Strategic Prevention Framework (SPF)

Rhode Island Regional Prevention Task Force Initiative

2016 - 2021 Evaluation Report

Executive Summary

The Community Research and Services Team (CRST) at the University of Rhode Island (URI) completed an evaluation of progress through the Strategic Prevention Framework (SPF) under Phase I (2016 - 2021) of the Regional Prevention Task Force (RPTF) initiative for the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH). Network analysis was utilized to investigate coalition development and functioning over time using two primary data collection instruments (the Coalition Member Survey (CMS) and the PARTNER Tool). Results suggest that overall, the newly established regional coalitions made considerable progress through the Assessment and Capacity-Building stages of the SPF and that they are well-poised to move toward planning for, and implementation of relevant evidence-based practices and programs.

Regions met BHDDH goals for assessment of regional and municipal needs and utilized several products deveoloped by the State Epidemiological Outcomes Workgroup (SEOW) and the RI Prevention Resource Center (RIPRC).

Data suggest that despite some setbacks in prevalence of use and risk and protective factors for a few substances, it is a positive that most regions either remained stable or experienced some improvement across these variables from 2018.

Through data collected by the Coalition Member Survey and PARTNER Tool, there is strong evidence to suggest that regions have developed a tremendous amount of capacity to implement evidence-based programming in Phase II of the RPTF.

Despite significant capacity-building effort to 'stand up' viable regional prevention coalitions, regions were nonetheless able to implement a budding array of evidence-based programming across the lifespan that targeted multiple CSAP strategies and substance use/mental health outcomes..

Regions utilized tools developed by the Community Research and Services Team (CRST) to track and plan for implementation of evidence-based programs and practices.

Assessment

Capacity

Evaluation

Sustainability and Cultural Competence

Implementation

Planning

Sustainability and Cultural Competence

Emphasis on sustainability and cultural competence was evident in regional and municipal work plans and by the type and quantity of trainings and training topic reported by regional directors in the Mosaix Impact system.

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Overview

INTRODUCTION

In 2016, the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) implemented an infrastructure intervention known as the **Rhode Island Regional Prevention Task Force (RPTF)** initiative, in which the state's 30-plus municipal prevention coalitions were aggregated into seven distinct regional coalitions, each with its own regional director, based on factors including geography, population, and setting. The number of municipalities represented within a region ranged from one to eight, where Providence was identified as its own region due to its size, location, and urbanicity.

One major objective of the RPTF was to streamline the prevention delivery system in Rhode Island, while also expanding programs across the lifespan and integrating aspects of mental health promotion into the proposed regional approach.

By the end of the five-year contract period, it was anticipated that regions would develop a network of stakeholders willing to braid human, fiscal, and technological resources for the purpose of delivering locally relevant and evidence-based prevention initiatives across the lifespan. To achieve this aim, regions were tasked with bringing important stakeholders to the prevention table from multiple Center for Substance Abuse Prevention (CSAP) sectors, including members of the:

- business,
- education,
- community/family supports,
- health and medical,
- government, and
- law enforcement/safety sectors.

These sectors are all impacted by substance misuse and have the potential to influence positive change through adoption, implementation, and sustainment of relevant evidence-based prevention initiatives.

Regions were also instructed to follow the **Strategic Prevention Framework (SPF)** process, which consists of five stages and two guiding principles to understand and address the prevention of substance misuse and its related behavioral health problems (SAMHSA, 2019).

The five stages of the SPF process include:

- **assessment** (identification of the problem and prevention needs using local data),
- **capacity-building** (development of local resources and readiness to address the problem),
- **planning** (development of a strategic approach to address the problem),
- **implementation** (delivery of evidence-based programs with fidelity to address the problem), and
- **evaluation** (examination of the process and outcomes of programs and practices to determine whether the plan is successful).

SAMHSA also highly recommends that the principles of **cultural competence** and **sustainability** be integrated into each of the SPF steps, where cultural competence refers to "the ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions...," and sustainability refers to "the process of building an adaptive and effective system that achieves and maintains long-term results" (SAMHSA, 2019).

Overview

KEY EVALUATION QUESTIONS

Given the importance of assessing changes in regional organizational structure, functioning, and communication, the University of Rhode Island Community Research and Services Team (CRST) proposed to utilize tools from *social network analysis* to evaluate the efficacy of the RPTF model as a viable system for delivery of substance abuse prevention and mental health promotion services across the lifespan.

The evaluation of the RPTF infrastructure intervention explored three major domains relevant to the proposed regional networks:

- connectivity across and within networks;
- overall network health; and
- network outcomes and impact.

Connectivity refers to the number and structure of connections within the network. Connectivity data allow us to better understand whether network membership is growing across important stakeholder sectors, whether the proportion of members who are active in the network is growing, and the structure of connections between members.

Network health refers to how well a network is functioning. Data related to network health allow us to better understand whether regional coalitions are exercising leadership effectively; the level of trust between members; the nature of power relations and decision-making in the network; and perception of shared mission, vision, and values.

Network outcomes and impact can refer to change at the individual, organizational, and/or community-level. In the context of the RPTF initiative, key areas of exploration included whether there was greater coordination among leaders and members, both within and between regions, as well as how resources were allocated and leveraged in the new model.

REPORT OVERVIEW

IMPORTANT: In the context of the SPF, the regional infrastructure intervention could be more broadly conceptualized as a capacity-building effort to streamline delivery of prevention services across the state while utilizing a lifespan approach. As such, results from the evaluation of the infrastructure intervention are presented in the 'Capacity Building' section of this report.

Key SPF domains covered in this report include:

- *Assessment* (overview of regional and community needs, established at the onset of the project)
- *Capacity Building* (overview of results from the social network analysis completed using the Coalition Member Survey and PARTNER tool)
- *Planning* (overview of planning process used to establish which programs were selected for implementation by each region)
- *Implementation* (overview of programs implemented in each region that met the broad goals of the RPTF initiative)
- *Evaluation* (overview of substance-related outcomes for each region using data from the RISS and other community sources)

Assessment

As part of the request for proposal process, BHDDH delineated a detailed timeline of expected progress through the RPTF project based on all five phases of the SPF, beginning with a plan to conduct **regional and municipal needs assessments** in the first year of RPTF funding.

To prepare for this task, regions were provided with a *'Rhode Island Regional Prevention Task Force Coalitions: A Guide to the Community Needs Assessment'* document that was adapted by the Rhode Island Prevention Resource Center. This guide was divided into two sections describing quantitative and qualitative data sources to address each community's priority problem.

Regions were guided through the needs assessment process and instructed to complete key informant surveys for multiple stakeholder sectors as well as focus groups. Regions were also provided with guidance on prioritization of needs based on consequences, consumption patterns and risk and protective factors.

Needs assessments were reviewed and evaluated by a panel consisting of BHDDH staff and the CRST. Pending successful integration of suggested edits to each region's needs assessment, approved assessments were utilized to begin development of strategic regional plans and corresponding municipal work plans. This process was completed within the timeframe anticipated by BHDDH.

The RIPRC also developed a *'Rhode Island Orientation Guide for Regional Prevention Coalitions'* in 2018 to provide further technical assistance to regions that received funding later than others, as well as to help clarify goals and expectations for the regionalization process under phase I of RPTF funding.

Capacity Building

SOCIAL NETWORK ANALYSIS: DATA COLLECTION

Our initial evaluation approach to understanding _network connectivity_ relied primarily on attendance data from regional coalition meetings to track _who_ was attending _which_ meetings, from _what_ organizations, and _how_ and _when_ they were referred to the coalition. Over time, it became apparent that data from regional meetings did not capture the full set of connections that were being developed by regional directors.

In response to stakeholder needs, we adopted a developmental evaluation approach to introduce a new instrument to measure connections with organizations that cannot, for various reasons, establish a regular presence at monthly meetings, yet play a vital role in enhancing the mission and vision of the regional coalition model. The PARTNER tool, or Program to Analyze, Record, and Track Networks to Enhance Relationships, was selected based on its robust psychometric properties, widespread utilization in over 4000 community settings in all fifty US states, and ability to answer key questions related to _network outcomes and impac_t _in addition to_ answering questions related to network connectivity.

The PARTNER tool was used to assess strengths and gaps among partner relationships, understand how partners perceive trust and value across the network, demonstrate how partner relationships have evolved over time, and identify needs and gaps based on agreement on outcomes and success at reaching perceived network goals.

Evaluation of _network health_ involves input from each coalition's membership on several relevant domains. To obtain this information, the CRST administered a Coalition Member Survey (CMS) to each regions' membership on three separate occasions over the course of the five-year initiative. Due to low response rates at baseline administration, the CRST revised the instrument and data collection process to facilitate more timely survey completion and yield meaningful information related to network health in its second administration. One key change included asking regional coordinators to identify 'partners' of the coalition who support and participate in their work despite not being able to regularly attend meetings. The survey was administered to identified members and partners of each regional coalition, and respondents were able to distinguish themselves in this manner on the instrument. Surveys were administered from March to May 2020.

In response to feedback from regional directors following administration of the 2020 CMS that organizations identified as 'partners' were unable to answer many of the items related to internal coalition functioning due to lack of regular presence at regional coalition meetings, the CRST revised the survey again in 2021 to limit administration of the CMS to individuals and organizations identified as members only and instead administer the PARTNER tool to organizations identified as regional 'partners.' One limitation of this change in data collection strategy is the inability to compare results from the CMS across time points due to low response rates at baseline and different 'target audiences' for the second and third iterations of the survey.

Regardless, results from the 2021 administration of the Coalition Member Survey and first administration of the PARTNER tool yield important and meaningful information about the status of internal coalition functioning and external partner development at the close-out of the first phase of the RPTF initiative.

Capacity Building

SOCIAL NETWORK ANALYSIS: WHAT CAN BE LEARNED FROM THE COALITION MEMBER SURVEY
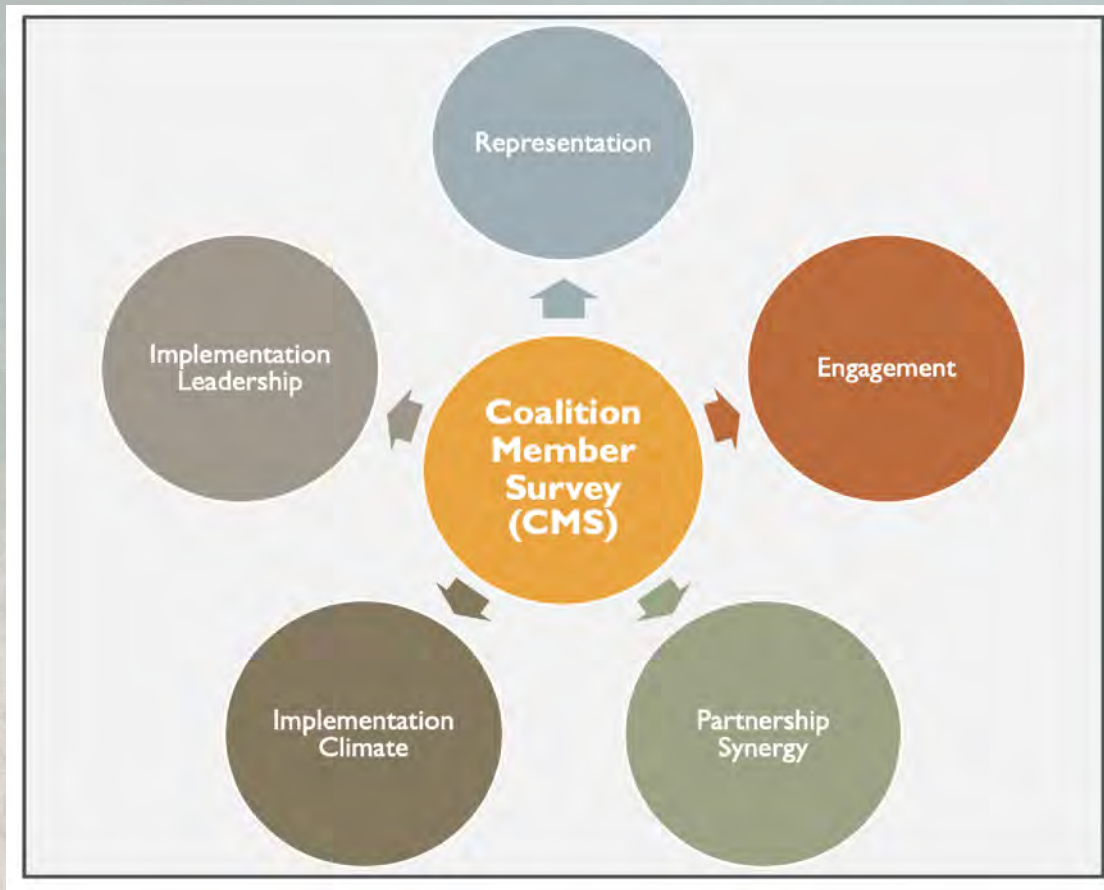
Administration of the CMS allows for exploration of key evaluation questions related to network health.

The CMS measures five key domains related to *internal* coalition functioning, including:

- **Representation:** Which CSAP sectors are 'missing from the table' at RPTF meetings? How satisfied are members with various aspects of the coalition's membership?
- **Engagement:** How likely are members to participate in key activities of the RPTF? What are general barriers to participation? How well do the RPTF's goals align with organizational interests? How have the benefits of participation in the RPTF compared with the difficulties to participation?
- **Partnership Synergy:** Is partnership synergy being developed by the RPTF model?
- **EBP Implementation Climate:** To what extent is the RPTF model fostering the development of a strategic organizational climate supportive of the implementation of evidence-based programs, practices and policies?
- **EBP Implementation Leadership:** To what extent is RPTF leadership supportive of implementation of evidence-based programs, practices, and policies?

Capacity Building

SOCIAL NETWORK ANALYSIS: WHAT CAN BE LEARNED FROM THE PARTNER TOOL

Administration of the PARTNER tool allows for exploration of key evaluation questions related to network connectivity, as well as network outcomes and impact

The PARTNER tool measures five key domains related to *external* network connectivity, including:

- **Network structure and connectivity:** How diverse is the network and what is the density of reported connections between organizations?
- **Description of partner relationships and intensity of collaboration:** How frequently do partner organizations collaborate with regional prevention coalitions? How engaged are partner organizations with each other? What kinds of activities do partner relationships entail?
- **Relational trust and value:** To what extent do partners follow through on commitments? To what extent do partners share a mission with the regional coalitions and the larger network? To what extent do partners hold a prominent position in the community? To what extent do partners contribute resources related to the mission of the network?
- **Resource contributions:** What types of current or potential resources are partners willing to contribute to the regional prevention coalition model? Which contributions or potential contributions are seen as most important?
- **Relationship outcomes:** What types of outcomes have resulted from partnerships developed with other organizations in the regional network?

Capacity Building

Capacity Building

2021 COALITION MEMBER SURVEY: PARTICIPANT CHARACTERISTICS and SATISFACTION WITH MEMBERSHIP

A total of 107 of the 206 individuals identified as coalition 'members' by regional coordinators participated on the survey, for a state-level response rate of 52%. Members were defined as individuals or individuals representing organizations who regularly attend regional prevention coalition meetings.
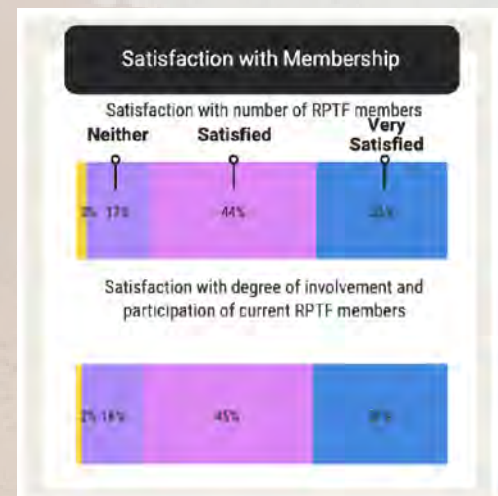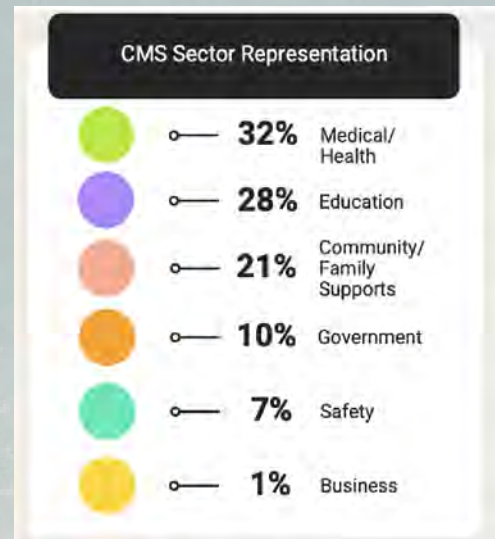
The highest represented Center for Substance Abuse Prevention (CSAP) sectors included Medical/Health, Education, and Community/Family Supports, with relatively few respondents identifying as members of the Government, Business, or Safety sectors. This detail is relevant because the voices of individuals from these sectors may not be represented well on this survey.

CMS Sector Representation

- 32% Medical/Health
- 28% Education
- 21% Community/Family Supports
- 10% Government
- 7% Safety
- 1% Business

To determine 'who's missing from the table?' participants were asked to select which sectors lacked representation on their regional coalition. 29% of respondents reported that the coalition lacked representation from the BUSINESS sector in 2021.

Who's missing from the regional coalition table?

- 29% Business
- 17% Government
- 12% Community/Family Supports
- 11% Medical/Health
- 11% Safety
- 6% Education

This was followed by 17% of respondents who indicated that their coalition lacked representation from the GOVERNMENT sector.

About 10% or less indicated that representation is lacking from the Medical/Health, Safety and Education sectors.

Overall, however, close to 80% of participants were satisfied or very satisfied with the current number of RPTF members and their degree of involvement and participation on the coalition, while 70% were satisfied or very satisfied with the degree to which their coalition represents all of the constituents they think it should.

Satisfaction with Membership

Satisfaction with number of RPTF members

Neither	Satisfied	Very Satisfied
17%	44%	

Satisfaction with degree of involvement and participation of current RPTF members

| | 45% | |

Capacity Building

2021 COALITION MEMBER SURVEY: MEMBER ENGAGEMENT

To capture behavioral outcomes related to participation on the coalition, participants were asked to indicate how likely they were to attend RPTF meetings regularly, devote time outside of meetings to RPTF work and attempt to influence their organization to work initiatives with that of other RPTF agencies in the next year.

Most respondents reported that they are likely to very likely to engage in all three of these activities, with over 95% indicating they will attend meetings regularly, and over 80% indicating they will attempt to engage their organization to work initiatives with that of other RPTF agencies, and devote time outside of meetings to RPTF work.

In addition, 86% reported that RPTF project goals support their organization's plans for the next year, while 90% reported that the benefits to participation equaled or exceeded the difficulties for their organization.

20% of respondents reported uncertainty that the RPTF will bring about any concrete systemic change as a barrier to participating in the RPTF, with about 15% reporting fundamental differences in philosophy about prevention/ health promotion and diversion of energy from important internal priorities for their organization as additional barriers.
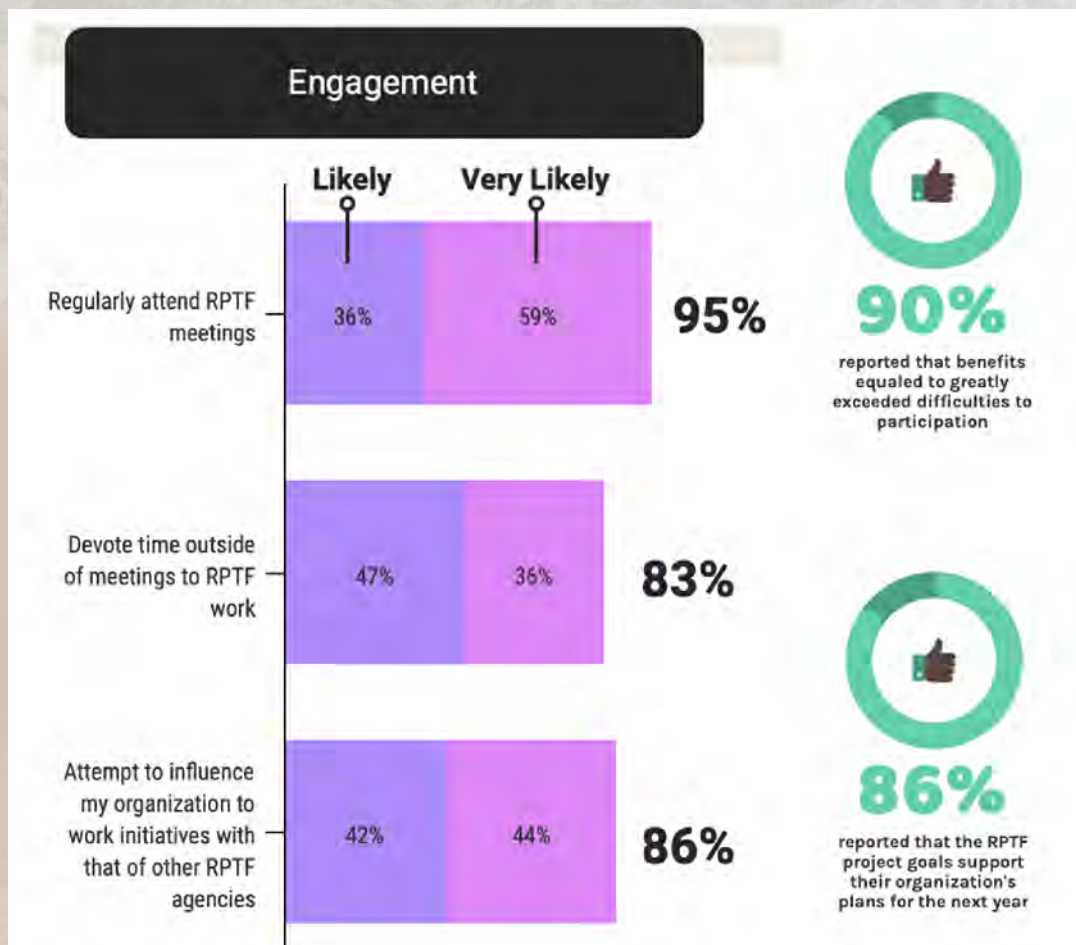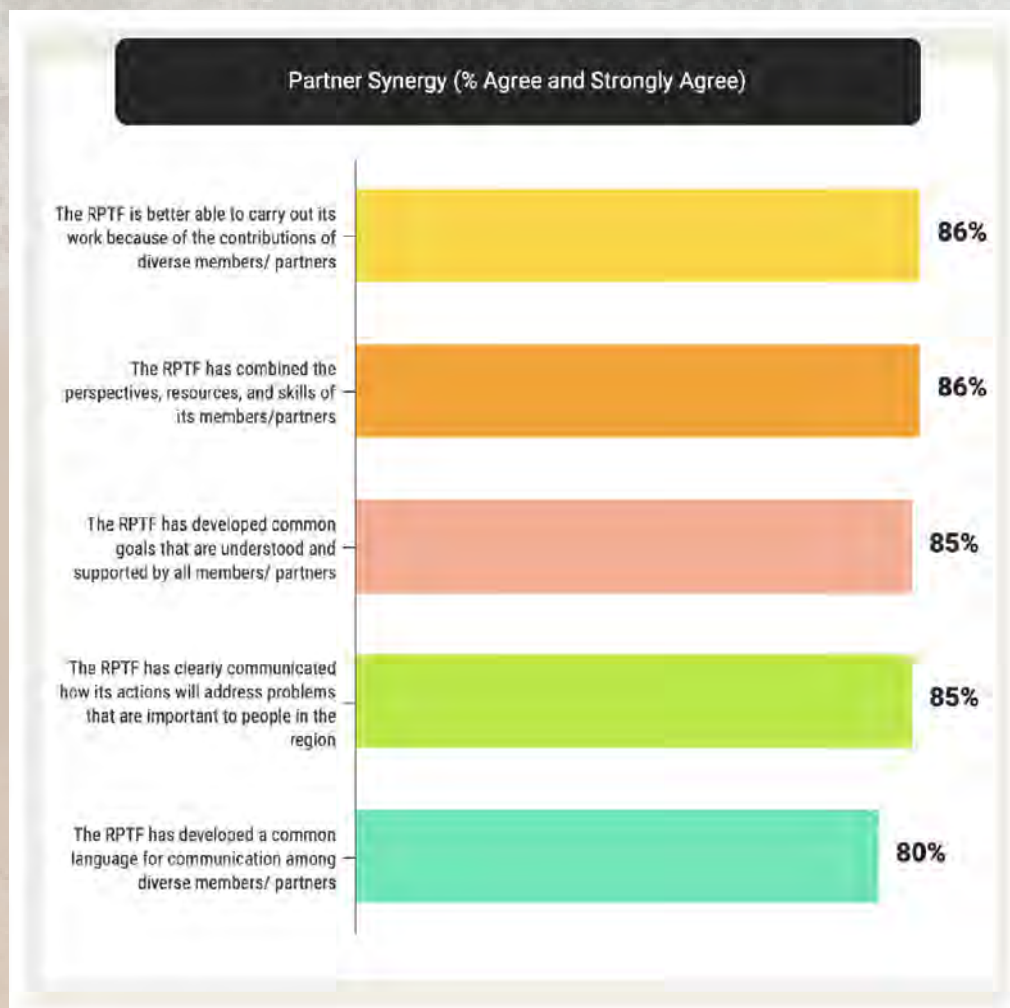
Capacity Building

2021 COALITION MEMBER SURVEY: PARTNERSHIP SYNERGY

One important metric related to overall network health can be conceptualized as "partnership synergy", which refers to the unique combining power of different perspectives, knowledge, and skills of a group of people and organizations. Respondents were asked to report on several items related to partnership synergy including:

1. the degree to which the RPTF incorporates the perspectives of the population of interest;
2. the degree to which involvement of different kinds of members/partners enables the RPTF to plan activities that promote connection across services, programs or systems;
3. the degree to which involvement of different kinds of members/partners led to new and better ways of thinking about how to achieve RPTF goals; and
4. the degree of support the RPTF has obtained from individuals, agencies, and institutions that can either block the RPTF's plans or help them move forward.

Over 80% of participants agree or strongly agree that the RPTF is better able to carry out its work because of the contributions of diverse members and partners, has successfully combined the perspectives, resources and skills of its members and partners, has developed common goals that are understood and supported by all members and partners, has clearly communicated how its actions will address problems that are important to people in the region, and has developed a common language for communication among diverse members and partners.

Partnership synergy is perceived very positively.

Partner Synergy (% Agree and Strongly Agree)

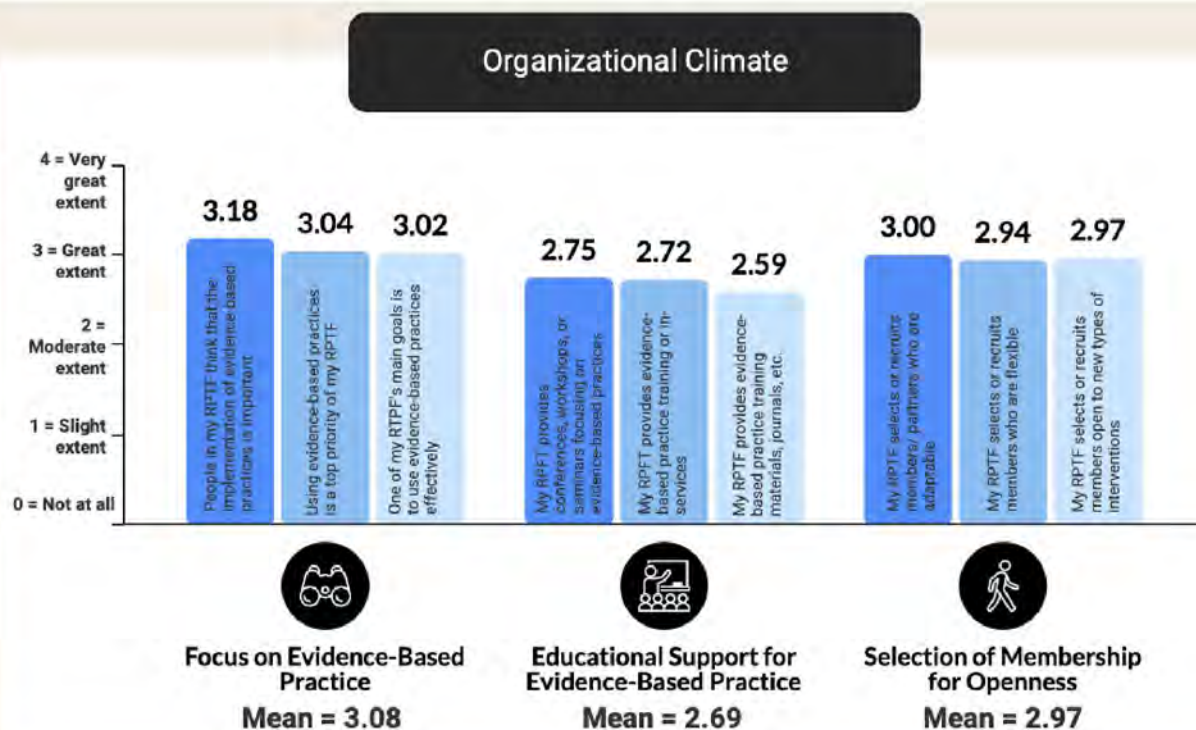|	
The RPTF is better able to carry out its work because of the contributions of diverse members/ partners	86%
The RPTF has combined the perspectives, resources, and skills of its members/partners	86%
The RPTF has developed common goals that are understood and supported by all members/ partners	85%
The RPTF has clearly communicated how its actions will address problems that are important to people in the region	85%
The RPTF has developed a common language for communication among diverse members/ partners	80%

Capacity Building

2021 COALITION MEMBER SURVEY: ORGANIZATIONAL CLIMATE

One objective of the RPTF infrastructure intervention was to increase capacity to implement relevant and evidence-based prevention programming. Reliance on evidence-based programming (EBP's) is important because of the greater likelihood of achieving intended outcomes if the program is delivered with fidelity in a climate that supports implementation.

To assess implementation climate, the CRST included the Implementation Climate Scale, or ICS, on the 2021 administration of the Coalition Member Survey. The ICS is a brief and psychometrically validated 18-item self-report measure that captures six strategic organizational climate domains relevant to the implementation of EBP's. Items are rated on a scale from 0 to 4 and are averaged to create a mean score for each dimension.

Implementation science research suggests that organizations desiring to create a climate conducive to implementation of EBP's emphasize the importance of these strategies, provide educational support for EBP's being implemented, recognize and reward successful implementation and use of EBP's, and select individuals based on their openness to the use of EBP's and prior experience with EBP's. The ICS was modified for the 2021 administration of the survey in response to feedback from regional directors that three of these dimensions were not relevant to their work.

Overwhelmingly, most respondents agreed that focus on EBP's is a top priority of their coalition. Other implementation climate areas that demonstrated strength included selection of members and partners who are adaptable, flexible, and open to new types of interventions, and educational support for EBP's.

Organizational Climate

4 = Very great extent
3 = Great extent
2 = Moderate extent
1 = Slight extent
0 = Not at all

3.18 People in my RPTF think that the implementation of evidence-based practices is important
3.04 Using evidence-based practices is a top priority of my RPTF
3.02 One of my RTPF's main goals is to use evidence-based practices effectively

Focus on Evidence-Based Practice
Mean = 3.08

2.75 My RPFT provides conferences, workshops, or seminars focusing on evidence-based practices
2.72 My RPFT provides evidence-based practice training or in-services
2.59 My RPTF provides evidence-based practice training materials, journals, etc.

Educational Support for Evidence-Based Practice
Mean = 2.69

3.00 My RPTF selects or recruits members/ partners who are adaptable
2.94 My RPTF selects or recruits members who are flexible
2.97 My RPTF selects or recruits members open to new types of interventions

Selection of Membership for Openness
Mean = 2.97

Capacity Building

2021 COALITION MEMBER SURVEY: ORGANIZATIONAL LEADERSHIP

Another important domain relevant to the successful implementation of EBP's is leadership. The 2021 administration of the CMS included the Implementation Leadership Scale (ILS) developed by Aarons et al. (2014). The ILS is a psychometrically validated 12-item self-report measure that captures four leadership characteristics relevant to fostering a successful implementation climate for EBP's. Much like the ICS, items are rated on a scale from 0 to 4 and are averaged to create a mean score for each dimension.

The ILS assesses the degree to which a leader is knowledgeable, proactive, supportive and perseverant with regard to implementation of EBP's. Because the measure is comprised by behaviorally focused items, it lends itself well to use as both an evaluation instrument and tool for organizational development. Participants were asked to think about who they consider to be a part of their RPTF's leadership and answer items with this individual or individuals in mind.

Results from the ILS suggest that respondents perceived leaders to largely be knowledgeable, supportive, perseverant, and proactive in implementation of EBP's, which is likely related to the positive implementation climate noted across coalitions.

Organizational Leadership

	Knowledgeable	Supportive	Proactive	Perseverant
Score	3.4	3.5	3.2	3.4

Scale: 4 = Very great extent, 3 = Great extent, 2 = Moderate extent, 1 = Slight extent, 0 = Not at all

Capacity Building

2021 COALITION MEMBER SURVEY: SUMMARY

So, where does that leave us regarding the overall health of the regional coalition network?

In general, regional coalitions are functioning well, with an overwhelming 91% of members reporting that their coalition is 'strong' or 'very strong' right now.

This perception is likely a testament to the strong leadership demonstrated by regional directors and their extensive work to create an expansive coalition membership and inclusive meeting environment.

Based on member feedback, future directions could include greater emphasis on mental health and continued focus on youth, substance use prevention, and community programming.

Coalition Strength

91%

feel that their coalition is 'strong' or 'very strong' right now

Future Directions

substance use disorders
vaping prevention need
social
drug
education mental health marijuana
programs
supports youth substance use
underage drinking community students

Capacity Building

2021 PARTNER TOOL
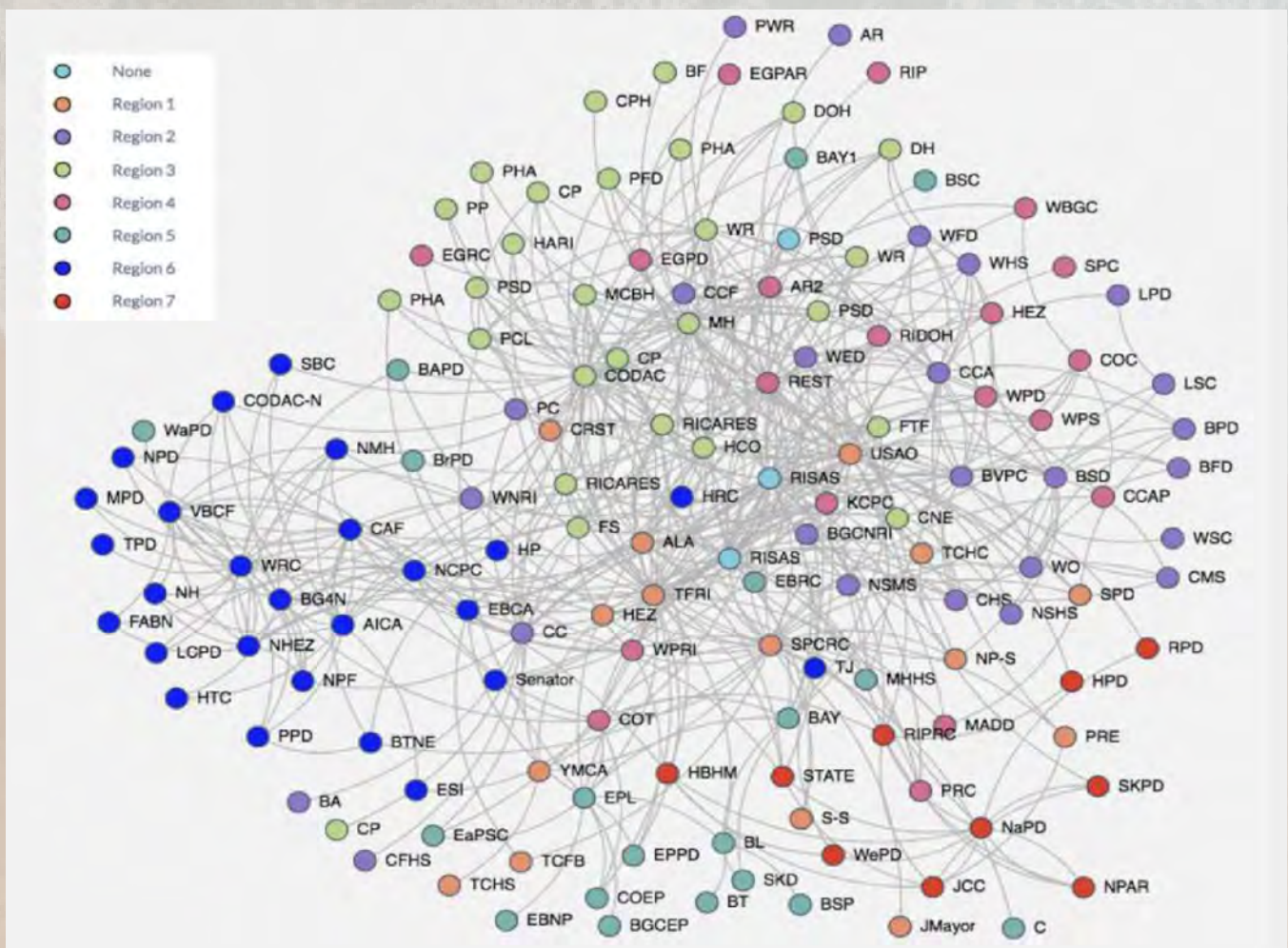
Capacity Building

2021 PARTNER TOOL: PARTNER RELATIONSHIPS

In September 2021, 153 organizations were identified and invited to participate in a social network analysis survey, of which 71 responded for a response rate of 46%. Those that responded reported that they collectively had 563 partnerships, describing the resulting "network." **To recap, partners were defined as organizations that may not attend regional coalition meetings regularly but that still serve a vital role in enhancing the work of the coalition.**

Below is a social network map of partnerships across all seven regional prevention coalitions. Each organization is represented as a circle (node) and the lines shown demonstrate all relationships that were reported by respondents.

The network is diverse with a low level of density.

Of all possible connections in the network, approximately 2% were reported. This means there is a little connectivity already taking place with opportunities to develop additional connections between partners. It is difficult for large networks, such as that developed through the regional prevention coalition model, to demonstrate high connectivity scores because many organizations within the network may not have the time or resources to foster multiple meaningful relationships.

Capacity Building

2021 PARTNER TOOL: FREQUENCY OF PARTNER RELATIONSHIPS AND EXTENT OF COLLABORATION

Participants were asked how frequently their organization works with other organizations on issues related to the goals of the regional prevention coalition their organization identifies with most.

Of 466 reported relationships, over half (51%) work together about once a month or more frequently, with a small percentage working together on a daily or weekly basis. Over a third (34%) work together about once a quarter or less frequently, and 14% never work together on issues related to the goals of the regional prevention coalition.

How frequently does your organization/program/department work with this organization/program/department on issues related to the goals of the regional prevention coalition your organization identifies with most?

Never/ We only interact on issues unrelated to the collaborative	14%
Once a year or less	17%
About once a quarter	17%
About once a month	35%
Every week	11%
Every day	5%

These results are promising in that they suggest that most partner organizations are working together on shared goals of the regional prevention coalitions on a routine basis, with 16% working together as frequently as daily or weekly.

Participants were also asked to describe their relationships with other organizations as current or potential partners.

Of all relationships reported for this question, 23% are fully engaged as partners, 36% are considered steady partners, while 24% have interacted a few times to try out a partnership. Only 3% of relationships are in the learning phase where partners are unsure how that partnership would benefit their organization.

These results are promising in that they suggest that regions are communicating their mission well and 'bridging' the gap between external partner organizations that can, in turn, collaborate on shared substance use prevention and mental health promotion goals.

How would you describe this organization as a current or potential partner? [Pick one]:

- None
- Just learning about this organization, not really aware of how a partnership would benefit my organization
- Aware of how my organization could benefit from a partnership with this organization, but have not built that relationship
- Aware of how my organization could benefit from a partnership with this organization, and have interacted a few times to try out a partnership
- Aware of how my organization could benefit from a partnership with this organization, and consider this organization a steady partner in our work
- Fully engaged with this organization as a partner

2% 3%
12%
23%
24%
36%

Capacity Building

2021 PARTNER TOOL: INTENSITY OF COLLABORATION

To assess the intensity of reported relationships, participants were asked about the kinds of activities their relationship(s) with reported organizations entail.

This is important because more connections and greater intensity of connections do not necessarily result in a thriving and sustainable network. While the appeal to create a more diverse network is strong, organizations are equally challenged with the reality that they have limited relationship budgets - that is, limited resources to build and mange diverse networks.

We know that networks have advantages, but there is a limit on how many relationships we can manage before we lose the collaborative advantage altogether. And while it is our intuition that more network connections should indicate a better functioning network, this approach can be endlessly resource intensive.

What kinds of activities does your relationship with this organization/program/department entail?
Note: the responses increase in level of collaboration

n = 364 relationships reported for this question

Cost of relationship increases with increase in intensity

None	Cooperative	Coordinated	Integrated
	Involves exchanging information, attending meetings together, and offering resources to partners	Include cooperative activities in addition to intentional efforts to enhance each other's capacity for the mutual benefit of programs.	In addition to cooperative and coordinated activities, this is the act of using commonalities to create a unified center of knowledge and programming that supports work in related content areas.
	Example: Informs other programs of RFA release	*Example: Separate granting programs utilizing shared administrative processes and forms for application review and selection.*	*Example: Developing and utilizing shared priorities for funding effective prevention strategies. Funding pools may be combined.)*

0%	25%	50%	75%	100%

12%	51%	19%	18%

It is a positive result that connections are somewhat distributed across the levels, with most relationships categorized as <u>cooperative</u>.

If most relationships involved no activities, that would indicate that the network is not fully leveraging its collaborative advantage. If most relationships were at the integrated level, they would require a greater number of resources to maintain, and the network might not be sustainable over time.
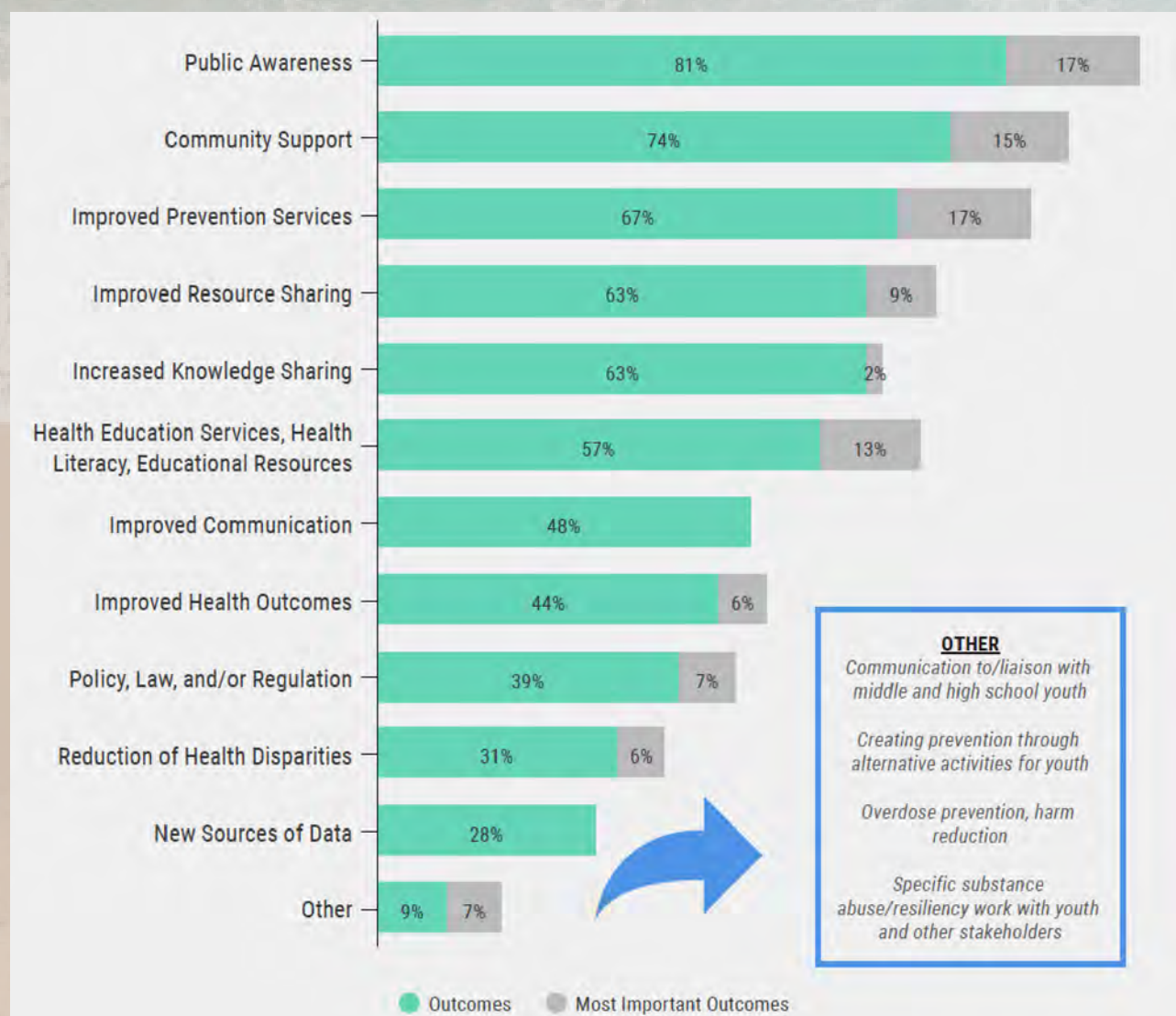
Capacity Building

2021 PARTNER TOOL: PERCEPTION OF SHARED OUTCOMES

Participants were asked to report on their perceptions of *shared outcomes* between their organizations and the regional coalition they identify with most.

