the data they already received.



"Yes, we have some data. We're not utilizing it to the best of its potential, but we also because of our resources are so limited - we're so short staffed. I think that is our barrier as far as not utilizing the data that we already have. **Health Education Coordinator**

How schools could use a small amount of funding

Participants were asked to consider how they would use receipt of small amount of funding (\$2,500-\$7,500) to support prevention in their school. The suggestion list in Table B. was shared via TEAMS screen share and participants indicated their preferences in the chat. The number of participants who selected each of the suggestions is summarized below. Additional suggestions were discussed with the entire group.

Table B. Suggestions for Small Amount of funding

	# who endorsed option
a. Mental health and/or other substance use prevention training	10
b. Learning about the history and usefulness of Youth Risk Behavior Survey (YRBS)	1
c. Identifying risk and protective factors	4
d. Support for the work of or establishment of a Coordinated School Health Team	3
e. Whole School, Whole Child, Whole Community	3
f. Creating or adapting policies	3
g. Identifying local resources (including coalitions)	3
h. Curricula related to substance use prevention and/or social emotional learning	7
i. Other suggestions	

Participants often grouped their choices for a. Mental health and/or other substance use prevention training, with h. Curricula related to substance use prevention and/or social emotional learning and c. Identifying risk and protective factors.

Other suggestions for how they would use small amounts of funding included:

- support for youth led groups
- increasing opportunities for engagement with families, students, and the recovery community, and
- district-wide collaboration efforts for speakers (e.g., Laura Stack of Johnny's Ambassadors) and outreach activities.



“We as a whole of Northeast Kingdom (could) get presenters who could come and share information with our families, with our students and could go from school to school. I think that's something that we could all collaborate together, right? And use that person around the area. I mean, we're looking to always engage families... maybe in the evenings and bring the kids in during the day.” **Health Services**

Respondents identified training or presentations specifically about early recognition of substance use as an important topic for all faculty (not just faculty responsible for prevention education) because teachers would be most likely to encounter the impacts of substance use on a daily basis.

Additionally, because of stigma related to substance use, training to enhance trauma informed communication skills of faculty was linked to fostering relationships with families and creating safe community spaces for parents/families to learn about resources available for learning about substance use.



“substance (ab) use training - It would be helpful for all the staff to know, right? Because the teachers are the ones that are going to see this stuff way more often than myself or the nurse. We'll see the bigger things. But if the teachers don't know what the signs are or what are some things to look for? it's (training) for all teachers or just more targeted point people like admin and nurses” **Counselor**

Other prevention needs

Participants were also asked to consider what additional substance use prevention they would have in place if time or money were not limitations. Several responses reiterated the desire to have a **substance use prevention point person** or **health education coordinator** to oversee all prevention education efforts throughout schools and/or at the district level, “to serve as the umbrella person for all of this work”.

Others imagined having:

- a full time drug and alcohol counselor embedded in school;
- support for adults in our community with substance use disorder
- health educators in all schools
- more recovery coaches in the schools and more collaboration with recovery centers.
- help with grant writing
- more education, deterrence and detectors
- time to develop curriculum that was sequential for elementary, middle and high school and accessible for all reading levels
- deeper connection to kids (lived) experiences to learn what was going on in their lives
- more parent involvement and engagement with younger students.
- more youth led groups
- a faculty member who could just solely focus on interactive classes offered during school semesters so students could get prevention education at multiple points throughout their high school career
- funding for producing graphically visual, replicable documents (booklets and training manuals) of prevention education curriculum.

Final thoughts shared about what schools need related to substance use prevention

Additional participant thoughts to share with NVPC, for effective education and support included (in their own words):

- “There's got to be a way to make it feel safer for kids to interact with the curriculum. So, if there are creative models out there on conceptually what the adults in the room can be doing, but also like the actual models for other ways for students to get the information, that's accurate but be able to do it in smaller groups”.
- “Teaching kids about the science of addiction and the brain and you know the dangers of substances - that's great but only 1% of what prevention for students needs to be. Other than that, it needs to be about ... patterns of behavior. It's about the why? Why are you interested? Why are you scared? Those things are really key to being able to keep kids safe because they're facing it every day and when we don't acknowledge that part, we're really missing a huge piece of keeping them safe”.

“Making it safe too talk about what's going on and raising the awareness ... so that they really understand if you feel sad because someone was bullying you on the phone and then you go into the bathroom and then the cool kid offers you a vape and then you're more likely to say yes, because you're already feeling bad about yourself. Like what are you going to do?”

Recommendations

The input received from Region 3 school staff points to the following recommendations for how NVPC could further support schools:

1. Encourage collaborations between schools and community partners in response to lack of capacity to coordinate and deliver prevention education, including applying for grant funding together.
2. Develop a list of ideas for how schools might use NVPC funding, including things like:
 - a. District wide speakers
 - b. Production of graphically visual, replicable documents (booklets and training manuals) of prevention education curriculum
 - c. Training for all faculty about mental health and/or other substance use prevention
 - d. Training on curricula related to substance use prevention and/or social emotional learning
 - e. Training for all staff on current substance use issues, and signs that a student might be using
3. Consider structuring grant application deadlines and awards to allow for applications over the summer so that schools can start implementation as the school year begins.
4. Regularly share funding opportunities with not only administrators but also will school staff working directly in prevention.