



JULY, 2020

# Substance Misuse Prevention in East Central Vermont

A Needs Assessment of Risks and  
Strengths in Windsor & Orange Counties



Mt. Ascutney Hospital  
and Health Center  
Dartmouth-Hitchcock

## Needs Statement

Data from the Prevention Network Grant (PNG) disparities plan—a compilation of several federal, state, and local data sources—reveal significant risks and strengths in our community regarding substance misuse prevention. The narrative below outlines these trends for different populations within our community. The report covers Windsor and Orange counties in Vermont, which are referenced together as East Central Vermont.

### Parents

When studied holistically, data on parents in East Central Vermont presented compelling, often conflicting, issues with results dependent upon location or socioeconomic status. For example, parents in Orange County reported a lack of places they can turn to where they can learn about how to prevent drug use in children. At the same time, parents in Windsor County reported a lack of interest in, or lack of a need, to discuss drug use in children (See appendix B).

Prevention efforts should focus on the importance of talking to kids about drug use. Work can include educating parents on how all young people are vulnerable to misusing substances, the dangers of social hosting, and the epidemic levels of vaping in our state and nation. Prevention efforts should also address how, despite the fact that marijuana has been made legal in Vermont for those 21 and older, it remains illegal for minors and creates scientifically-proven changes in the developing brain, including an increased risk of developing schizophrenia<sup>1</sup>. (cite)

The priority in prevention should be, without being alarmist, to raise awareness with parents about how important and effective it is for them to talk to their children about substance misuse. Prevention efforts should connect parents with educational resources that would guide them in having such conversations with their children.

On a promising note, data show that parents in the catchment area perform better than statewide peers in talking to kids about prescription drugs (See appendix B). Prevention efforts can look to the factors that have led to successful Prescription discussions and apply the same strategies to other substances.

Additionally, parents in a large swath of the catchment area report an increased use of Prescription drug mail-back envelopes and other disposal options. The ease of access for marijuana within the home is also lower in this area (See appendix B). This encouraging information suggests prevention messaging about safe storage, disposal, and access is resonating with some audiences. Prevention efforts should therefore continue the messaging campaigns already in place regarding these issues: working with the media to promote biannual

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<sup>1</sup> D'Souza DC, Radhakrishnan R, Sherif M, et al. Cannabinoids and Psychosis. *Curr Pharm Des.* 2016;22(42):6380-6391.  
doi:10.2174/1381612822666160826105628

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Prescription take back days, displaying posters, airing PSAs, and publishing social media posts on the importance and methods of safe storage of substances.

### Youth

Alcohol use remains the #1 issue for youth in East Central Vermont. Data point to a higher percentage of alcohol misuse in this area compared to the state of Vermont, in general (See appendix B). A higher percentage of youth also reported no perceived risk in daily marijuana use. To compound these troubling attitudes towards substances, data show that treatment services in the area are underutilized.

Mental health trends among youth in the catchment area are also alarming. The percentage of high school students who do not feel valued by their community was high, as was the percentage of students who felt sad or hopeless almost daily for the past two weeks.

Despite the concerning data related to alcohol use in the entire catchment area, Windsor County youth have lower drinking rates than state peers for binge drinking 1-2 times in the past 3-5 days. Eighteen to 20 year-olds in Windsor report lower alcohol use in the past 30 days. Youth in this county also reported the perception that marijuana is too easy to obtain, and the rate of youth who used marijuana 3-5 times in the past 30 days was half the rate of state peers. Prevention efforts should consider the factors that led to these promising trends in this county as future campaigns are planned: Investigation into determinants that make each county or district successful in particular areas is necessary so efforts can be replicated.

Prevention work can focus on working with student assistance professionals and school systems to provide education, support, and trauma-informed resources to better support youth in the area. In particular, efforts can focus on addressing the needs of vulnerable populations, such as LGBTQ+ youth, non-White youth, families experiencing poverty, and military families. In order to address barriers to treatment and encourage recovery among people with addiction, prevention efforts will provide outreach and campaigns that encompass secondary prevention, which supports cultures of health within families.

### Vulnerable Populations

Eleven percent of families and individuals in the White River Junction school district and 13 percent of families and individuals in the Springfield school district live below the poverty level. Eleven schools in the catchment area are classified as having a mid-high level of poverty. In a cross tabulation of these 11 schools with their affiliated towns, four of the 11 towns had overall population poverty rates below 15 percent<sup>2</sup> (lower than the other schools), even though their schools still ranked as having mid-high poverty levels. Because of this, it is important to

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<sup>2</sup> Research showed several schools in the catchment area clustered at the 15-15.9% range of poverty—a significant number of schools at a significant rate, so a 15% cutoff is used as a benchmark.