At least two-thirds of respondents indicated that public awareness, community support, and improved prevention services are the outcomes their organization most identifies with working toward in the regional prevention coalition.

Most respondents selected the same three options as the most important outcomes.

Increased knowledge sharing, while rated as a shared outcome by over 60% of respondents, was rated as the *most important outcome* by only 2% of respondents. This is important because it suggests that partners are aware that while information dissemination is a component of their shared outcomes, the mission and goals of the regional coalitions extend beyond this strategy to ultimately increase public awareness, develop strong community support and improve delivery of prevention services.

Outcome	Outcomes	Most Important Outcomes
Public Awareness	81%	17%
Community Support	74%	15%
Improved Prevention Services	67%	17%
Improved Resource Sharing	63%	9%
Increased Knowledge Sharing	63%	2%
Health Education Services, Health Literacy, Educational Resources	57%	13%
Improved Communication	48%	
Improved Health Outcomes	44%	6%
Policy, Law, and/or Regulation	39%	7%
Reduction of Health Disparities	31%	6%
New Sources of Data	28%	
Other	9%	7%

OTHER
Communication to/liaison with middle and high school youth

Creating prevention through alternative activities for youth

Overdose prevention, harm reduction

Specific substance abuse/resiliency work with youth and other stakeholders

● Outcomes   ● Most Important Outcomes

Capacity Building

2021 PARTNER TOOL: RELATIONAL TRUST AND VALUE

Trust in inter-organizational network relationships facilitates effective information exchange and decision-making and reduces duplication of effort among groups that may have previously competed.

The survey assessed trust between network partners on three validated dimensions: reliability, mission congruence, and openness to discussion. Survey participants assessed the trust and value of each of their reported relationships according to a 4-point scale, with 1 = Not at all, 2 = A Small Amount, 3 = A Fair Amount, and 4 = A great deal. Scores over 3 are considered positive.

Partners place a very high level of trust in their network relationships, with all three dimensions scoring above a 3. Network partners were perceived as extremely reliable and open to discussion.

Organizational partners also bring different forms of value to a network. Understanding the perceived value of network relationships is important in leveraging the different ways in which partners contribute to the network.

The survey assessed three validated dimensions by which partners may be valued: power and influence, level of involvement, and resource contributions. Scores over 3 are considered positive.

Of the three dimensions of value, survey respondents rated their network partners' power/influence the highest and resource contributions the lowest, while all three dimensions fell below the recommended score of 3.
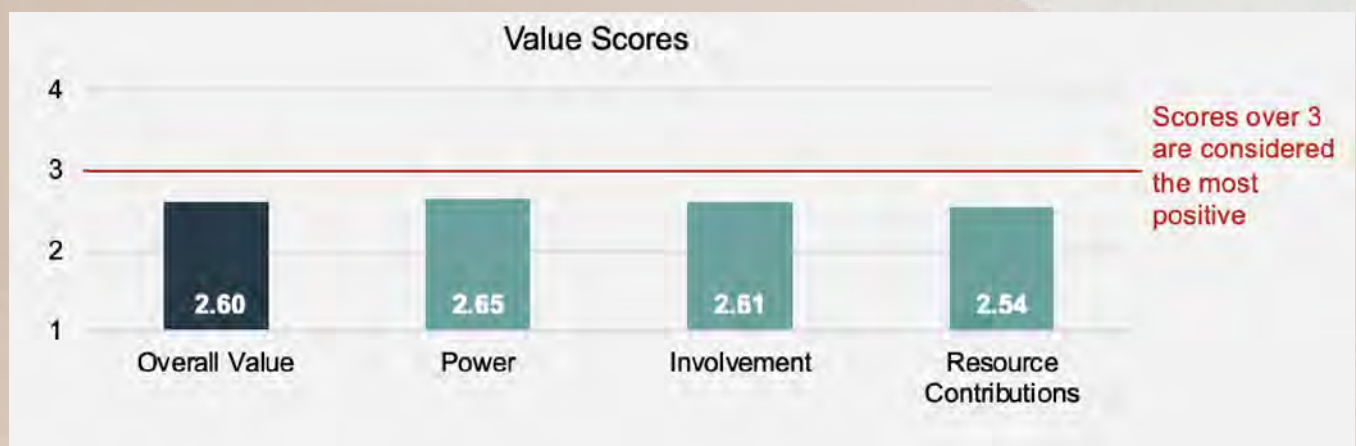
Overall, network partners were perceived as highly trusted, while their level of value tended to be perceived as lower, especially around resource contributions.

22

Capacity Building

2021 PARTNER TOOL: RESOURCE CONTRIBUTIONS

Participants were asked to indicate what their organization can contribute or potentially contribute to the regional prevention coalition their organization identifies with most.

Participants were then asked which of their selected contributions are most important.

More than half of the respondents indicate that their organizations contribute or can potentially contribute **community connections, info/feedback, and advocacy** to regional prevention coalitions.

Meanwhile, the most respondents selected **community connections and info/feedback** as their organizations' most important contributions. Less than 15% of respondents indicated their organizations contribute or can potentially contribute fiscal management or funding.

Category	Contributions	Most Important Contributions
Community Connections	79%	28%
Info/Feedback	64%	21%
Advocacy	55%	16%
In-Kind Resources	36%	
Expertise Other than in Health	33%	3%
Facilitation/leadership	33%	9%
Volunteers and Volunteer Staff	28%	
Data Resources	22%	
Specific Health Expertise	19%	3%
Paid Staff	17%	
Funding	14%	7%
IT/web Resources	10%	
Fiscal Management	9%	3%
Other	19%	10%

OTHER
Access to youth

Connection to the business community and its employees

Free physical meeting space

Large community program room with state-of-the-art AV and Hearing Loop for the hearing challenged as a program/event venue in East Providence

Marketing Communications, communications design

Presentations and substance use data Print Communication, advertising

Recovery Coaching

The voice of the family members who suffer along with the person in addiction

In addition, 10% selected 'Other' as their organization's most important contributions. 'Other' contributions included access and connection to specific populations, physical accommodations, marketing communications, data, and recovery coaching services.

Capacity Building

2021 PARTNER TOOL: RELATIONSHIP OUTCOMES

Participants were asked to report on outcomes resulting from partnerships developed with other organizations in the network.

45% of reported relationships led to an exchange of resources, 40% led to improved services or supports, and 28% improved organizational capacity. 39% of relationships have been informative only.

Almost a quarter of relationships led to expansion of prevention services/programs into mental health and across a broader age range, whereas only 7% led to an expansion of prevention services/programs through integration with primary care.

This is an important accomplishment in that although integration of prevention services across behavioral health provider systems is a goal for BHDDH, regions were not specifically tasked with this objective.

This partnership has [pick all]:

Outcome	Percentage
Led to an exchange of resources	45%
Led to improved services or supports	40%
Has been informative only	39%
Improved my organization's capacity	28%
Led to expansion of prevention services/programs into mental health	24%
Led to expansion of prevention services/programs across a broader age range	22%
Led to expansion of prevention services/programs through integration with primary care	7%

● Outcomes

> Over the course of five years, the newly established regional prevention task force network was able to build relationships that **expanded prevention services/programs across three major contract goals**, with greatest gains noted for expansion in mental health and across the lifespan.
> ★★★★★

Most importantly, over the course of five years, the newly established regional prevention task force network was able to build relationships that expanded prevention services/programs across three major contract goals, with greatest gains noted for expansion toward mental health promotion and across the lifespan.

Capacity Building
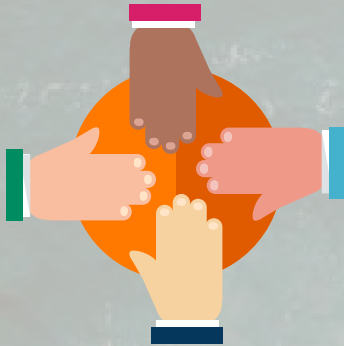
It is encouraging that across the entire 71 organizations who responded to the survey there is a recognition of the wide array of resources that each organization may contribute to regions. The majority are willing to provide "community connections", "info/feedback" and "advocacy". This is important because that is often precisely what the regions need. For example, increased access to elderly populations ("community connections") or merely showing up at a local town meeting to show support for an environmental change proposal ("advocacy"). In other words, the regions need different partners precisely for specific resources.
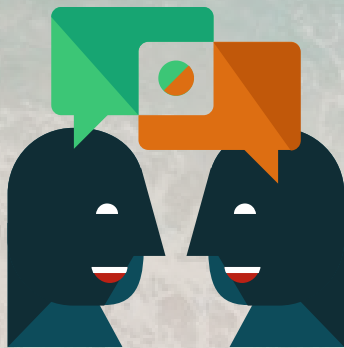
It is also encouraging that a third to a quarter say they can contribute "leadership" and "expertise other than in health" because it means the regions have accurately communicated what the regions' mission entails (e.g., expanding populations and moving beyond substance abuse and even health). Accurate communication is important to facilitate efficient braiding of important resources.

The fact that only up to 15% of the partners report being able to provide financial support or fiscal resources is worth noting, because it means the regions have accurately communicated that they aren't always simply contacting people for more money – that their value to the region can be cultivated in other domains and for specific purposes that align with their shared mission and goals.

Finally, the shared outcomes reported by the partners align extremely well with the resources they report supplying. The top three outcomes of public awareness, community support and improved prevention services highlight again the clarity with which regions are communicating their mission.

Capacity Building

How successful has the regional coalition your organization identifies with most been at reaching its goals?

| 2% | 25% | 26% | 45% | 2% |

● Not successful ● Somewhat successful ● Successful ● Very successful ● Completely successful

What aspects of collaboration contribute to this success?

Category	Percentage
Sharing Resources	83%
Exchanging Information/ Knowledge	79%
Bringing Together Diverse Stakeholders	64%
Meeting Regulary	58%
Having a Shared Mission/ Goals	58%
Informal Relationships Created	53%
Collective Decision-Making	43%
Other	9%

"OTHER
"Conversation—you
never know where it
will lead"

The fact that fully 73% of the reporting partners perceived the region with which they are most affiliated has been "very successful" or "successful" is a testament to the entire regional initiative because these kinds of partners face multiple demands and when they report "dropping out" or "fading out" of initiatives, it is often because they do not see any progress being achieved.

Therefore, regions are impressing partners and partners attribute such success to sharing resources, knowledge and bringing together diverse stakeholders, the exact mission with which BHDDH charged the regions.

Capacity Building

CAPACITY BUILDING: SUMMARY

To summarize, the 2021 Coalition Member Survey provided important information about *internal* coalition functioning from members who regularly attend meetings and demonstrated the many strengths of the regional model in bringing diverse voices to the regional table.

The 2021 PARTNER tool demonstrated the strength of the regional infrastructure intervention at in fostering *meaningful partner connections* that have led to expansion of prevention services across the lifespan, toward mental health promotion, and into the early stages of integration with behavioral health systems across the state.

Combined results from the 2021 Coalition Member Survey and the PARTNER Tool suggest that regional coalitions are successfully building prevention capacity across the state under the model introduced by BHDDH in 2016.

Key informant interviews with regional directors, completed in late 2021, highlight the _wide array of approaches utilized to successfully do so by responding to local stakeholder needs_. Results suggest that leadership and governance approaches varied across regions, with some directors taking more of a 'bridging' role by linking organizations together to work on shared regional goals while taking more of a 'back seat' and others taking more of an active 'bonding' role as the central hub to which all external organizations were connected.

These results are promising in that there was likely no 'one right way' to approach the regional infrastructure intervention proposed by BHDDH in 2016. The fact that directors had the training and expertise to meet *local* stakeholder groups within their regions where they were needed exemplifies the outstanding manner in which the regions accomplished the capacity-building goals of regionalization.

Regional networks across the state appear to be thriving at building capacity despite differences in leadership approach, funding, and governance structure and are well-poised to shift their focus toward implementation of evidence-based programs and practices in preparation for Phase II of the RPTF initiative.

Capacity Building

CAPACITY BUILDING: KEY INFORMANT INTERVIEW SUMMARY

1

Region 1's organizational home is Tri-County CAP which has influenced its infrastructure and prevention expansion in a "bonding" manner. Coalition members are chosen by regional municipalities with the regional director choosing organizations that provided services across all municipalities in the region. "Partners" help the coalition in various ways but are not required to attend meetings. They might be specific to the region, for example, the Smithfield YMCA or the superintendent of a specific school district. Other "partners" are statewide such as Tobacco Free Rhode Island. An example of prevention expansion is that Region 1 explicitly expanded the prevention age range to seniors and extended prevention to mental health. It did both in a "bonding" function due to the fact that the Tri-County Health Center and its Elder Care Department could be easily be mobilized by the Regional Director as she was positioned inside the Tri-County CAP. Dissemination to schools in the region is done through municipalities, giving top down initiatives penetration. However, one limitation of this region's structure is that Cranston, one of the regional municipalities, has its own CAP and does not come under the service area of Tri-County CAP, sometimes making coordination challenging.

2

Region 2 is an exemplar of a "bridging" type of infrastructure. The regional director decided that because the municipal coordinators had a great deal of experience and expertise, building upon those strengths and creating a regional "synergy" was the best strategy. Therefore, the regional coalition members are primarily the coordinators and they meet often – every two weeks. The members dialogue and share about different initiatives, both those they are launching in their own municipality and those they wish to share across the region. Initiatives thus "bubble up" from the coordinators rather than being imposed from a central source. Partners are considered all the organizations that help the region with a particular initiative. For example, superintendents of schools are worked with often, but they do not attend regional coalition meetings. Or a police chief from a particular municipality might speak about an opioid initiative to the whole region. But the regional director always works through the municipal coordinators in a show of respect for their domain and to keep the "chain of command". Region 2 continues a long history of expanding prevention across ages and into mental health. In addition, Community Care Alliance, located in Woonsocket has, because of the region coalition, expanded its behavioral health service across the region.

3

Region 3 is a unique region in several ways. First, it is the only region to consist of a single municipality, Providence. Second, its "home base" exists within city government and it is actually called the "Mayor's Coalition on Behavioral Health." This provides not only extensive resources to draw on such as representatives from different city departments such as recreation, housing, etc., but it provides prestige when recruiting members or partners to the coalition. A member is considered any organization that attends three consecutive meetings in a row. The Coalition consistently has nearly 20 members at its meetings. But, similarly to other regions, the Coalition utilizes the assistance of partners who do not attend meetings. So, for example, although it works extensively with the Police Department, they are considered a partner because they don't attend meetings. Tobacco Free RI is another important partner because they work extensively with Providence schools. Region 3 has also extended its age range by targeting seniors and working with partners such as Neighborhood Healthcare and Walgreens Pharmacy.

Capacity Building

CAPACITY BUILDING: KEY INFORMANT INTERVIEW SUMMARY

5

Region 5 might be characterized as a blend of "bonding" and "bridging" type infrastructure. The original regional coalition was comprised of two representatives each from the four municipalities in the region, along with regional partners recruited by the regional coordinators, sometimes as a result of grant activities, other times for mission driven purposes. Organizations are considered members after attending three consecutive meetings. From the coalition base grew a combination of regional direction, regional facilitation and the four municipal coordinators meeting together (often before the regional coalition meetings) to "bubble-up" ideas, elaborating, expanding and disseminating them among themselves. An example of the former, regional direction would be when the regional directors assume that each municipality will do something for the annual Drug Take Back initiative. An example of municipalities building upon each others' work might be alcohol training that gets offered in person instead of online, evolves with an ordinance which requires more frequent training than the state mandate and is adopted by all municipalities. The region has expanded across the lifespan and into mental health by working with local libraries, senior centers and Boys and Girls clubs. The region also does consistent capacity building devoting half of each meeting to presentations that enrich the knowledge and skill base of its members.

6

Region 6 has developed perhaps the most complex infrastructure of any of the regions. The coalition has done extensive "bridging" functions, not just among its members but with other coalitions in the area. The coalition stimulated an initiative called "No Wrong Door" which links substance abuse and mental health services in both directions with personal "warm handoffs," not just referrals without follow-up. Partners include Child and Family, CODAC, Newport Mental Health, Newport Hospital, Boys Town and others. "No Wrong Door" has sought and received external funding and now stands on its own as an offshoot of the Newport County Prevention Coalition. Furthermore, a 501 C3 has been established called Strategic Prevention Partnerships which will function as a "parent" organization to both "No Wrong Door" and the "Newport County Prevention Coalition." The coalition has also established a strong partnership with the faith sector by having an "ambassador" to the Aquidneck Interfaith Council Organization and has provided them with mental health first aid training for free, and expanded populations through an initiative called "Grand Family Support" which provides monthly virtual support meetings for grandparents functioning as the primary caretaker for children.

4

&

7

Region 4 & 7's organizational home is Rhode Island Student Assistance Services (RISAS). Both Regions have MOU's with municipal coordinators who comprise the bulk, but not the exclusive membership, of both region's coalitions. Initiatives in Regions 4 and 7 are mainly of the "bonding manner" where elements of a strategic plan developed at the regional level are carried out by the municipal coordinators who are required to implement the strategic plan as "the boots on the ground," as one regional director described it. These "shovel ready" projects are necessary because the municipal level coordinators vary greatly in their experience and expertise and do not get paid for much time (average 8 hours). This top-down planning approach and bottom-up implementation schedule facilitates efficiency as well as coordination across the regions. For example, Region 7 described a media blitz about "Raising Healthy Teens" that RISAS paid for to appear in the Westerly Sun across the region, while municipal coordinators "pushed" through the message to their schools and other local partners: a great example of top-down and bottom-up coordination. Both regions also reported expansion into mental health prevention/wellness initiatives with regional partners - Thundermist in region 4 and Thrive Behavioral Health in region 7.

KEY IMPLICATIONS

These results are promising in that there was likely no 'one right way' to approach the regional infrastructure intervention proposed by BHDDH in 2016. The fact that directors had the training and expertise to meet *local* stakeholder groups within their regions where they were needed exemplifies the outstanding manner in which the regions accomplished the capacity-building goals of regionalization.

Regional networks across the state appear to be thriving at building capacity despite differences in leadership approach, funding, and governance structure and are well-poised to shift their focus toward implementation of evidence-based programs and practices in preparation for Phase II of the RPTF initiative.

Planning

To assist regions in planning for implementation of evidence-based programs and practices, the CRST developed an **'RPTF E-BPPP & Adaptation Documentation'** tracking tool and guidance document in early 2020.

The purpose of this tool was to help regions systematically document programmatic activities completed using RPTF funding, by CSAP strategy, as well as to describe any planned adaptations to programs selected for implementation.

Regions could use this tool to monitor activities over the life of the project to easily determine *when* and *how* programming was delivered to address *key risk and protective factors* within *target populations* identified during the needs assessment phase of the SPF and RPTF.

The CRST utilized data from this tool to determine the number of evidence-based and locally-adapted programs implemented in each region during each year of Phase I of the RPTF. As expected, the number of reported programs implemented within each region varied due to capacity-related factors such as overall budget and embeddedness within a larger support structure that could provide human, technological, and other resources at project baseline.

REGION 9: SAMPLE REGION — Year 1

SAMPLE DATA ENTRIES	Community	Intervention/Activity Name	Target Population	Location	Target Risk/Protective Factors	CSAP Strategy	Type of Intervention	Adaptation(s)	Type of Adaptation	Types of Multiple Adaptation(s)	Planned Start Date	Actual Start Date	Planned End Date	Actual End Date
SAMPLE 1 (Information Dissemination: Substance 1)	Town A	Marijuana Social Media Campaign	Youth (12-20)			Knowledge/Awareness	Information Dissemination	Local Intervention	No adaptation(s) made		8/1/17	8/1/17	12/31/17	12/31/17
SAMPLE 2 (Information Dissemination: Substance 2)	Town A	Alcohol Social Media Campaign	Youth (12-20)			Knowledge/Awareness	Information Dissemination	Local Intervention	No adaptation(s) made		8/1/17	8/1/17	12/31/17	12/31/17
SAMPLE 3 (Prevention Education with NO adaptations)	Town A	Positive Action	Youth (12-14)		Risk/Protective	Prevention Education	Evidence-based Program/Practice (EBPP)	No adaptation(s) made						
SAMPLE 4 (Prevention Education WITH adaptations)	Town A	Project Towards No Drug Abuse	Youth (14-18)		Risk/Protective	Prevention Education	Evidence-based Program/Practice (EBPP)	Adaptation(s) made with permission from developer	Other (please specify)		8/16/17	8/16/17	12/31/17	12/31/17
SAMPLE 5 (Environmental)	Town B	Compliance Checks	Youth (12-20)		Youth retail access to alcohol	Environmental	Evidence-based Program/Practice (EBPP)	No adaptation(s) made						
SAMPLE 6 (Environmental)	Town B	Party Patrols	Youth (12-20)		Youth social access to alcohol	Environmental	Evidence-based Program/Practice (EBPP)	No adaptation(s) made						
SAMPLE 7 (Alternative Activities; Adaptations made WITHOUT approval from developer)	Town C	Wyman's Teen Outreach Program	Youth (14-18)	Town A High School	Risk/Protective	Alternative Activities	Evidence-based Program/Practice (EBPP)	Adaptation(s) made without permission from or consultation with developer	Combination of A-D (Please specify)		9/1/17	9/1/17	6/30/17	6/30/17
SAMPLE 8 (Community-Based Process: Training and Technical Assistance RECEIVED)	Town C	TTA (Received)			NA	Community-Based Process	Other						
SAMPLE 9 (Community-Based Process: Accessing/Monitoring Services and Funding)	Town C	Accessing/Monitoring Services and Funding			NA	Community-Based Process	Other						
SAMPLE 10 (Community-Based Process: Assessing Community Needs/Assets)	Town C	Assessing Community Needs/Assets			NA	Community-Based Process	Other						
SAMPLE 11 (Community-Based Process: Coalition/Workgroup Activities)	Town C	Coalition/Workgroup Activities			NA	Community-Based Process	Other						

Implementation

EVIDENCE BASED-PROGRAMS, PRACTICES, and POLICIES

While the bulk of the regional effort was in establishing sustainable prevention coalitions and engaging in a wide array of capacity-building activities to engage important stakeholders at the regional table, coalitions were nevertheless able to implement a number of **evidence-based programs and practices** across the state.

Evidence-based programs or interventions are designated as such when they have been rigorously tested in controlled settings, demonstrated effectiveness, can be translated into practical models for easy community consumption, and whose evaluations have been subjected to review by experts in the field.

Establishing effectiveness is particularly important in that it implies that the program or intervention has a positive impact on the outcome of interest in 'real world' settings.

The **Rhode Island Evidence-Based Practices Workgroup** defines evidence-based programs as "interventions and policies that have been shown to be effective through rigorous evaluations in preventing the onset and continuation of substance use and other problem behaviors… and have an operationalized plan or system toward a particular set of behavioral outcomes (IOM, 2009)." Evidence-based *prevention* interventions are defined as "prevention services (programs, policies or practices) that have been proven to positively change the problem being targeted… where there is evidence that the intervention has been effective at achieving outcomes through some form of evaluation."

The characteristics of evidence-based programs and interventions are reflective of the careful thought required to develop, implement, and evaluate them. These characteristics include:

- identification of an important health or prevention issue and a target population for the program or intervention based on established need;
- a strong theory of change or rationale for the program that includes discussion of how its unique components are likely to influence positive change among the identified target population;
- detailed description of the process utilized to implement the intervention (for instance, development of clear and concise training manuals/materials that can be used to reproduce the program with fidelity (or in other words, as intended by the developers under similar conditions for which effectiveness was established));
- detailed description of data collection mechanisms, procedures, and tools for implementing both process and outcome evaluations, where:

1. *Process evaluation* refers to the assessment of factors related to the delivery of the program such as the extent to which the program is implemented as designed, whether the target population is being reached, and the quality of program delivery, and
2. *Outcome evaluation* refers to the assessment of whether the program had the intended effect or impact on program participants; and

- evidence that core program components had their intended impact on program participants using rigorous research and evaluation methods.

This definition of 'evidence-based" programming was used to identify those strategies implemented across all seven prevention regions over the course of the RPTF contract. Strategies that did not meet the minimum definition of evidence-based programming, as defined by the Rhode Island Evidence-Based Practices Workgroup and above, were identified as 'locally developed' programs. Locally developed programs may be incredibly impactful and have great promise in impacting positive change but have not yet been subjected to the rigorous methods required for establishment as an evidence-based program or practice.

Implementation

EBPP's and locally-developed strategies implemented by CSAP type across all seven prevention regions

Regional prevention coalitions engaged in all six Center for Substance Abuse Prevention (CSAP) strategies over the course of the grant period and implemented evidence-based programming targeting mental health, substance use across the lifespan, and policy change.

Evidence-based strategies that have appeared on a national registry or have been evaluated using rigorous research methods and published in peer-reviewed journals are indicated in **bold** text.

*Designates a locally-developed or national strategy that does not meet criteria for an evidence-based practice as defined above.

**Project SUCCESS is a multi-component intervention that includes a universal prevention education curriculum as well as utilization of student assistance counselors to provide problem identification and referral services. Project SUCCESS is the primary CSAP problem identification and referral strategy utilized by the state.
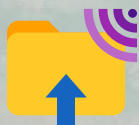
Information Dissemination

- Campaign to Change Direction*
- It Starts with You*
- Parent newsletters/handbooks*
- Billboards*
- Social media campaigns*
- Safe Homes*
- No Wrong Door*

Prevention Education

- **Youth Mental Health First Aid**
- **Mental Health First Aid**
- **Hidden in Plain Sight**
- **Third Millennium**
- **Preventing Overdose and Naloxone Intervention (PONI)**
- **Family Matters/Families Unidas**
- **Catch My Breath**
- **Too Good for Drugs**
- Stronger Together*

Alternatives

- **A**sses, seek **S**upport, take **A**ction, **P**roceed, and develop **P**revention techniques (ASAPP)*

Environmental Change

- **Count It, Lock It, Drop It**
- **Marijuana social host legislation**
- **Above the Influence**
- **Responsible Beverage Server Training/ TIPS training**
- **Tobacco vendor education**

Community-Based Process

- **Communities Mobilizing for Change on Alcohol (CMCA)**
- Invited speakers*
- Town Hall meetings*
- MADD candlelight vivil*

Problem Identification & Referral

- **Project SUCCESS****

Implementation

Description of EBPP's and locally developed interventions implemented by CSAP type

<u>Prevention Education</u>
Youth Mental Health First Aid
- Youth Mental Health First Aid is a course designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis.

Mental Health First Aid
- Mental Health First Aid is a course that aims to equip people with skills to help someone who is developing a mental health problem or experiencing a mental health crisis. It helps build mental health literacy and helps the public identify, understand, and respond to warning signs of mental health problems.

Hidden in Plain Sight
- Hidden in Plain Sight is an opportunity for parents/caregivers to explore an interactive display of a teenager's mock bedroom. This allows parents/caregivers to become more aware of signs of risky behaviors and possible drug use.

Third Millennium
- Third Millennium consists of online and prevention courses that aim to help underage students to make better decisions around alcohol, drugs, shoplifting, and interpersonal violence.

Preventing Overdose and Naloxone Intervention (PONI)
- PONI is an opioid overdose prevention and naloxone distribution program focused on reducing opioid-related overdose deaths in Rhode Island.

Family Matters/Familias Unidas
- Family Matters/Familias Unidas is an intervention, geared toward Hispanic/Latino families, that aims to increase parental involvement with their child's peers and school and improve family bonding. This intervention provides parents with additional knowledge and tools to raise healthy children and prevent or reduce drug misuse, anti-social behavior, and risky sexual behavior.

Catch My Breath
- Catch My Breath is a youth vaping prevention program. It provides information to teachers, parents, and health professions to equip students with the knowledge and skills they need to make informed decisions about the use of e-cigarettes and resist social pressures to vape.

Too Good for Drugs
- Too Good for Drugs is a K-12 prevention education program designed to mitigate the risk factors and the enhance protective factors related to alcohol, tobacco, and other drugs. The lessons introduce and develop skills for making healthy choices, building positive friendships, developing self-efficacy, communicating effectively, and resisting peer pressure and influence.

Stronger Together
- The Stronger Together program is aimed at helping equip community members with skills to identify, understand and respond to signs of mental health and substance use challenges and crises experienced by their family, friends, and fellow community members.

Implementation

Description of EBPP's and locally developed interventions implemented by CSAP type

Information Dissemination

Campaign to Change Direction
- The Campaign to Change Direction aims to promote education about mental health, mental illness, and wellness. This initiative offers information on how to recognize the signs of emotion distress and direct people to local resources.

It Starts with You
- It Starts with You aims to promote awareness of the importance of the role of parents in reducing underage drinking. The program uses social media outreach techniques to reach parents of underage children.

Parent newsletters/handbooks
- Parent newsletters/handbooks provide information on underage substance use and mental health.

Billboards
- Billboards are used to increase reach and bring awareness to the issue of substance use among minors.

Social media campaigns
- Social media campaigns target various social media outlets to bring attention to the issue substance use among minors.

Safe Homes
- The Safe Homes project aims to educate parents about adolescent alcohol and drug use. It encourages parents to evaluate the safety of their homes and communicate with other parents about parenting concerns.

No Wrong Door
- The No Wrong Door initiative aims to create a system of care that delivers timely, high quality, cost-effective, evidence based mental health and substance use care to individuals and families living in Newport County. This initiative aims to identify gaps of behavioral health services and access and address the stigma surrounding mental and substance use treatment.

Environmental Change

Count It, Lock It, Drop It
- Count It, Lock It, Drop It is an initiative for prescription drug abuse prevention. This initiative is centered around teaching people how often to count their prescription drug pills, to lock up their medications in a secure place, and to drop unused or expired medications for proper disposal.

Marijuana social host legislation
- Marijuana Social Host Legislation aims to educate Rhode Island citizens about the law and to prevent underage access to marijuana.

Above the Influence
- Above the Influence is a program that aims to help teens stand up to negative influences that increase risk for substance use.

Responsible Beverage Server Training/TIPS training
- Responsible Beverage Server Training/TIPS is a training that aims to prevent intoxication, underage drinking, and drunk driving. The training is for people who sell or serve alcoholic beverages, ID checkers, and valets at liquor selling establishments.

Tobacco vendor education
- Tobacco vendor education is a training for retail stores to help enforce regulations around tobacco sales.

Implementation

Description of EBPP's and locally developed interventions implemented by CSAP type

Community Based Practices
Communities Mobilizing for Change on Alcohol (CMCA)
- CMCA a community organizing program designed to reduce youth access to alcohol by changing community and law enforcement policies, attitudes, and practices. The program aims to decrease the number of outlets that sell alcohol to youth, lessen the availability of alcohol from noncommercial sources (e.g., peers or adults), and reduce the community's tolerance for underage drinking.

Invited speakers
- Select speakers provide information on underage substance use, prevention techniques, and mental health issues.

Town Hall meetings
- Town Hall meetings aim to discuss topics ranging from underage substance use to mental health concerns.

MADD candlelight vigil
- The MADD candlelight vigil is an event that memorializes and honors victims as innocent people who were killed or injured needlessly as a result of drugged or drunk driving.

Problem Identification & Referral
Project SUCCESS
- Project SUCCESS is a multi-component intervention targeting the prevention of and reduction in substance use among those aged 12-18. Master's degree level student assistance counselors provide students with easy access to services, allowing for early identification and intervention for alcohol and other drug use-related risk factors, such as drinking at an early age, poor academic performance, tardiness, absenteeism, and other behavior problems.

Alternatives
Assess, Seek support, take Action, Proceed and develop Prevention Café (ASAPP)
- ASAPP is a program plan aims to reduce mental health stigma and empower students with tools to navigate through some mental health issues.

Evaluation

Outcome Data - Overview/Methodology

Outcome data were available at the community-level for students ages 12-17 using the **Rhode Island Student Survey (RISS).** The RISS is an 85-item self-report instrument that measures prevalence of substance use and associated risk and protective factors across various substances. The RISS is administered every other year, with the most recent administration distributed across three time periods during the 2020-2021 school year due factors related to the coronavirus pandemic.

Data are distributed at the community level when response rates by grade level within each school reach a minimum 60% threshold. A complete dataset reflecting this criterion for the 2018 and 2020 RISS was provided to the CRST by BHDDH for evaluation purposes. Comparisons between 2018 and 2020 data are available only in cases where response rates met the minimum required threshold. Statistically meaningful differences in proportions are noted for each comparison (i.e., the confidence interval for the difference in proportions does not contain zero). The number or responses *for each item* may impact the width of confidence intervals around each proportion and hence the interval for the difference in proportions. Providence does not administer the RISS; data from the Youth Experience Survey in Providence were unavailable at the time this evaluation report was generated.

Outcome data are organized by region and by substance. Data are reported for the following indicators:

30-day Use. Percentage of youth who reported:
- having one more more drinks of an alcoholic beverage
- using marijuana
- smoking cigarettes
- using electronic vapor products
- using prescription drugs not prescribed to them.

Perception of Risk/Harm. Percentage of youth who report 'moderate' or 'great' risk associated with having five or more drinks of an alcoholic beverage once or twice per week, using marijuana once or twice per week, smoking one or more packs of cigarettes per day, using electronic vapor products, or using prescription drugs not prescribed to them.

Parental Disapproval. Percentage of youth who report their parents would feel it is 'wrong' or 'very wrong' for them to have one or two drinks of an alcoholic beverage nearly every day, smoke marijuana, smoke tobacco, use electronic cigarettes, or use prescription drugs not prescribed to them.

Peer Disapproval. Percentage of youth who reported that their friends would feel it is 'wrong' or 'very wrong' for them to have one or two drinks of an alcoholic beverage every day, use marijuana, smoke tobacco, use electronic cigarettes, or use prescription drugs not prescribed to them.

Ease of Access. Percentage of youth who reported that if they wanted to obtain alcohol, marijuana, cigarettes, electronic cigarettes, or prescription drugs not prescribed to them it would be 'very easy' or 'easy' to do so.

Bullying. Percentage of youth who reported that they had been bullied in school as well as percentage who reported bullying others in the past year.

Cyberbullying. Percentage of youth who reported that they had been cyber bullied by someone at their school as well as percentage who reported cyber bullying others in the past year.

Mental Health. Percentage of youth who, in the past 30 days, reported 'often' or 'always' feeling sad, irritable, hopeless, appetite change, sleep disturbance, and difficulty concentrating, and percentage of youth who reported seriously considering suicide in the past 12 months.

Evaluation

Data Sources: Region 1 (Cranston, Johnston, North Providence, Scituate, Smithfield)
Youth Ages 12-17

Middle School *Checked boxes indicate grades for which data were available for each year from each school.*

Town	School	6th Grade		7th Grade		8th Grade	
		2018	2020	2018	2020	2018	2020
Cranston	Hope Highlands Middle School		✓		✓	✓	
	Hugh B. Bain Middle School	✓		✓	✓	✓	
	Park View Middle School				✓	✓	✓
	Western Hills Middle School					✓	✓
Foster/Glocester	Ponaganset Middle School					✓	
Johnston	N.A. Ferri Middle School			✓	✓	✓	✓
Scituate	Scituate Middle & High School	✓		✓	✓	✓	✓
Smithfield	Vincent Gallagher Middle School			✓	✓	✓	✓
North Providence	Birchwood Middle School						✓
	Ricci Middle School						✓

Note: Data unavailable for North Providence middle school students in 2018 and Foster/Glocester middle school students in 2020. Data from 6th grade students in Foster/Glocester, Johnston, Smithfield, and North Providence unavailable in 2018. Comparisons between 2018 and 2020 data may reflect these changes.

Evaluation

Data Sources: Region 1 (Cranston, Johnston, North Providence, Scituate, Smithfield)
Youth Ages 12-17

High School *Checked boxes indicate grades for which data were available for each year from each school.*

Town	School	9th Grade 2018	9th Grade 2020	10th Grade 2018	10th Grade 2020	11th Grade 2018	11th Grade 2020	12th Grade 2018	12th Grade 2020
Cranston	Cranston High School East	✓		✓	✓	✓		✓	
Cranston	Cranston High School West	✓	✓	✓	✓	✓		✓	
Foster/Glocester	Ponaganset High School	✓		✓		✓		✓	
Johnston	Johnston Senior High School	✓		✓		✓	✓	✓	✓
Scituate	Scituate Middle & High School	✓		✓	✓	✓	✓	✓	✓
Smithfield	Smithfield High School	✓	✓	✓	✓	✓	✓		
North Providence	North Providence High School		✓		✓				

Note: Data from students in 9th grade in North Providence unavailable in 2018 and data from 9th grade students in Foster/Glocester Johnston, and Scituate unavailable in 2020. 2020 data from students in 12th grade available for Johnston and Scituate only. 2020 data unavailable for 10th and 11th grade students in Cranston, Foster/Glocester and North Providence. Comparisons between 2018 and 2020 data may reflect these changes.
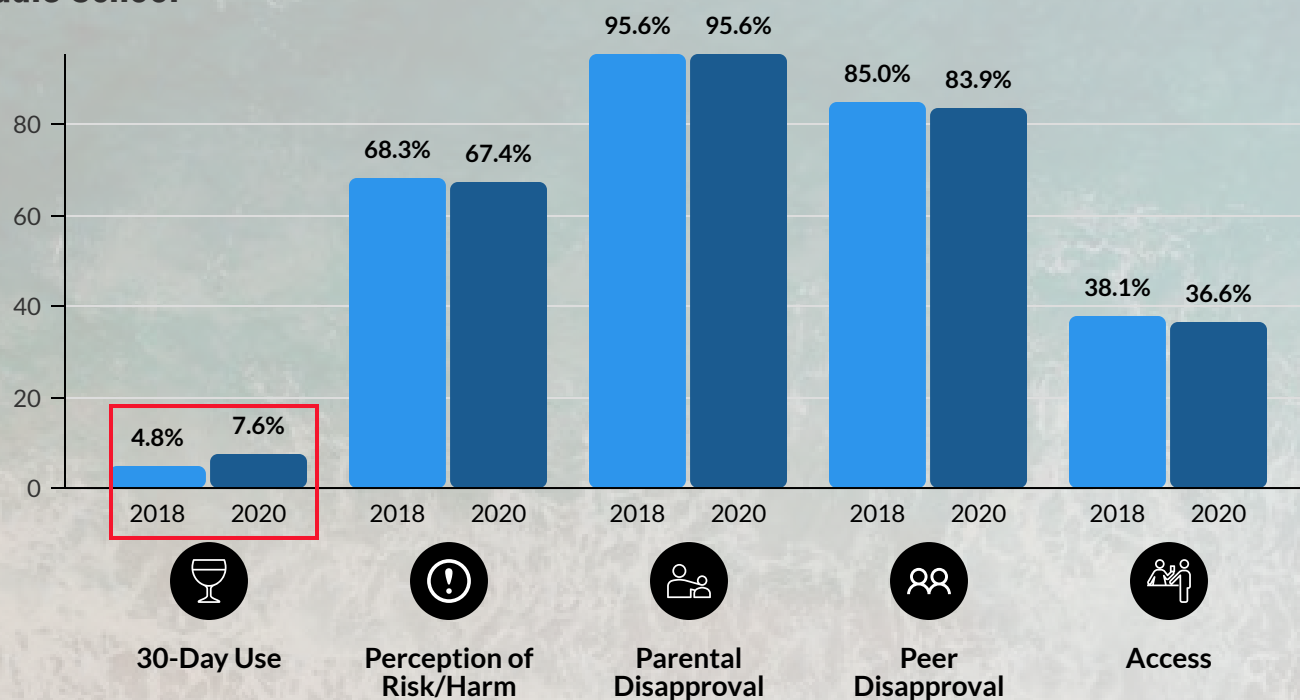
Evaluation

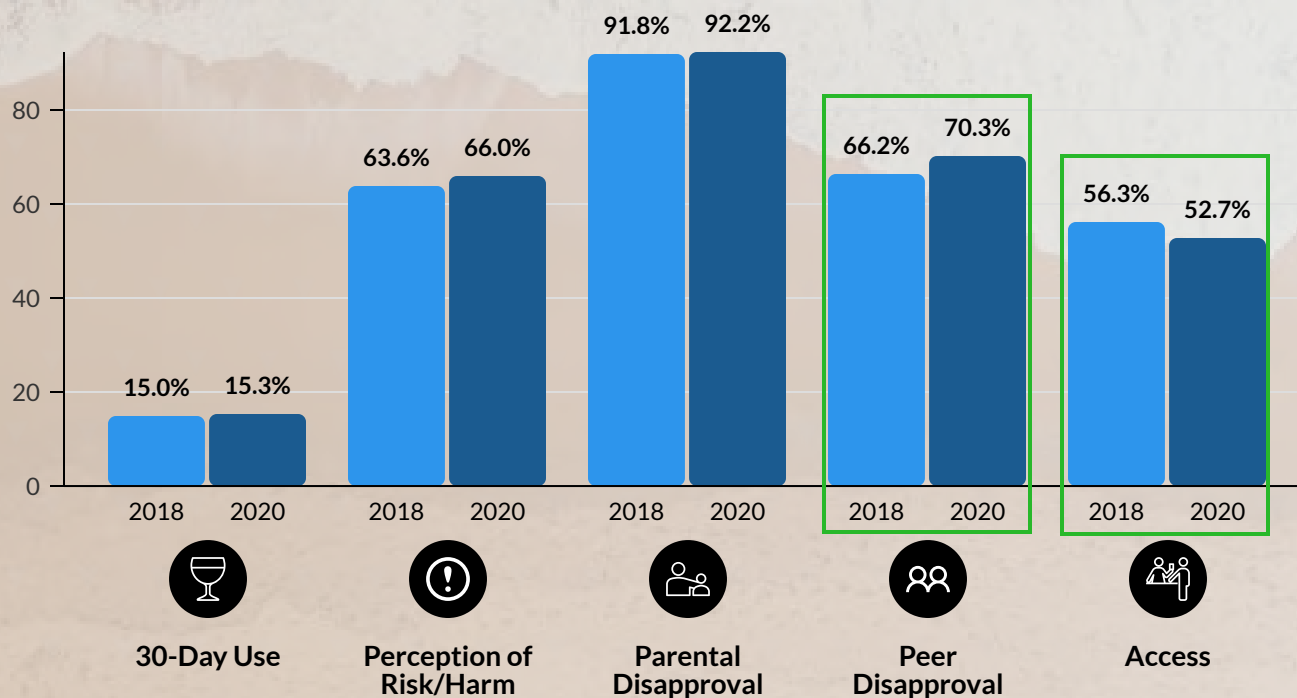Outcome Data: Region 1 (Cranston, Johnston, North Providence, Scituate, Smithfield)
Youth Ages 12-17
Alcohol: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access

Middle School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	4.8%	68.3%	95.6%	85.0%	38.1%
2020	7.6%	67.4%	95.6%	83.9%	36.6%

High School

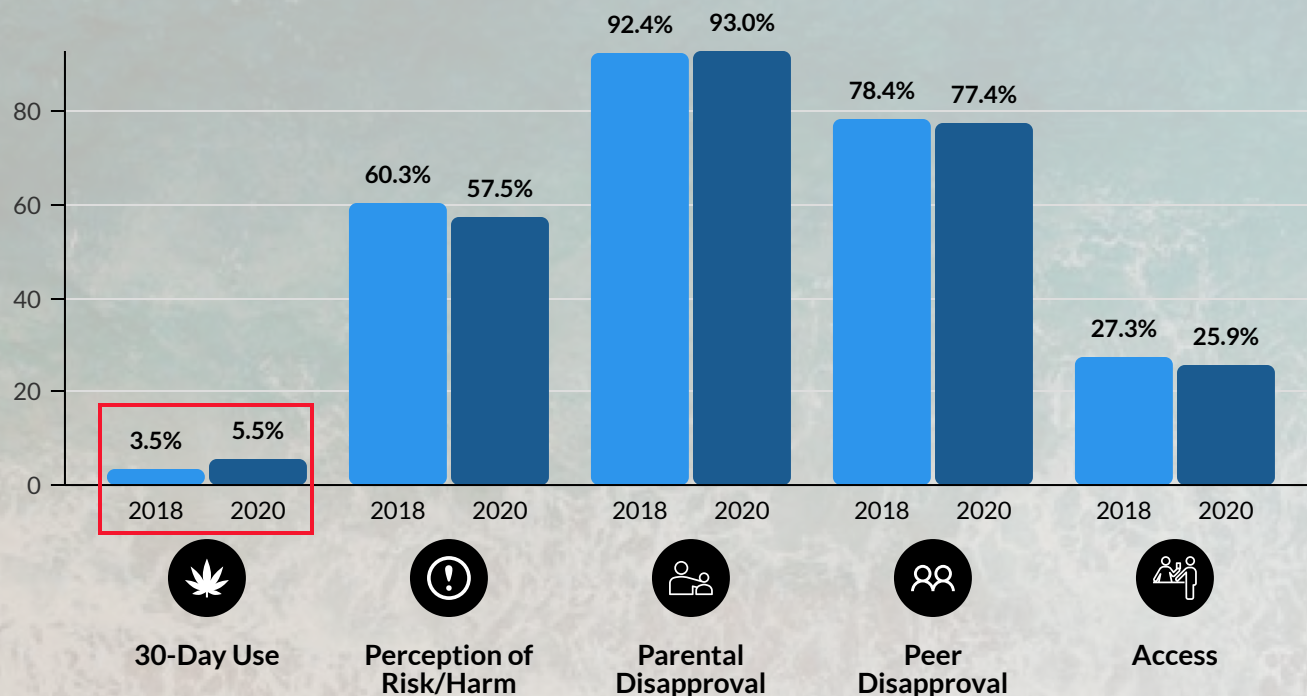|	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	15.0%	63.6%	91.8%	66.2%	56.3%
2020	15.3%	66.0%	92.2%	70.3%	52.7%

Region 1 - Alcohol

Evaluation

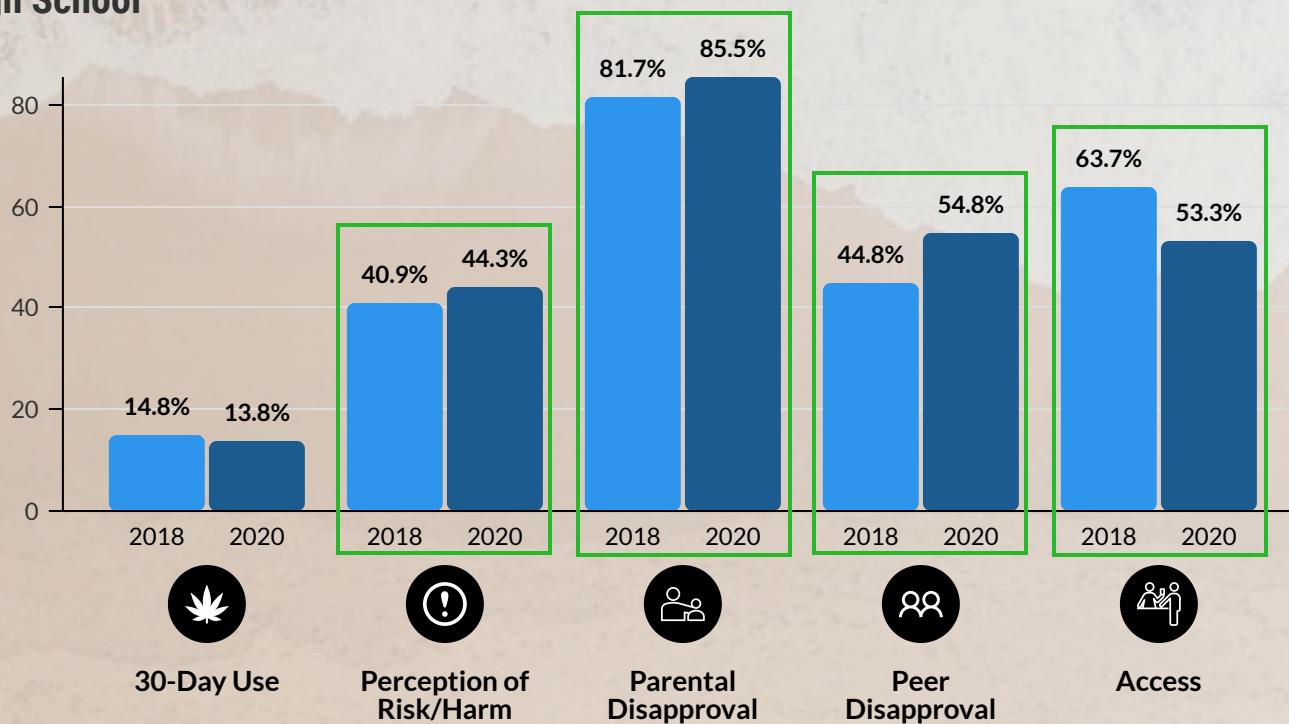Outcome Data: Region 1 (Cranston, Johnston, North Providence, Scituate, Smithfield)
Youth Ages 12-17
Marijuana: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access

Middle School

	30-Day Use		Perception of Risk/Harm		Parental Disapproval		Peer Disapproval		Access	
	2018	2020	2018	2020	2018	2020	2018	2020	2018	2020
	3.5%	5.5%	60.3%	57.5%	92.4%	93.0%	78.4%	77.4%	27.3%	25.9%

High School

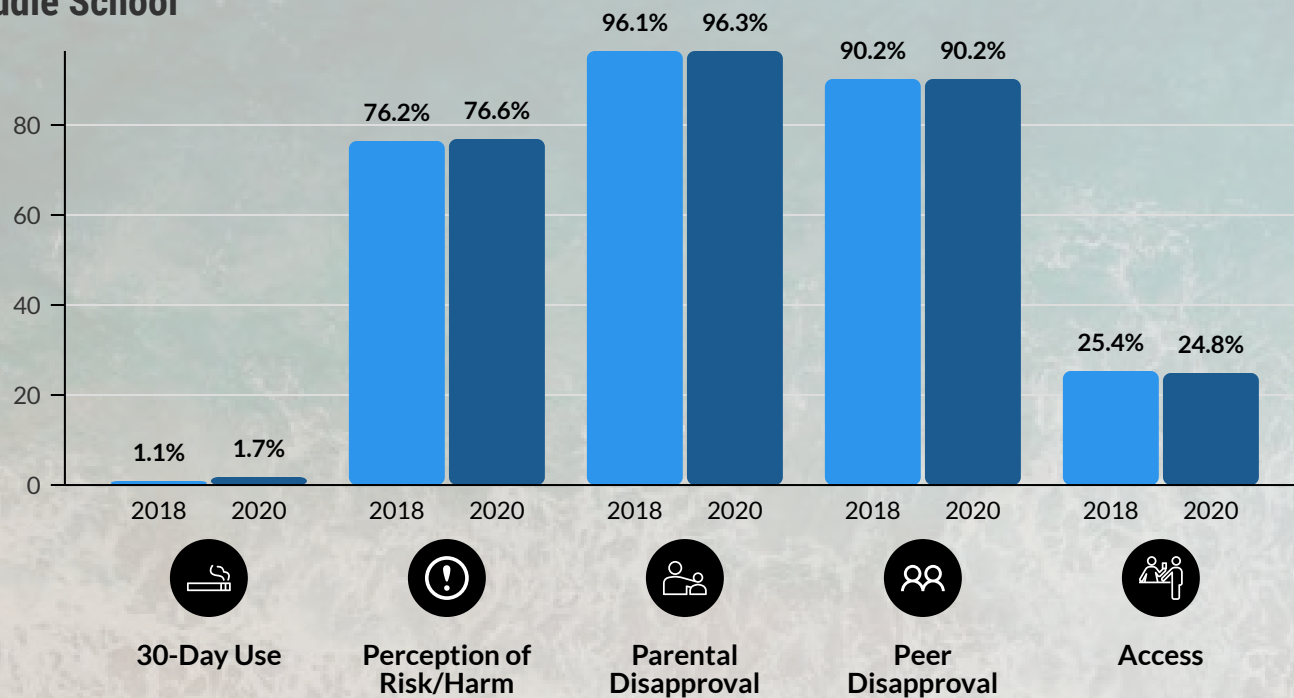|	30-Day Use		Perception of Risk/Harm		Parental Disapproval		Peer Disapproval		Access	
	2018	2020	2018	2020	2018	2020	2018	2020	2018	2020
	14.8%	13.8%	40.9%	44.3%	81.7%	85.5%	44.8%	54.8%	63.7%	53.3%

Region 1 - Marijuana

Evaluation

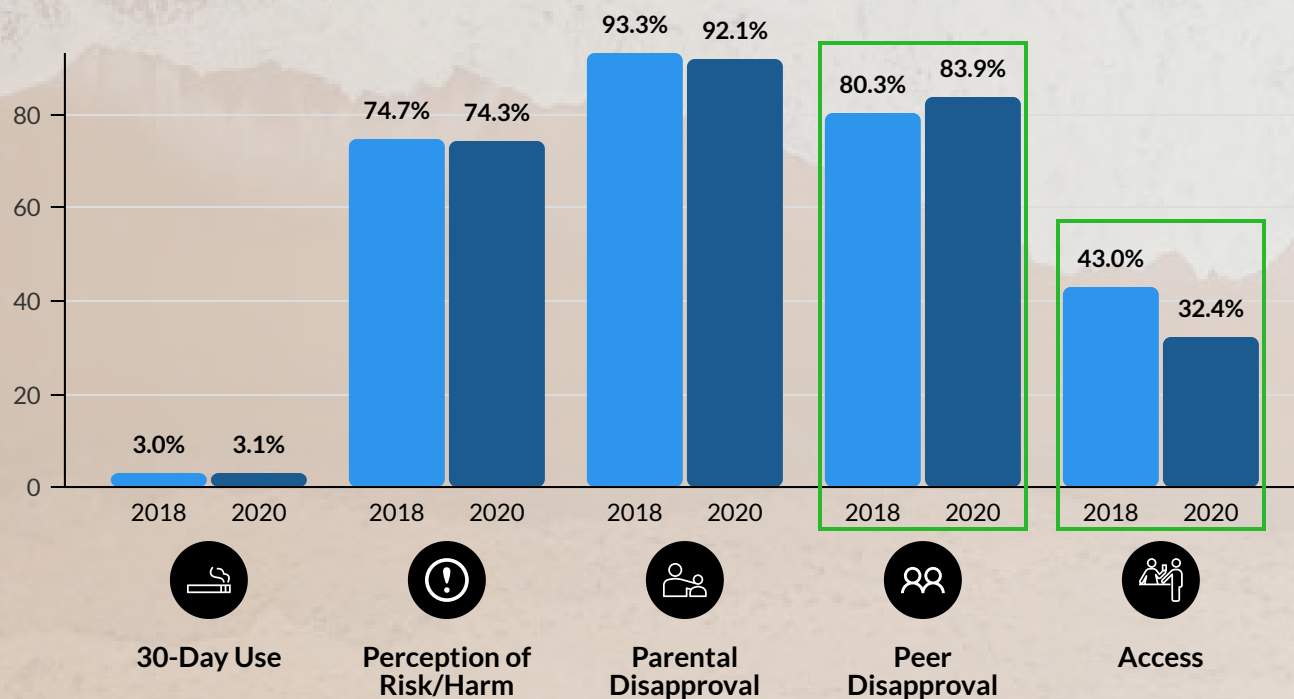Outcome Data: Region 1 (Cranston, Johnston, North Providence, Scituate, Smithfield)
Youth Ages 12-17
Cigarettes: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access

Middle School

	30-Day Use		Perception of Risk/Harm		Parental Disapproval		Peer Disapproval		Access	
	2018	2020	2018	2020	2018	2020	2018	2020	2018	2020
	1.1%	1.7%	76.2%	76.6%	96.1%	96.3%	90.2%	90.2%	25.4%	24.8%

High School

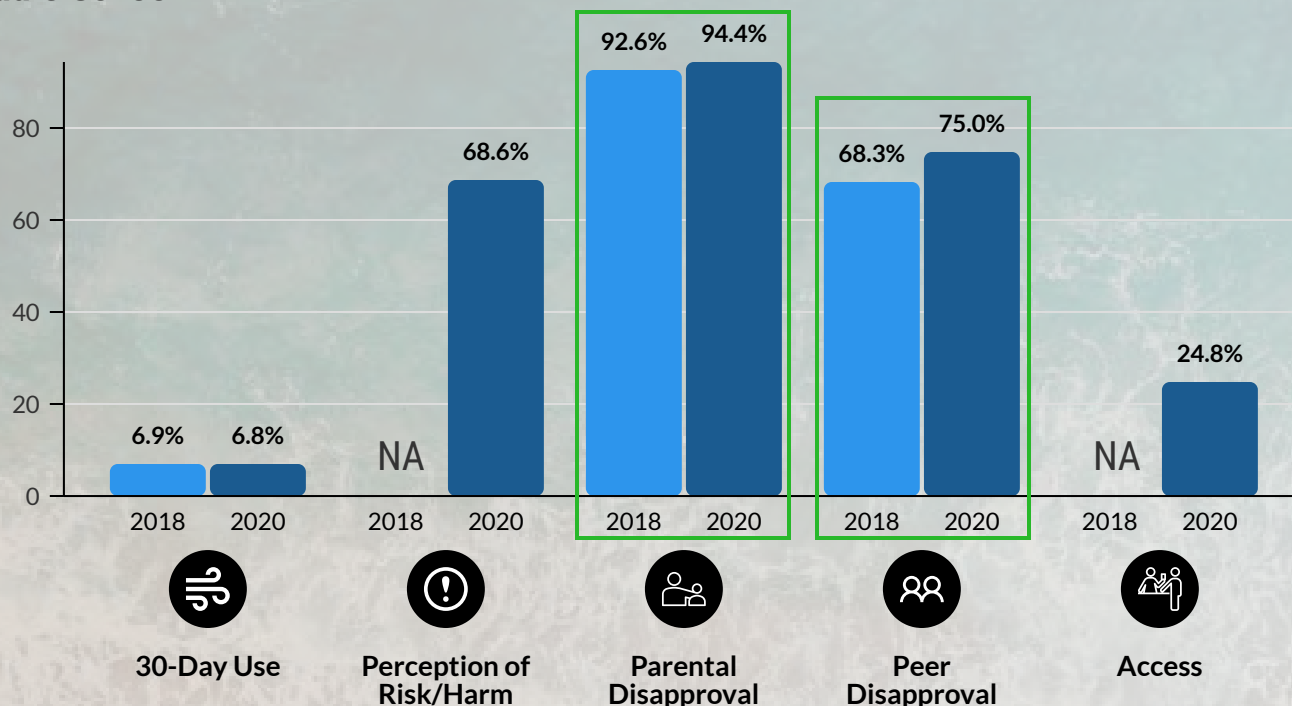|	30-Day Use		Perception of Risk/Harm		Parental Disapproval		Peer Disapproval		Access	
	2018	2020	2018	2020	2018	2020	2018	2020	2018	2020
	3.0%	3.1%	74.7%	74.3%	93.3%	92.1%	80.3%	83.9%	43.0%	32.4%

Region1 - Cigarettes

Evaluation

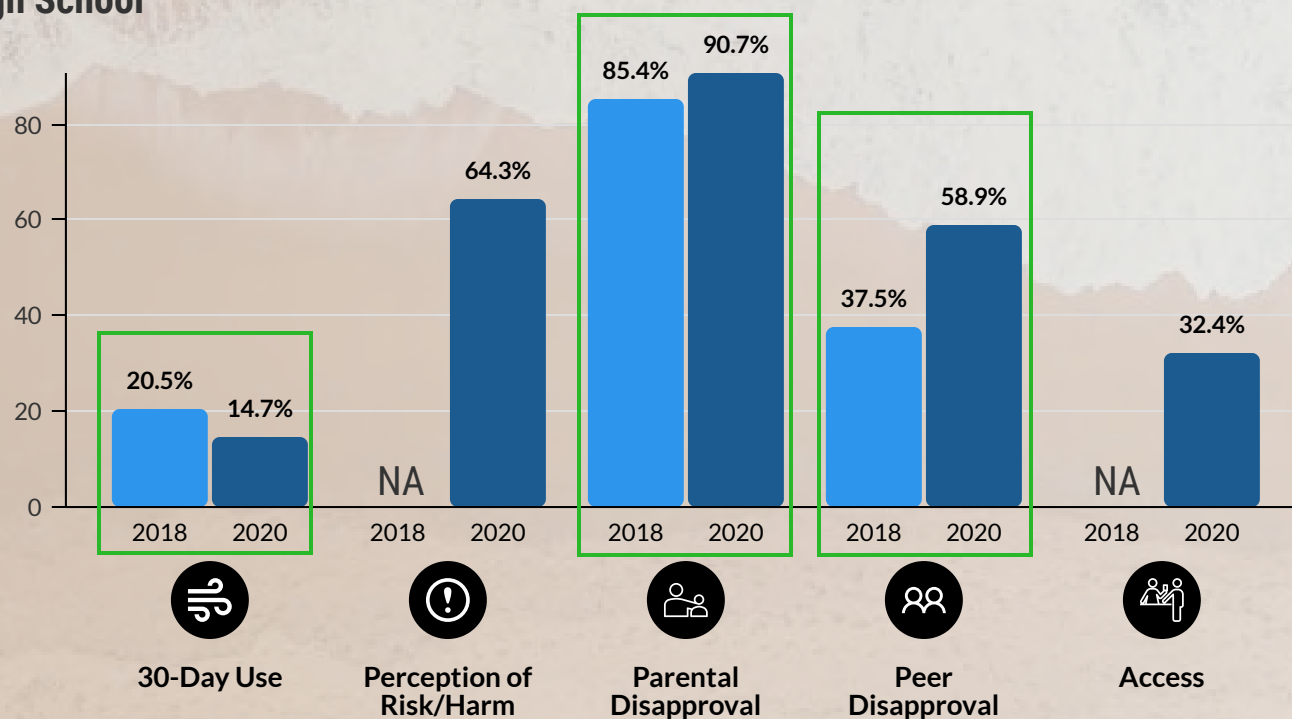Outcome Data: Region 1 (Cranston, Johnston, North Providence, Scituate, Smithfield)
Youth Ages 12-17
Vaping: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access

Middle School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	6.9%	NA	92.6%	68.3%	NA
2020	6.8%	68.6%	94.4%	75.0%	24.8%

High School

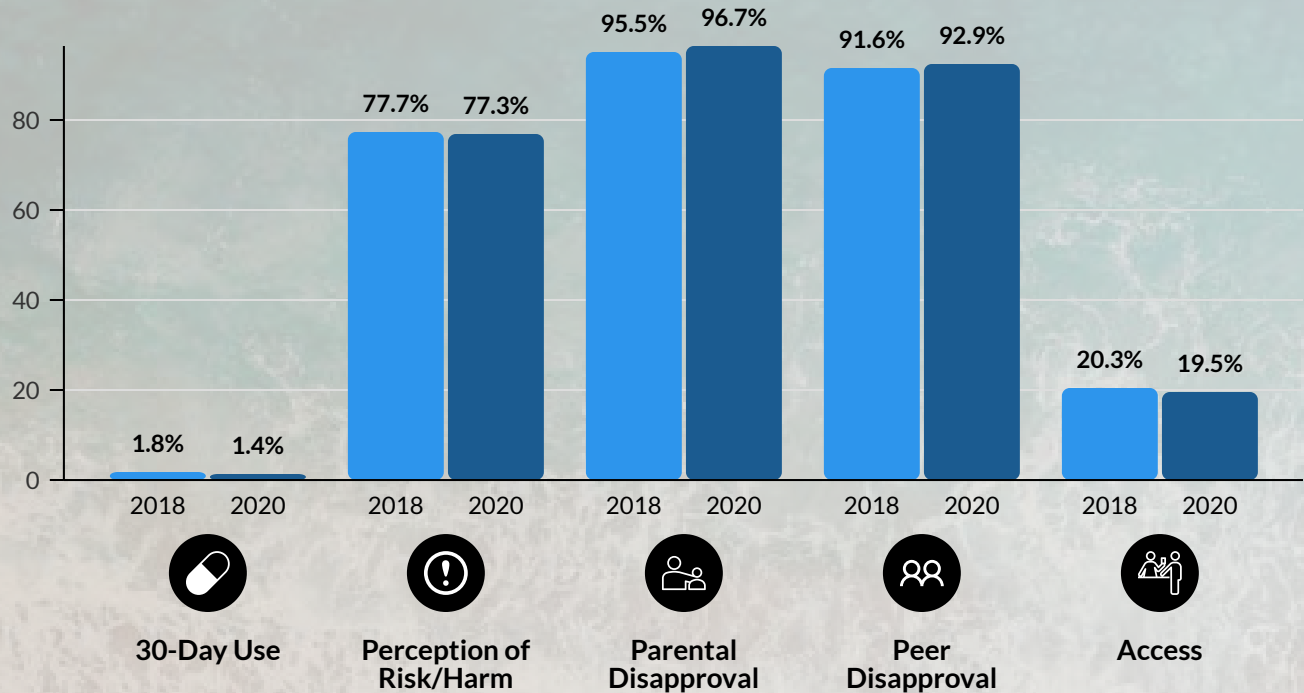|	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	20.5%	NA	85.4%	37.5%	NA
2020	14.7%	64.3%	90.7%	58.9%	32.4%

Evaluation

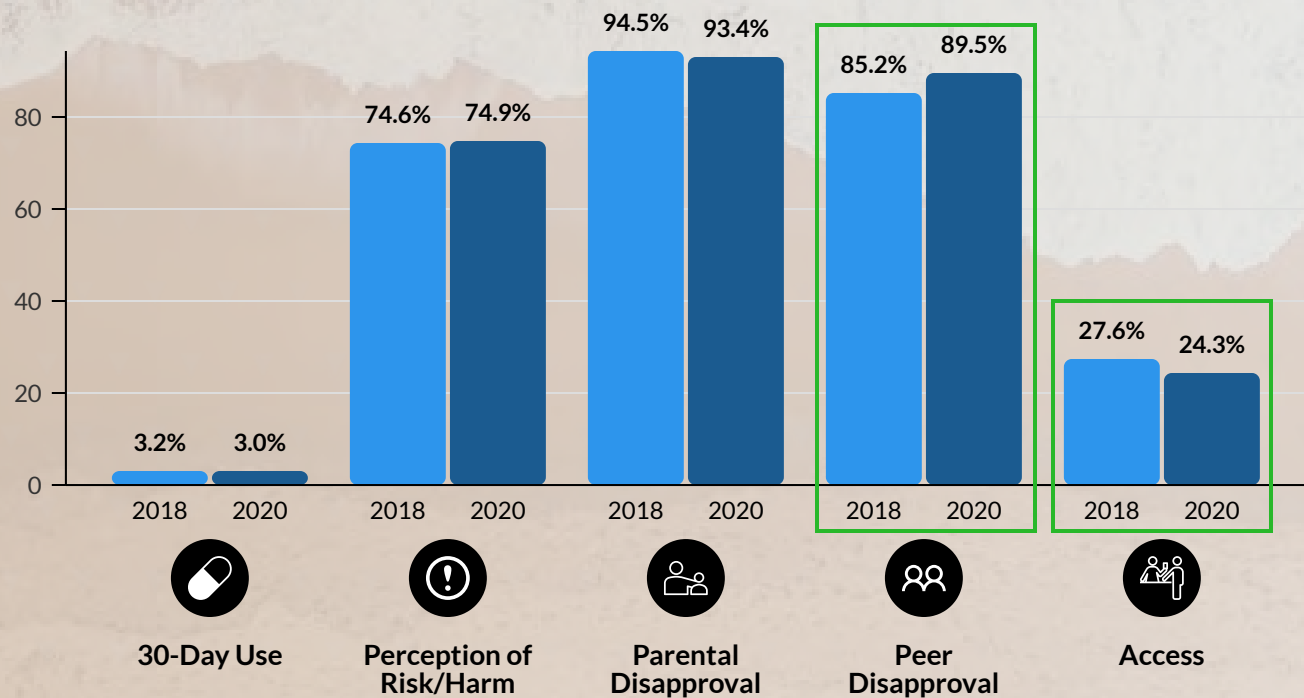Outcome Data: Region 1 (Cranston, Johnston, North Providence, Scituate, Smithfield)
Youth Ages 12-17
Prescription Drugs: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access

Middle School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	1.8%	77.7%	95.5%	91.6%	20.3%
2020	1.4%	77.3%	96.7%	92.9%	19.5%

High School

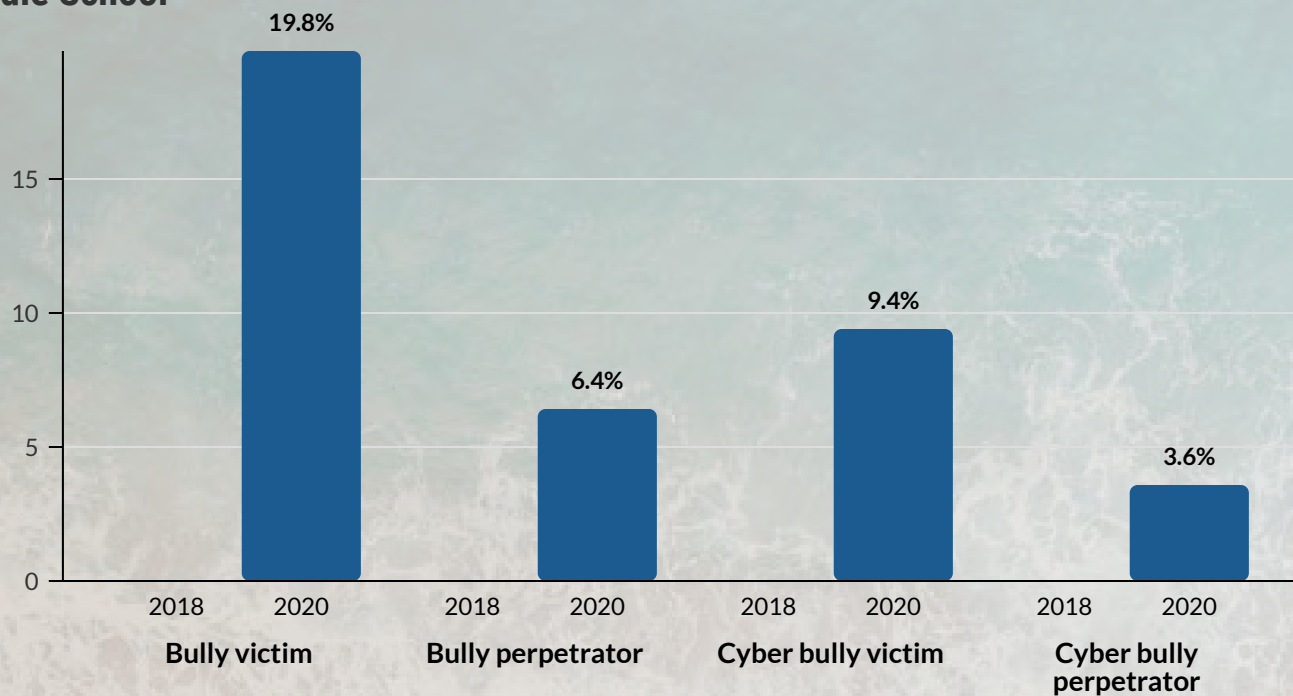|	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	3.2%	74.6%	94.5%	85.2%	27.6%
2020	3.0%	74.9%	93.4%	89.5%	24.3%

Evaluation

Outcome Data: Region 1 (Cranston, Johnston, North Providence, Scituate, Smithfield)
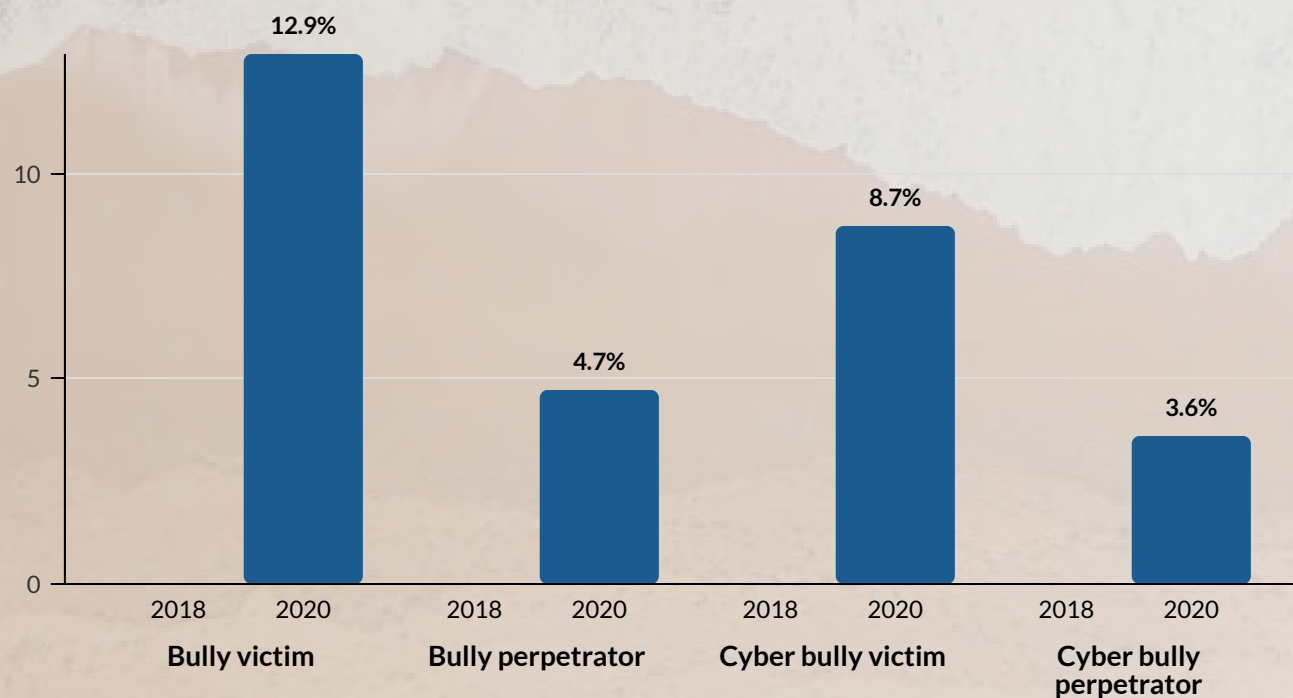Youth Ages 12-17
Bullying: Past year bullied/ bully others, Past year cyber bullied/ bully others (% 'Yes')
Note: 2018 data unavailable

Middle School

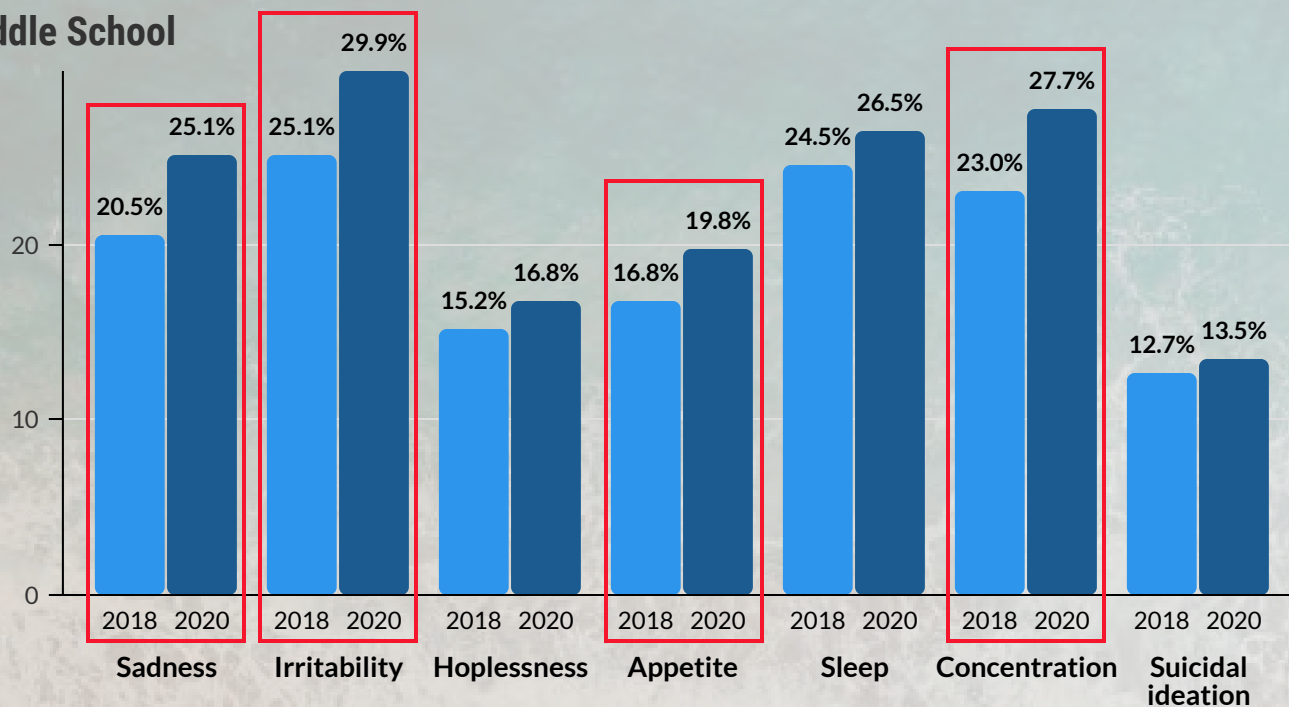## High School

Region 1 - Bullying/ Cyber bullying

Evaluation

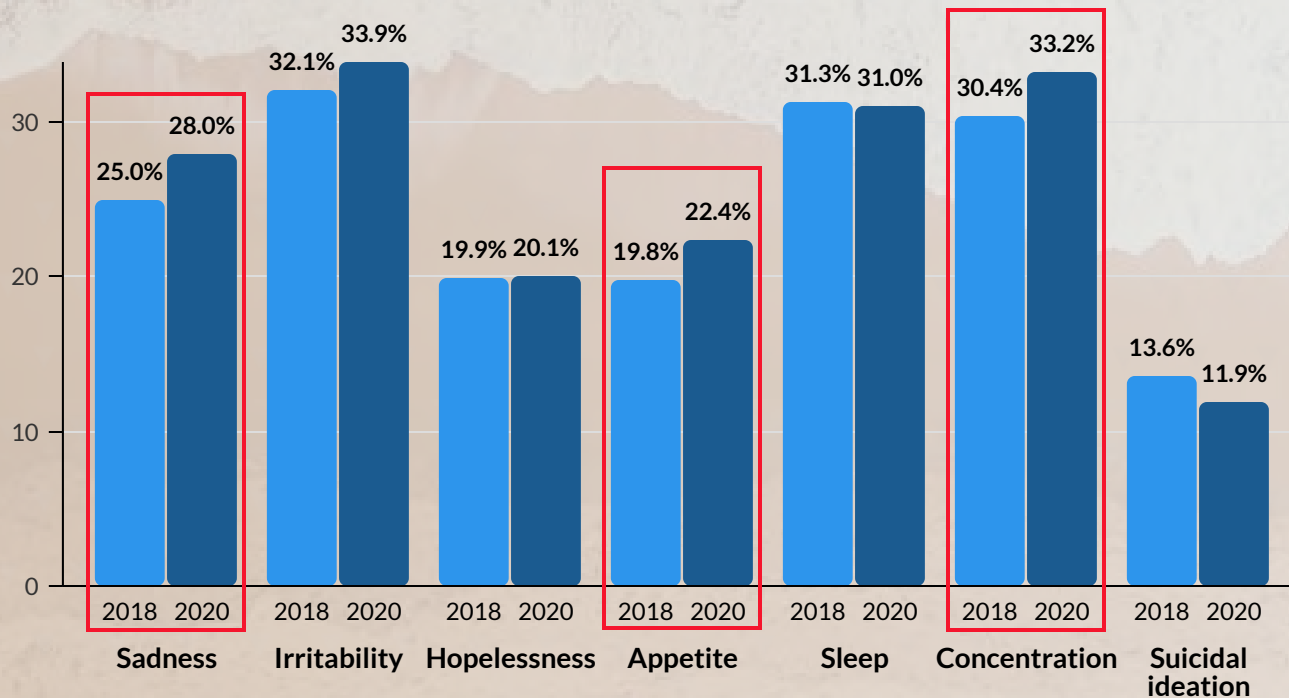Outcome Data: Region 1 (Cranston, Johnston, North Providence, Scituate, Smithfield)
Youth Ages 12-17
Mental Health: 30-day sadness, irritability, hopelessness, appetite change, sleep change, diminished concentration (% 'Often' and 'Always'); 12-month suicidal ideation (% 'Yes')

Middle School

	Sadness	Irritability	Hoplessness	Appetite	Sleep	Concentration	Suicidal ideation
2018	20.5%	25.1%	15.2%	16.8%	24.5%	23.0%	12.7%
2020	25.1%	29.9%	16.8%	19.8%	26.5%	27.7%	13.5%

High School

	Sadness	Irritability	Hopelessness	Appetite	Sleep	Concentration	Suicidal ideation
2018	25.0%	32.1%	19.9%	19.8%	31.3%	30.4%	13.6%
2020	28.0%	33.9%	20.1%	22.4%	31.0%	33.2%	11.9%

Evaluation

Outcome Data: Region 1 (Cranston, Johnston, North Providence, Scituate, Smithfield)
Youth Ages 12-17
Summary of statistically significant changes from 2018 - 2020, where positive (intended) and negative (unintended or unwanted) outcomes are indicated by green and red arrows respectively, and no change is noted by the '=' sign. Shaded boxes indicate 'NA' or absence of data across timepoints.

MIDDLE SCHOOL

Indicator	Prevalence	Perception of risk/harm	Parental disapproval	Peer disapproval	Ease of Access
Alcohol	↑	=	=	=	=
Marijuana	↑	=	=	=	=
Cigarettes	=	=	=	=	=
Vaping	=		↑	↑	
Prescription Drugs	=	=	=	=	=
Bullying - Victim					
Bullying - Perpetrator					
Cyber bullying - Victim					
Cyber bullying - Perpetrator					
Sadness	↑				
Irritability	↑				
Hopelessness	=				
Appetite change	↑				
Sleep disturbance	=				
Concentration	↑				
Suicidal ideation	=				

Evaluation

Outcome Data: Region 1 (Cranston, Johnston, North Providence, Scituate, Smithfield)
Youth Ages 12-17
Summary of statistically significant changes from 2018 - 2020, where positive (intended) and negative (unintended or unwanted) outcomes are indicated by green and red arrows respectively, and no change is noted by the '=' sign. Shaded boxes indicate 'NA' or absence of data across timepoints.

HIGH SCHOOL

Indicator	Prevalence	Perception of risk/harm	Parental disapproval	Peer disapproval	Ease of Access
Alcohol	=	=	=	⬆ (green)	⬇ (green)
Marijuana	=	⬆ (green)	⬆ (green)	⬆ (green)	⬇ (green)
Cigarettes	=	=	=	⬆ (green)	⬇ (green)
Vaping	⬇ (green)		⬆ (green)	⬆ (green)	
Prescription Drugs	=	=	=	⬆ (green)	⬇ (green)
Bullying - Victim					
Bullying - Perpetrator					
Cyber bullying - Victim					
Cyber bullying - Perpetrator					
Sadness	⬆ (red)				
Irritability	=				
Hopelessness	=				
Appetite change	⬆ (red)				
Sleep disturbance	=				
Concentration	⬆ (red)				
Suicidal ideation	=				

Evaluation

Outcome Data: Region 1 (Cranston, Johnston, North Providence, Scituate, Smithfield)
Youth Ages 12-17
Summary of key outcome indicators

NOTE: Due to sampling differences in 2018 and 2020, comparisons across data collection points should be interpreted with caution, as regional estimates may be missing representation from key municipalities in the region. For instance, data are absent from middle school youth in North Providence across all grade levels in 2018, and data from sixth graders are only available from Cranston youth in 2020.

MIDDLE SCHOOL
There were a number of significant changes in prevalence of substance use, perception of parental disapproval, perception of peer disapproval, and several mental health indicators from 2018 to 2020.

Prevalence of 30-day use increased for alcohol and marijuana, while **perception of peer and parental disapproval** increased for vaping. Youth in 2020 reported feeling **more sad and irritable in the past 30-days, as well as appetite disturbance and greater difficulty concentrating.** No other differences in proportions reached a level of statistical significance.

It is likely that the change in mental health indicators is in part due to the ongoing impact of the coronavirus pandemic, as is the increase in prevalence for alcohol and marijuana use. There was no change in perception of risk or harm, parental or peer disapproval, or ease of access for these indicators. Notably, while perceptions of peer and parental disapproval are high (over 75%) for both substances, perceptions of 'moderate' or 'great' risk or harm were relatively lower (around 68% for alcohol and 60% or less for marijuana). It is possible that the increase in prevalence of use for marijuana and alcohol is related to these factors, particularly since only approximately a third of students reported it to be 'easy' or 'very easy' to obtain them.

There was a significant increase in four of the six mental health indicators assessed on the survey, suggesting that students were feeling more sad and irritable in 2020, and that they also experienced greater appetite disturbance and difficulty concentrating. Notably, there was no difference in the percentage of youth who reported seriously considering attempting suicide in the past 12 months across timepoints. This result is promising considering the strain of the pandemic on youth mental health.

HIGH SCHOOL
There were a number of significant changes for all substances included in this report across all substance-related indicators, and multiple mental health indicators from 2018 to 2020.

Prevalence of 30-day use declined for vaping, while **perception of risk and harm** increased for marijuana, and **perception of parental disapproval** increased for both marijuana and vaping. **Perception of peer disapproval** increased for alcohol, marijuana, cigarettes, vaping, and prescription drugs, and reported **ease of access** declined for all substances other than vaping (not measured in 2018). Youth in 2020 reported feeling **more sad in the past 30-days, greater appetite disturbance, and more difficulty concentrating**. No other differences in proportions reached a level of statistical significance.

It is promising that despite stressors due to the coronavirus pandemic in 2020, high school students in Region 1 reported significant positive changes on all risk and protective factors across multiple substances, as well as a decline in reported vaping, and that there was no difference in the percentage of youth who reported seriously considering attempting suciide in the past 12 months. It is likely that the negative increase in three of the six measured mental health indicators in 2020 is in part due to the ongoing impact of the coronavirus pandemic.

IMPLICATIONS
Middle School: Region 1 could benefit from continued monitoring of the prevalence of marijuana and alcohol use among middle schoolers and ensure that future data collection efforts are representative of all youth in the region. Region 1 could also engage in deliberate work to enhance perception of risk and harm associated with these substances and to enhance the mental health of middle schoolers across the region.

High School: Region 1 could benefit from additional efforts to enhance the mental health of high schoolers across the region to prevent any future increases in suicidal ideation.

Evaluation

Data Sources: Region 2 (Burrillville, Central Falls, Cumberland, Lincoln, North Smithfield, Pawtucket, Woonsocket)
Youth Ages 12-17

Middle School *Checked boxes indicate grades for which data were available for each year from each school.*

Town	School	6th Grade		7th Grade		8th Grade	
		2018	2020	2018	2020	2018	2020
Burrillville	Burrillville Middle School					✓	✓
Cumberland	Joseph L. McCourt Middle School					✓	
	North Cumberland Middle School			✓		✓	
Pawtucket	Joseph Jenks Middle School					✓	
	St Teresa's School						✓
	Samuel Slater Middle School	✓		✓		✓	
Woonsocket	Hamlet and Villanova Middle School	✓		✓		✓	

Note: Data from middle school students in Cumberland and Woonsocket unavailable in 2020. Data from 6th and 7th grade students unavailable in 2020.

Comparisons between 2018 and 2020 data are provided but should be interpreted with caution in light of these sampling differences.

High School *Checked boxes indicate grades for which data were available for each year from each school.*

Town	School	9th Grade		10th Grade		11th Grade		12th Grade	
		2018	2020	2018	2020	2018	2020	2018	2020
Burrillville	Burrillville High School	✓		✓	✓	✓	✓	✓	✓
Cumberland	Cumberland High School	✓		✓		✓		✓	
Woonsocket	Woonsocket High School	✓		✓		✓		✓	
North Smithfield	North Smithfield High School		✓				✓		

Note: Data from 9th grade students available for North Smithfield only in 2020. No data available for high school students in Cumberland and Woonsocket in 2020.