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consider schools systems that might need support, despite the overall community poverty level (See appendix A)

The stress poverty creates—of those who experience it struggling to afford food or housing, lacking access to healthcare and other resources—is more likely to lead individuals to turn to substances.<sup>3</sup> It is important that prevention efforts partner with schools to ensure young people are receiving essential supports as well as messages related to avoiding substances. High unemployment and high levels of poverty lead to greater risk of behavioral health issues. The COVID-19 pandemic is increasing unemployment levels in our region (and nationally) and we can expect a corresponding rise in rates of poverty.

Data show a large population of military families in our area (between 7 and 8 percent of the general population). Large VA and National Guard organizations are represented in the catchment area, but communication from these organizations is siloed (See appendix A). Children of military families experience frequent moves, the absence of a parent due to deployment, and even stigma from teachers and peers who oppose military actions. Frequently, teachers and other school officials are not even aware of the presence of military children in their institutions, so such children suffer alone. In 2021, hundreds of Vermont National Guard troops will be deployed for 12 months. Families will face stress as they immediately lose the direct support of one parent. Communities, schools, and other stakeholders need to be informed of deployment schedules, how affected families are at risk, and how to offer resources and support to these families.

LGBTQ+ youth are consistently shown to be at higher risk for substance use, based on YRBS data. The closure of the Junction Youth Center in White River Junction in February, as well as the school shutdowns and resulting disruption of supporting institutions such as queer-straight alliances (QSAs), only exacerbate the lack of supporting structures for this population.

Based on YRBS data, the percentage of non-White youth in the region is increasing. While the White population overall in Windsor County is 97.6% and Orange County is 96.7%, the rates are much lower for middle and high school students (81% and 83% for middle school in Windsor and Orange, respectively, and 86% and 84% for high school in Windsor and Orange, respectively) (See appendix A). As issues of racial inequality and injustice grow in the United States, prevention efforts can focus on the vulnerability of non-White youth in our region, the need for social justice—and look for opportunities to increase support and dialogue.

### Summary

Prevention efforts in East Central Vermont have seen challenges and successes. However, by examining trends of successful past strategies, identifying vulnerable populations and their

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<sup>3</sup> Van Draanen, J. (2020). Unique roles of childhood poverty and adversity in the lifetime of co-occurring disorder. *SSM – Population Health* SSM – Population Health, 10  
<https://doi.org/10.1016/j.ssmph.2020.100540>

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needs, mobilizing partners, and consolidating resources, prevention can pave the path to a healthier region.

## Organizational Resources

The following organizations address the needs identified in this document and can serve as resources in prevention efforts. Below is an overview of these organizations with an example of each.

### Community Health Teams

Community Health Teams are part of the Blueprint for Health Vermont Initiative, which supports population health initiatives in hospitals.

*Spotlight:*

Mt. Ascutney Hospital and Health Care Center (MAHHC)

<https://www.mtascutneyhospital.org>

<https://blueprintforhealth.vermont.gov/about-blueprint/blueprint-community-health-teams>

MAHHC in Windsor is comprised of community health workers who work directly with patients who are high utilizers of health systems. These patients access case management to help meet their needs and manage their illnesses outside of more expensive inpatient hospital settings.

### Drop-in Youth Centers

Drop-in youth centers provide safe, diverse, supervised, substance-free environments when school is not in session. These teen-driven organizations aim to build community, develop leadership, and empower and strengthen young people.

*Spotlight:*

The Space

Founded in 2019 in Springfield, The Space aims to provide an alternative to traditional after-school activities by giving teens a place of their own to socialize, study, share skills, and explore interests. The organization provides youth-directed after-school activities including skill-sharing, creative arts projects, videography, and music. Planned events include dinner and movie nights, book discussions, a cooking series for youth and their families, and a “jobs 101” workshop to help teens explore career opportunities.

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### Military Support Organizations

East Central Vermont has eight organizations that specialize in working with military families. The organizations' experts include licensed mental health counselors, a VA nurse, a military child and youth coordinator, and a coordinator for veteran behavioral health services. These organizations serve as a bridge between military families and prevention efforts; the affiliated experts can provide information and insights into the issues military families face and provide direct support and services, such as mental health counseling for PTSD and co-occurring addiction, and spring break camps for military children.

*Spotlight:*

Vermont National Guard Family Programs: Child and Youth Program

[www.ngfamily.vt.gov/programs-services/child-youth-program](http://www.ngfamily.vt.gov/programs-services/child-youth-program)

The Vermont National Guard Child and Youth Program provides a supportive environment for children and youth (6 to 17 years old) through activities and events. The program, which includes a teen council, hosts summer camps for military children and provides school outreach to help teachers and administrators recognize the needs of military children. Activities are specifically designed to encourage personal growth, strength of character and moral development in peacetime and through the cycles of deployment.