Comparisons between 2018 and 2020 data are provided but should be interpreted with caution in light of these sampling differences.
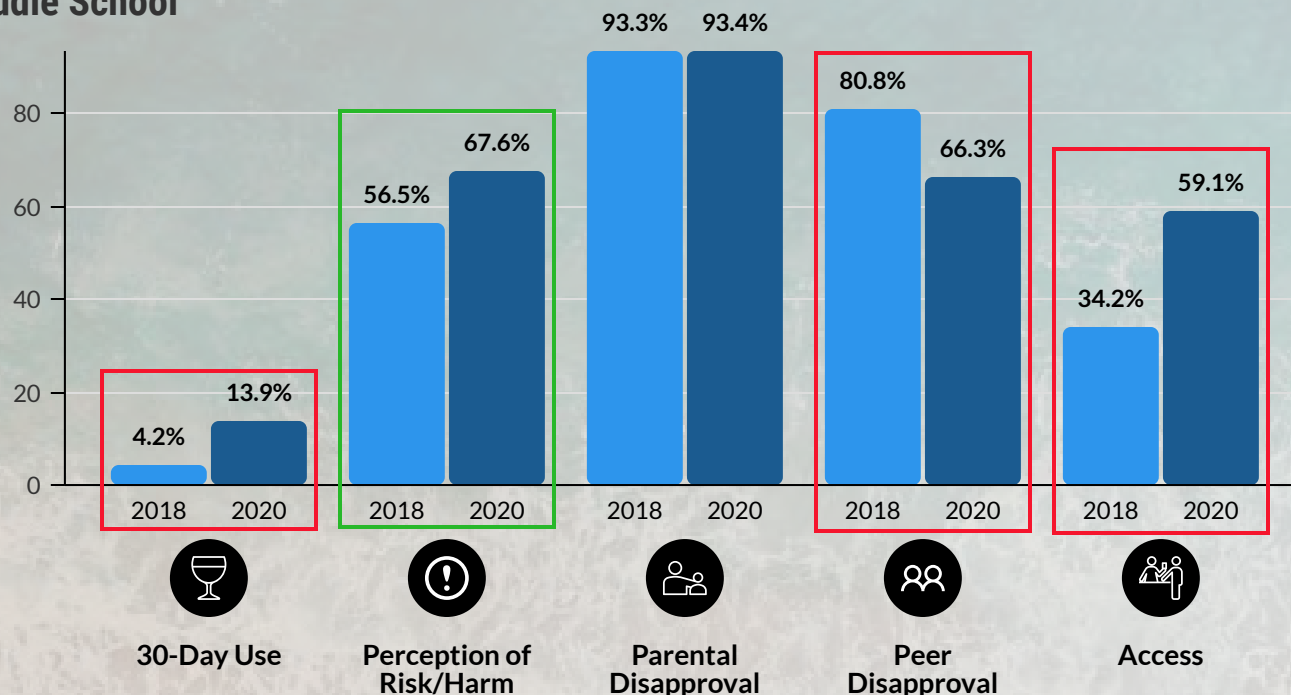
Evaluation

Outcome Data: Region 2 (Burrillville, Central Falls, Cumberland, Lincoln, North Smithfield, Pawtucket, Woonsocket)
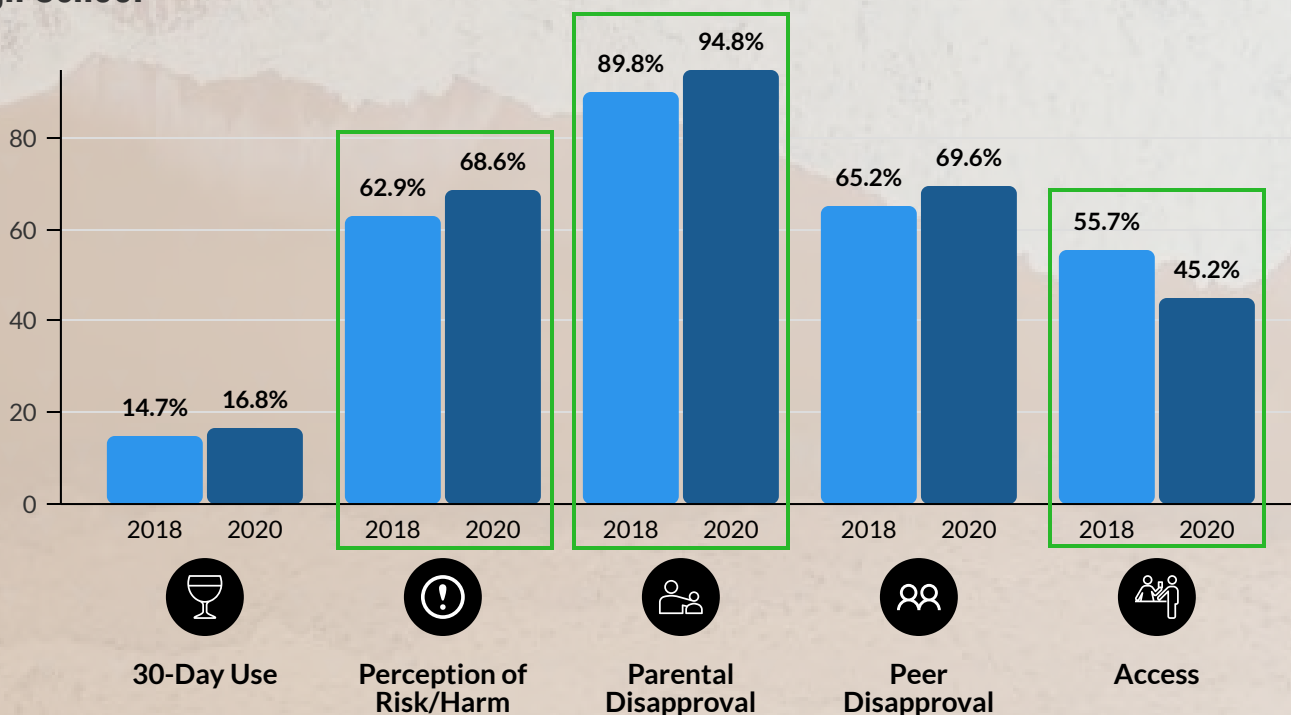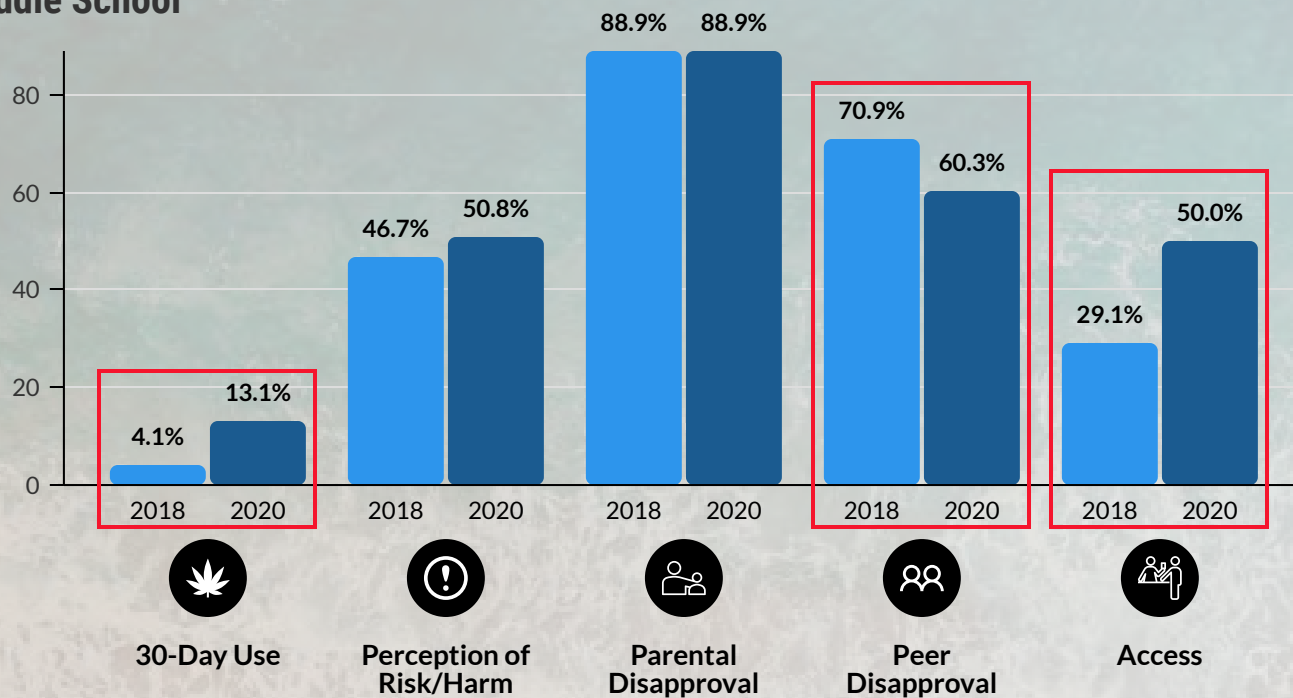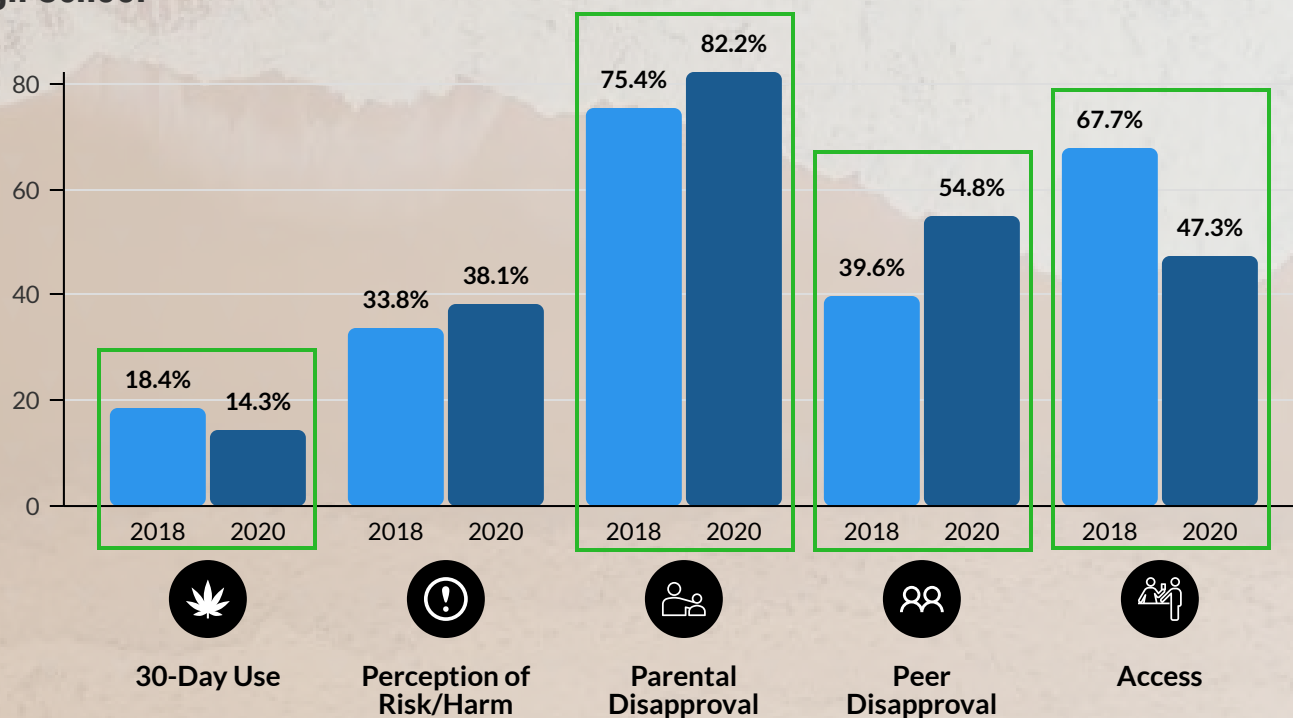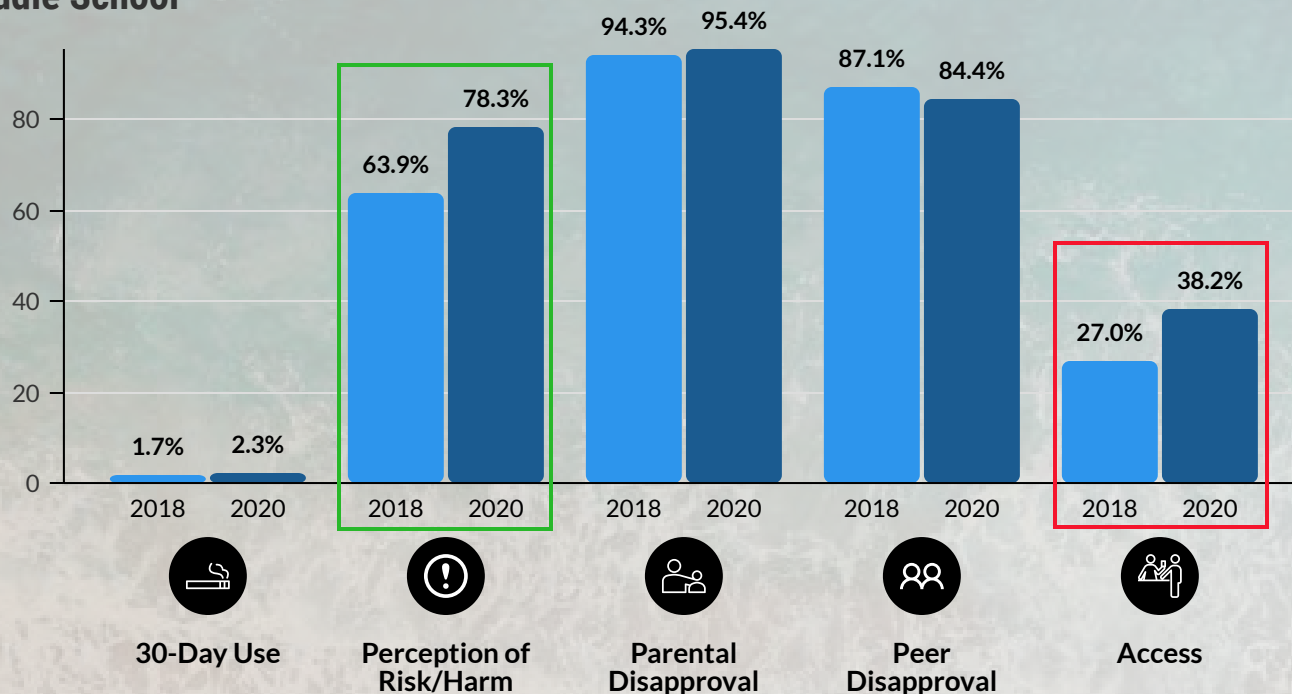Youth Ages 12-17
Alcohol: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access

Middle School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	4.2%	56.5%	93.3%	80.8%	34.2%
2020	13.9%	67.6%	93.4%	66.3%	59.1%

High School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	14.7%	62.9%	89.8%	65.2%	55.7%
2020	16.8%	68.6%	94.8%	69.6%	45.2%

50

Region 2 - Alcohol

Evaluation

Outcome Data: Region 2 (Burrillville, Central Falls, Cumberland, Lincoln, North Smithfield, Pawtucket, Woonsocket)
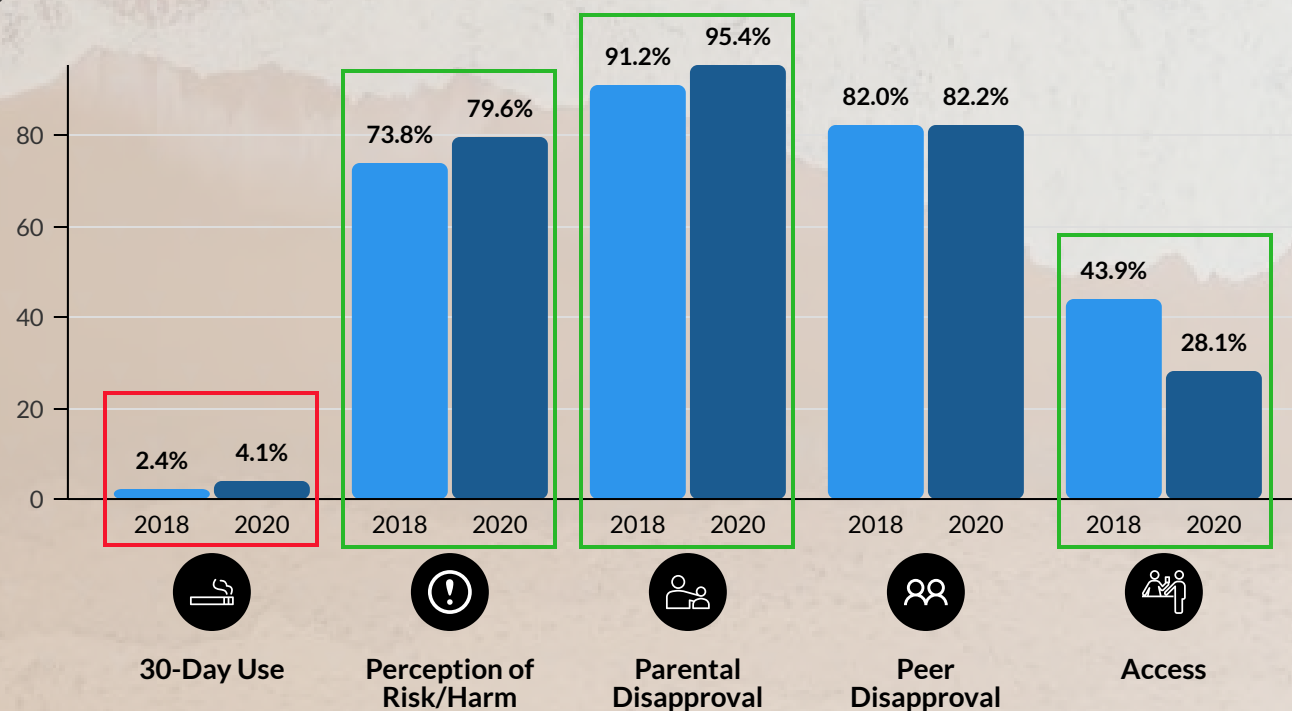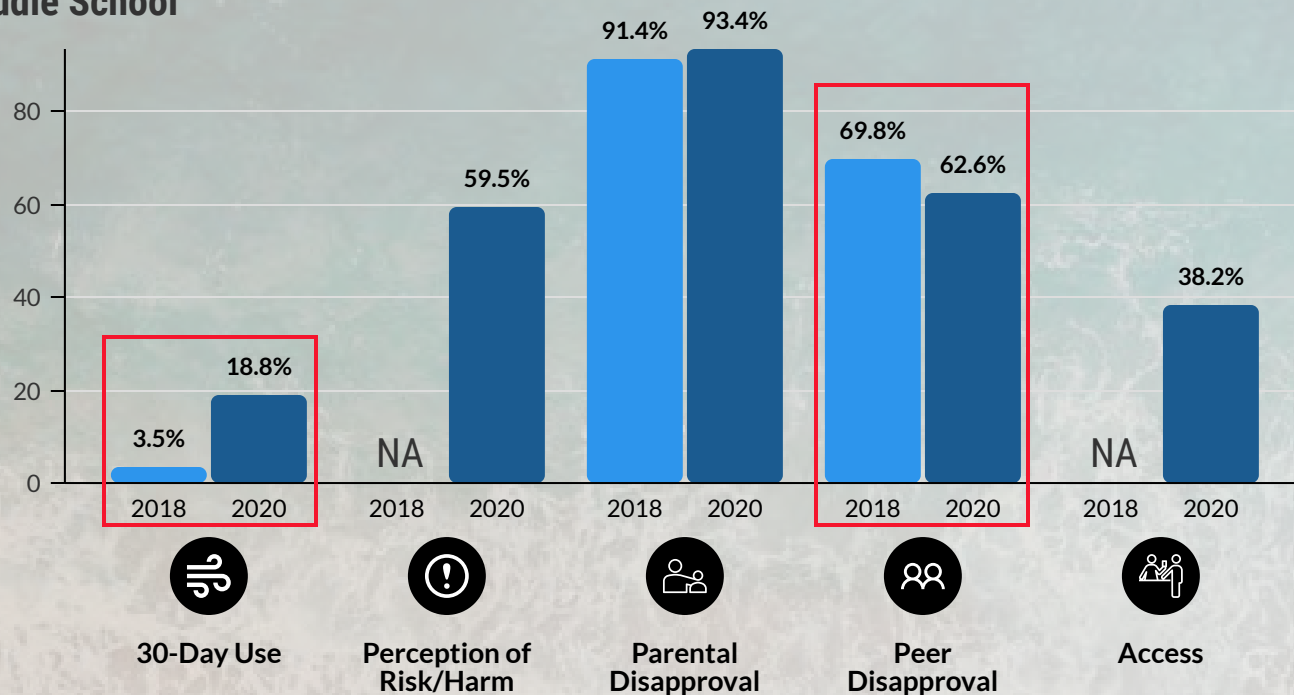Youth Ages 12-17
Marijuana: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access

Middle School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	4.1%	46.7%	88.9%	70.9%	29.1%
2020	13.1%	50.8%	88.9%	60.3%	50.0%

High School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	18.4%	33.8%	75.4%	39.6%	67.7%
2020	14.3%	38.1%	82.2%	54.8%	47.3%

Region 2 - Marijuana

Evaluation

Outcome Data: Region 2 (Burrillville, Central Falls, Cumberland, Lincoln, North Smithfield, Pawtucket, Woonsocket)
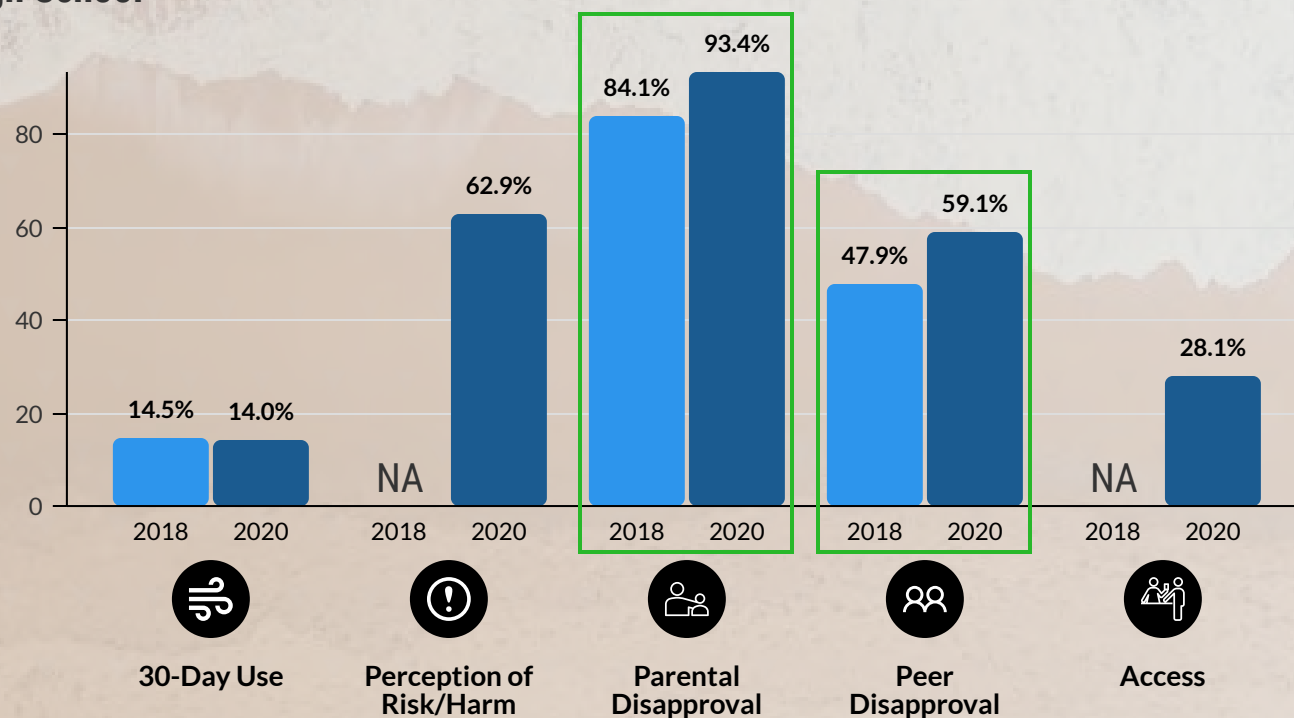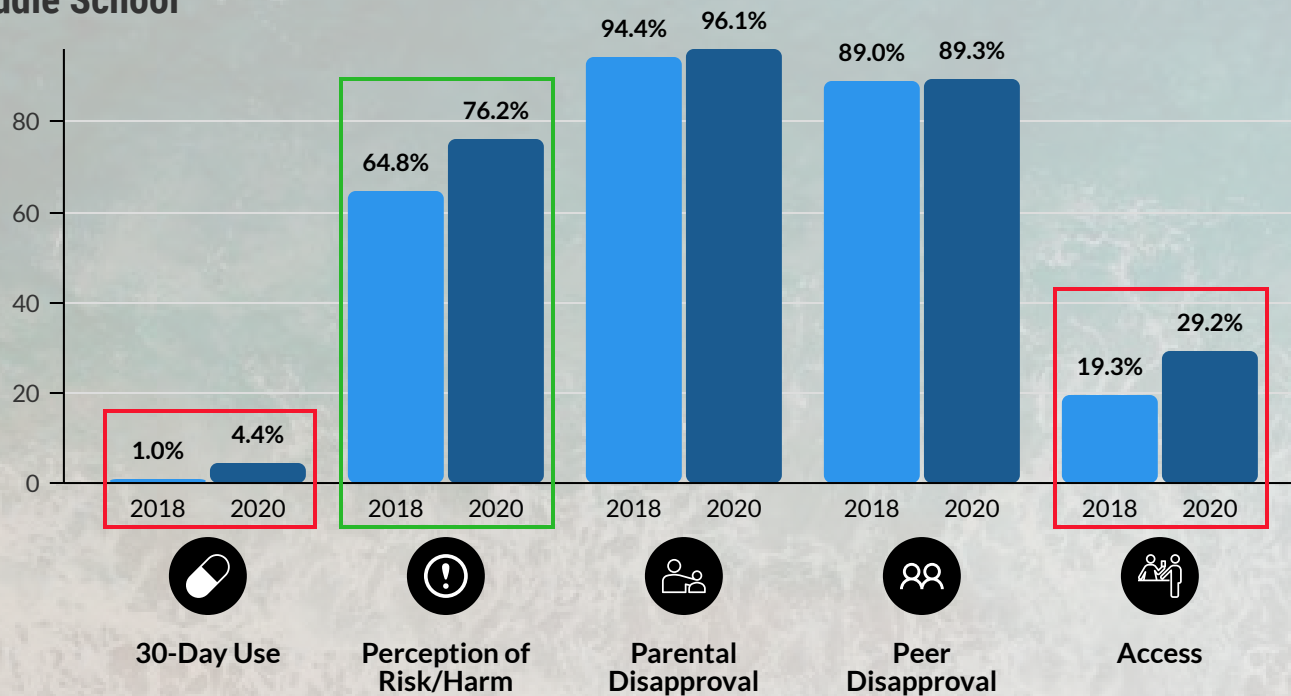Youth Ages 12-17
Cigarettes: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access

Middle School

High School

Region 2 - Cigarettes

Evaluation

Outcome Data: Region 2 (Burrillville, Central Falls, Cumberland, Lincoln, North Smithfield, Pawtucket, Woonsocket)
Youth Ages 12-17
Vaping: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access

Middle School

High School

Evaluation

Outcome Data: Region 2 (Burrillville, Central Falls, Cumberland, Lincoln, North Smithfield, Pawtucket, Woonsocket)
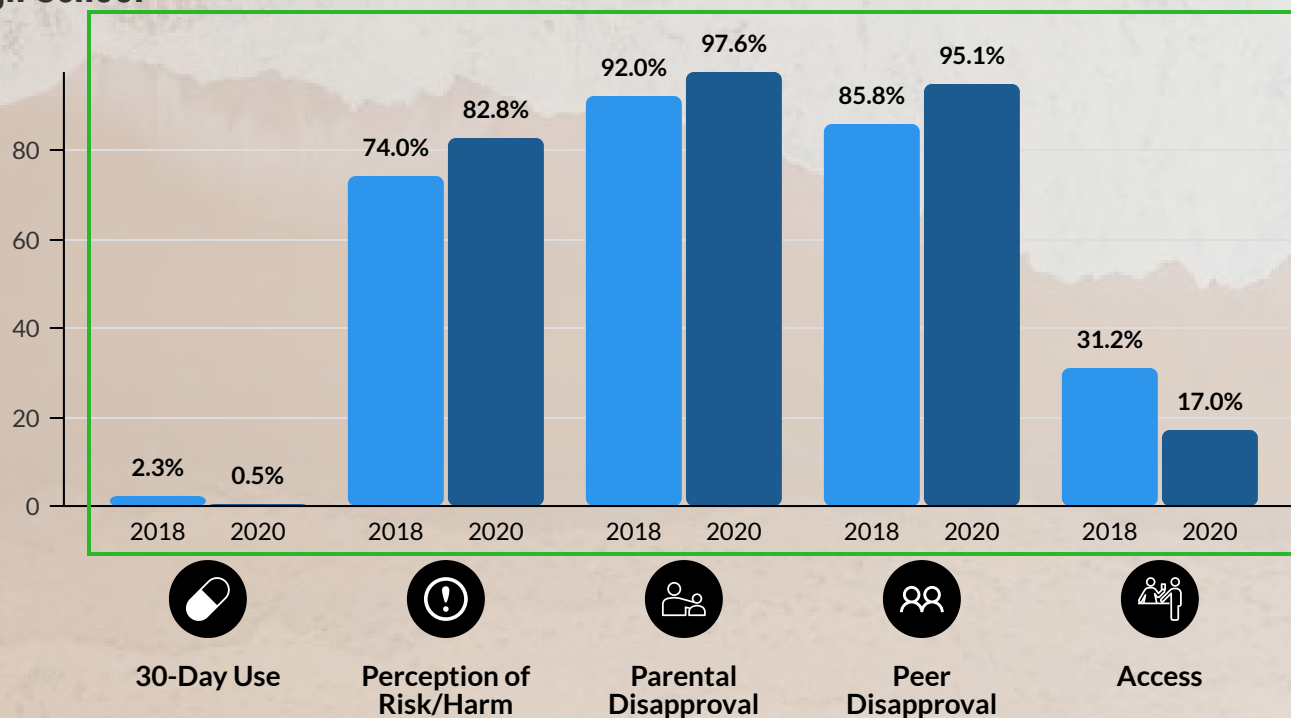Youth Ages 12-17
Prescription Drugs: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access

Middle School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	1.0%	64.8%	94.4%	89.0%	19.3%
2020	4.4%	76.2%	96.1%	89.3%	29.2%

High School

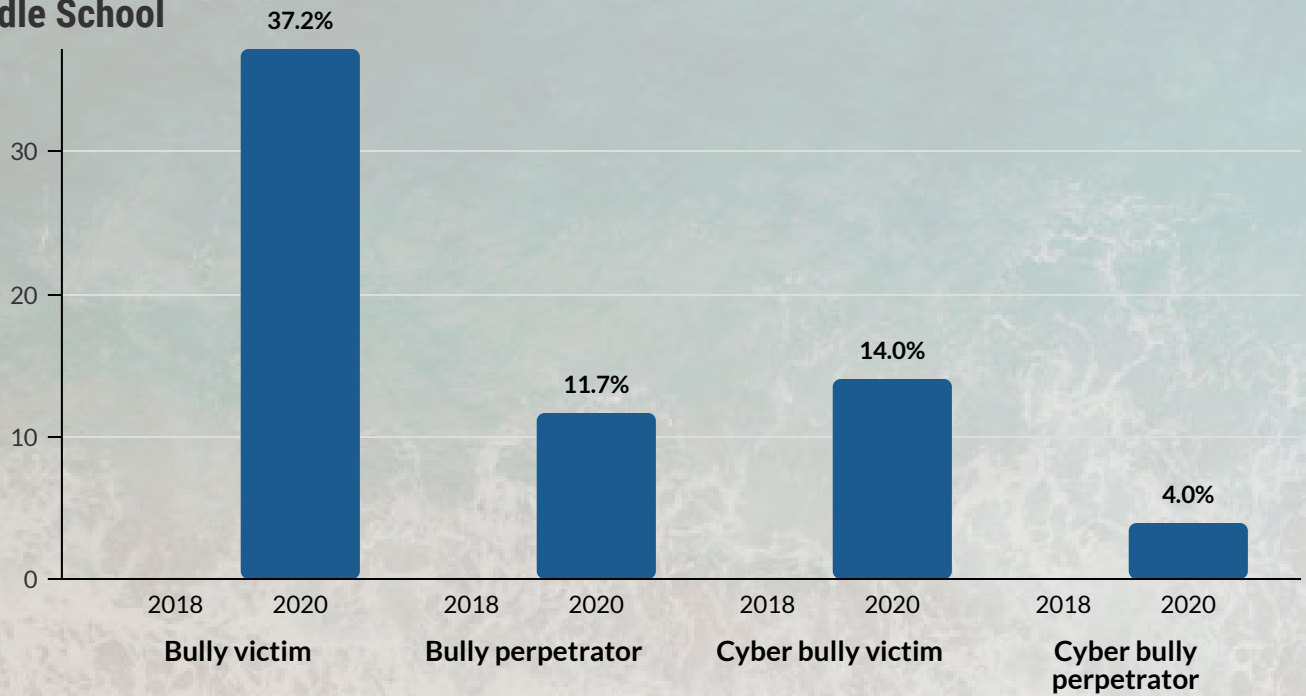|	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	2.3%	74.0%	92.0%	85.8%	31.2%
2020	0.5%	82.8%	97.6%	95.1%	17.0%

Evaluation

Outcome Data: Region 2 (Burrillville, Central Falls, Cumberland, Lincoln, North Smithfield, Pawtucket, Woonsocket)
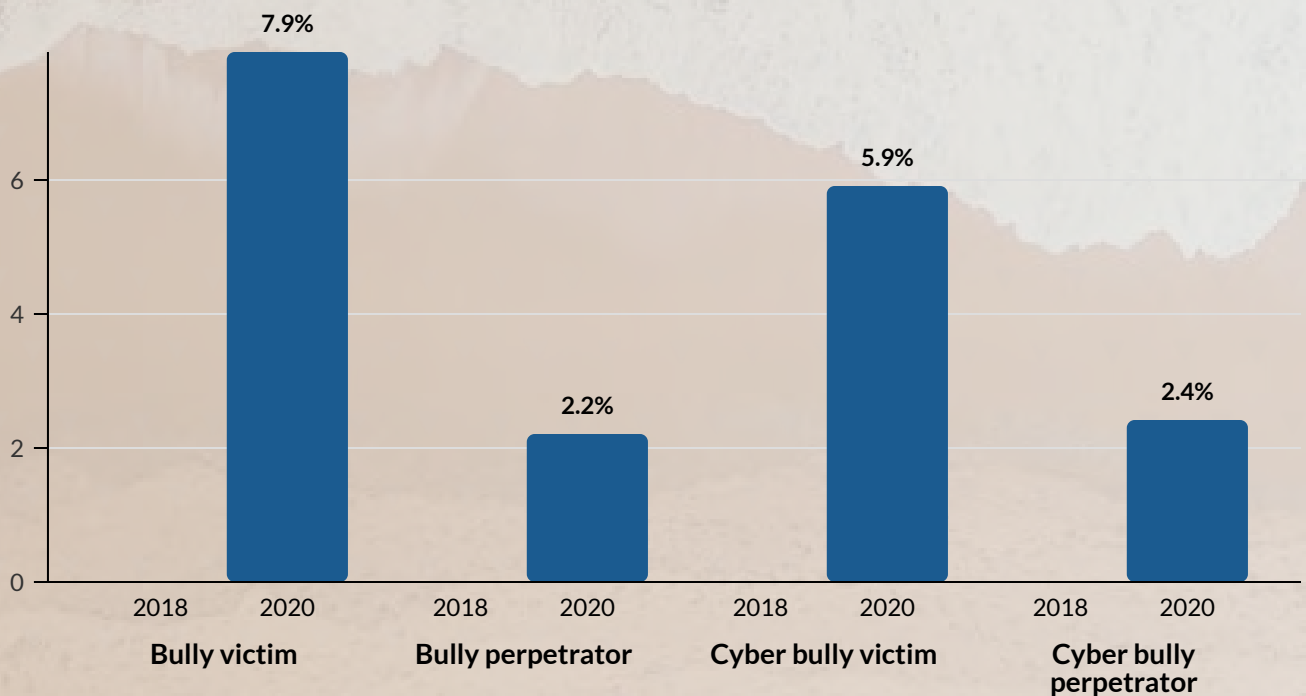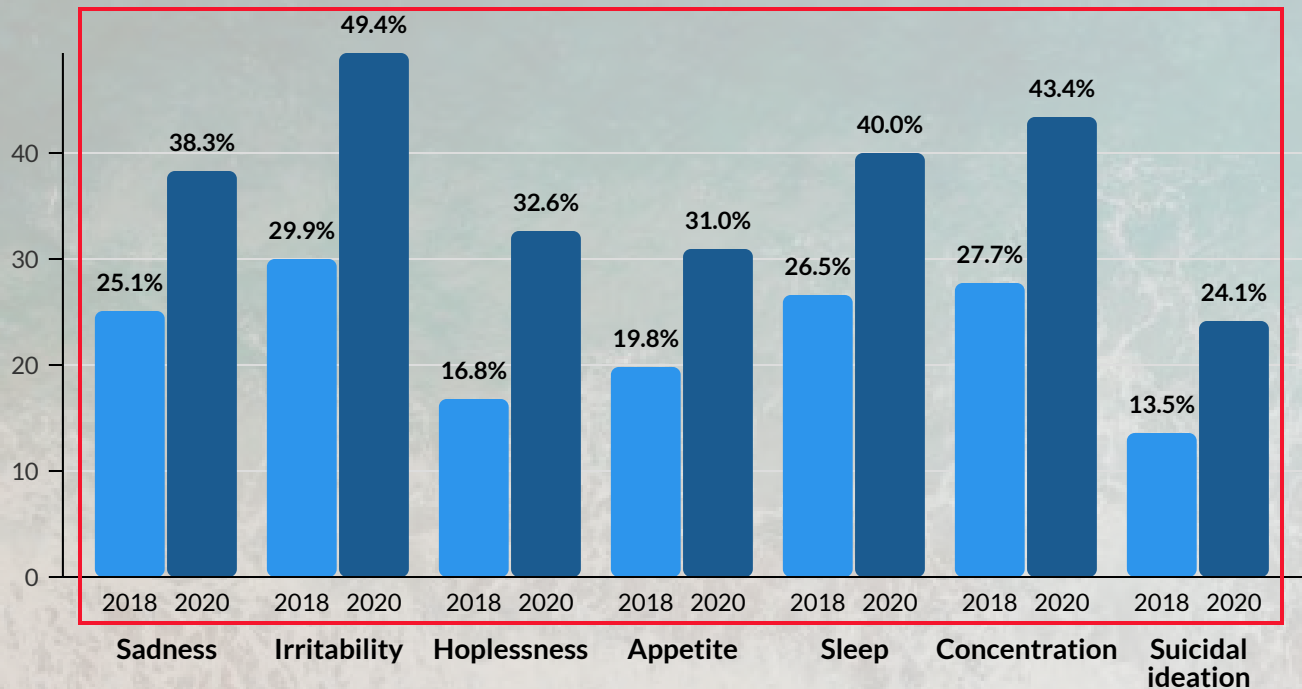Youth Ages 12-17
Bullying: Past year bullied/ bully others, Past year cyber bullied/ bully others (% 'Yes')
Note: 2018 data unavailable

Middle School

High School

Evaluation

Outcome Data: Region 2 (Burrillville, Central Falls, Cumberland, Lincoln, North Smithfield, Pawtucket, Woonsocket)
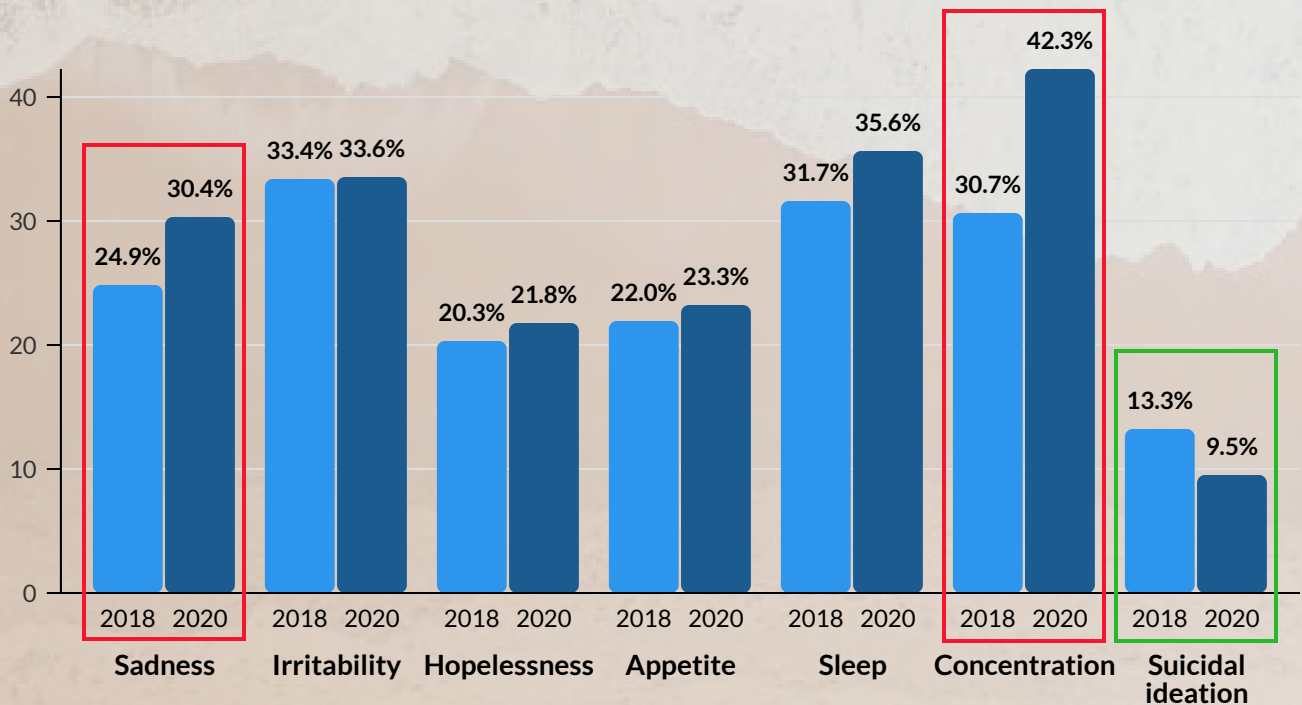Youth Ages 12-17
Mental Health: 30-day sadness, irritability, hopelessness, appetite change, sleep change, diminished concentration (% 'Often' and 'Always'); 12-month suicidal ideation (% 'Yes')

Middle School

High School

56

Evaluation

Outcome Data: Region 2 (Burrillville, Central Falls, Cumberland, Lincoln, North Smithfield, Pawtucket, Woonsocket)
Youth Ages 12-17
Summary of statistically significant changes from 2018 - 2020, where positive (intended) and negative (unintended or unwanted) outcomes are indicated by green and red arrows respectively, and no change is noted by the '=' sign. Shaded boxes indicate 'NA' or absence of data across timepoints.

MIDDLE SCHOOL

Indicator	Prevalence	Perception of risk/harm	Parental disapproval	Peer disapproval	Ease of Access
Alcohol	↑	↑	=	↓	↑
Marijuana	↑	=	=	↓	↑
Cigarettes	=	↑	=	=	↑
Vaping	↑		=	↓	
Prescription Drugs	↑	↑	=	=	↑
Bullying - Victim					
Bullying - Perpetrator					
Cyber bullying - Victim					
Cyber bullying - Perpetrator					
Sadness	↑				
Irritability	↑				
Hopelessness	↑				
Appetite change	↑				
Sleep disturbance	↑				
Concentration	↑				
Suicidal ideation	↑				

Evaluation

Outcome Data: Region 2 (Burrillville, Central Falls, Cumberland, Lincoln, North Smithfield, Pawtucket, Woonsocket)
Youth Ages 12-17
Summary of statistically significant changes from 2018 - 2020, where positive (intended) and negative (unintended or unwanted) outcomes are indicated by green and red arrows respectively, and no change is noted by the '=' sign. Shaded boxes indicate 'NA' or absence of data across timepoints.

HIGH SCHOOL

Indicator	Prevalence	Perception of risk/harm	Parental disapproval	Peer disapproval	Ease of Access
Alcohol	=	⬆ (green)	⬆ (green)	=	⬇ (green)
Marijuana	⬇ (green)	=	⬆ (green)	⬆ (green)	⬇ (green)
Cigarettes	⬆ (red)	⬆ (green)	⬆ (green)	=	⬇ (green)
Vaping	=		⬆ (green)	⬆ (green)	
Prescription Drugs	⬇ (green)	⬆ (green)	⬆ (green)	⬆ (green)	⬇ (green)
Bullying - Victim					
Bullying - Perpetrator					
Cyber bullying - Victim					
Cyber bullying - Perpetrator					
Sadness	⬆ (red)				
Irritability	=				
Hopelessness	=				
Appetite change	=				
Sleep disturbance	=				
Concentration	⬆ (red)				
Suicidal ideation	⬇ (green)				

Evaluation

Outcome Data: Region 2 (Burrillville, Central Falls, Cumberland, Lincoln, North Smithfield, Pawtucket, Woonsocket)
Youth Ages 12-17
Summary of key outcome indicators
NOTE: Due to sampling differences in 2018 and 2020, comparisons across data collection points should be interpreted with caution, as regional estimates may be missing representation from key municipalities in the region. For instance, data are absent from middle school youth in Cumberland and Woonsocket in 2020 and data from 6th and 7th grade students are unavailable in 2020. No data are available from middle school youth in Central Falls, Lincoln, or North Smithfield for either year of RISS administration.

MIDDLE SCHOOL
There were a number of significant changes for prevalence of substance use, perception of risk and harm, peer disapproval, and ease of access across multiple substances, as well as all six mental health indicators and suicidal ideation.

Prevalence of 30-day use increased for alcohol, marijuana, vaping and prescription drugs, while **perception of risk and harm** increased for alcohol, cigarettes, and prescription drugs. **Perception of parental disapproval** decreased for alcohol, marijuana and vaping, and **perception of ease of access** increased for all substances other than vaping (not measured in 2018). Youth in 2020 reported greater **12-month suicidal ideation,** as well as **increased sadness, irritability, hopelessness, appetite and sleep disturbance, and difficulty concentrating**. No other differences in proportions reached a level of statistical significance.

It is likely that the change in substance-related, suicide, and mental health indicators is in part due to the ongoing impact of the coronavirus pandemic. Somewhat paradoxically, while prevalence of alcohol use and prescription drug use increased, the perception of risk and harm associated with these substances also increased while perception of peer disapproval diminished and perception of ease of access increased. It is imperative that future data collection efforts incorporate the perspectives of middle school students from all communities in the region, *as it is unknown at this time whether this is an area of concern*, or the more likely explanation, an artifact of the sampling distribution.

HIGH SCHOOL
There were a number of significant changes for all substances included in this report across all substance-related indicators, and a few mental health indicators from 2018 to 2020.

Prevalence of 30-day use decreased for marijuana and prescription drugs, and increased for cigarettes. **Perception of risk and harm** increased for alcohol, cigarettes, and prescription drugs, and **perception of parental disapproval** increased for all substances measured in this report. **Perception of peer disapproval** increased for marijuana, vaping, and prescription drugs, and **perception of ease of access** decreased for all substance other than vaping (not measured in 2018). Youth in 2020 reported **greater sadness and difficulties concentrating**. **12-month suicidal ideation** decreased in 2020. No other differences reached a level of statistical significance.

It is a positive that despite the strain of the coronavirus pandemic, youth reported a reduction in alcohol and prescription drug use, and an increase on many protective factors. It is possible that the increase in cigarette use and paradoxical increase in perception of risk and harm, parental disapproval, and reduction in perceived ease of access for cigarettes is an artifact of the sampling distribution across time points. Again, *it is imperative that future data collection efforts strive to capture a representative sample of youth from all municipalities in the region to determine whether this is an area of true regional concern.*

IMPLICATIONS
Middle School: Region 2 could benefit from continued monitoring of the prevalence of alcohol, marijuana, vaping, and prescription drug use among middle schoolers and ensure that future data collection efforts are representative of all youth in the region. Given the reported increase in suicidal ideation and negative impact of all six mental health indicators measured by the RISS, Region 2 could also engage in deliberate work to enhance the mental health of students in the region.

High School: Region 2 could benefit from continued monitoring of the prevalence of cigarette use among high schoolers and ensure that future data collection efforts are representative of all youth in the region.

Evaluation

Data Sources: Region 4 (Coventry, East Greenwich, Exeter, West Greenwich, Warwick, West Warwick)
Youth Ages 12-17

Middle School
Checked boxes indicate grades for which data were available for each year from each school.

Town	School	6th Grade		7th Grade		8th Grade	
		2018	2020	2018	2020	2018	2020
Coventry	Feinstein Middle School						✓
Exeter/West Greenwich	EWG Regional Jr/Sr High School	✓					✓
Warwick	Winman Junior High		✓		✓		✓
West Warwick	Deering Middle School						✓

Note: Data from students in 7th and 8th grade were unavailable in 2018. No data were available from middle school students in Coventry, Warwick, and East Greenwich in 2018.
Comparisons between 2018 and 2020 data are provided but should be interpreted with caution in light of these sampling differences.

High School
Checked boxes indicate grades for which data were available for each year from each school.

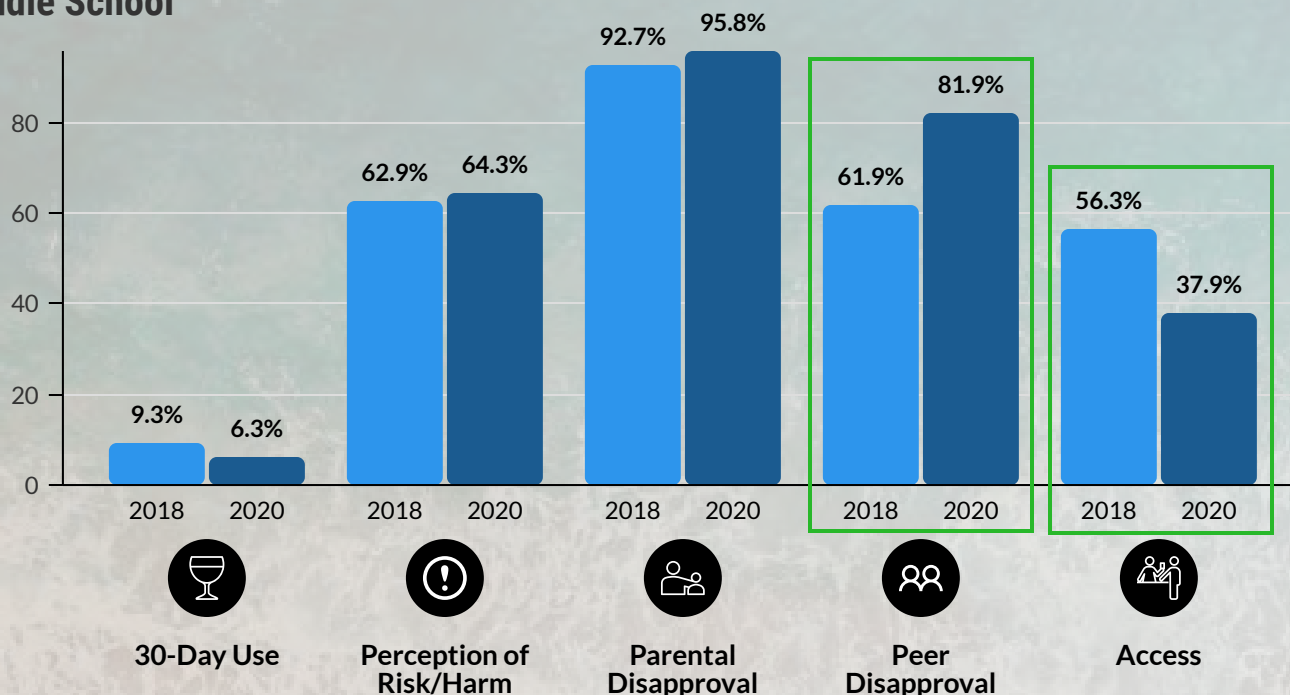| Town	School	9th Grade		10th Grade		11th Grade		12th Grade	
		2018	2020	2018	2020	2018	2020	2018	2020
Coventry	Coventry High School				✓		✓		
Exeter/West Greenwich	EWG Regional Jr/Sr High School	✓	✓	✓	✓	✓		✓	
Warwick	Pilgrim High School	✓	✓	✓	✓	✓		✓	
Warwick	Toll Gate High School	✓	✓	✓	✓	✓		✓	✓
West Warwick	West Warwick High School	✓		✓	✓	✓		✓	
East Greenwich	East Greenwich High School		✓						

Note: Data from students in East Greenwich and Coventry were unavailable in 2018. 2020 data for 11th and 12th graders available only for Coventry and Warwick. Comparisons between 2018 and 2020 data may reflect these changes.
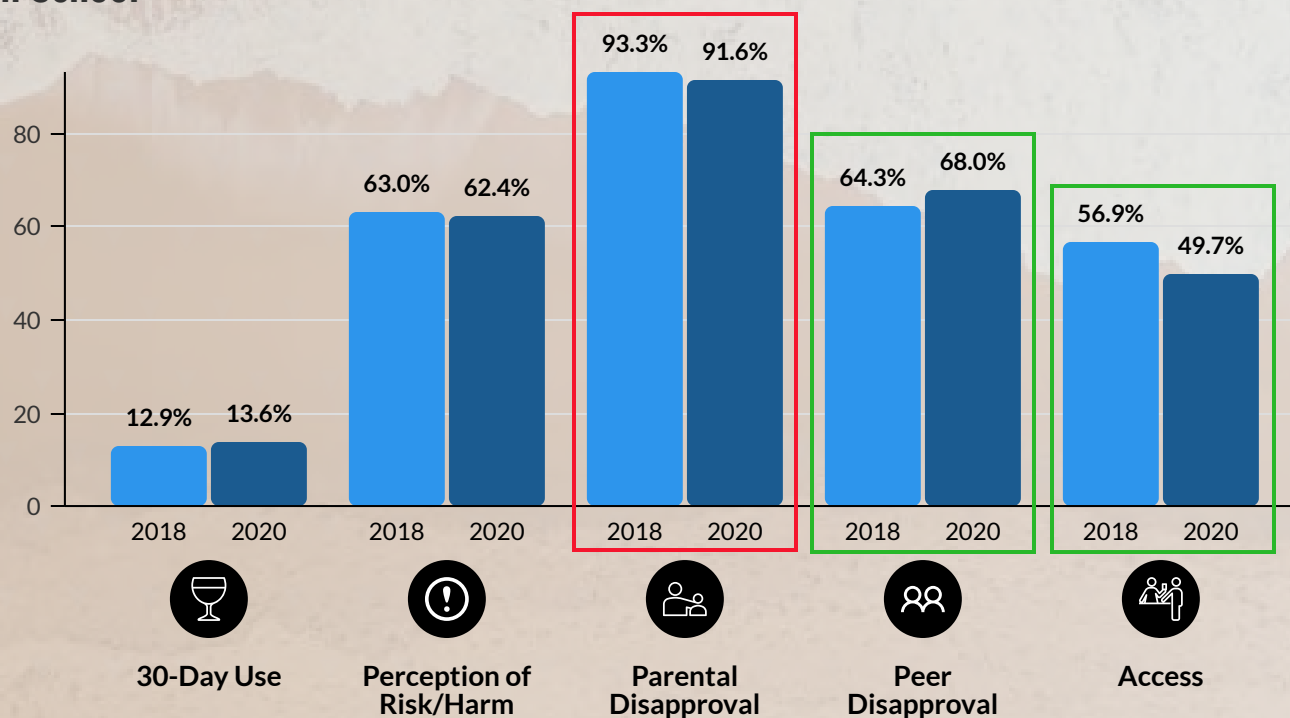
Evaluation

Outcome Data: Region 4 (Coventry, East Greenwich, Exeter, West Greenwich, Warwick, West Warwick)
Youth Ages 12-17
Alcohol: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access

Middle School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	9.3%	62.9%	92.7%	61.9%	56.3%
2020	6.3%	64.3%	95.8%	81.9%	37.9%

High School

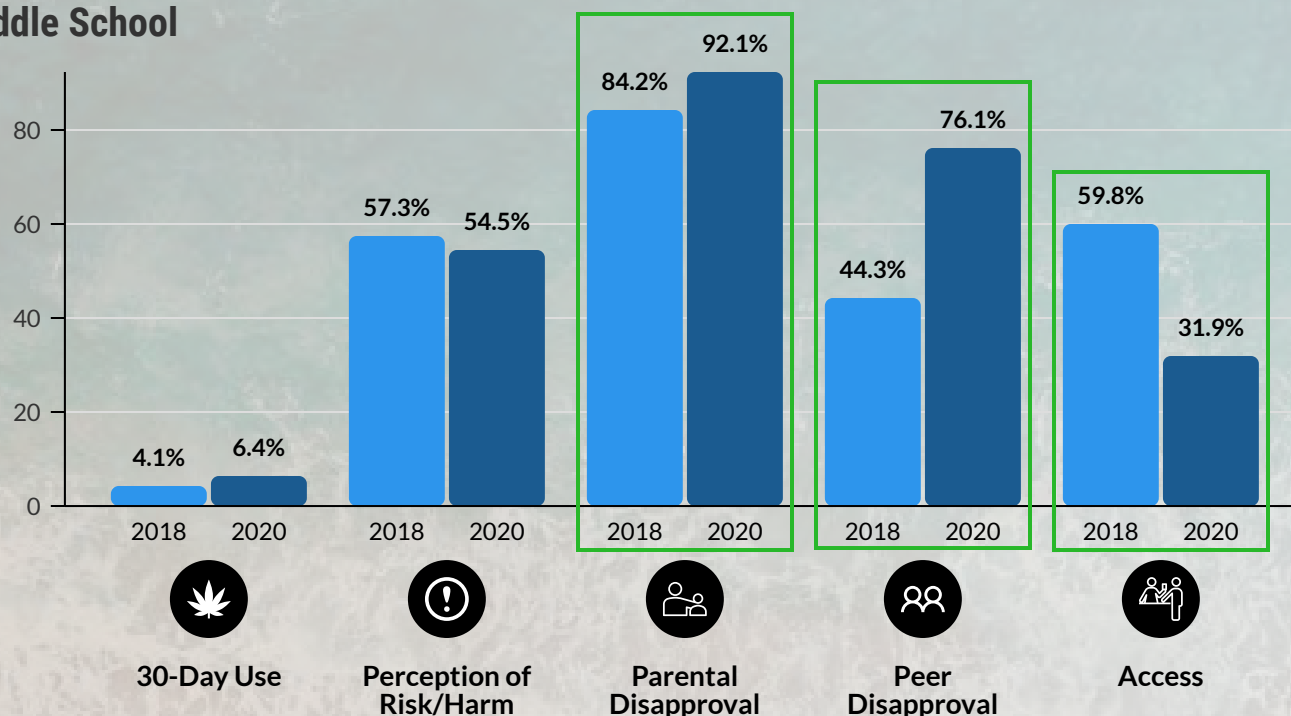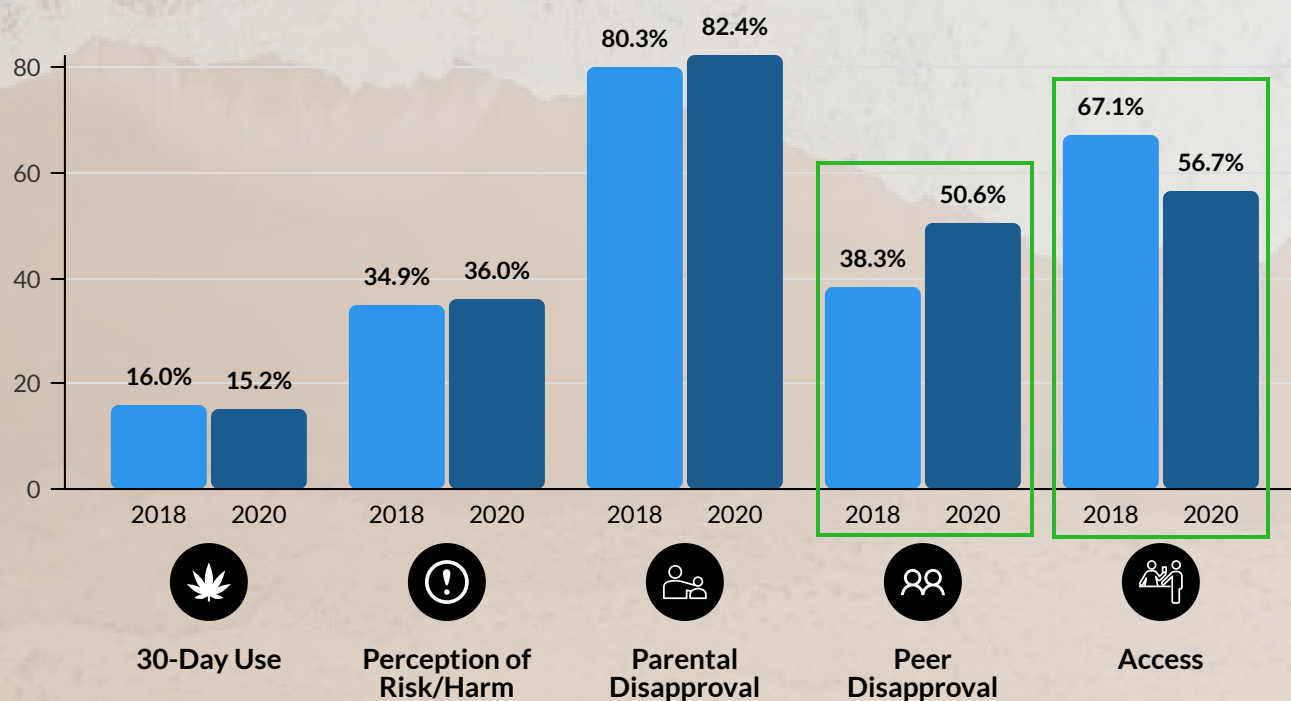|	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	12.9%	63.0%	93.3%	64.3%	56.9%
2020	13.6%	62.4%	91.6%	68.0%	49.7%

Region 4 - Alcohol

Evaluation

Outcome Data: Region 4 (Coventry, East Greenwich, Exeter, West Greenwich, Warwick, West Warwick)
Youth Ages 12-17
Marijuana: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access

Middle School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	4.1%	57.3%	84.2%	44.3%	59.8%
2020	6.4%	54.5%	92.1%	76.1%	31.9%

High School

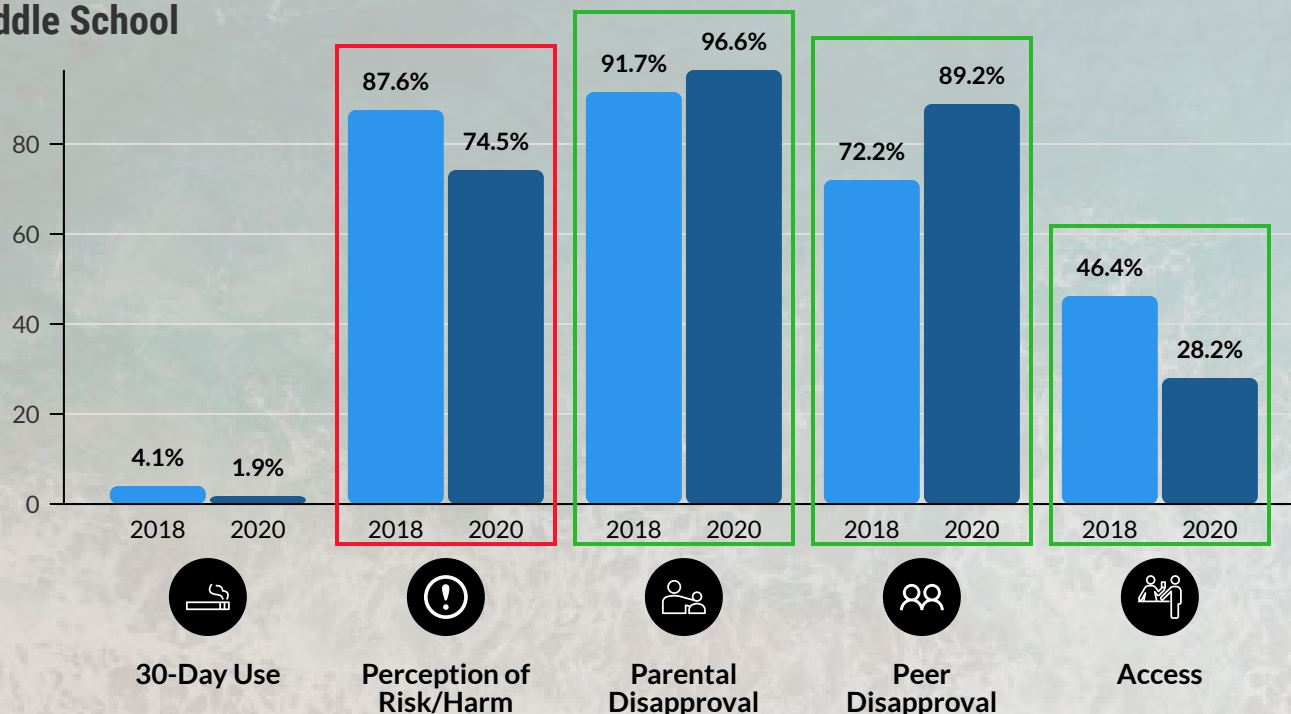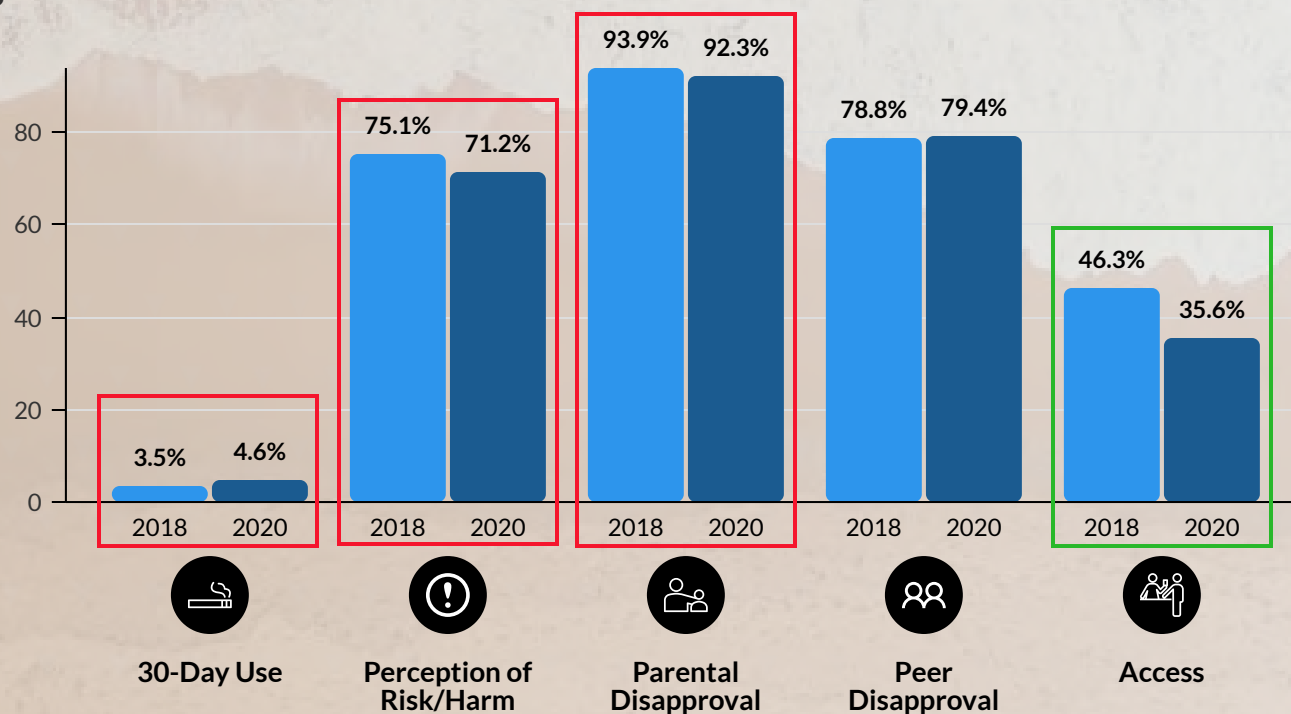|	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	16.0%	34.9%	80.3%	38.3%	67.1%
2020	15.2%	36.0%	82.4%	50.6%	56.7%

Region 4 - Marijuana

Evaluation

Outcome Data: Region 4 (Coventry, East Greenwich, Exeter, West Greenwich, Warwick, West Warwick)
Youth Ages 12-17
Cigarettes: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access
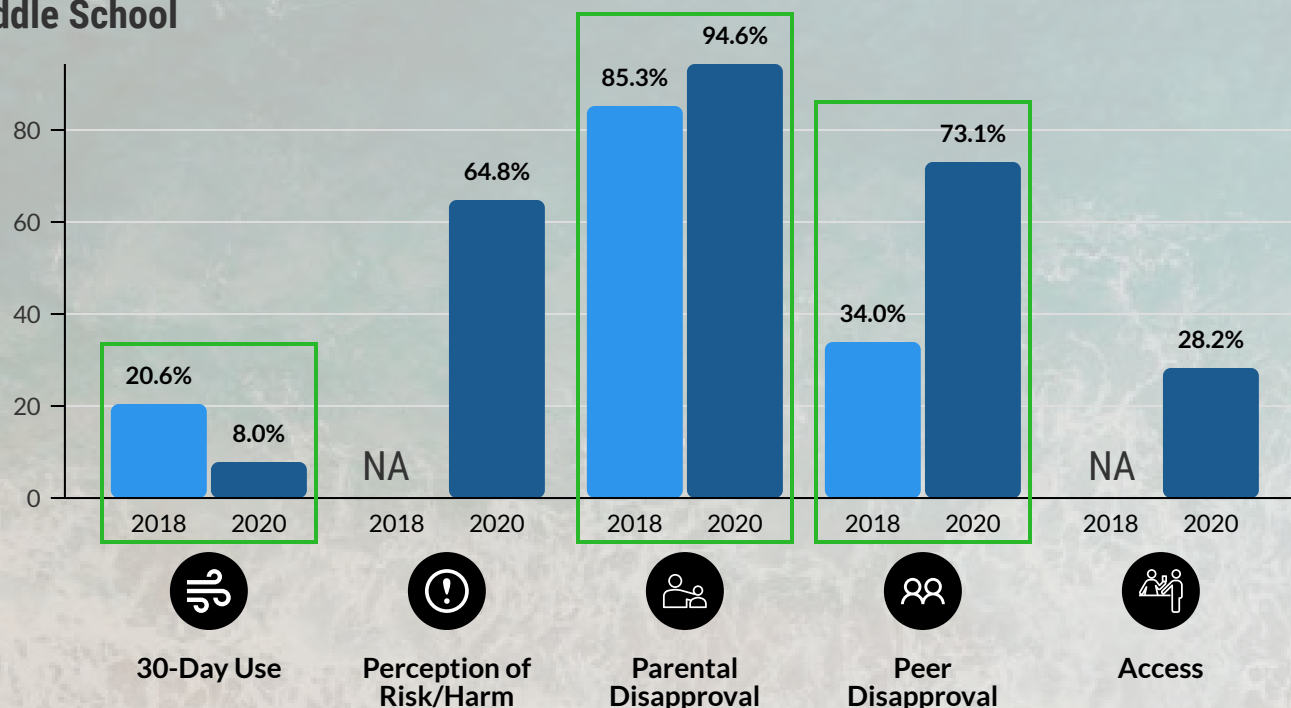
Middle School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	4.1%	87.6%	91.7%	72.2%	46.4%
2020	1.9%	74.5%	96.6%	89.2%	28.2%

High School

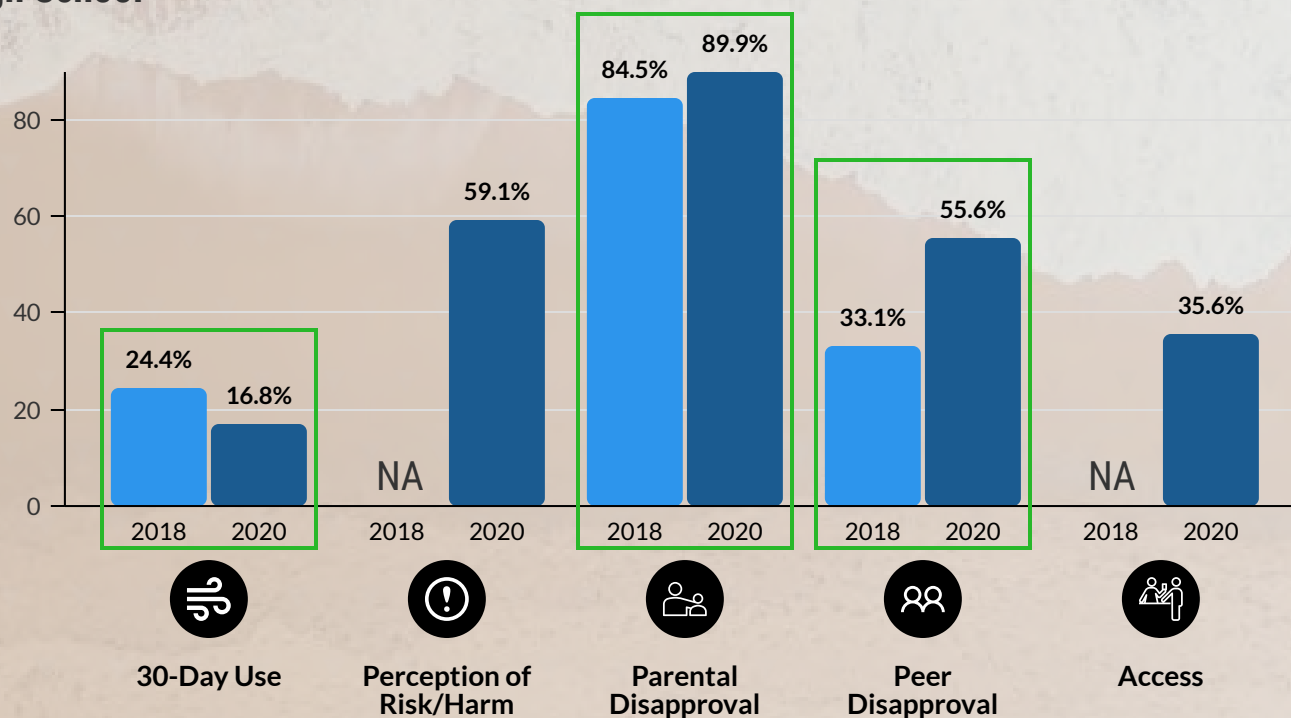|	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	3.5%	75.1%	93.9%	78.8%	46.3%
2020	4.6%	71.2%	92.3%	79.4%	35.6%

Evaluation

Outcome Data: Region 4 (Coventry, East Greenwich, Exeter, West Greenwich, Warwick, West Warwick)
Youth Ages 12-17
Vaping: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access
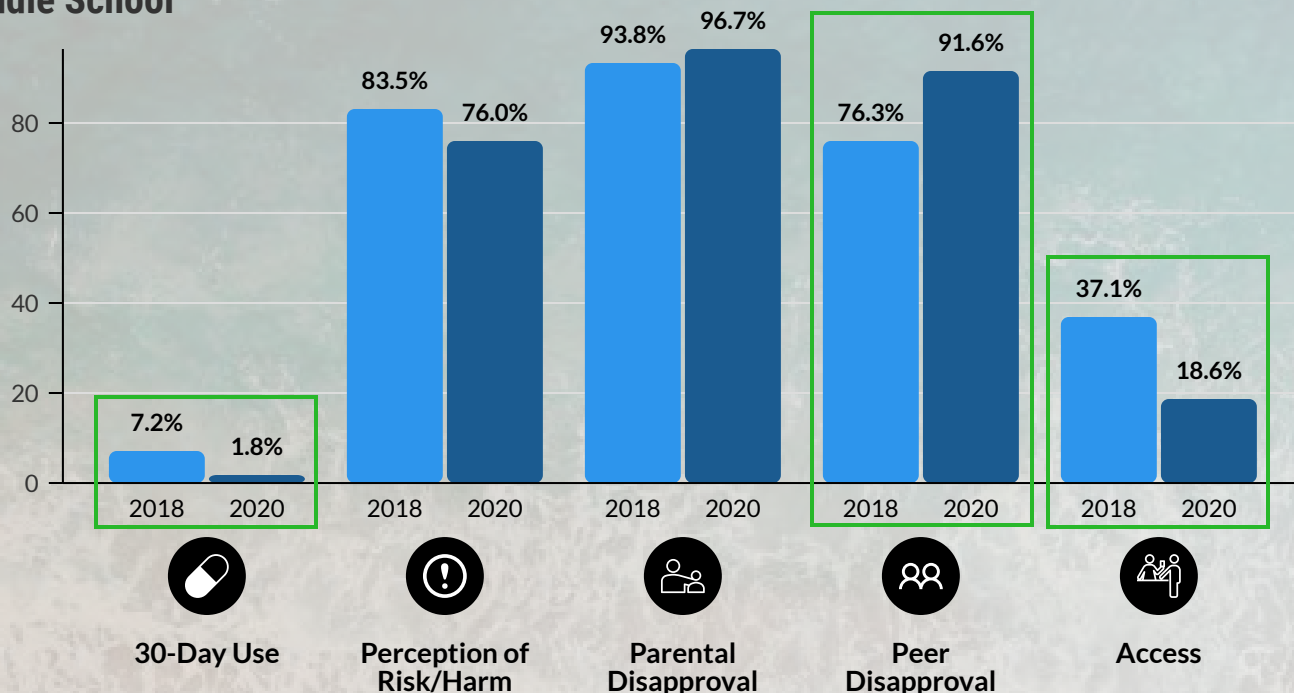
Middle School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	20.6%	NA	85.3%	34.0%	NA
2020	8.0%	64.8%	94.6%	73.1%	28.2%

High School

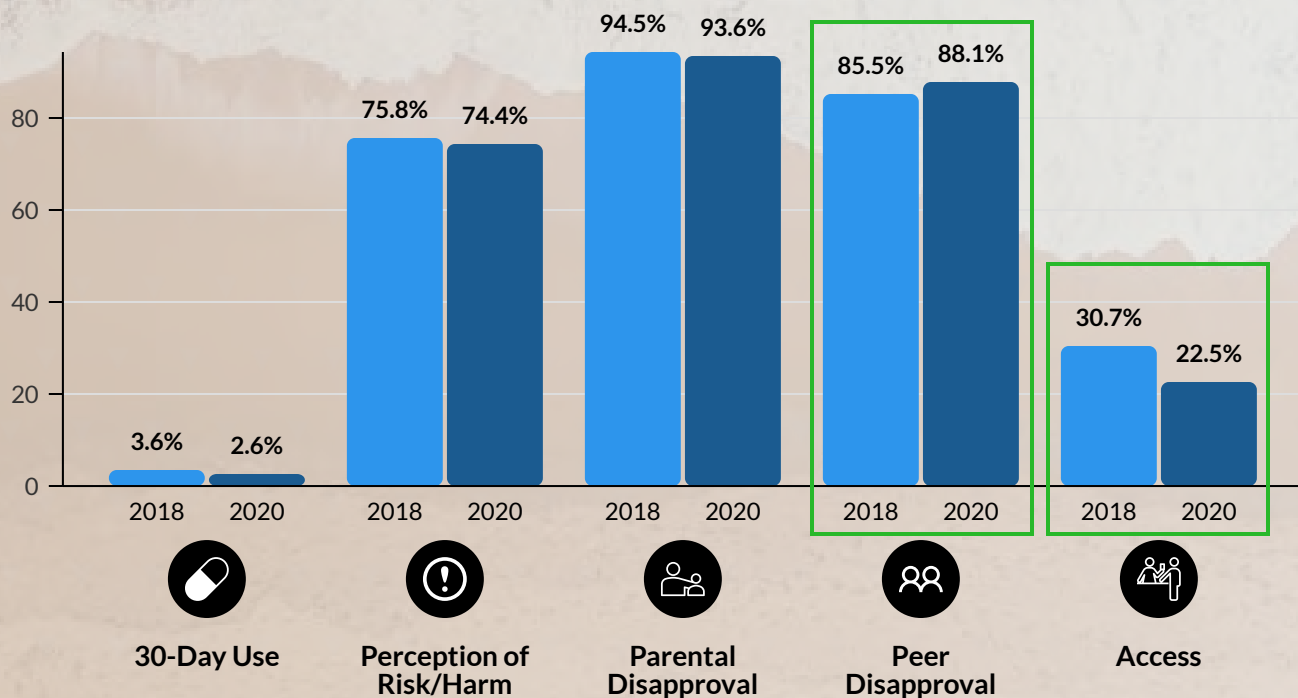|	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	24.4%	NA	84.5%	33.1%	NA
2020	16.8%	59.1%	89.9%	55.6%	35.6%

Region 4 - Vaping

Evaluation

Outcome Data: Region 4 (Coventry, East Greenwich, Exeter, West Greenwich, Warwick, West Warwick)
Youth Ages 12-17
Prescription Drugs: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access
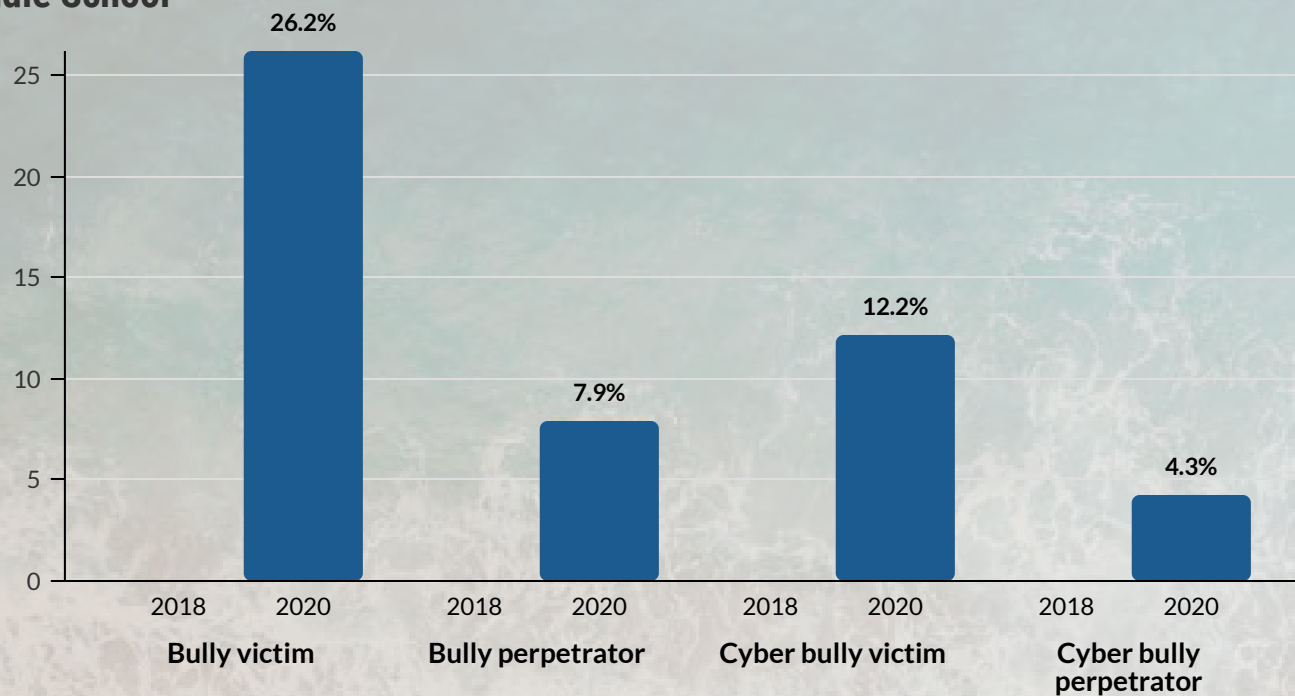
Middle School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	7.2%	83.5%	93.8%	76.3%	37.1%
2020	1.8%	76.0%	96.7%	91.6%	18.6%

High School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	3.6%	75.8%	94.5%	85.5%	30.7%
2020	2.6%	74.4%	93.6%	88.1%	22.5%

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Evaluation

Outcome Data: Region 4 (Coventry, East Greenwich, Exeter, West Greenwich, Warwick, West Warwick)
Youth Ages 12-17
Bullying: Past year bullied/ bully others, Past year cyber bullied/ bully others (% 'Yes')
Note: 2018 data unavailable

Middle School

High School

Evaluation

Outcome Data: Region 4 (Coventry, East Greenwich, Exeter, West Greenwich, Warwick, West Warwick)
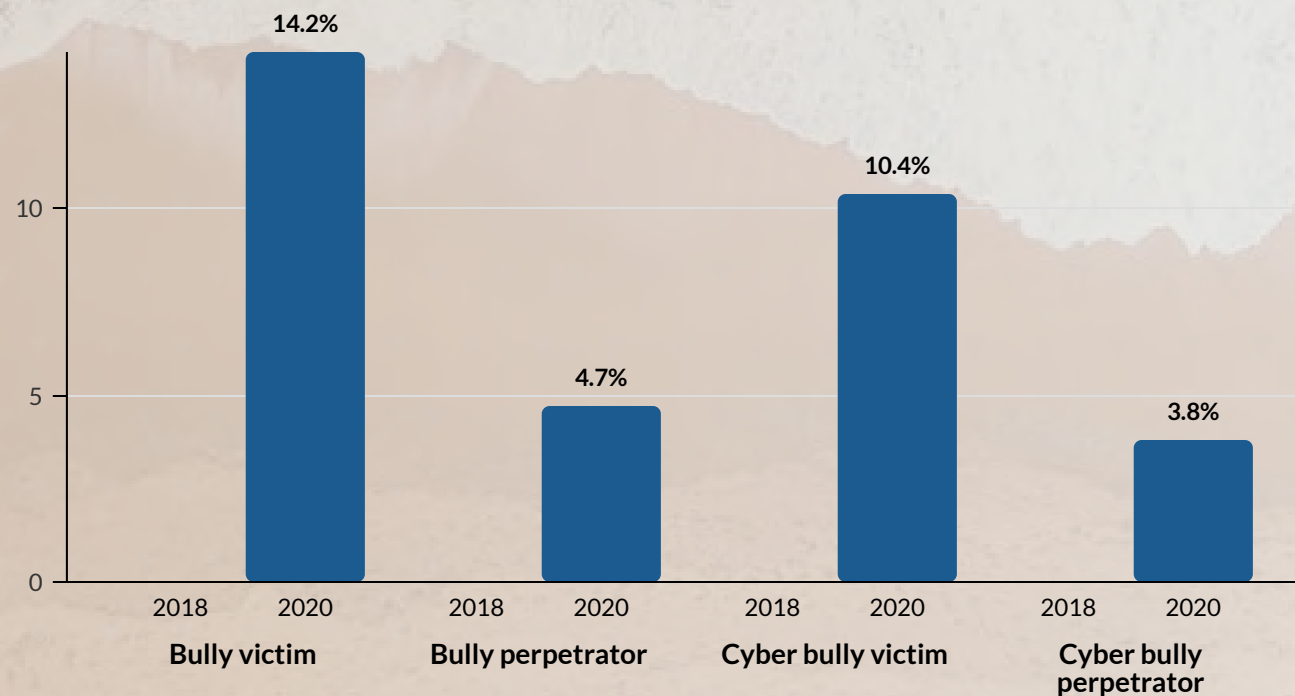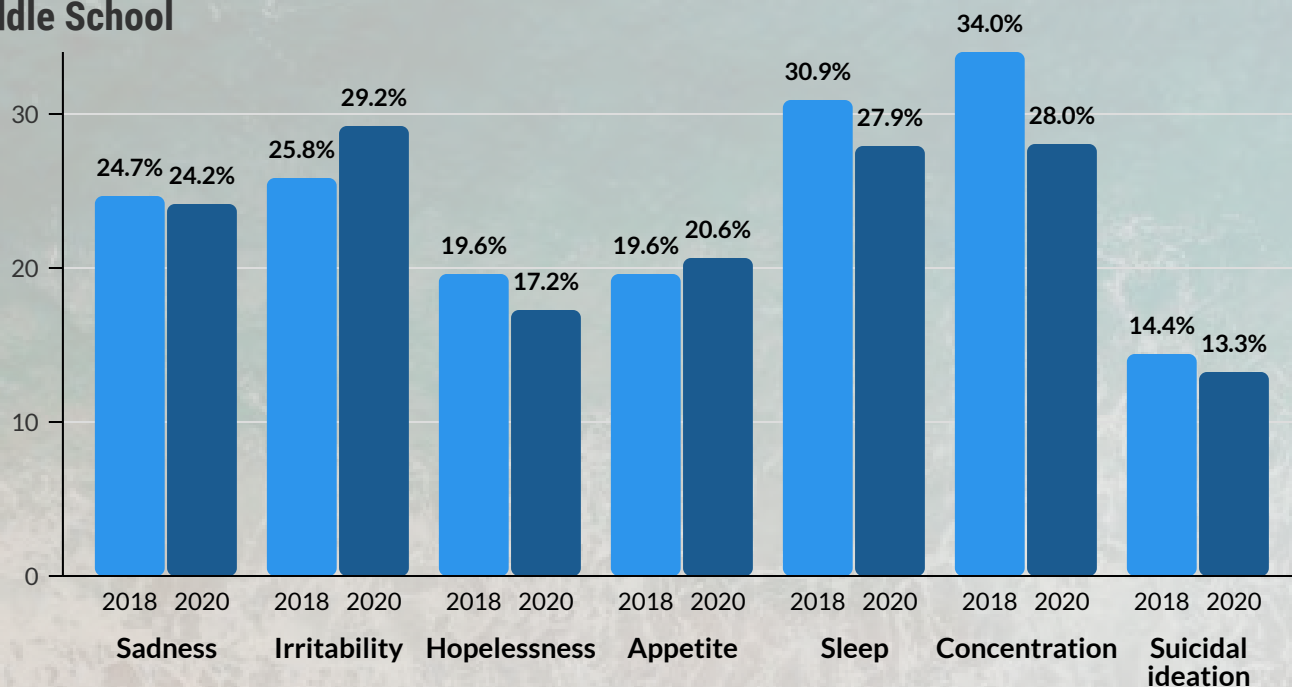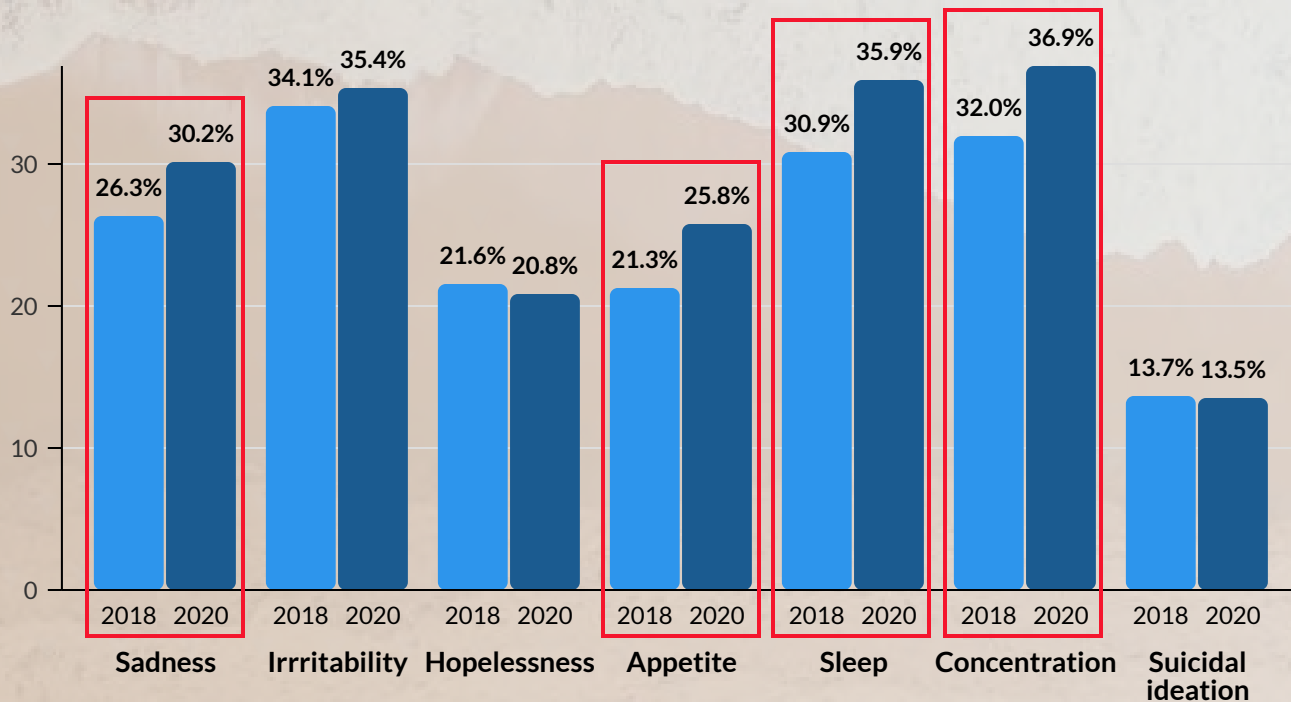Youth Ages 12-17
Mental Health: 30-day sadness, irritability, hopelessness, appetite change, sleep change, diminished
concentration (% 'Often' and 'Always'); 12-month suicidal ideation (% 'Yes')

Middle School

	Sadness	Irritability	Hopelessness	Appetite	Sleep	Concentration	Suicidal ideation
2018	24.7%	25.8%	19.6%	19.6%	30.9%	34.0%	14.4%
2020	24.2%	29.2%	17.2%	20.6%	27.9%	28.0%	13.3%

High School

	Sadness	Irritability	Hopelessness	Appetite	Sleep	Concentration	Suicidal ideation
2018	26.3%	34.1%	21.6%	21.3%	30.9%	32.0%	13.7%
2020	30.2%	35.4%	20.8%	25.8%	35.9%	36.9%	13.5%

Evaluation

Outcome Data: Region 4 (Coventry, East Greenwich, Exeter, West Greenwich, Warwick, West Warwick)
Youth Ages 12-17
Summary of statistically significant changes from 2018 - 2020, where positive (intended) and negative (unintended or unwanted) outcomes are indicated by green and red arrows respectively, and no change is noted by the '=' sign. Shaded boxes indicate 'NA' or absence of data across timepoints.