### Parent Child Centers

Vermont has 15 parent-child centers that help families get off to a healthy start by providing early childhood services, home visits to families with young children, playgroups, parent education, parent support, and information and referral.

*Spotlight*

The Family Place

<https://www.familyplacevt.org>

The family Place in Norwich uses a whole-family approach to help children thrive. The organization works with children and caregivers, promoting positive parenting strategies and ensuring that children have the kinds of experiences that support their physical development, their social functioning, their ability to learn, and their long-term health. Through home visits, early intervention for infants and toddlers with developmental delays, nursing services, parenting classes and groups, treatment for families dealing with the trauma of sexual abuse, assistance with child care costs, intensive wrap-around supports for young families in poverty, community playgroups, and more, The Family Place partners with families to increase the presence of protective factors families need to be strong and thrive.

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### Organizations Addressing Food Insecurity, Homelessness

Social service organizations that address homelessness and food insecurity provide a variety of services including temporary shelter for homeless families and adults, educational programming, food and clothing.

#### *Spotlight*

The Haven

<https://uppervalleyhaven.org>

The Haven in White River Junction provides temporary shelter and educational programming for homeless families and adults as well as food to anyone in need. It is open 365 days per year and serves over 14,500 people per year.

### Regional Prevention Networks

Regional prevention networks' representatives are connected to regional planning partners, law enforcement, schools, and service organizations. Projects include substance misuse prevention education, prescription medication take-back initiatives, and positive activities and supports for youth.

#### *Spotlight*

Green Peak Alliance

[www.greenpeakalliance.org](http://www.greenpeakalliance.org)

Established in 2018 and headquartered in Windsor, Green Peak Alliance is a regional network that promotes healthy communities in East Central Vermont. The organization brings federal and state resources to local areas in its work with schools and service organizations. Through research, education, and outreach, GPA creates conditions to positively influence the public by increasing youth assets and reducing risks

### Restorative Practice Organizations

Restorative practice aims to reduce crime, violence, and bullying; strengthen civil society, restore relationships, and repair harm. Restorative practice is derived from the term "restorative justice." However, restorative justice can be seen as largely reactive, whereas restorative practice is seen in a more preventative light. In East Central Vermont, the term "restorative justice" is the more commonly used term and practice. Restorative justice centers in the catchment area include Springfield Restorative Justice Center, Hartford Community Restorative Justice Center, and Orange County Community Justice Center.

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### *Spotlight*

Hartford Community Restorative Justice Center  
<https://hartfordjusticecenter.org/about>

The Hartford Community Restorative Justice Center's mission is to reduce crime and rebuild community in the greater Hartford area. HCRJC works in partnership with area residents and law enforcement to provide programs based on the principles of restorative justice including working to restore those who have been injured, giving those most affected by the crime to participate in the response, and acknowledging that the role of the community is to build and maintain a just peace.

### Schools

Area-schools are integral to substance misuse prevention as they address several root causes. Schools provide free or reduced lunches to address food insecurity, connect students to counseling services, and share statewide prevention messages. Prevention organizations partner with schools on substance-misuse workshops and messaging, link schools to prevention funds and help them write related grants, and bring project ideas to groups of youth.

### *Spotlight*

Windsor School  
<https://windsor.wsesu.net>  
<http://www.mappvt.org/news-events/celebrating-red-ribbon-week-mt-ascutney-prevention-partnership-windsor-school-work>

## Summary of Needs

1. Increase focus on importance of parents communicating with children about substance misuse
2. Continue successful messaging of Prescription takeback campaigns
3. Support development of youth centers and fill in programming gaps where needed
4. Create opportunities for dialogue/awareness of social justice issues
5. Stimulate PNG subaward applications from groups that work with marginalized populations (racial and ethnic minorities, LGBTQ+), especially youth
6. Increase outreach to general public about military children/family issues and upcoming deployment
7. Increase flexibility of prevention funding/provide outreach and campaigns to address secondary prevention:
  - a. Address barriers to treatment and encourage recovery among people with addiction
  - b. Utilize state resources to address opiate abuse and opiate overdose deaths
8. Investigate determinants that make each district successful and replicate those efforts

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9. Prioritize capacity building efforts across multiple community sectors, agencies, organization to enhance the field of prevention to expand and maintain substance misuse prevention infrastructure across the region.
10. Support Certified Prevention Specialist (CPS) training and certification infrastructure to build pool of prevention professionals in the state of Vermont.
11. Support organizations that address disparate populations through funding and technical assistance.
12. Provide a data evaluation system that showcases the collective impact of regional work on disparities.