MIDDLE SCHOOL

Indicator	Prevalence	Perception of risk/harm	Parental disapproval	Peer disapproval	Ease of Access
Alcohol	=	=	=	⬆	⬇
Marijuana	=	=	⬆	⬆	⬇
Cigarettes	=	⬇	⬆	⬆	⬇
Vaping	⬇		⬆	⬆	
Prescription Drugs	⬇	=	=	⬆	⬇
Bullying - Victim					
Bullying - Perpetrator					
Cyber bullying - Victim					
Cyber bullying - Perpetrator					
Sadness	=				
Irritability	=				
Hopelessness	=				
Appetite change	=				
Sleep disturbance	=				
Concentration	=				
Suicidal ideation	=				

Evaluation

Outcome Data: Region 4 (Coventry, East Greenwich, Exeter, West Greenwich, Warwick, West Warwick)
Youth Ages 12-17
Summary of statistically significant changes from 2018 - 2020, where positive (intended) and negative (unintended or unwanted) outcomes are indicated by green and red arrows respectively, and no change is noted by the '=' sign. Shaded boxes indicate 'NA' or absence of data across timepoints.

HIGH SCHOOL

Indicator	Prevalence	Perception of risk/harm	Parental disapproval	Peer disapproval	Ease of Access
Alcohol	=	=	↓	↑	↓
Marijuana	=	=	=	↑	↓
Cigarettes	↑	↓	↓	=	↓
Vaping	↓		↑	↑	
Prescription Drugs	=	=	=	↑	↓
Bullying - Victim					
Bullying - Perpetrator					
Cyber bullying - Victim					
Cyber bullying - Perpetrator					
Sadness	↑				
Irritability	=				
Hopelessness	=				
Appetite change	↑				
Sleep disturbance	↑				
Concentration	↑				
Suicidal ideation	=				

Evaluation

Outcome Data: Region 4 (Coventry, East Greenwich, Exeter, West Greenwich, Warwick, West Warwick)
Youth Ages 12-17
Summary of key outcome indicators

Note: Due to sampling differences in 2018 and 2020, comparisons across data collection points should be interpreted with caution, as regional estimates may be missing representation from key municipalities in the region. For instance, 2018 data are absent from middle school youth in 7th and 8th grade, and no data are available from youth in East Greenwich for either year of RISS administration. At the high school level, data are unavailable from students in Coventry or East Greenwich in 2018.

MIDDLE SCHOOL
There were a number of significant changes for prevalence of substance use, perception of risk and harm, parental disapproval, peer disapproval and ease of access across multiple substances. There were no changes in the six measured mental health indicators or 12-month suicidal ideation across data collection points.

Prevalence of 30-day use decreased for vaping and prescription drugs and **perception of risk and harm** decreased for cigarettes. **Perception of parental disapproval** increased for marijuana, cigarettes, and vaping. **Perception of peer disapproval** increased for all substances measured in this report. **Perception of ease of access** decreased for all substance aside from vaping (not measured in 2018). No other differences in proportions reached a level of statistical significance.

It is a positive result that despite the strain of the coronavirus pandemic on youth, vaping and prescription drug use decreased and perceptions of positive protective factors increased across all substances other than perception of risk and harm for cigarettes. It is also a positive result that there were no reported changes in the six mental health indicators measured by the RISS or 12-month suicidal ideation. Despite these mostly positive results, it is imperative that future data collection efforts incorporate the perspectives of middle school students from all communities in the region, and across multiple grade levels, as it is unknown at this time whether these positive changes are representative of the region or an artifact of the sampling distribution.

HIGH SCHOOL
There were a number of significant changes for all substances included in this report across all substance-related indicators, and multiple mental health indicators from 2018 to 2020.

Prevalence of 30-day use increased for cigarettes and decreased for vaping. **Perception of risk and harm** decreased for cigarettes, as did **perception of parental disapproval** for cigarettes and alcohol. Perception of parental disapproval increased for vaping, and **perception of peer disapproval** increased for alcohol, marijuana, vaping and prescription drugs. **Perception of ease of access** decreased for all substances aside from vaping (not measured in 2018). Youth in 2020 reported **greater sadness, appetite change, sleep disturbance, and difficulties concentrating**. No other differences in proportions reached a level of statistical significance.

It is likely that the negative change in substance-related and mental health indicators is in part due to the ongoing impact of the coronavirus pandemic. It is not surprising that in addition to an increase in reported cigarette use, there were reported negative changes in perception of risk and harm, parental disapproval, and peer disapproval. Given that perception of ease of access decreased for all substances measured by this report, it is not surprising that this was also the case for cigarettes. Despite changes in four of the six mental health indicators measured by the RISS, it is a positive result that there was no change in reported 12-month suicidal ideation. Again, *it is imperative that future data collection efforts incorporate the perspectives of high school students from all communities in the region, as it is unknown at this time whether the increase in cigarette use is a true area of regional concern*.

IMPLICATIONS
Middle School: Region 4 could benefit from continued programming for middle school youth to support the positive changes noted in prevalence of, and protective factors related to substance use. Region 4 could also devote effort to ensure that future data collection efforts are representative of all youth in the region.

High School: Region 4 could benefit from continued monitoring of the prevalence of cigarette use and ensure that future data collection efforts are representative of all youth in the region. Region 4 could also engage in deliberate work to support and enhance the mental health of students in the region to prevent a future increase in suicidal ideation.

Evaluation

Data Sources: Region 5 (Barrington, Bristol, East Providence, Warren)
Youth Ages 12-17

Middle School *Checked boxes indicate grades for which data were available for each year from each school.*

Town	School	6th Grade		7th Grade		8th Grade	
		2018	2020	2018	2020	2018	2020
Barrington	Barrington Middle School	✓	✓	✓	✓	✓	✓
East Providence	Martin Middle School	✓		✓		✓	
	Riverside Middle School	✓				✓	
Bristol/Warren	Kickemuit Middle School				✓		✓

Note: Data from middle school students in Bristol/Warren were unavailable in 2018 and data students in East Providence were unavailable in 2020. Comparisons between 2018 and 2020 may reflect these changes.

High School *Checked boxes indicate grades for which data were available for each year from each school.*

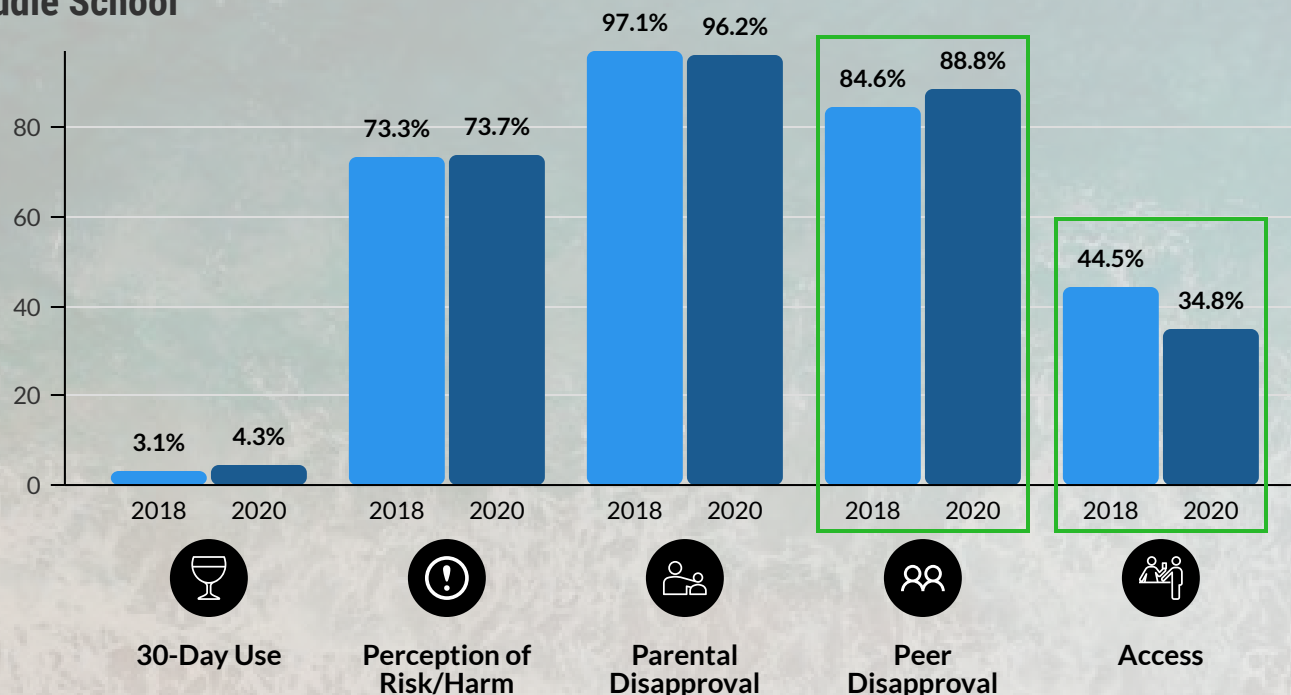| Town	School	9th Grade		10th Grade		11th Grade		12th Grade	
		2018	2020	2018	2020	2018	2020	2018	2020
Barrington	Barrington High School	✓	✓	✓	✓	✓	✓	✓	✓
Bristol/Warren	Mt. Hope High School		✓	✓	✓	✓	✓	✓	✓
East Providence	East Providence High School	✓	✓	✓	✓	✓	✓	✓	✓

Evaluation

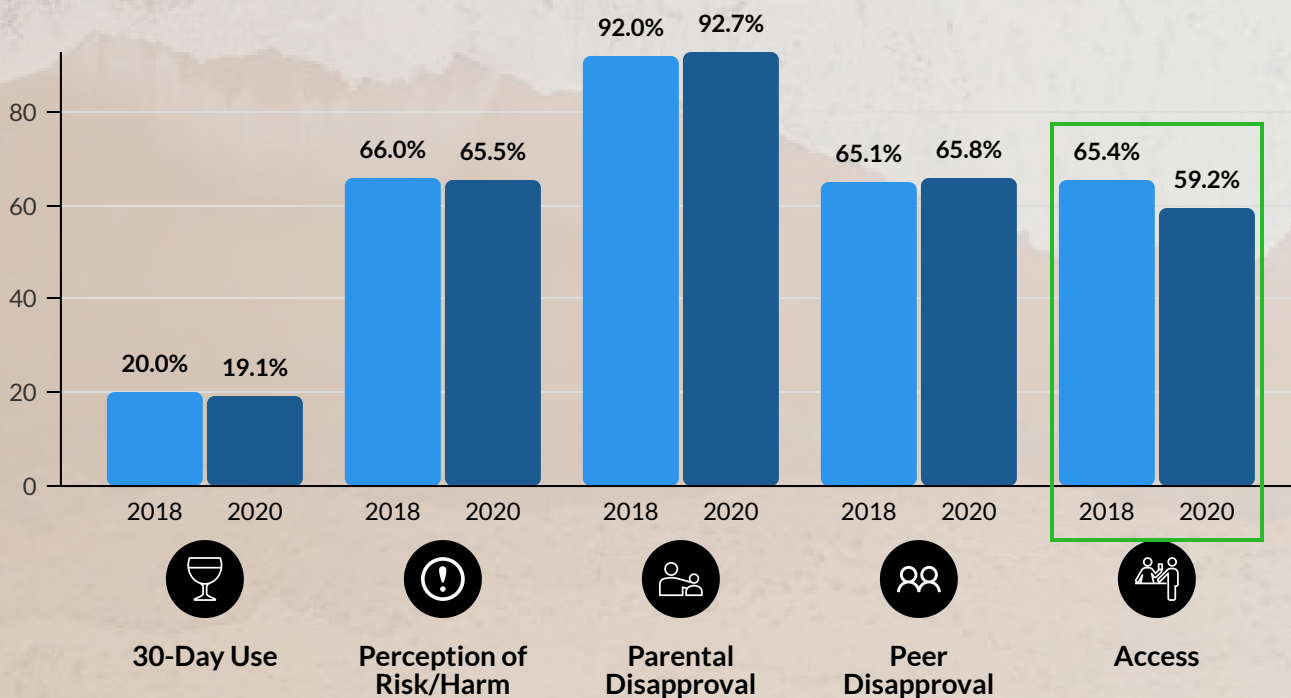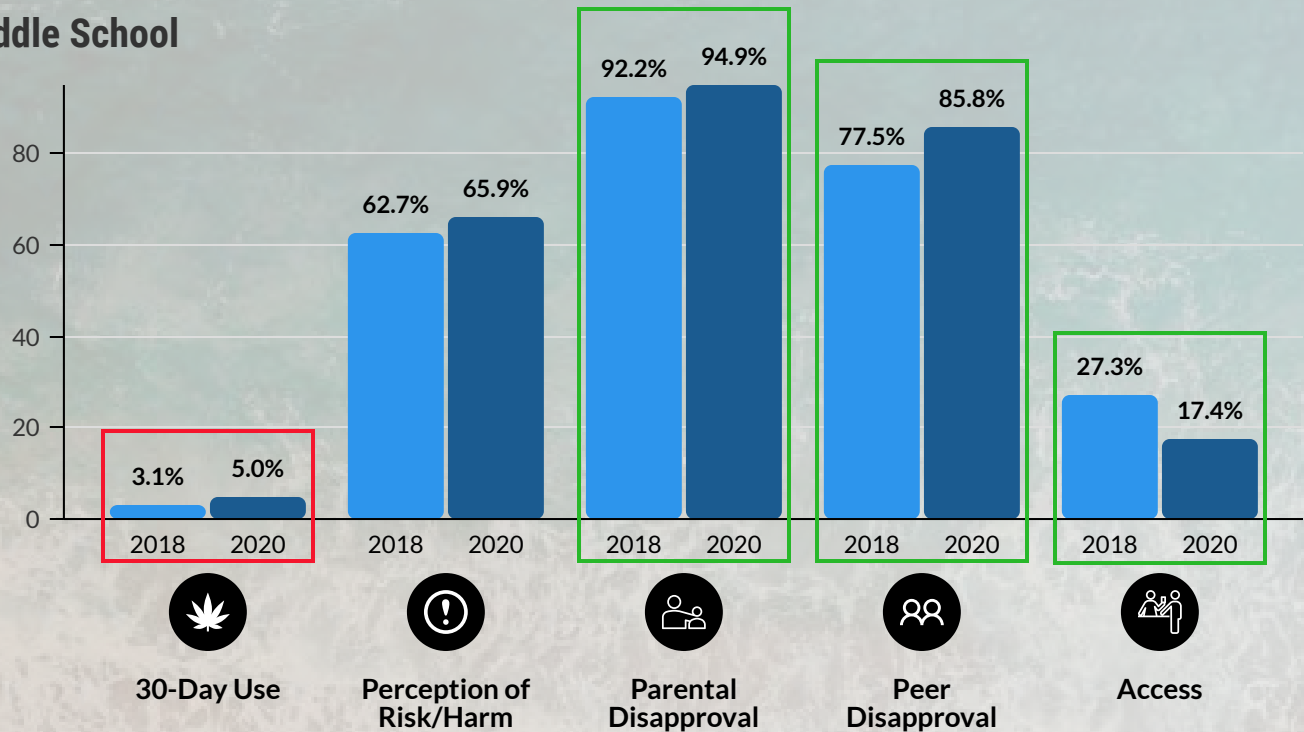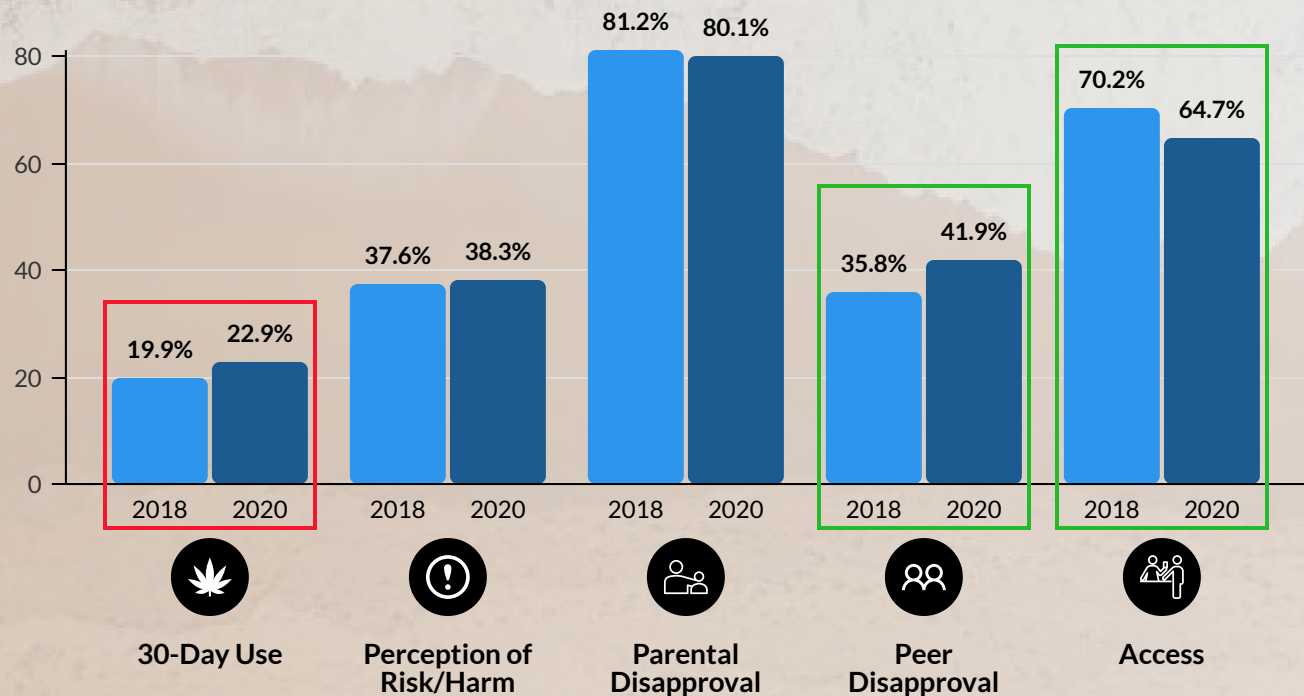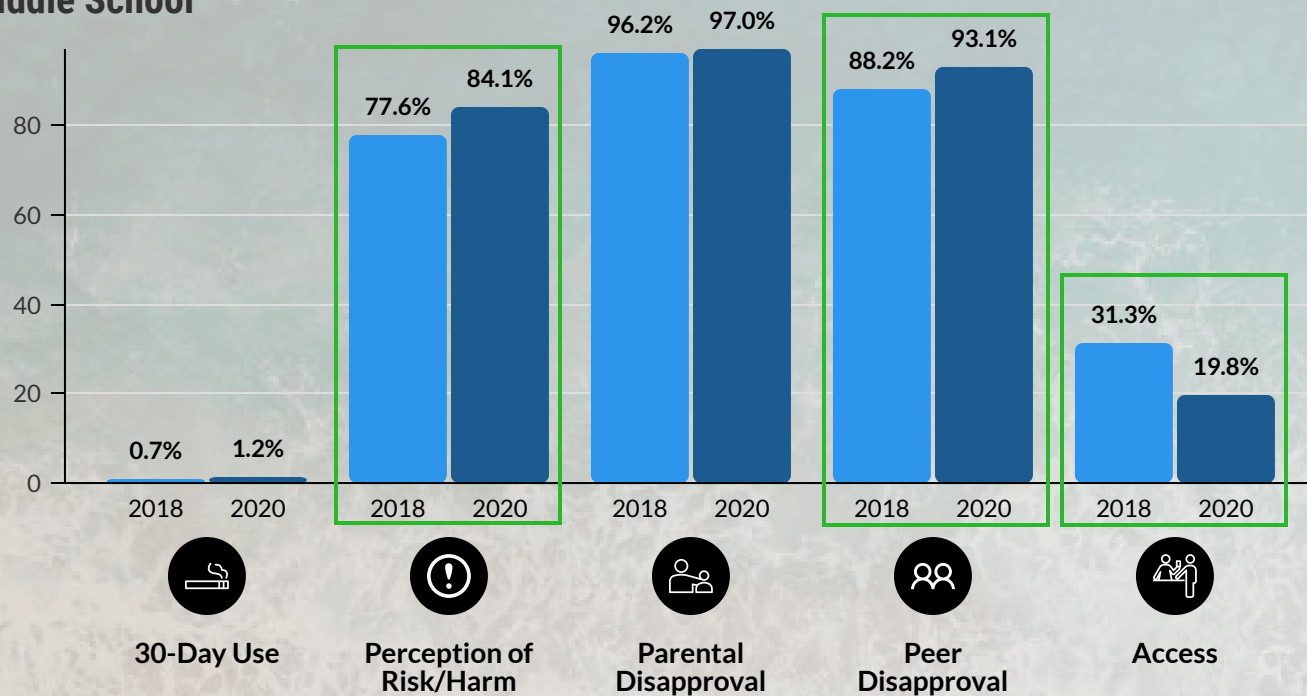Outcome Data: Region 5 (Barrington, Bristol, East Providence, Warren)
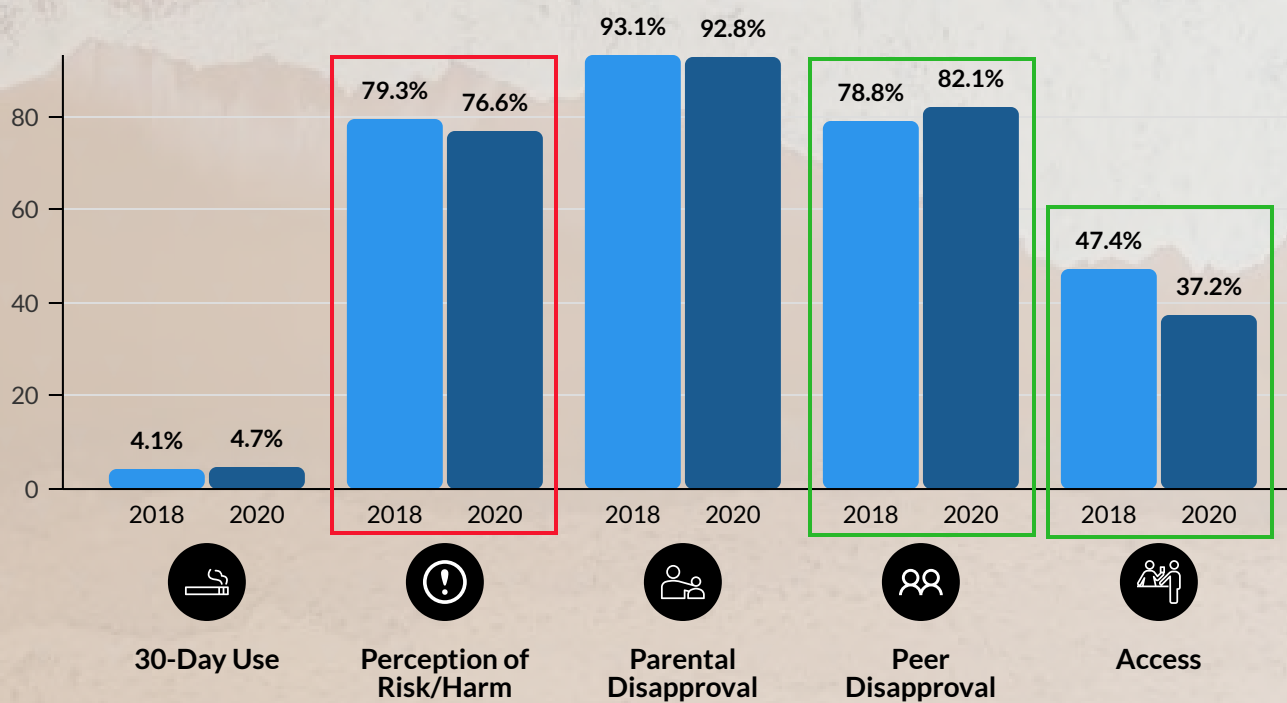Youth Ages 12-17
Alcohol: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access

Middle School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	3.1%	73.3%	97.1%	84.6%	44.5%
2020	4.3%	73.7%	96.2%	88.8%	34.8%

High School

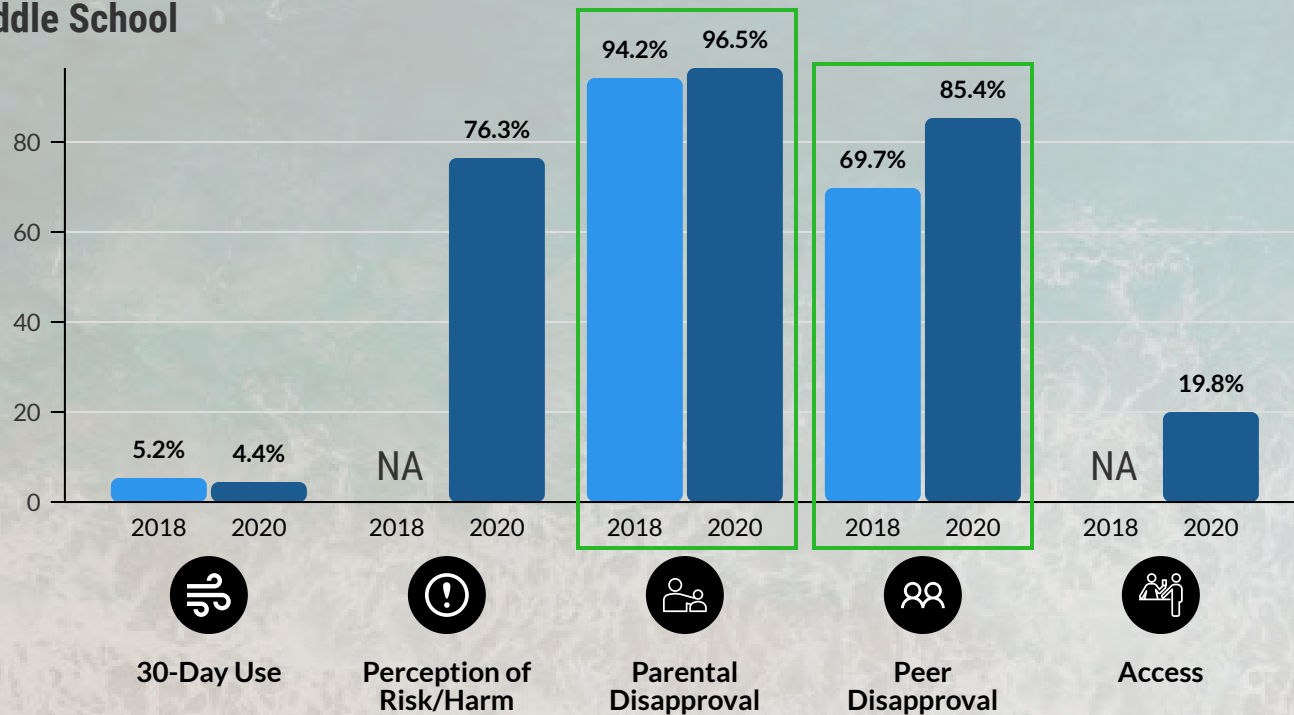|	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	20.0%	66.0%	92.0%	65.1%	65.4%
2020	19.1%	65.5%	92.7%	65.8%	59.2%

Region 5 - Alcohol

Evaluation

Outcome Data: Region 5 (Barrington, Bristol, East Providence, Warren)
Youth Ages 12-17
Marijuana: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access

Evaluation

Outcome Data: Region 5 (Barrington, Bristol, East Providence, Warren)
Youth Ages 12-17
Cigarettes: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access

Middle School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	0.7%	77.6%	96.2%	88.2%	31.3%
2020	1.2%	84.1%	97.0%	93.1%	19.8%

High School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	4.1%	79.3%	93.1%	78.8%	47.4%
2020	4.7%	76.6%	92.8%	82.1%	37.2%

Evaluation

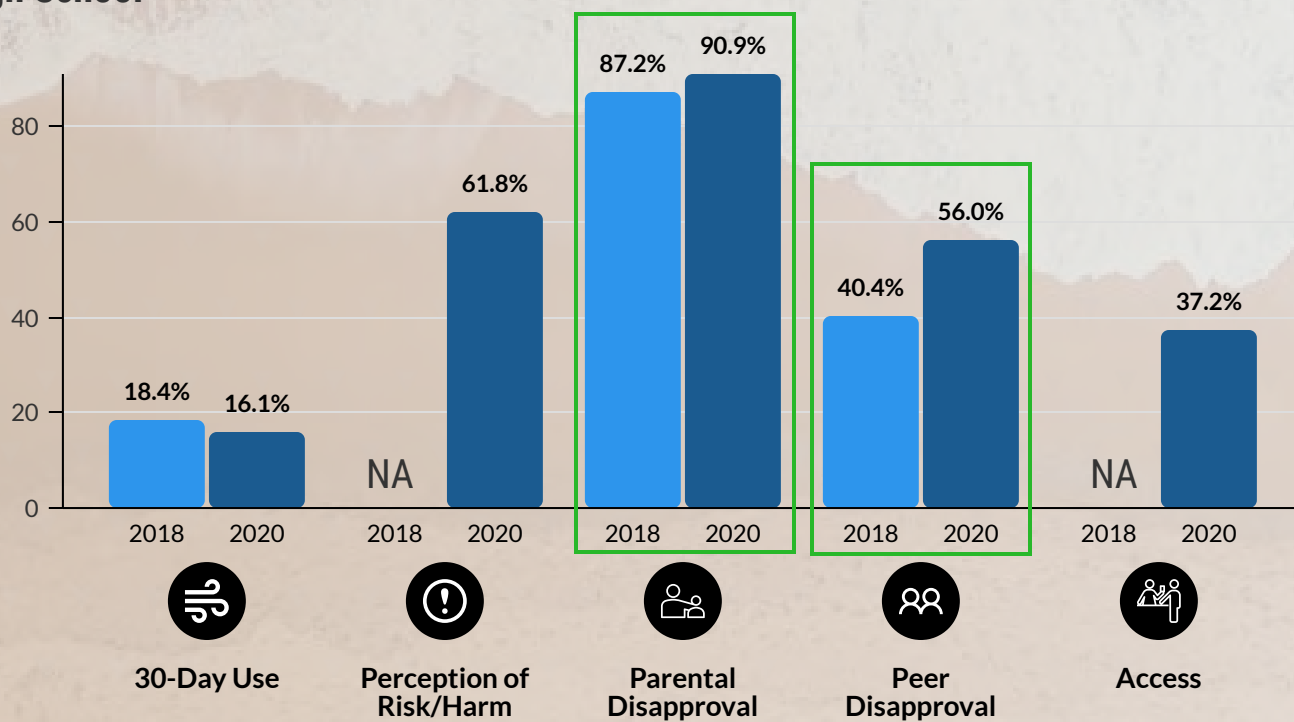Outcome Data: Region 5 (Barrington, Bristol, East Providence, Warren)
Youth Ages 12-17
Vaping: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access
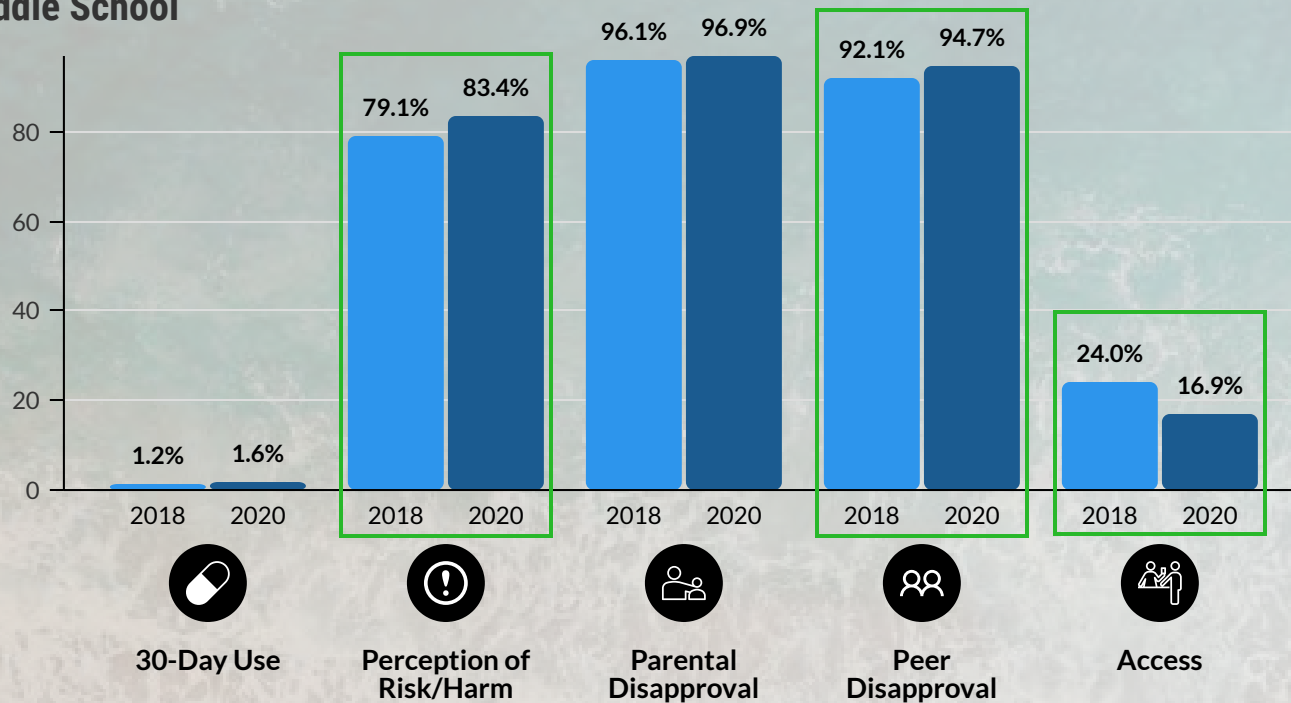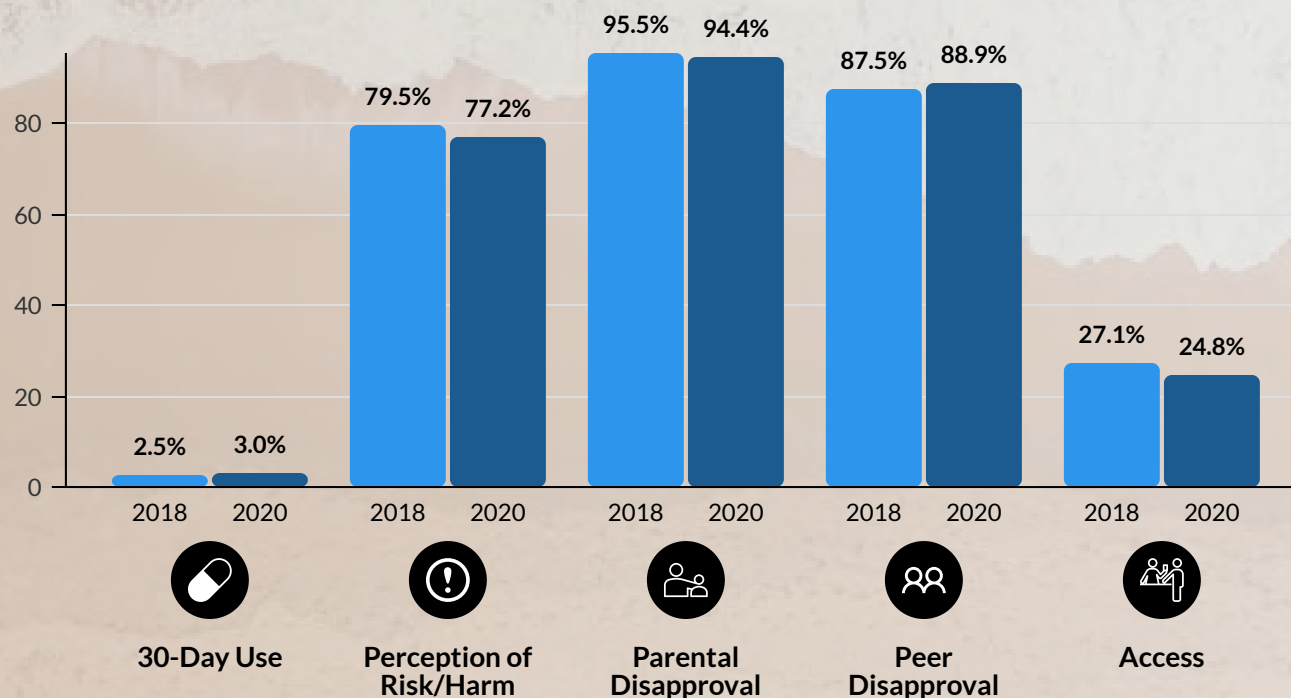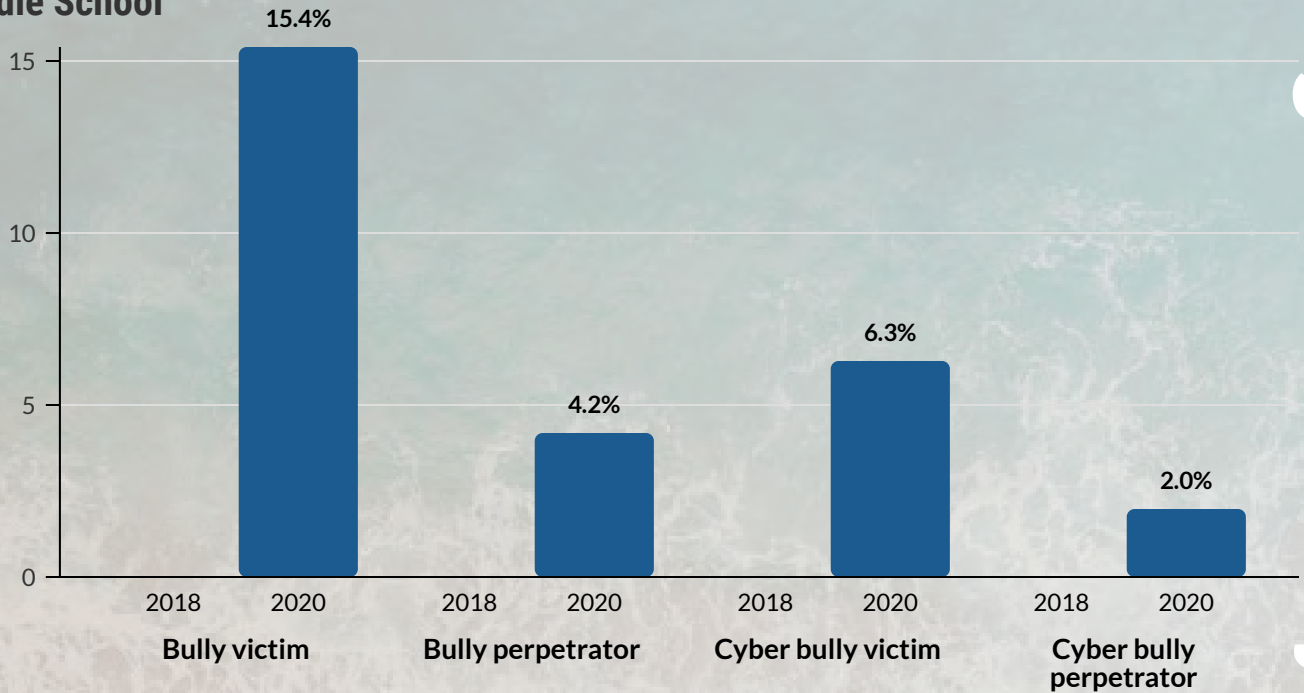
Middle School

30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access

High School

30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access

Region 5 - Vaping

Evaluation

Outcome Data: Region 5 (Barrington, Bristol, East Providence, Warren)
Youth Ages 12-17
Prescription Drugs: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access

Middle School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	1.2%	79.1%	96.1%	92.1%	24.0%
2020	1.6%	83.4%	96.9%	94.7%	16.9%

High School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	2.5%	79.5%	95.5%	87.5%	27.1%
2020	3.0%	77.2%	94.4%	88.9%	24.8%

Evaluation

Outcome Data: Region 5 (Barrington, Bristol, East Providence, Warren)
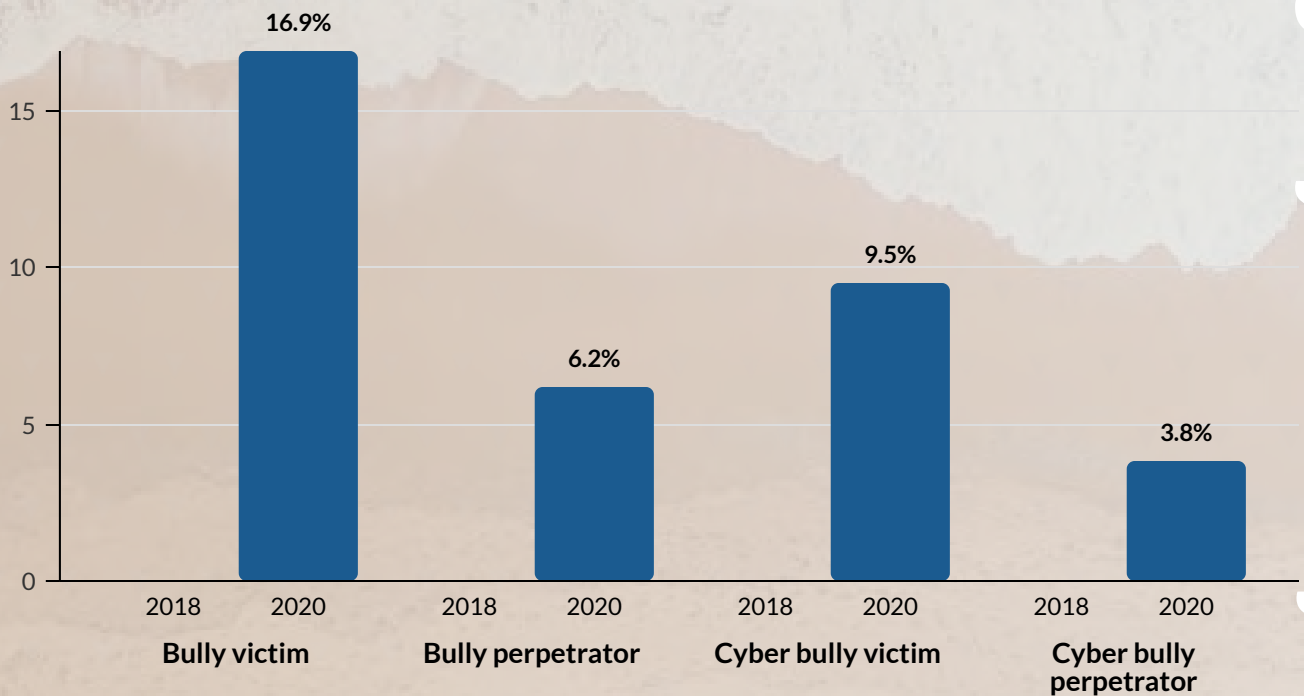**Youth Ages 12-17**
Bullying: Past year bullied/ bully others, Past year cyber bullied/ bully others (% 'Yes')
Note: 2018 data unavailable

Middle School

	Bully victim	Bully perpetrator	Cyber bully victim	Cyber bully perpetrator
2020	15.4%	4.2%	6.3%	2.0%

High School

	Bully victim	Bully perpetrator	Cyber bully victim	Cyber bully perpetrator
2020	16.9%	6.2%	9.5%	3.8%

Evaluation

Outcome Data: Region 5 (Barrington, Bristol, East Providence, Warren)
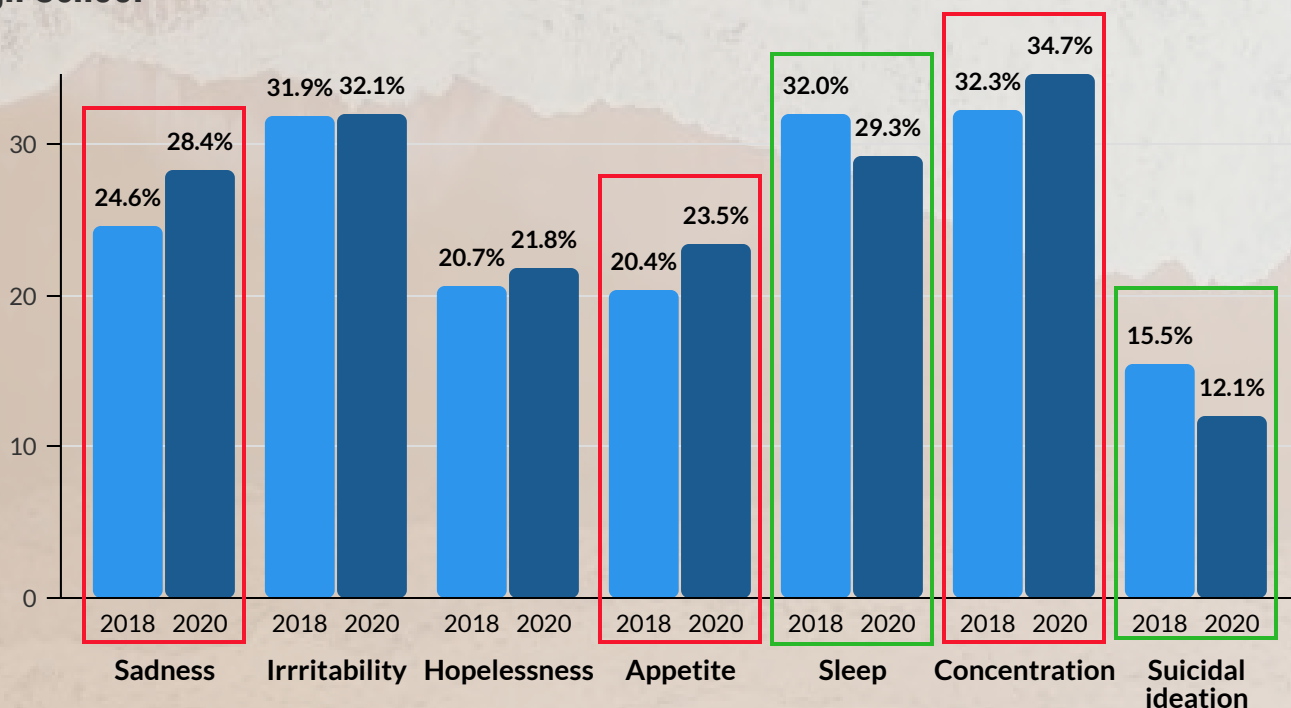Youth Ages 12-17
Mental Health: 30-day sadness, irritability, hopelessness, appetite change, sleep change, diminished concentration (% 'Often' and 'Always'); 12-month suicidal ideation (% 'Yes')

Middle School

High School

Region 5 - Mental health

Evaluation

Outcome Data: Region 5 (Barrington, Bristol, East Providence, Warren)
Youth Ages 12-17
Summary of statistically significant changes from 2018 - 2020, where positive (intended) and negative (unintended or unwanted) outcomes are indicated by green and red arrows respectively, and no change is noted by the '=' sign. Shaded boxes indicate 'NA' or absence of data across timepoints.