## References:

D'Souza DC, Radhakrishnan R, Sherif M, et al. Cannabinoids and Psychosis. *Curr Pharm Des.* 2016;22(42):6380-6391. doi:10.2174/1381612822666160826105628

Van Draanen, J. (2020). Unique roles of childhood poverty and adversity in the lifetime of co-occurring disorder. *SSM – Population Health* SSM – Population Health, 10  
<https://doi.org/10.1016/j.ssmph.2020.100540>

## Data Sets:

Mt. Ascutney Hospital's 2019 Community Health Needs Assessment  
<https://www.mtascutneyhospital.org/about/community-health-needs>

VT Dept of Health, Alcohol and Drug Abuse Programs (ADAP) Data and Reports, County Profiles (Windsor and Orange)  
<https://www.healthvermont.gov/alcohol-drugs/reports/data-and-reports>

VT Agency of Education, Annual Statistical Report: Percent of Students Approved for Free and Reduced-Price School Meals <https://education.vermont.gov/sites/aoe/files/documents/edu-nutrition-2020-free-and-reduced-eligibility-report.pdf>

VT Dept of Health, 2020 Opioid Related Fatalities Among Vermonters (Windsor and Orange Counties)  
[https://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP\\_Data\\_Brief\\_Opioid\\_Related\\_Fatalities.pdf](https://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP_Data_Brief_Opioid_Related_Fatalities.pdf)

VT Dept of Health, 2017 Vermont Youth Risk Behavior Survey, Young Adults, Parents, County Reports: Windsor, Orange  
<https://www.healthvermont.gov/stats/surveys>

## Appendix A: Disparities Statement

### Prevention Network Grant Catchment Area

#### Introduction

This disparities statement covers the catchment area for the Prevention Network Grant awarded to Mt. Ascutney Hospital and Health Center by the State of Vermont, award #03420-08055. That catchment area covers the towns in the White River Junction and Springfield District Offices, which encompass all of Windsor County, most of Orange County, and four towns in Windham County.

#### Demographic Information

Because most data collected in the region is available at the county level, we are using that data as a proxy for the catchment area. Any exceptions are noted in the charts below.

#### Population Breakdowns by Age

	Windsor County		Orange County	
	Estimate	Percent	Estimate	Percent
Total Population	55,485		28,901	
Under 5 years	2,467	4.4%	1,353	4.7%
5 to 9 years	3,030	5.5%	1,497	5.2%
10 to 14 years	2,862	5.2%	1,591	5.5%
15 to 19 years	3,003	5.4%	1,816	6.3%
20 to 24 years	2,518	4.5%	1,654	5.7%
25 to 64	29,820	53.7%	15,550	53.8%
65+	11,785	21.2%	5,440	18.8%

*Data Source: 2013-2017 American Community Survey (ACS) 5-year estimates*

#### Population Breakdowns by Ethnicity

##### *Total Population*

	Windsor County		Orange County	
	Estimate	Percent	Estimate	Percent
Total Population	55,485		28,901	
White	54,167	97.6%	27,956	96.7%
Black or African American	581	1.0%	192	0.7%
American Indian or Alaska Native	573	1.0%	117	0.4%
Asian	707	1.3%	95	0.3%
Native Hawaiian or Other Pacific Islander	126	0.2%	15	0.1%
Hispanic or Latino (of any race)	833	1.5%	386	1.3%

*Data Source: 2013-2017 ACS 5-year estimates*

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### **Middle School and High School Population**

	Windsor County		Orange County	
	Middle School	High School	Middle School	High School
Total Students	1746	2504	776	1121
White, non-Hispanic	81%	86%	83%	84%
Students of color	19%	14%	17%	16%

*Data Source: 2017 County YRBS Reports*

### **Population Breakdowns by LGBTQ+**

	Total Population	LGBTQ+ youth	LGBTQ+ Young Adults
Windsor Co.	55,485	11%	14.4%
Orange Co.	28,901	13%	18.8%

*Data Sources: 2017 County YRBS reports, 2018 Vermont Young Adult Survey (Prevalence Estimates prepared by Pacific Institute for Research and Evaluation<sup>4</sup>*

### **Poverty**

#### **Families and Individuals Experiencing Financial Insecurity**

	% living below poverty level	% age 17 or younger living below poverty level	% of households spending 30% or more of income on housing
WRJ District	11%	13%	36%
Springfield District	13%	19%	41%

*Data Source: AHS Community Profile, based on ACS 2011-2015 data*

### **Towns with Highest Percent below Poverty (15% and above)**

Town	County	Population	18+	65+	% Below Poverty
West Fairlee	Orange	650	500	85	24.8
Rockingham	Windham	5190	4132	847	18.2
Corinth	Orange	1302	1018	208	16.5
Royalton	Windsor	2778	2287	377	15.9
Springfield	Windsor	9301	7331	1842	15.9
Bradford	Orange	2776	2084	418	15.1
Windsor	Windsor	3504	2808	720	15