MIDDLE SCHOOL

Indicator	Prevalence	Perception of risk/harm	Parental disapproval	Peer disapproval	Ease of Access
Alcohol	=	=	=	⬆	⬇
Marijuana	⬆	=	⬆	⬆	⬇
Cigarettes	=	⬆	=	⬆	⬇
Vaping	=		⬆	⬆	
Prescription Drugs	=	⬆	=	⬆	⬇
Bullying - Victim					
Bullying - Perpetrator					
Cyber bullying - Victim					
Cyber bullying - Perpetrator					
Sadness	=				
Irritability	=				
Hopelessness	=				
Appetite change	=				
Sleep disturbance	=				
Concentration	=				
Suicidal ideation	=				

Evaluation

Outcome Data: Region 5 (Barrington, Bristol, East Providence, Warren)
Youth Ages 12-17
Summary of statistically significant changes from 2018 - 2020, where positive (intended) and negative (unintended or unwanted) outcomes are indicated by green and red arrows respectively, and no change is noted by the '=' sign. Shaded boxes indicate 'NA' or absence of data across timepoints.

HIGH SCHOOL

Indicator	Prevalence	Perception of risk/harm	Parental disapproval	Peer disapproval	Ease of Access
Alcohol	=	=	=	=	↓ (green)
Marijuana	↑ (red)	=	=	↑ (green)	↓ (green)
Cigarettes	=	↓ (red)	=	↑ (green)	↓ (green)
Vaping	↓ (green)		↑ (green)	↑ (green)	
Prescription Drugs	=	=	=	=	=
Bullying - Victim					
Bullying - Perpetrator					
Cyber bullying - Victim					
Cyber bullying - Perpetrator					
Sadness	↑ (red)				
Irritability	=				
Hopelessness	=				
Appetite change	↑ (red)				
Sleep disturbance	↓ (green)				
Concentration	↑ (red)				
Suicidal ideation	↓ (green)				

Evaluation

Outcome Data: Region 5 (Barrington, Bristol, East Providence, Warren)
Youth Ages 12-17
Summary of key outcome indicators
Note: Due to sampling differences in 2018 and 2020, comparisons across data collection points should be interpreted with caution, as regional estimates may be missing representation from key municipalities in the region. For instance, at the middle school level, data are absent from students in Bristol/Warren in 2018 and East Providence in 2020.

MIDDLE SCHOOL
There were a number of significant changes for prevalence of substance use, perception of risk and harm, parental and peer disapproval, and ease of access across multiple substances, and no changes in any of the six mental health indicators measured by the RISS or 12-month suicidal ideation.

Prevalence of 30-day use increased for marijuana and **perception of risk or harm** increased for cigarettes and prescription drugs. **Perception of parental disapproval** increased for marijuana and vaping, and **perception of peer disapproval** increased for all substances measured in this report. **Perception of ease of access** decreased for all substances other than vaping (not measured in 2018). No other differences in proportions reached a level of statistical significance.

It is a positive result that despite the strain of the coronavirus pandemic on youth, there were no reported differences in any of the six mental health indicators measured by the RISS or 12-month suicidal ideation. Somewhat paradoxically, while prevalence of marijuana use increased, perception of parental and peer disapproval increased, and perception of ease of access decreased. While there was no change in perception of risk or harm associated with marijuana use, when compared with parental and peer disapproval, where 77% or more report their parents or peers feel it would be 'wrong' or 'very wrong' to use marijuana, 65% or less report 'moderate' or 'great' risk associated with marijuana use. It is possible that the increase in prevalence of use for marijuana is related to this factor. *However, it is imperative that future data collection efforts incorporate the perspectives of middle school students from all communities in the region, as it is unknown at this time whether this is an area of concern, or the more likely explanation, an artifact of the sampling distribution.*

HIGH SCHOOL
There were a number of significant changes for all substances included in this report across all substance-related indicators, and multiple mental health indicators from 2018 to 2020.

Prevalence of 30-day use increased for marijuana and decreased for vaping. **Perception of risk and harm** decreased for cigarette use. **Perception of parental disapproval** increased for vaping and **perception of peer disapproval** increased for marijuana, cigarettes, and vaping. **Perception of ease of access** decreased for alcohol, marijuana and cigarettes. Youth in 2020 reported feeling **more 30-day sadness, appetite disturbance, and greater difficulties concentrating. Youth also reported feeling less sleep disturbance and decreased past year suicidal ideation** as compared to 2018.

While there was a significant increase in prevalence of marijuana use among high school students in Region 5, perception of peer disapproval paradoxically increased and ease of access decreased. While perception of risk and harm and parental disapproval remained stable, and perception of peer disapproval increased, perception of risk and harm is relatively low, with only about 38% of youth or less reporting 'moderate' or 'great' risk from marijuana use. Likewise, despite a significant increase in peer disapproval, only 42% of students in 2020 reported that their peers would think it is 'wrong' or 'very wrong' for them to use marijuana. It is possible that the increase in marijuana use is related to these factors.

It is promising that despite stressors related to the coronavirus pandemic in 2020, high school students reported improvement on one of the six mental health indicators measured by the RISS and that there was an overall decline in past 12-month suicidal ideation. It is also promising that there was a decline in reported prevalence of vaping and improvement on a number of protective factors associated with vaping, cigarette use, and alcohol consumption.

IMPLICATIONS
Middle School: Region 5 could benefit from continued monitoring of the prevalence of marijuana use among middle schoolers and ensure that future data collection efforts are representative of all youth in the region.

High School: Region 5 could benefit from continued monitoring of the prevalence of marijuana use among high schoolers as well as on efforts to increase perception of risk and harm and peer disapproval for marijuana. Region 5 could also engage in deliberate work to continue to enhance the mental health of high schoolers across the region.

Evaluation

Data Sources: Region 6 (Jamestown, Little Compton, Middletown, Newport, Portsmouth, Tiverton)
Youth Ages 12-17

Middle School *Checked boxes indicate grades for which data were available for each year from each school.*

Town	School	6th Grade		7th Grade		8th Grade	
		2018	2020	2018	2020	2018	2020
Little Compton	Wilbur & McMahon School			✓		✓	✓
Middletown	Gaudet Middle School			✓	✓	✓	✓
	Goff Junior High School					✓	
Newport	Frank E. Thompson Middle School	✓		✓	✓	✓	✓
Portsmouth	Portsmouth Middle School	✓		✓		✓	✓
Tiverton	Tiverton Middle School	✓		✓	✓	✓	✓

Note: Data from sixth grade students were unavailable in 2020. Comparisons between 2018 and 2020 may reflect this change.

High School *Checked boxes indicate grades for which data were available for each year from each school.*

Town	School	9th Grade		10th Grade		11th Grade		12th Grade	
		2018	2020	2018	2020	2018	2020	2018	2020
Middletown	Middletown High School	✓		✓		✓		✓	
Newport	Rogers High School	✓	✓	✓	✓	✓	✓	✓	✓
Portsmouth	Portsmouth High School	✓	✓	✓	✓	✓	✓	✓	✓
Tiverton	Tiverton High School	✓	✓	✓	✓	✓	✓	✓	✓

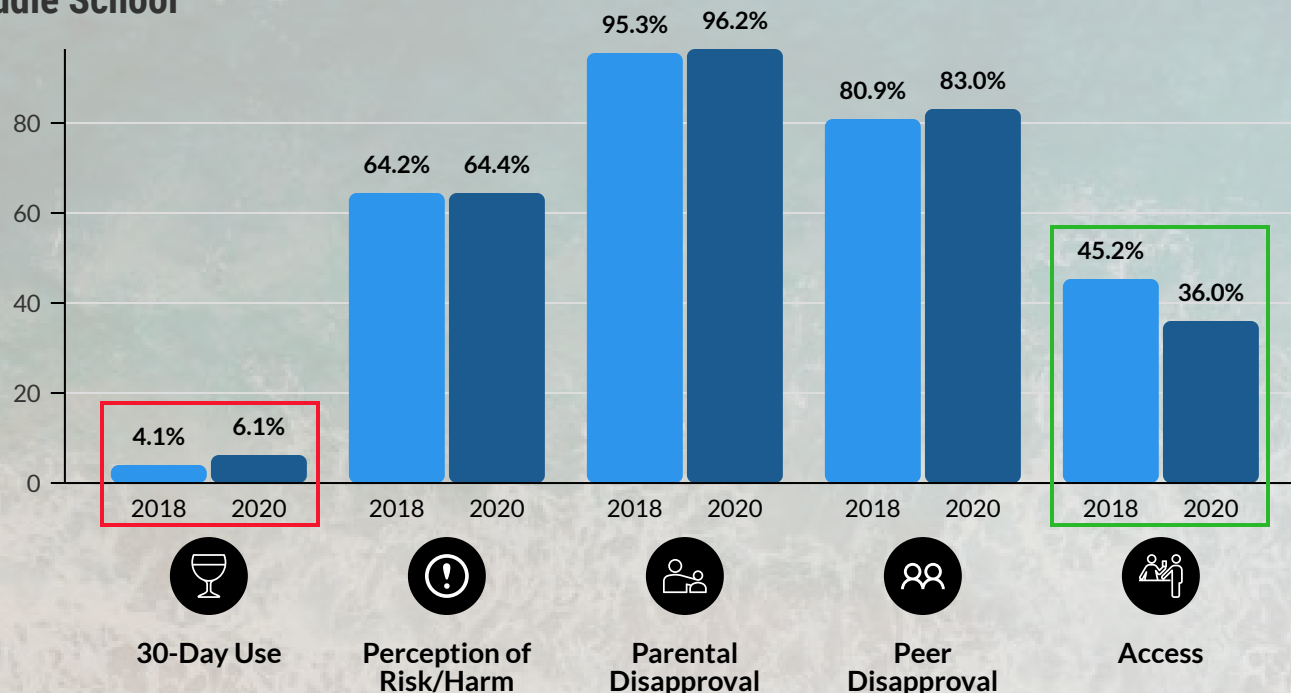*Note: Data from high school students in Middletown were unavailable in 2020. Comparisons between 2018 and 2020 may reflect this change.*

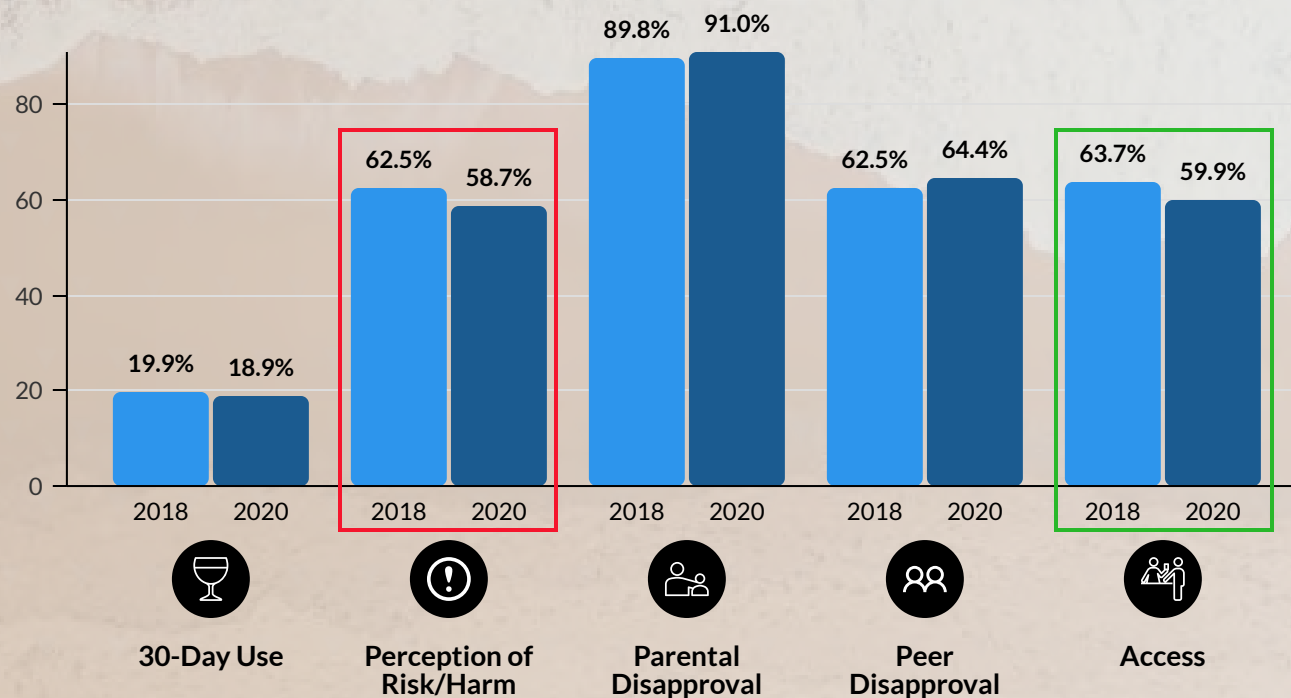Region 6 - MS/HS Data Sources

Evaluation

Outcome Data: Region 6 (Jamestown, Little Compton, Middletown, Newport, Portsmouth, Tiverton)
Youth Ages 12-17
Alcohol: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access
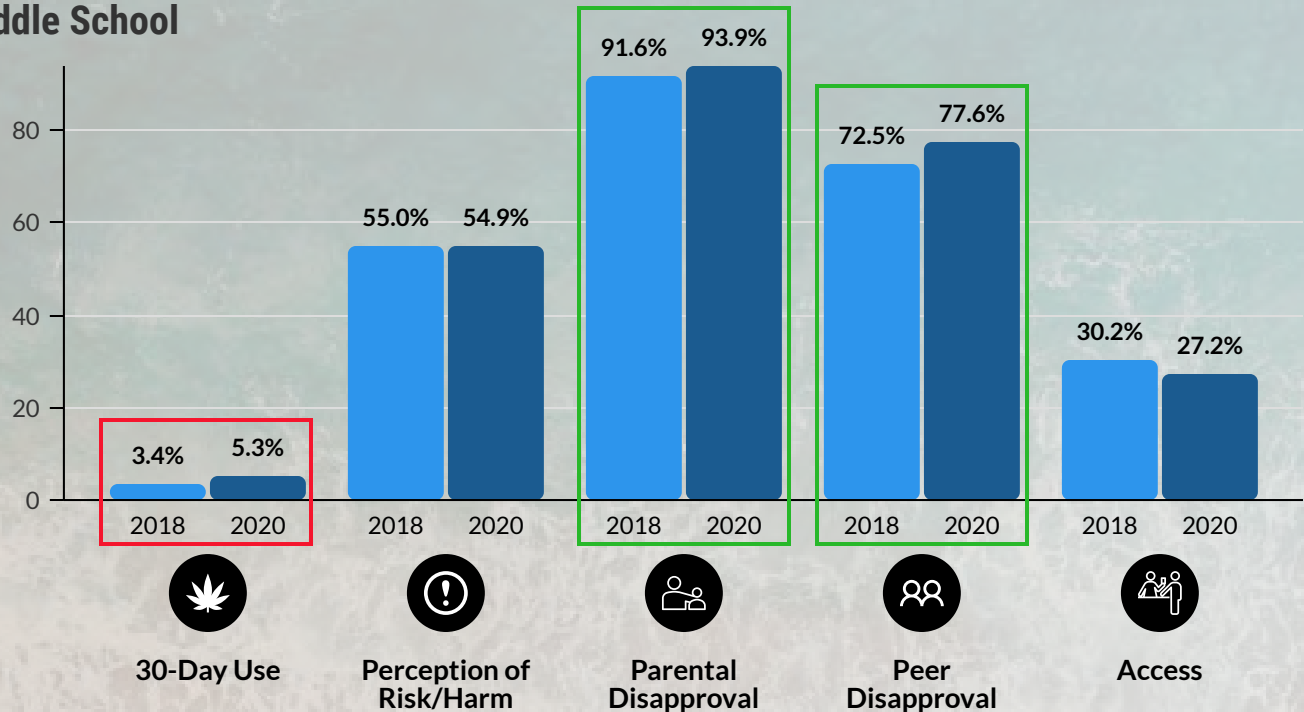
Middle School

High School

Evaluation

Outcome Data: Region 6 (Jamestown, Little Compton, Middletown, Newport, Portsmouth, Tiverton)
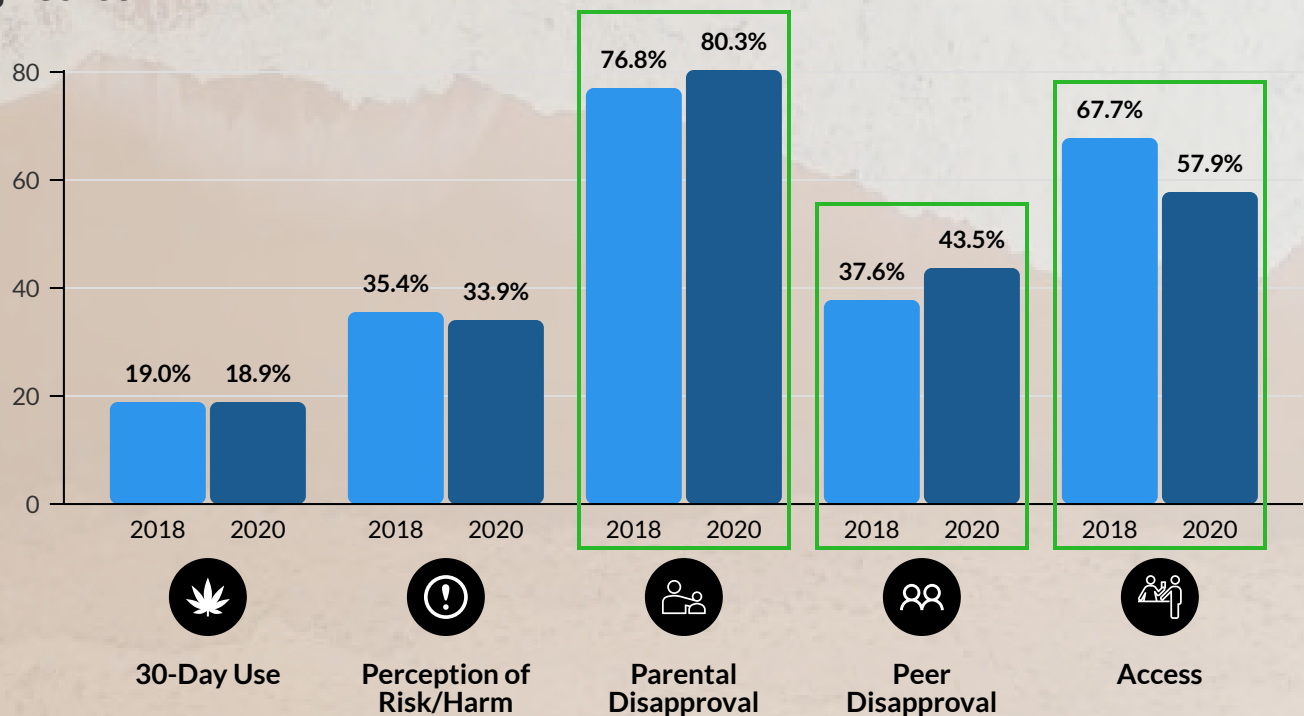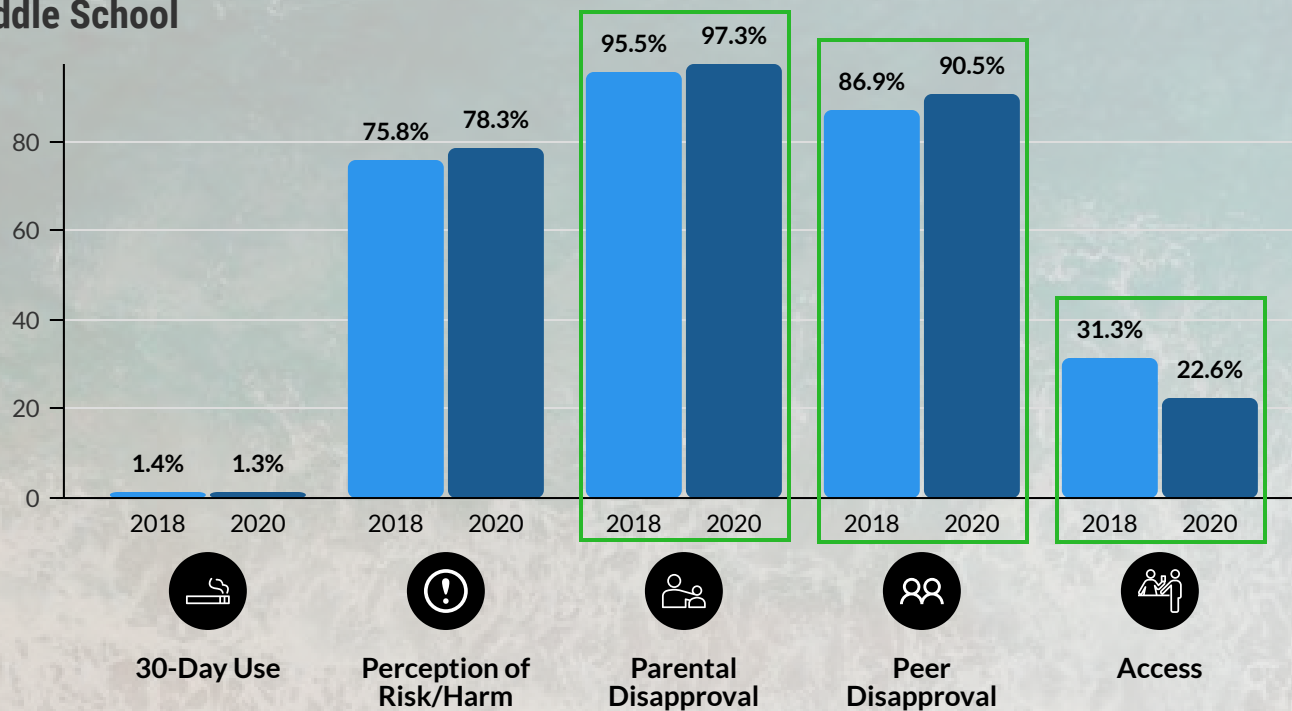Youth Ages 12-17
Marijuana: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access

Middle School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	3.4%	55.0%	91.6%	72.5%	30.2%
2020	5.3%	54.9%	93.9%	77.6%	27.2%

High School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	19.0%	35.4%	76.8%	37.6%	67.7%
2020	18.9%	33.9%	80.3%	43.5%	57.9%

Region 6 - Marijuana

Evaluation

Outcome Data: Region 6 (Jamestown, Little Compton, Middletown, Newport, Portsmouth, Tiverton)
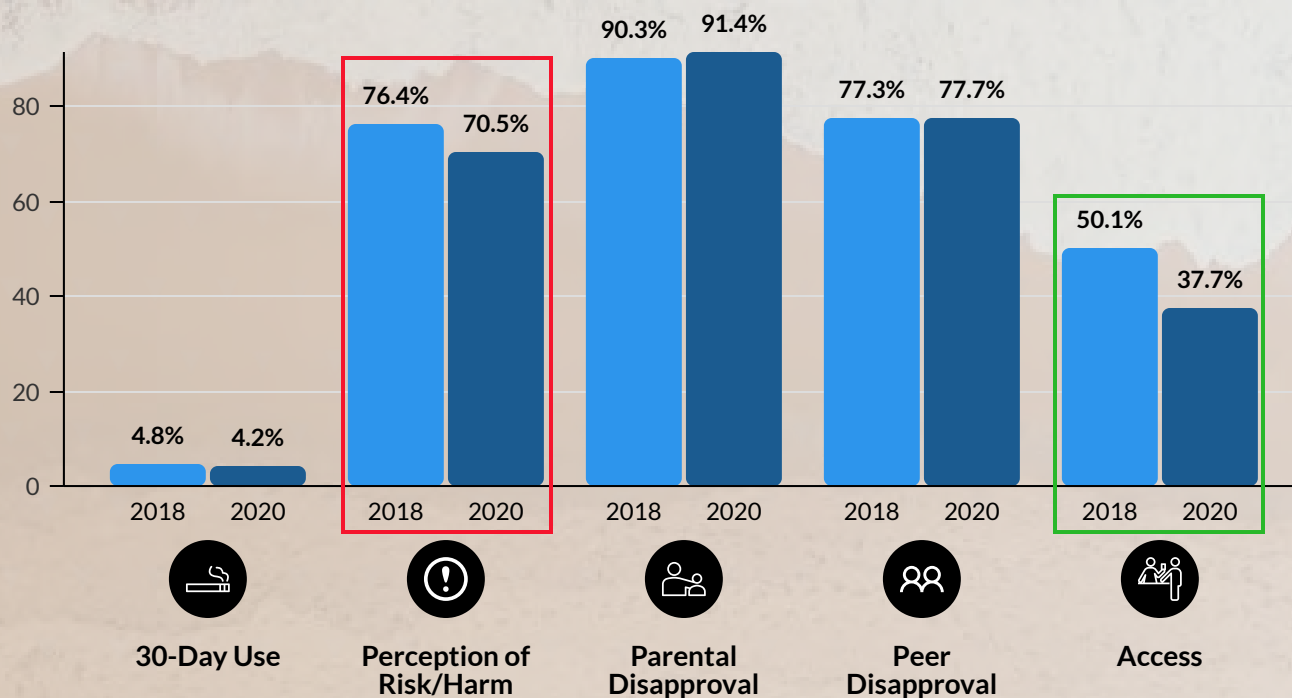Youth Ages 12-17
Cigarettes: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access

Middle School

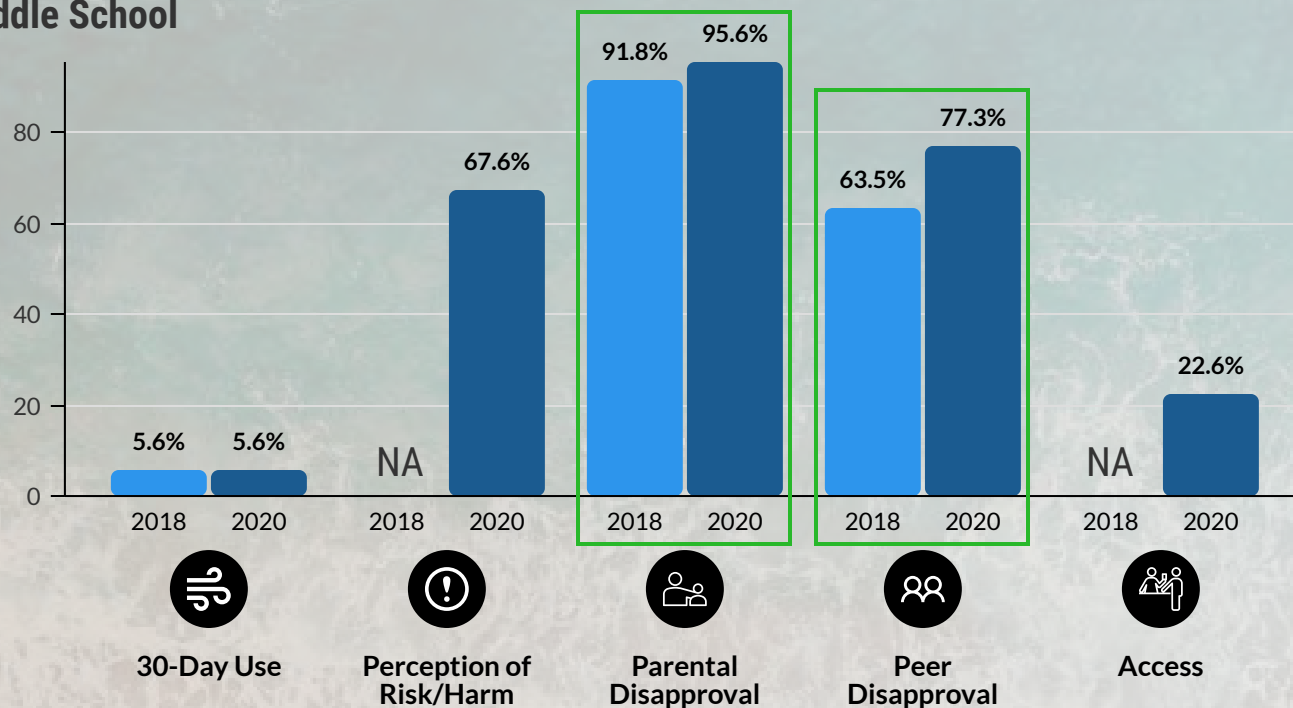|	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	1.4%	75.8%	95.5%	86.9%	31.3%
2020	1.3%	78.3%	97.3%	90.5%	22.6%

High School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	4.8%	76.4%	90.3%	77.3%	50.1%
2020	4.2%	70.5%	91.4%	77.7%	37.7%

Evaluation

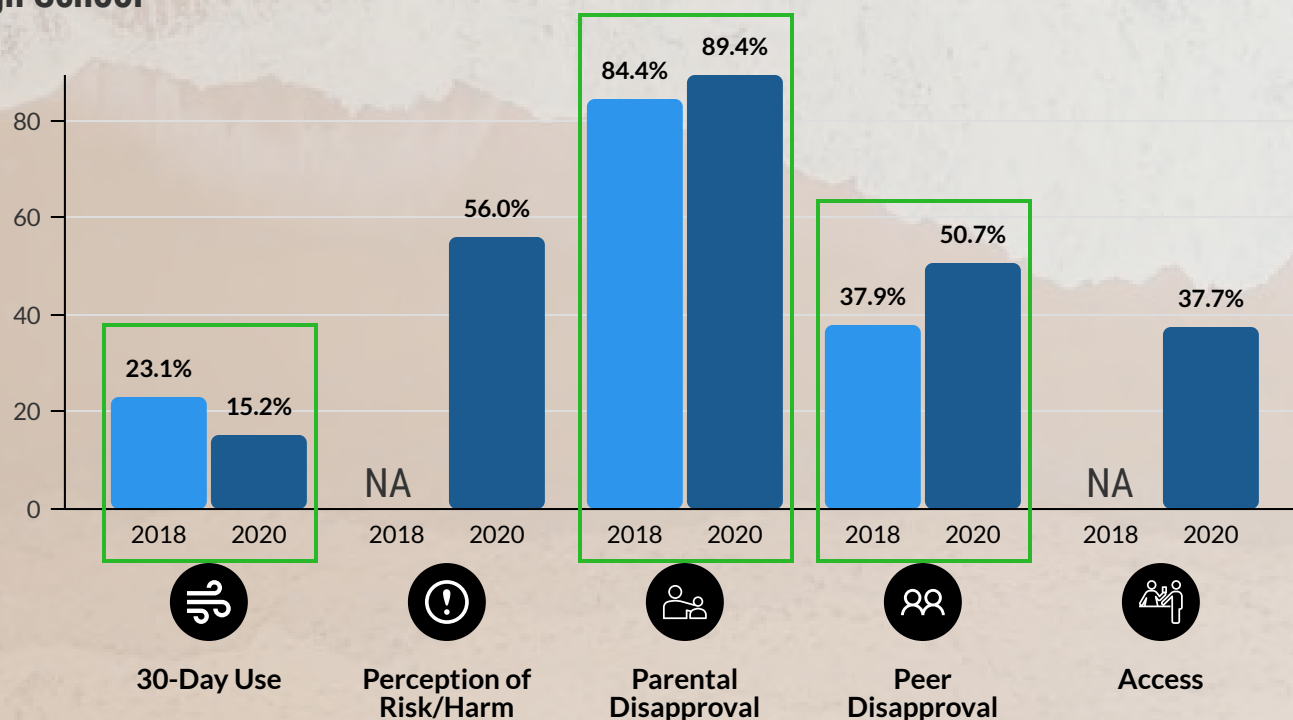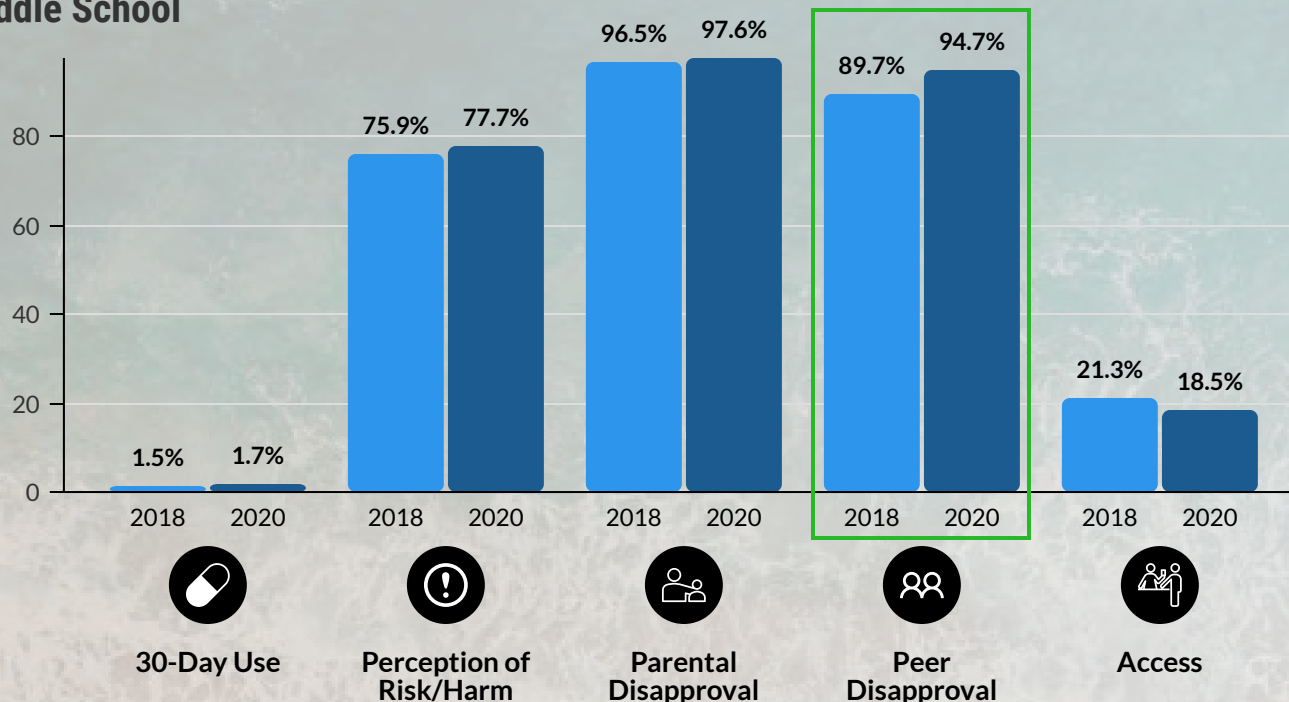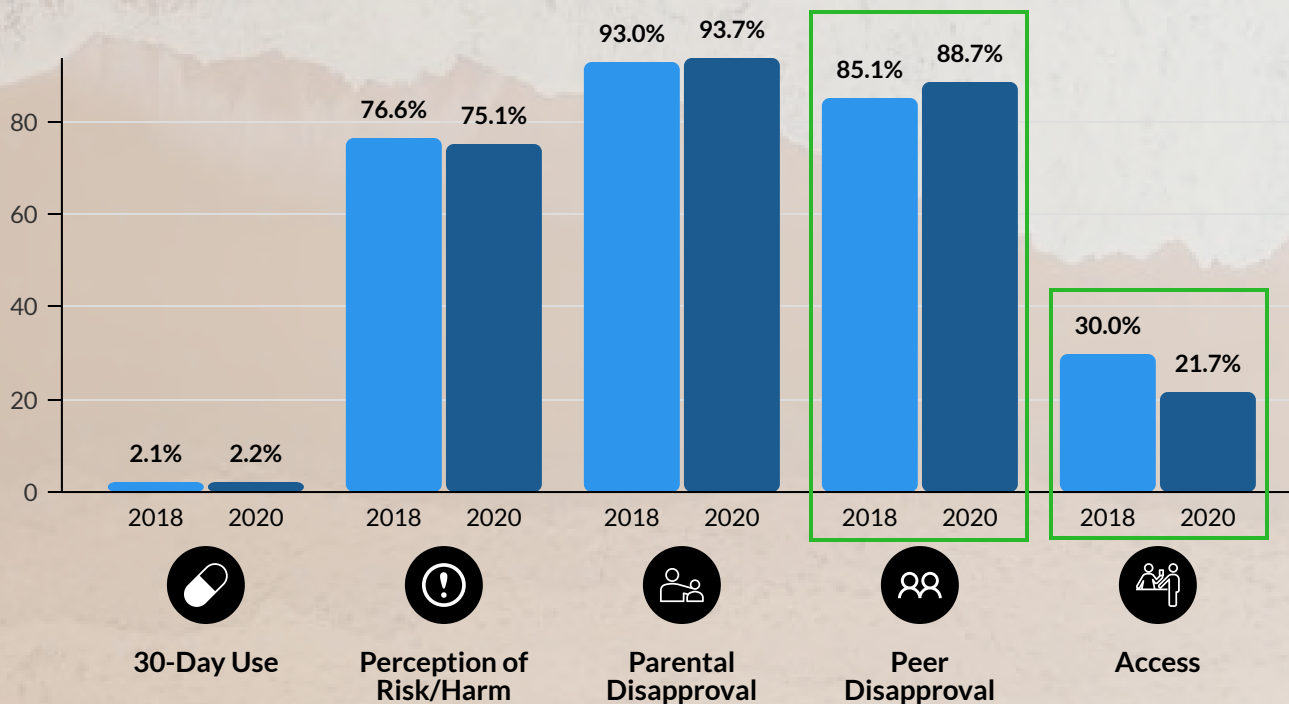Outcome Data: Region 6 (Jamestown, Little Compton, Middletown, Newport, Portsmouth, Tiverton)
Youth Ages 12-17
Vaping: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access

Middle School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	5.6%	NA	91.8%	63.5%	NA
2020	5.6%	67.6%	95.6%	77.3%	22.6%

High School

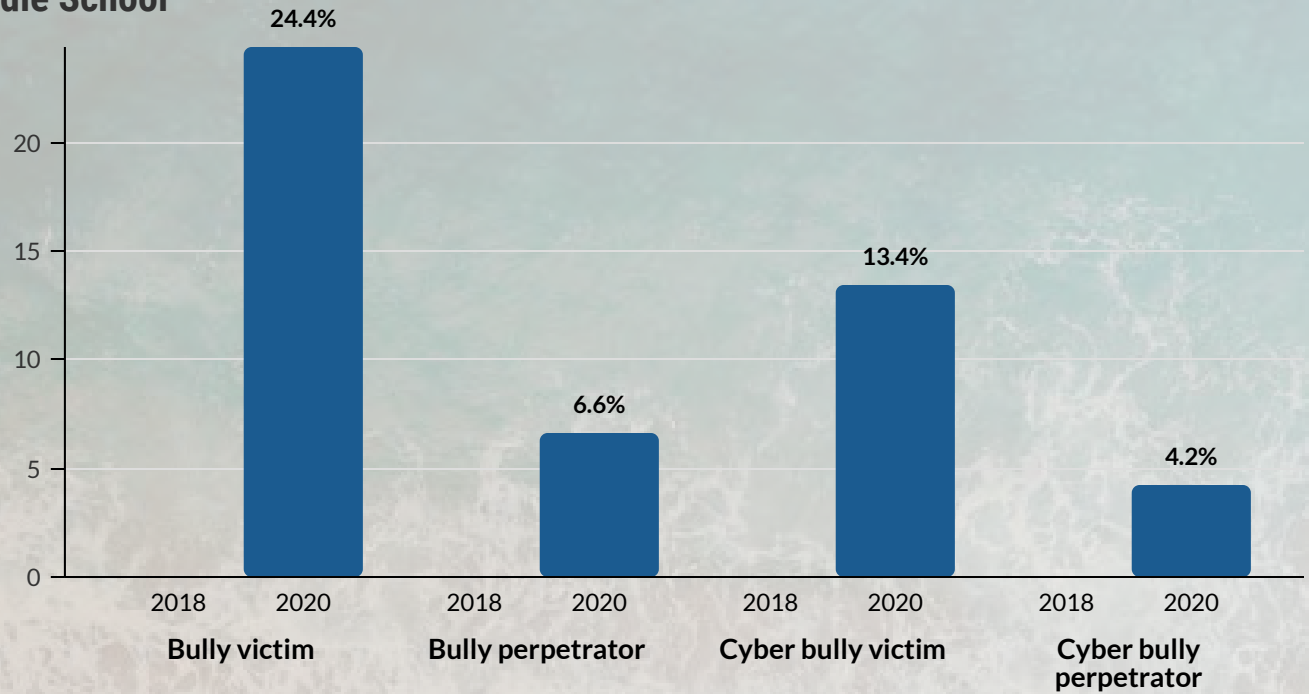|	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	23.1%	NA	84.4%	37.9%	NA
2020	15.2%	56.0%	89.4%	50.7%	37.7%

Region 6 - Vaping

Evaluation

Outcome Data: Region 6 (Jamestown, Little Compton, Middletown, Newport, Portsmouth, Tiverton)
Youth Ages 12-17
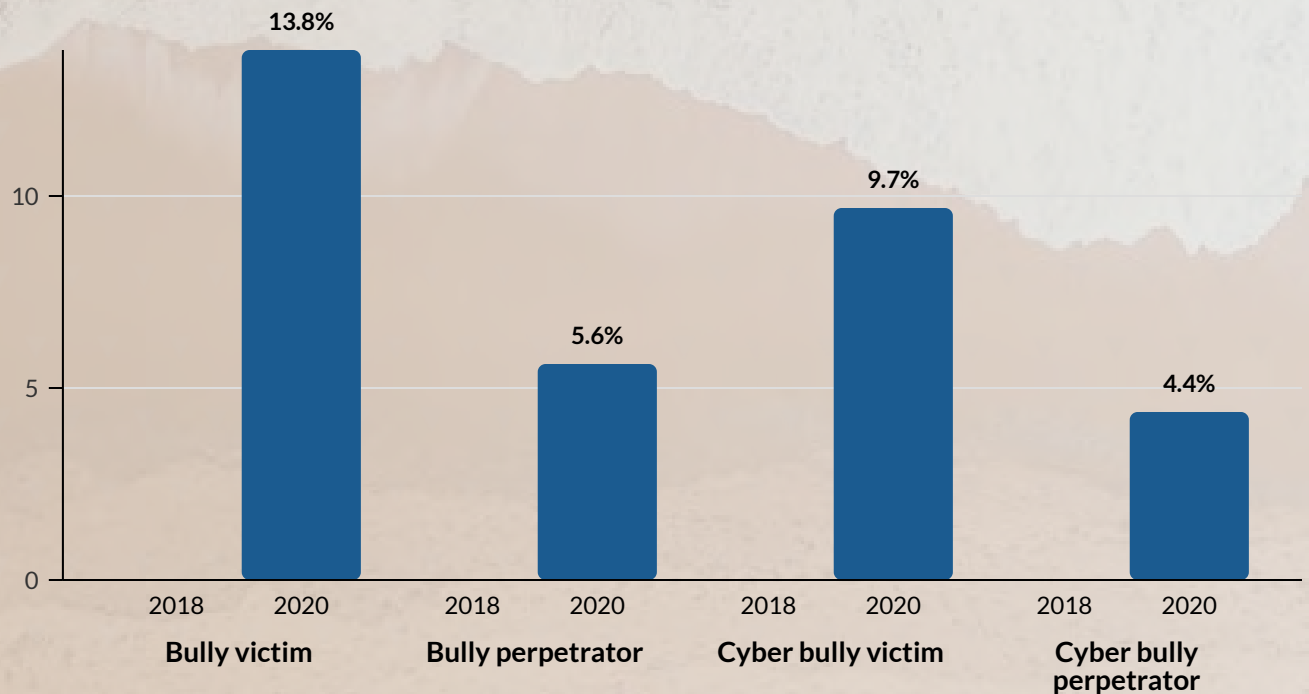Prescription Drugs: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access