*Data Source: 2013-2017 ACS 5-year estimates*

<sup>4</sup> No data breakdown for LGBTQ+ adults by county or OLH available on VDH site (this may change when 2018 District Office reports become available). 2018 BRFSS data estimates 8% of the adult population identifies as LGB, and 0.7% identifies as transgender.  
[https://www.healthvermont.gov/sites/default/files/documents/pdf/HSPR\\_2018\\_BRFSSReport.pdf](https://www.healthvermont.gov/sites/default/files/documents/pdf/HSPR_2018_BRFSSReport.pdf)

***Free and Reduced-Price Lunch: Which Schools Have the Highest Percentages?***

Percentage of students eligible for free or reduced-price lunch <sup>5</sup>	Schools (Orange County, Windsor County, and other towns in the Springfield OLH district)
25% or less low-poverty school	Woodstock Union MS/HS (18.76%) Thetford Elementary (19.59%) Killington Elementary (22.22%) Woodstock Elementary (24.1%)
25.1 – 50% mid-low poverty school  Vermont Statewide Average for 2019-2020: 38.32%	Hartford High School (25.58%) Albert Bridge School (26.23%) Dothan Brook School (26.34%) Brookfield Elementary (26.58%) Ottauquechee School (27.47%) Flood Brook School (29.47%) Reading Elementary (29.73%) Samuel Morey Elementary (31.4%) Hartford Middle School (31.66%) Green Mountain UHSD #35 (32.37%) Windsor High School (32.69%) Rivendell Academy (33%) Weathersfield School (33.9%) Newton Elementary (33.96%) Bellows Falls UHS#27 (36.16%) Windsor State Street School (37.2%) Black River UHSD #39 (37.38%) Mt. Holly Elementary (37.5%) Randolph Union HS (38.17%) South Royalton School (39.31%) Braintree School (41.59%) Chester-Andover USD#29 (41.63%) Chelsea Public School (42.14%) Bethel School (42.81%) Sharon Elementary (42.86%) Tunbridge Central School (43.56%) Cavendish Elementary (43.75%) Springfield High School (44.56%) Ludlow Elementary (45.28%) Newbury Elementary (45.8%) Stockbridge Central School (46.51%) Randolph Elementary (47.75%) Hartland Elementary (47.83%)

<sup>5</sup> In the US, the percentage of students eligible for free or reduced-price lunch (FRPL) under the National School Lunch Program provides a proxy measure for the concentration of low-income students within a school. Low-poverty schools are defined as public schools where 25.0 percent or less of the students are eligible for FRPL; mid-low poverty schools are those where 25.1 to 50.0 percent of the students are eligible for FRPL; mid-high poverty schools are those where 50.1 to 75.0 percent of the students are eligible for FRPL; and high-poverty schools are those where more than 75.0 percent of the students are eligible for FRPL.

[https://nces.ed.gov/programs/coe/indicator\\_clb.asp](https://nces.ed.gov/programs/coe/indicator_clb.asp)

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<b>Percentage of students eligible for free or reduced-price lunch<sup>5</sup></b>	<b>Schools (Orange County, Windsor County, and other towns in the Springfield OLH district)</b>
	Oxbow UHSD #30 (49.69%)
50.1 – 75% mid-high poverty school	Bradford Elementary (50.79%) Bellows Falls Middle School (51.55%) White River School (52.26%) Riverside Middle School (52.54%) Saxtons River Elementary (53.66%) Westshire Elementary (54.84%) Rochester School (56.19%) Union Street School (56.43%) Blue Mountain Union School (56.54%) Elm Hill School (57.08%) Waits River Union #36 (57.26%) Athens Grafton School (59.57%) Hartford School District Regional Alternative Program (65%) Central Elementary (72.5%)
More than 75% high poverty school	<i>None</i>

*Data Source: VT Agency of Education, Annual Statistical Report: Percent of Students Approved for Free and Reduced-Price School Meals*

<https://education.vermont.gov/sites/aoe/files/documents/edu-nutrition-2020-free-and-reduced-eligibility-report.pdf>

**Cross-Tabulation of Towns with Poverty Rates of 15%+ and Schools Classified as Mid-High Poverty**

Town	County	Population	% Below Poverty	Mid-High Poverty Schools (% FRPL)
West Fairlee	Orange	650	24.8%	Westshire Elementary (54.84%)
Corinth	Orange	1302	16.5%	Waits River Union #36 (57.26%)
Bradford	Orange	2776	15.1%	Bradford Elementary (50.79%)
Newbury	Orange	2155	9.9%	Blue Mountain Union School (56.54%)
Rockingham	Windham	5190	18.2%	Bellows Falls Middle School (51.55%) Saxtons River Elementary (53.66%) Central Elementary (72.5%)
Grafton	Windham	609	8.6%	Athens Grafton School (59.57%)
Springfield	Windsor	9301	15.9%	Riverside Middle School (52.54%) Union Street School (56.43%) Elm Hill School (57.08%)
Royalton	Windsor	2778	15.9%	<i>None</i>
Windsor	Windsor	3504	15%	<i>None</i>
Hartford	Windsor	9869	9.9%	White River School (52.26%) Hartford School District Regional Alternative Program (65%)
Rochester	Windsor	285	7.79%	Rochester School (56.19%)

\*Blue = towns with one or more mid-high poverty schools, but with overall population poverty levels below 15%

### Population Estimates Related to Military Families

	Total Population Estimate	Active Military Estimate	Veterans Estimate	Total Est. Active/Retired Military	Percent
Windsor Co.	55,485	16	4205	4221	7.6%
Orange Co.	28,901	0	2258	2258	7.8%

*Data Source: 2013-2017 ACS 5-year estimates*

### Demographic Summary and Analysis

**Age.** The aging of our state is well-documented, and Windsor and Orange counties are no exception. One in five Windsor County residents is 65 or older, and the proportion in Orange County is similar. The proportion of older residents varies widely across our catchment area. Woodstock has the highest percentage of residents 65+ (26.7%, total population of 3017) and Vershire has the lowest (11% of residents 65+ out of a total population of 679). (*2014 ACS estimates*)

**Ethnicity.** Based on YRBS data, the percentage of non-White youth in the region is increasing. While the White population overall in Windsor County is 97.6% and Orange County is 96.7%, the rates are much lower for middle and high school students (81% and 83% for middle school in Windsor and Orange, respectively, and 86% and 84% for high school in Windsor and Orange, respectively).

**LGBTQ+.** The lack of data for the adult population makes it difficult to draw conclusions about demographic trends. However, YRBS data shows consistently that the LGBTQ+ middle and high school populations are at higher risk for substance use.

**Financial Insecurity.** Even before COVID-19, a significant proportion of households in our service area spent more than 30% of their income on housing, which is the threshold for considering a family cost burdened under US Department of Housing and Urban Development guidelines. It is an indicator that the family may have difficulties paying for other necessities, such as food and medicine. This percentage is likely to increase significantly due to COVID-related job losses. We are also likely to see rising rates of food insecurity.

For the 2019-2020 school year, 14 schools in the region are classified as mid-high poverty schools, based on their percentage of students eligible for free or reduced-price lunch. Of the towns with poverty rates of 15% or more, only Royalton and Windsor are not represented in the list of mid-high poverty schools. There are also five schools on that list that aren't in towns with poverty levels of 15% or more, suggesting that even within towns there are inequities, such as a poverty level among families with children that is disproportionate to the overall population of the town. Towns with multiple villages may have variations that mask localized poverty rates. For example, if we look at the FRPL rate at the White River School vs. Ottauquechee and Dothan Brook – all Hartford schools – we see very different FRPL rates. (52.26% for White River vs. 27.47% for Ottauquechee and 26.34% for Dothan Brook.)

**Military Families.** The number of active military in the ACS estimates is very low, but these numbers do not include reservists, such as the Army National Guard. The lack of available data on Guard families makes it difficult to understand how many military families actually live in our catchment area. Of the veteran estimates, more than half (1249 in Orange County and 2349 in Windsor County) are veterans from the Vietnam era, Korean War, or World War II.

To compensate for this lack of quantitative data, our communications specialist conducted interviews with eight experts in our catchment area who specialize in working with military families. These experts included licensed mental health counselors, a VA nurse, a military child and youth coordinator, and a coordinator for veteran behavioral health services. The interviews yielded information and insights into the issues military families face, e.g., how many military youth go unnoticed in schools or are even inadvertently shamed for having a military affiliation; the stress military families experience when undergoing “separations,” such as what we are seeing as National Guard members set up recovery sites during the COVID-19 emergency and are away from families for days/weeks at a time.

**COVID-19.** The pandemic has been destabilizing for all residents in our region. It is increasing the divide between the haves and have nots in critical areas, including:

- Food security
- Financial security
- Equitable access to education, from preK through post-secondary education

The likelihood that schools will not return to our definition of “normal” (meaning all kids attending school 5 days per week) for the foreseeable future, as well as the state requirements for decreased numbers in daycare settings, will impact the ability of many parents to return to work. This may in turn lead to further job losses or underemployment, further exacerbating financial stresses as well as parental overload from balancing home schooling with working from home.

The pandemic is also increasing stress levels, due to continuing uncertainty and fear of catching the virus (for both self and loved ones). We are hearing anecdotal reports of increased daytime alcohol use, increased child abuse (amount and severity) despite decreased reporting, and increasing self-harm behaviors in teens.

The pandemic is also destabilizing for our institutions, including schools, childcare facilities, small businesses, workplaces, service organizations, and municipalities. The state and our town governments are facing decreasing tax dollars to support the social safety net at the same time demand is beginning to increase. We are also seeing changes in how business (municipal, commercial, and nonprofit) is allowed to be conducted and how willing or able people are to participate in those new paradigms.

The lags in data collection and analysis are a significant threat to our ability to accurately gauge where the greatest areas of need are, and are emerging. For example, poverty data is now out of date, due to the high number of job losses, and likely very understated. To further complicate the data picture, COVID redeployments have been diverting resources from

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reporting and analysis of YRBS data at the supervisory union and county levels, leaving us to guess at trends since 2017 for our catchment area.

Other threats include a second wave and consequent second lockdown, and a potentially disruptive influx of new residents from urban areas looking to relocate to a “safer” environment. This influx could further strain municipal resources. It could also strain local cultures, increase divides between haves and have nots, or weaken social fabric at the town/village level. It is likely to exacerbate our region’s housing shortage and affordability. In the long-term, however, this potential influx of new year-round residents could be an opportunity if it brings increased local business and tax revenue and more children to schools with declining enrollments.

Looking at COVID-19 more specifically from a prevention lens:

- Anecdotally, reports from school personnel about what school will look like in Fall 2020 is that it will be “very different.” There are conversations about alternating days that children attend school, to reduce overall numbers and other measures that can complicate prevention work. At the same time, the stress of the shutdown and resulting mental health issues on the part of both students and school staff mean that risk factors for substance use will be increasing.
- For the youth LGBTQ+ population, groups we typically fund (such as school Queer-Straight Alliances) are for the most part not operating during remote learning. It is unclear at this time whether the new normal for schools will include student clubs.
- Changes to school structure will also affect other student organizations that build protective factors, ranging from prevention-focused groups such as VKAT and OVX; to team sports; to clubs that provide opportunities for leadership development or focus on developing individual skills in a team environment, such as robotics. The suspension of recreation department programming for youth also impairs cultivation of protective factors.
- Prior to the COVID-19 shutdown, the state of Vermont was working to increase after-school programming, along the lines of the Icelandic model. These efforts have been stymied by the disappearance of after-school programming for the foreseeable future.

## Quality Improvement Plan

### Focus areas:

High unemployment and high levels of poverty lead to greater risk of behavioral health issues. The COVID-19 pandemic is increasing unemployment levels in our region (and nationally) and we can expect a corresponding rise in rates of poverty. The preCOVID financial insecurity data highlights that there are specific towns and specific schools/supervisory unions which could benefit from additional supports and capacity building.

The YRBS ethnicity data suggests a need to stimulate PNG subaward applications from groups that work with racial and ethnic minorities, particularly youth.

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LGBTQ+ youth are consistently shown to be at higher risk for substance use, based on YRBS data. The closure of the Junction Youth Center in February (the only drop-in center for youth in the region), as well as the school shutdowns and resulting disruption of supporting institutions such as QSAAs, only exacerbate the lack of supporting structures for this population. We are working with our Regional Prevention Partnership funding to bring in more training and resources for schools as well as libraries and recreation departments, to help create a more supportive environment for LGBTQ+ children, youth and adults. The second round of PNG funding can help further this environmental change through encouraging applications that address both the supporting infrastructure gap and programming.

As noted above, children of military families are an often unnoticed population who suffer unique stresses during parental deployments. Because of the uncertainty surrounding the actual numbers in our catchment area, or where those families might be concentrated, we should leverage the contacts made during the interview process to further our outreach to this population.

### **Improvements to the subaward process:**

1. Analyze the channels and targeted outreach in Round 1 in light of the organizations that applied and that got funded. Create a geographic map to identify gap areas. Consider phone interviews with organizations that did not apply to learn more about barriers and how we can reduce them in Round 2.
2. Advertise subaward opportunities by disseminating broadly, as we did in Round 1, with focused outreach to:
  - a. schools and communities identified in this analysis as higher poverty
  - b. organizations with experience working with racial and ethnic minorities
  - c. organizations that provide support and community to LGBTQ+ children, youth, and adults
  - d. organizations that serve military families
3. Offer pre-application webinars to create a more even playing ground for interested applicants and to provide education about prevention, risk and protective factors, the social determinants of health, and the role organizations that aren't focused on prevention can play in reducing and mitigating risk.
4. Adjust subaward reviewer worksheets to account for our focus on addressing disparities. Often entities serving higher needs populations lack the resources and sometimes the grants writing experience that other applicants may have. Our process needs to ensure that we do not discriminate against worthy applicants if we objectively determine that they can be successful with appropriate capacity-building opportunities and targeted technical assistance.
5. Consider methods to encourage applications that will target the behavioral health disparities identified in this analysis. For example, priority points could be awarded to applications that address a particular population segment, towns with poverty levels of 15%+, and/or schools with FRPL rates that qualify as a mid-high poverty school.

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6. Work with the Advisory Council to design evaluation metrics and a process that will enable us to measure how well we are doing at addressing the disparities identified in this analysis.
7. A second surge could lead to a second lockdown. Any future PNG subawards should require a contingency plan on how work will (or will not) continue if a second shutdown happens.

### **Other potential actions to address disparities:**

1. Consider doing capacity-building workshops this summer with schools and towns that have higher levels of poverty and free- and reduced-price lunch numbers, to position them to seek and apply for funding (not just PNG funds, but other monies that can help address behavioral health disparities).
2. Look into the idea of mentor towns and mentor schools/SUs to help build capacity in under resourced/higher poverty areas.

## Appendix B: PFS-RPP Strategic Plan Update ~ White River Junction District

Based on our data sets review, the following **RISKS** have been identified across Windsor (WC) and Orange (OC) Counties. These risks were reported as higher than the state w/ statistical significance.

### Parent Survey (lack of awareness):

- Places to learn about how to prevent drug use in children are lacking (OC)
- Places in the community to dispose of unwanted medication are unknown (OC)
- Parents report a generally negative view of their children's schools (OC)
- Among parents, there is either a lack of interest in, or lack of need to discuss drug use with children (WC)

### Young Adult Survey (usage rates, low perception of harm):

- Binge drank 6 or more days out of the last 30 (OC)
- All methods of Marijuana Use (OC)
- Used chewing tobacco, snuff, dips, or snus past 30 days (OC)
- Low perceived risk of having 5+ drinks 1-2 times a week (OC)
- No perceived risk of daily/most days marijuana use (OC)
- No awareness of prescription disposal within 5 miles of home (OC) ... (probably true 5 miles is not far in rural Orange County)

### YRBS (poor mental health, usage rates, disparities):

- % of high school students not feeling valued by their community (OC)
- % of high school students who felt sad or hopeless almost daily for past 2 weeks (OC)
- % of high school students who drank before age 13 (OC)
- Racial and Ethnic minority & LGBTQ high school students using marijuana (WC)
- % of high school students driving under the influence (WC)

### MAHHC Community Health Needs Assessment (lack of engagement in treatment, usage, environment):

- Opiate related deaths high (WC)
- Treatment services underutilized (WC)
- Alcohol use remains #1 risk issue for youth (WCSU & WSESU)
- Drugs sold on school property (WCSU & WSESU)

Because of the following data, we prioritized school mini-grant funding for WRVSU school district:

- Orange County White River Valley Supervisory Union (WRVSU) has alarming mental health indicators. In 2017, overall 31% of students felt sad or hopeless almost daily for 2 weeks compared to 25% of statewide peers.

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- Also, for WRVSU, 21% of students did something to hurt themselves purposely compared to 16% of their peers. This indicator also has SS differences in Females.

Also based on our data sets review, the following **Protective Factors and usage rates** that have been identified across Windsor (WC) and Orange (OC) Counties that are reported as performing better, w/ statistical significance, than statewide peers.

### Parent Survey (perception of harm):

- High perceived risk of harm for underage alcohol, smoking/vaping, marijuana use (OC)
- Lower than state for marijuana ease of access in the home (OC)
- PRESCRIPTION drug discussions with children (WC)
- Use of prescription drug mail-back envelopes and other disposal options (WC)
- Very concerned about online activity of their children and want to learn more about how to monitor and control their access. (WC)

### Young Adult Survey (ease of access / usage):

- Less than state rates for binge drank 1-2 times and 3-5 days in past 30 days (WC)
- Perception that marijuana is “too easy” to get (WC)
- Any alcohol use 18-20 year olds past 30 days (WC)
- Past 30 day use of marijuana 18-25 year olds (WC)
- Used marijuana 3-5 days in past 30, rate ½ of state peers (6-19 days same as state)(WC)
- Any misuse of prescription stimulants in past year (WC)
- Rate alcohol as “too easy” to buy in stores, bars/restaurants (WC)
- 18-25 year olds driving under the influence of marijuana (OC)

### YRBS (perception of harm / usage):

- Racial and Ethnic minority students who binge drank past 30 days (OC)
- % of students who perceive it is wrong to smoke marijuana (OC)
- Perceived risk of harm smoking marijuana 1-2x / week (OC)
- Ever drank alcohol and alcohol use past 30 days grades 6-8 (WC)
- % of high school students who believe their parents think it is wrong or very wrong to drink alcohol (WC)