Middle School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	1.5%	75.9%	96.5%	89.7%	21.3%
2020	1.7%	77.7%	97.6%	94.7%	18.5%

High School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	2.1%	76.6%	93.0%	85.1%	30.0%
2020	2.2%	75.1%	93.7%	88.7%	21.7%

Evaluation

Outcome Data: Region 6 (Jamestown, Little Compton, Middletown, Newport, Portsmouth, Tiverton)
Youth Ages 12-17
Bullying: Past year bullied/ bully others, Past year cyber bullied/ bully others (% 'Yes')
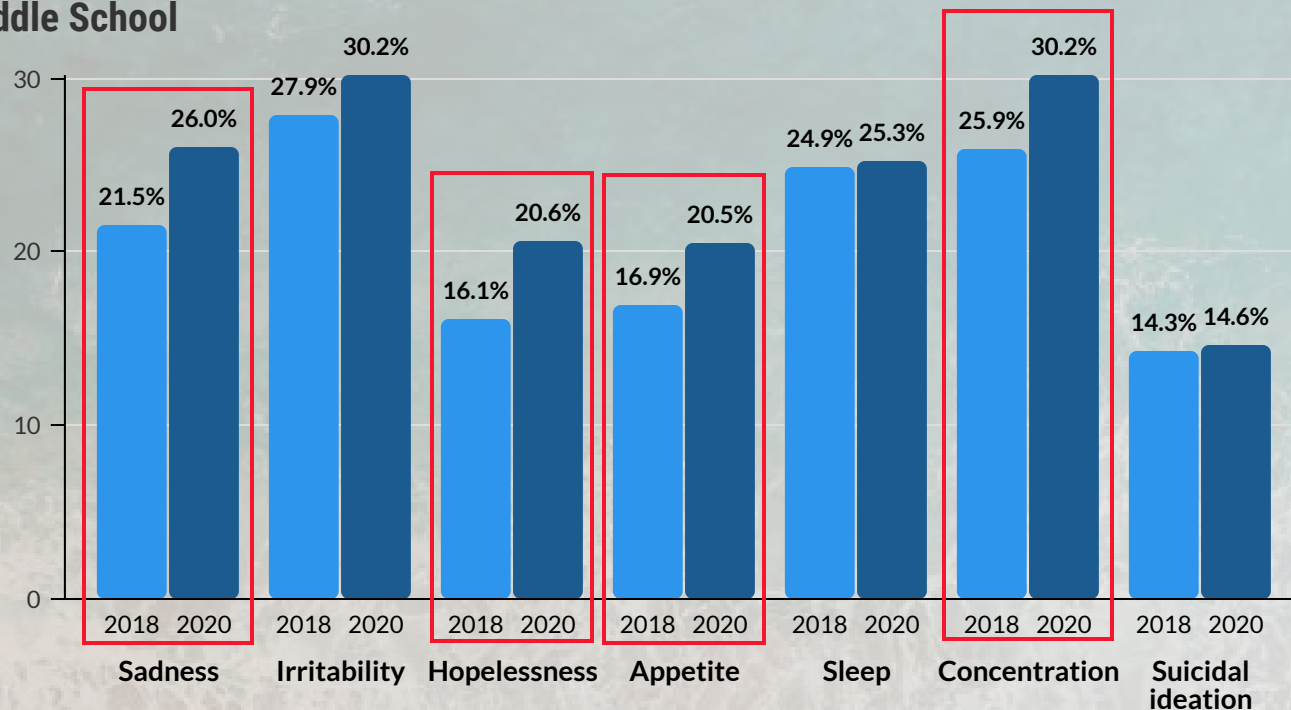Note: 2018 data unavailable
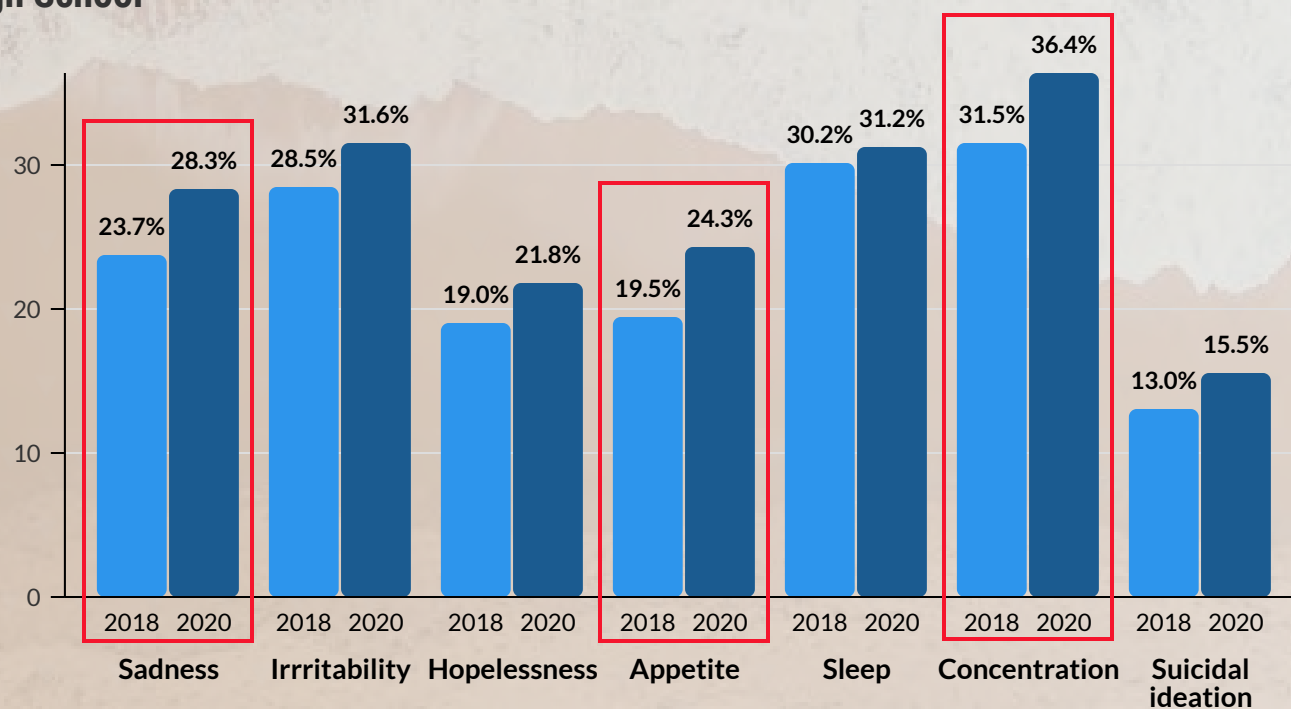
Middle School

High School

Evaluation

Outcome Data: Region 6 (Jamestown, Little Compton, Middletown, Newport, Portsmouth, Tiverton)
Youth Ages 12-17
Mental Health: 30-day sadness, irritability, hopelessness, appetite change, sleep change, diminished concentration (% 'Often' and 'Always'); 12-month suicidal ideation (% 'Yes')

Evaluation

Outcome Data: Region 6 (Jamestown, Little Compton, Middletown, Newport, Portsmouth, Tiverton)
Youth Ages 12-17
Summary of statistically significant changes from 2018 - 2020, where positive (intended) and negative (unintended or unwanted) outcomes are indicated by green and red arrows respectively, and no change is noted by the '=' sign. Shaded boxes indicate 'NA' or absence of data across timepoints.

MIDDLE SCHOOL

Indicator	Prevalence	Perception of risk/harm	Parental disapproval	Peer disapproval	Ease of Access
Alcohol	↑ (red)	=	=	=	↓ (green)
Marijuana	↑ (red)	=	↑ (green)	↑ (green)	=
Cigarettes	=	=	↑ (green)	↑ (green)	↓ (green)
Vaping	=		↑ (green)	↑ (green)	
Prescription Drugs	=	=	=	↑ (green)	=
Bullying - Victim					
Bullying - Perpetrator					
Cyber bullying - Victim					
Cyber bullying - Perpetrator					
Sadness	↑ (red)				
Irritability	=				
Hopelessness	↑ (red)				
Appetite change	↑ (red)				
Sleep disturbance	=				
Concentration	↑ (red)				
Suicidal ideation	=				

Evaluation

Outcome Data: Region 6 (Jamestown, Little Compton, Middletown, Newport, Portsmouth, Tiverton)
Youth Ages 12-17
Summary of statistically significant changes from 2018 - 2020, where positive (intended) and negative (unintended or unwanted) outcomes are indicated by green and red arrows respectively, and no change is noted by the '=' sign. Shaded boxes indicate 'NA' or absence of data across timepoints.

HIGH SCHOOL

Indicator	Prevalence	Perception of risk/harm	Parental disapproval	Peer disapproval	Ease of Access
Alcohol	=	↓	=	=	↓
Marijuana	=	=	↑	↑	↓
Cigarettes	=	↓	=	=	↓
Vaping	↓		↑	↑	
Prescription Drugs	=	=	=	↑	↓
Bullying - Victim					
Bullying - Perpetrator					
Cyber bullying - Victim					
Cyber bullying - Perpetrator					
Sadness	↑				
Irritability	=				
Hopelessness	=				
Appetite change	↑				
Sleep disturbance	=				
Concentration	↑				
Suicidal ideation	=				

Evaluation

Outcome Data: Region 6 (Jamestown, Little Compton, Middletown, Newport, Portsmouth, Tiverton)
Youth Ages 12-17
Summary of key outcome indicators

NOTE: Due to sampling differences in 2018 and 2020, comparisons across data collection points should be interpreted with caution, as regional estimates may be missing representation from key municipalities in the region. For instance, data from sixth grade students were unavailable in 2020 at the middle school level, and data from high school students in Middletown were unavailable in 2020.

MIDDLE SCHOOL
There were a number of significant changes in prevalence of substance use, perception of parental disapproval, perception of peer disapproval, and several mental health indicators from 2018 to 2020.

Prevalence of 30-day use increased for alcohol and marijuana, and **perception of parental disapproval** increased for marijuana, cigarettes and vaping. **Perception of peer disapproval** increased for marijuana, cigarettes, vaping and prescription drugs. **Perception of ease of access** decreased for alcohol and cigarettes. Youth in 2020 reported feeling **more sadness, hopelessness, appetite disturbance and difficulties concentrating in the past 30-days**. No other differences in proportions reached a level of statistical significance.

It is likely that the change in mental health indicators is in part due to the ongoing impact of the coronavirus pandemic, as is the increase in prevalence for alcohol and marijuana use. For marijuana, while it may seem paradoxical that prevalence of use increased while perception of parental disapproval and peer disapproval increased, this change may be related to the relatively low percentage of youth (approximately 55%) who reported 'moderate' or 'great' risk associated with use of this substance across both years of administration. For alcohol, prevalence of use increased while all other related indicators remained stable and perception of ease of access decreased. Similarly to marijuana, while parental and peer disapproval for alcohol are relatively high (80% or more indicating it would be 'wrong' or 'very wrong' to use alcohol across both indicators), perception of risk or harm is relatively low (64% reporting 'moderate' or 'great' risk associated with alcohol use). Despite negative changes in four of the six mental health indicators measured on the RISS, it is a positive that prevalence of 12-month suicidal ideation remained stable. *It is imperative that future data collection efforts incorporate the perspectives of middle school students from all communities in the region, as it is unknown at this time whether the increase in marijuana and alcohol use are true areas of regional concern.*

HIGH SCHOOL
There were a number of significant changes for all substances included in this report across all substance-related indicators, and a few mental health indicators from 2018 to 2020.

Prevalence of 30-day use decreased for vaping, and **perception of risk or harm** decreased for alcohol and cigarettes. **Perception of parental disapproval** increased for marijuana and vaping, and **perception of peer disapproval** increased for marijuana, vaping, and prescription drugs. **Perception of ease of access** decreased for all substances other than vaping (not measured in 2018). Youth in 2020 reported feeling **more sadness, appetite disturbance and difficulties concentrating in the past 30-days**. No other differences in proportions reached a level of statistical significance.

It is a positive result that despite the strain of the coronavirus pandemic on youth in 2020, prevalence of vaping decreased, and perception of parental and peer disapproval increased for several substances. It is also positive that despite negative changes on three of the six mental health indicators measured on the RISS, prevalence of 12-month suicidal ideation remained stable. It is unknown at this time whether the decreases in perception of risk and harm associated with alcohol and cigarette use are a true are of regional concern, or whether these changes are the result of differences in sampling distribution across years of RISS administration. *Again, it is imperative that future data collection efforts incorporate the perspectives of high school students from all communities in the region.*

IMPLICATIONS
Middle School: Region 7 could benefit from continued monitoring of the prevalence of alcohol and marijuana use and ensure that future data collection efforts are representative of all youth in the region. Region 7 could also engage in deliberate work to support and enhance the mental health of students in the region to prevent a future increase in prevalence of suicidal ideation.

High School: Region 7 could benefit from continued programming to support the positive changes noted in prevalence of vaping use. Region 7 could also devote effort to ensure that future data collection efforts are representative of all youth in the region and engage in deliberate work to support and enhance the mental health of students in the region to prevent a future increase in prevalence of suicidal ideation.

Evaluation

Data Sources: Region 7 (Charlestown, Hopkinson, Narragansett, New Shoreham, North Kingstown, Richmond, South Kingstown, Westerly)
Youth Ages 12-17

Middle School *Checked boxes indicate grades for which data were available for each year from each school.*

Town	School	6th Grade		7th Grade		8th Grade	
		2018	2020	2018	2020	2018	2020
New Shoreham	Block Island School			✓		✓	✓
Narragansett	Narragansett Middle School (Pier)	✓		✓		✓	✓
North Kingstown	Wickford Middle School	✓		✓		✓	✓
	Davisville Middle School					✓	
South Kingstown	Curtis Corner Middle School	✓				✓	
Westerly	Westerly Middle School	✓		✓		✓	
Chariho	Chariho Middle School						✓

Note: Middle school data were unavailable for students in 6th and 7th grade in 2020. No data were available from youth in South Kingstown or Westerly in 2020.

Comparisons between 2018 and 2020 data are provided but should be interpreted with caution in light of these sampling differences.

High School *Checked boxes indicate grades for which data were available for each year from each school.*

Town	School	9th Grade		10th Grade		11th Grade		12th Grade	
		2018	2020	2018	2020	2018	2020	2018	2020
New Shoreham	Block Island School	✓	✓		✓		✓		✓
Narragansett	Narragansett High School	✓		✓		✓		✓	
North Kingstown	North Kingstown High School	✓		✓		✓		✓	
South Kingstown	Westerly Middle School	✓	✓		✓		✓		✓
Westerly	Westerly High School	✓	✓		✓		✓		✓
Chariho	Chariho High School						✓		

Note: Data from students in Narragansett, North Kingstown, and Chariho were unavailable in 2020. Comparisons between 2018 and 2020 data may reflect these changes.

Evaluation

Outcome Data: Region 7 (Charlestown, Hopkinson, Narragansett, New Shoreham, North Kingstown, Richmond, South Kingstown, Westerly)
Youth Ages 12-17
Alcohol: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access

Middle School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	4.2%	71.2%	96.0%	83.6%	46.6%
2020	7.7%	66.6%	97.1%	83.0%	43.8%

High School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	18.5%	64.5%	92.2%	68.3%	59.7%
2020	16.7%	65.2%	92.4%	70.0%	54.6%

Region 7 - Alcohol

Evaluation

Outcome Data: Region 7 (Charlestown, Hopkinson, Narragansett, New Shoreham, North Kingstown, Richmond, South Kingstown, Westerly)
Youth Ages 12-17
Marijuana: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access

Middle School

High School

Region 7 - Marijuana

Evaluation

Outcome Data: Region 7 (Charlestown, Hopkinson, Narragansett, New Shoreham, North Kingstown, Richmond, South Kingstown, Westerly)
Youth Ages 12-17
Cigarettes: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access

Middle School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	0.6%	81.2%	96.5%	89.7%	31.9%
2020	2.3%	77.6%	97.1%	91.0%	26.4%

High School

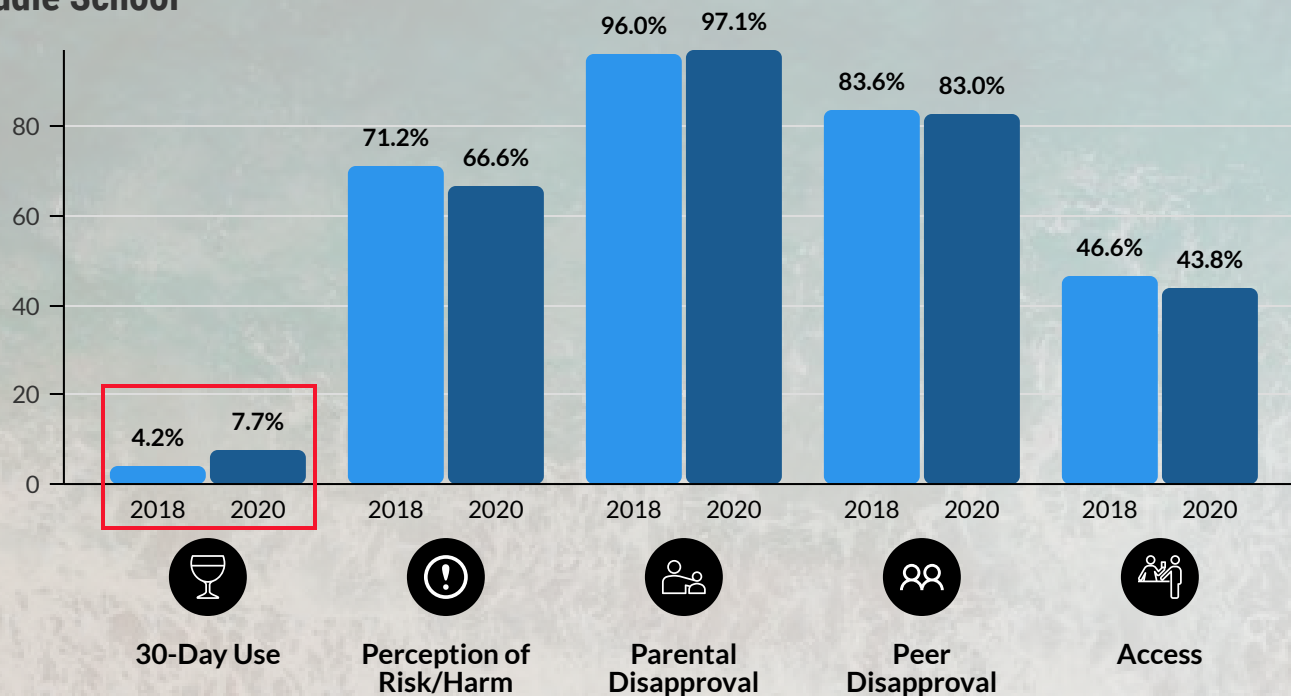|	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	3.8%	76.4%	92.6%	79.9%	41.6%
2020	3.9%	77.9%	93.1%	81.7%	33.7%

Evaluation

Outcome Data: Region 7 (Charlestown, Hopkinson, Narragansett, New Shoreham, North Kingstown, Richmond, South Kingstown, Westerly)
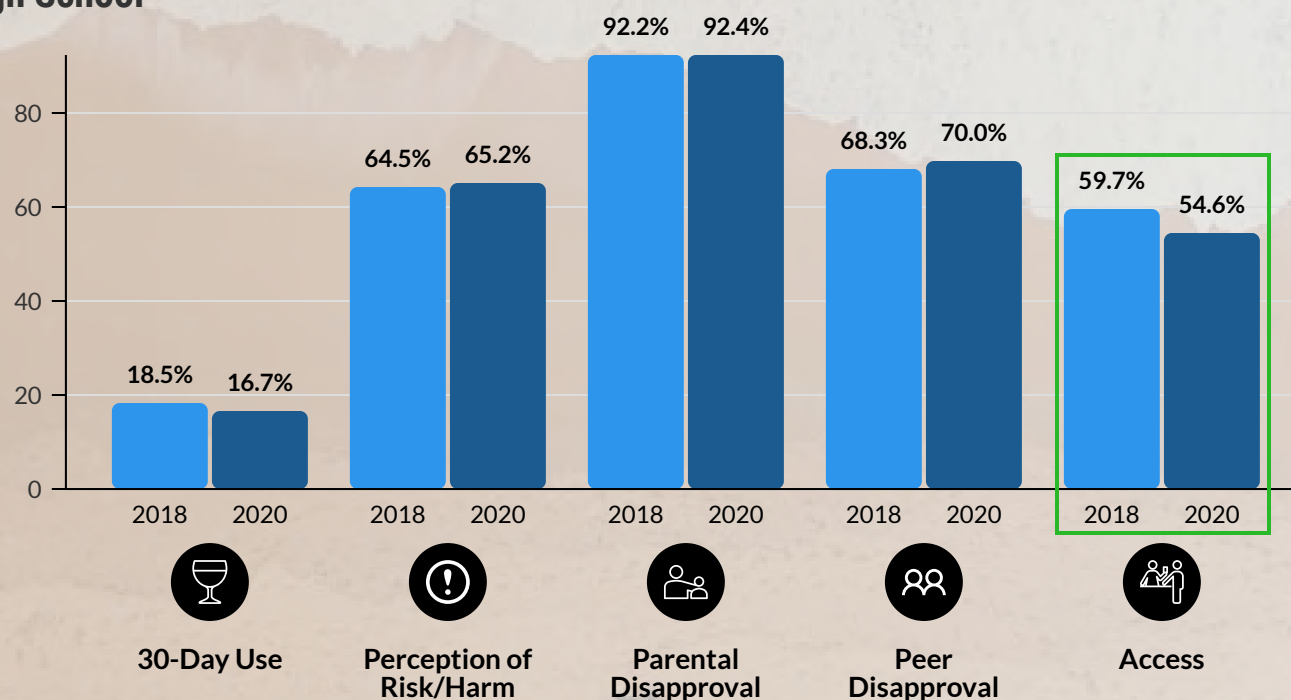Youth Ages 12-17
Vaping: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access

Middle School

	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	7.2%	NA	92.0%	59.0%	NA
2020	5.1%	64.2%	95.5%	76.0%	26.4%

High School

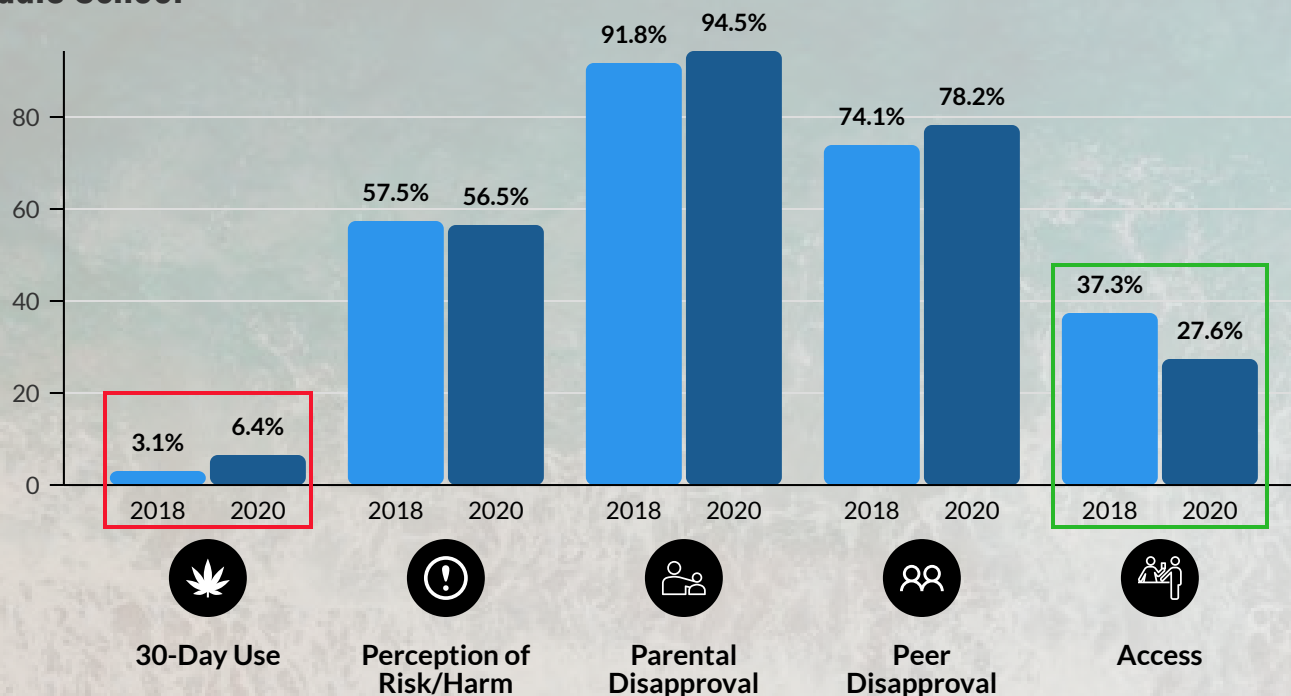|	30-Day Use	Perception of Risk/Harm	Parental Disapproval	Peer Disapproval	Access
2018	24.1%	NA	86.5%	37.5%	NA
2020	12.9%	63.1%	91.9%	59.4%	33.7%

Region 7 - Vaping

Evaluation

Outcome Data: Region 7 (Charlestown, Hopkinson, Narragansett, New Shoreham, North Kingstown, Richmond, South Kingstown, Westerly)
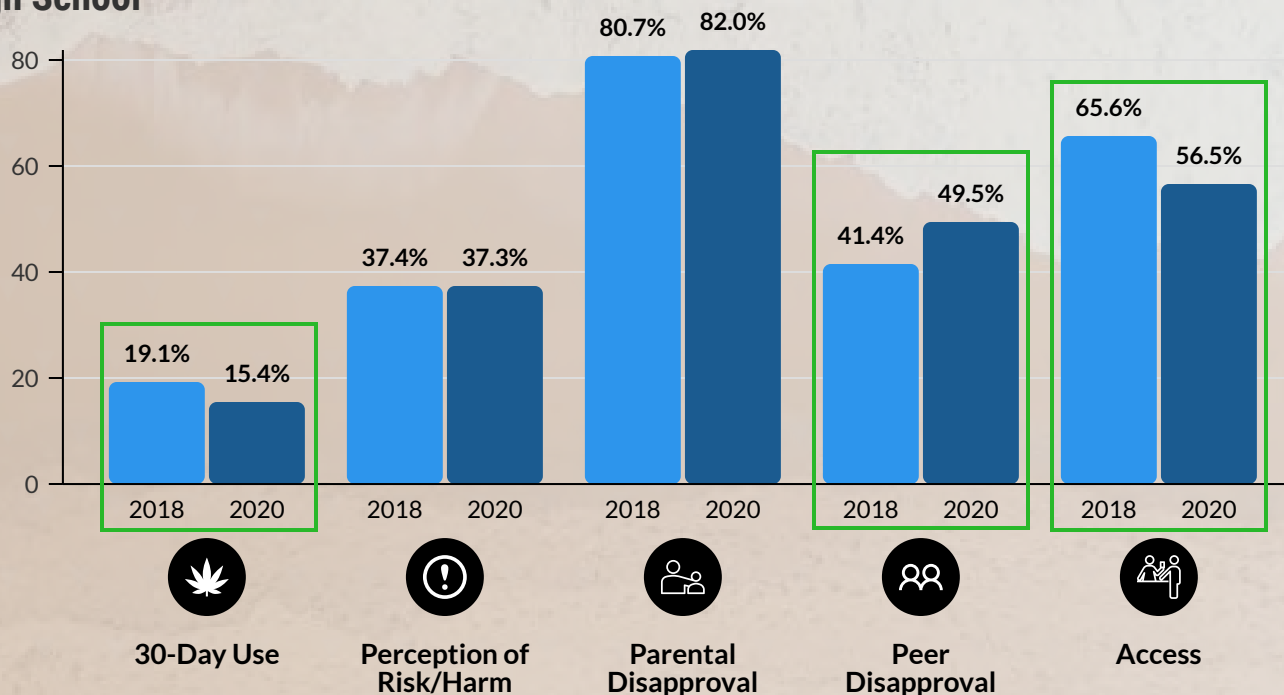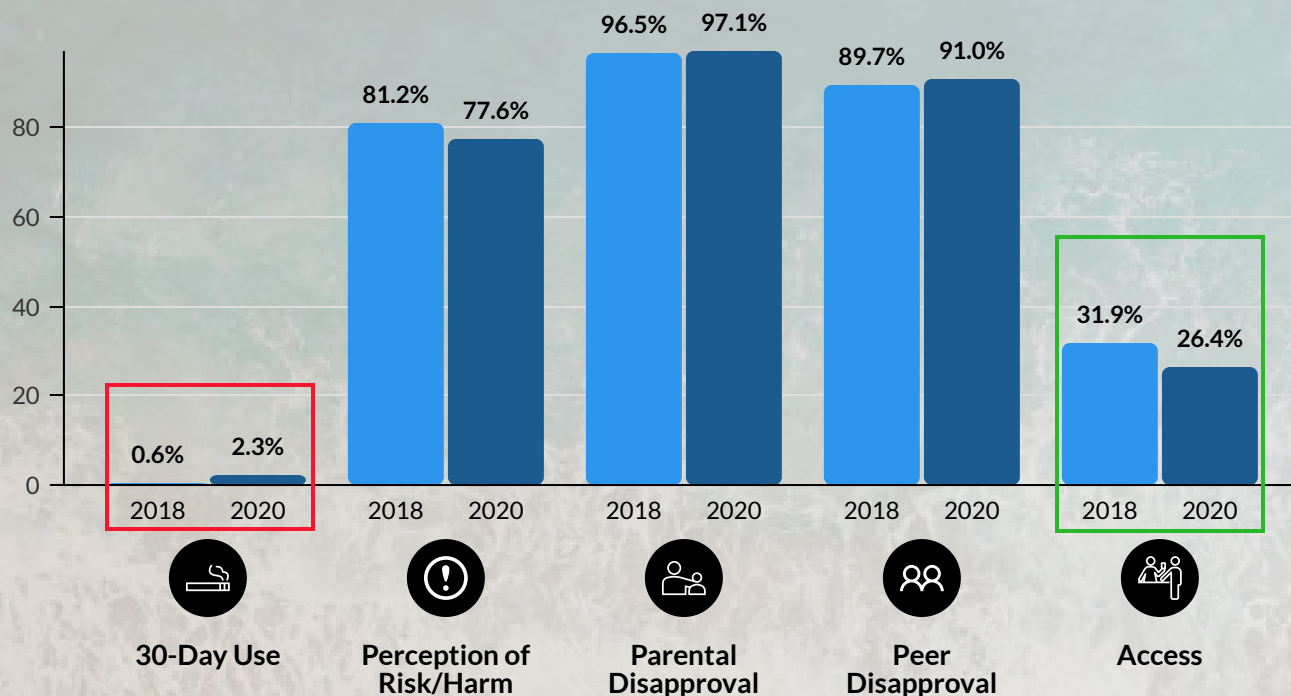Youth Ages 12-17
Prescription Drugs: Prevalence of 30-day Use, Perception of Risk/Harm, Parental Disapproval, Peer Disapproval, Ease of Access

Middle School

	30-Day Use		Perception of Risk/Harm		Parental Disapproval		Peer Disapproval		Access	
	2018	2020	2018	2020	2018	2020	2018	2020	2018	2020
	1.8%	2.1%	83.7%	81.3%	96.9%	96.6%	92.0%	93.8%	25.5%	20.3%

High School

	30-Day Use		Perception of Risk/Harm		Parental Disapproval		Peer Disapproval		Access	
	2018	2020	2018	2020	2018	2020	2018	2020	2018	2020
	2.7%	1.4%	77.5%	80.1%	95.2%	95.8%	85.9%	92.3%	26.9%	18.3%

Evaluation

Outcome Data: Region 7 (Charlestown, Hopkinson, Narragansett, New Shoreham, North Kingstown, Richmond, South Kingstown, Westerly)
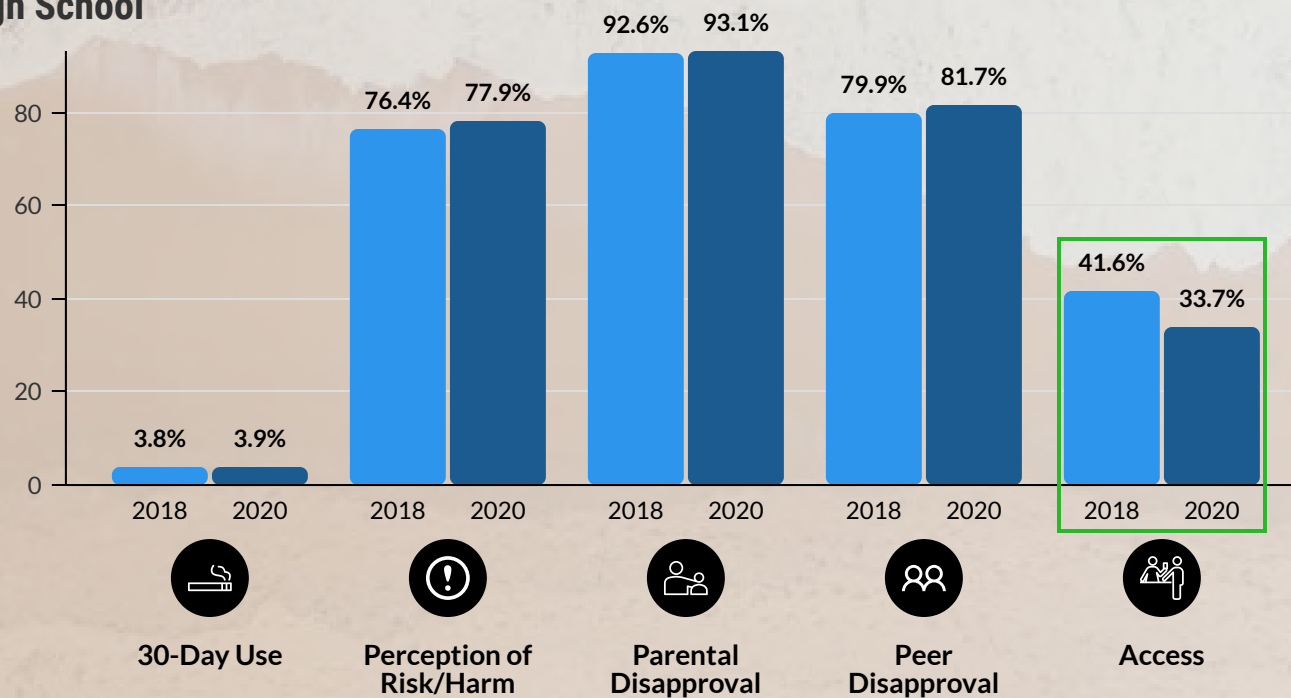Youth Ages 12-17
Bullying: Past year bullied/ bully others, Past year cyber bullied/ bully others (% 'Yes')
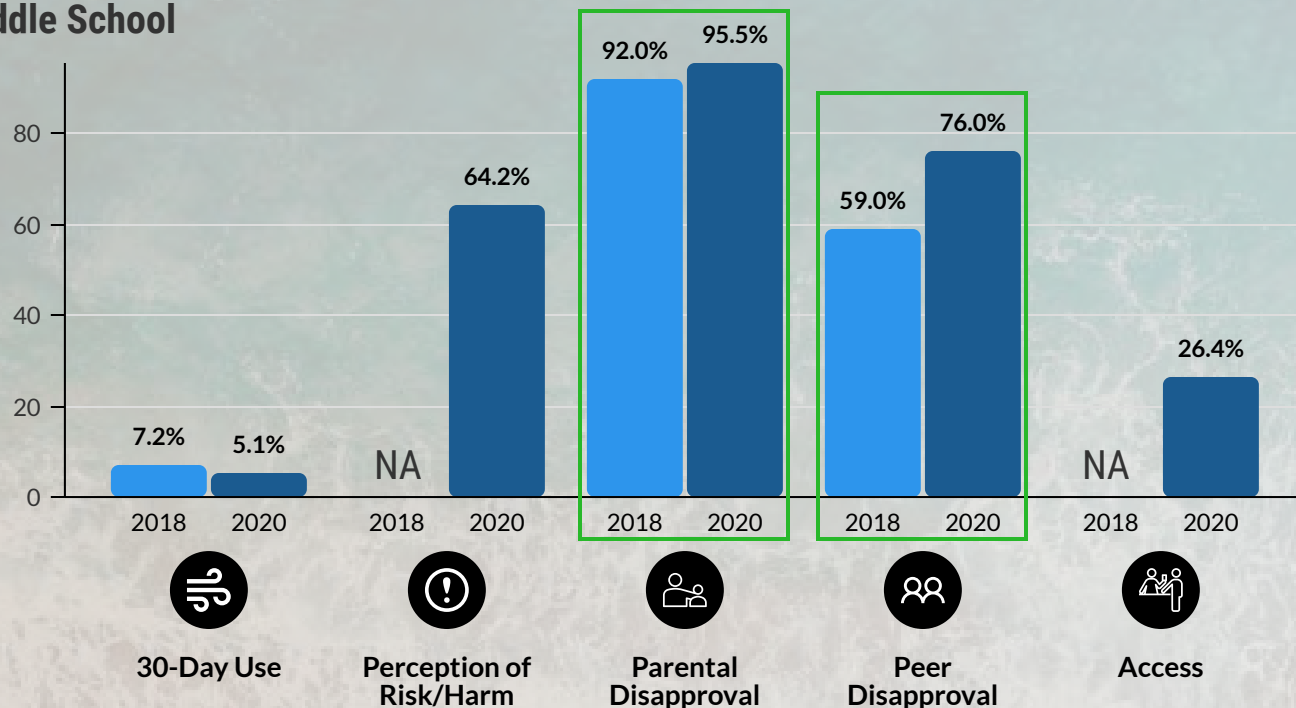Note: 2018 data unavailable

Middle School

High School

Evaluation

Outcome Data: Region 7 (Charlestown, Hopkinson, Narragansett, New Shoreham, North Kingstown, Richmond, South Kingstown, Westerly)
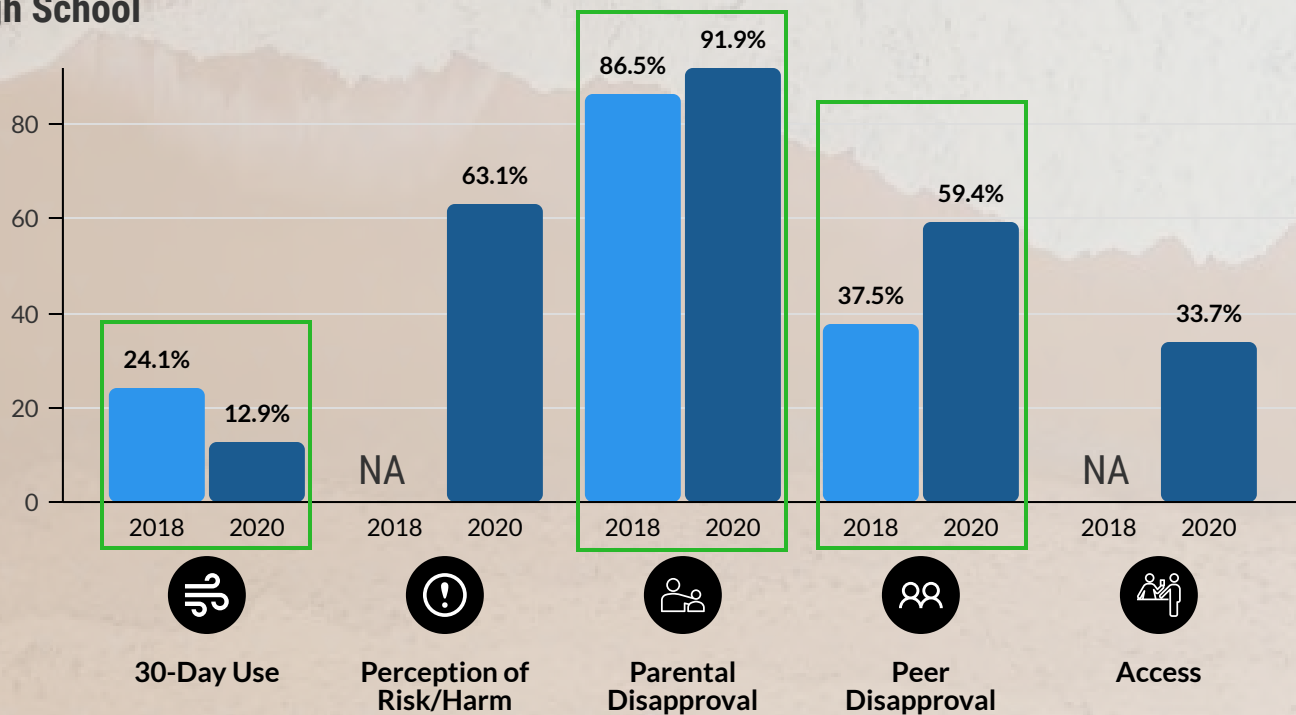Youth Ages 12-17
Mental Health: 30-day sadness, irritability, hopelessness, appetite change, sleep change, diminished concentration (% 'Often' and 'Always'); 12-month suicidal ideation (% 'Yes')

Middle School

	Sadness	Irritability	Hopelessness	Appetite	Sleep	Concentration	Suicidal ideation
2018	22.0%	24.8%	16.3%	15.1%	24.8%	28.5%	13.1%
2020	21.3%	25.7%	16.5%	17.8%	23.7%	32.7%	11.5%

High School

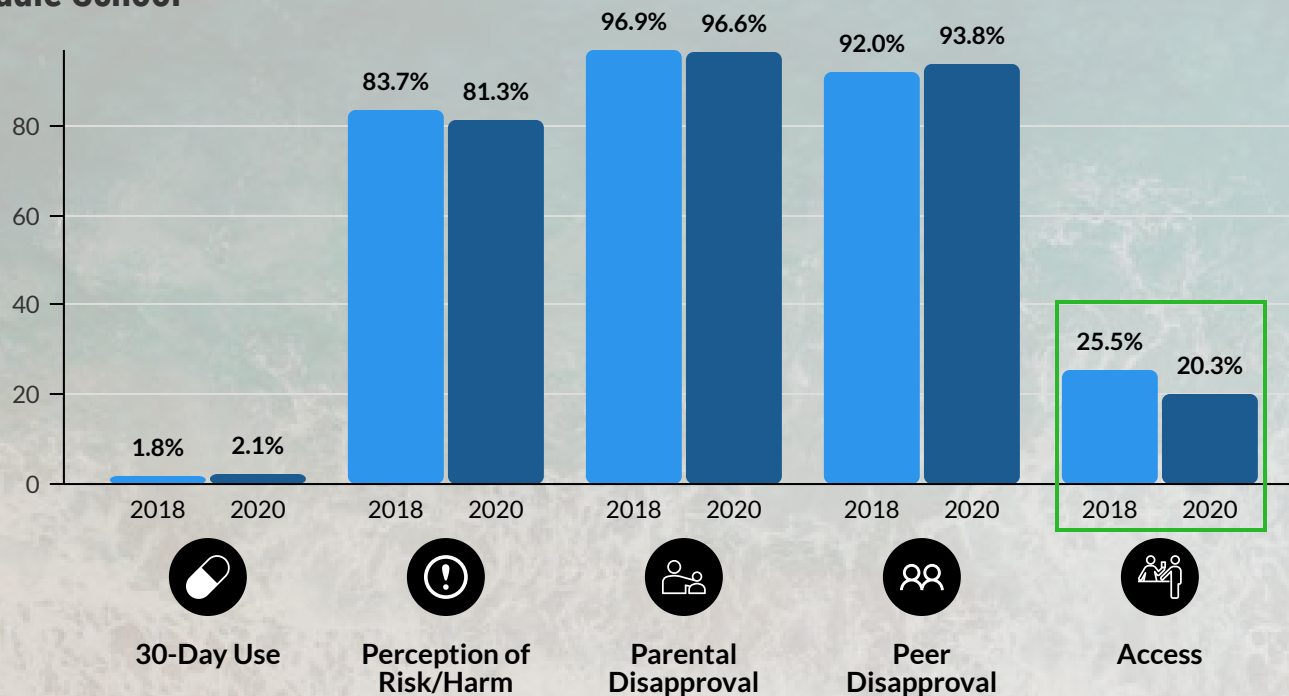|	Sadness	Irritability	Hopelessness	Appetite	Sleep	Concentration	Suicidal ideation
2018	24.5%	30.8%	19.1%	19.2%	31.1%	31.2%	13.2%
2020	29.9%	32.2%	22.6%	23.6%	32.8%	39.6%	12.0%

Evaluation

Outcome Data: Region 7 (Charlestown, Hopkinson, Narragansett, New Shoreham, North Kingstown, Richmond, South Kingstown, Westerly)
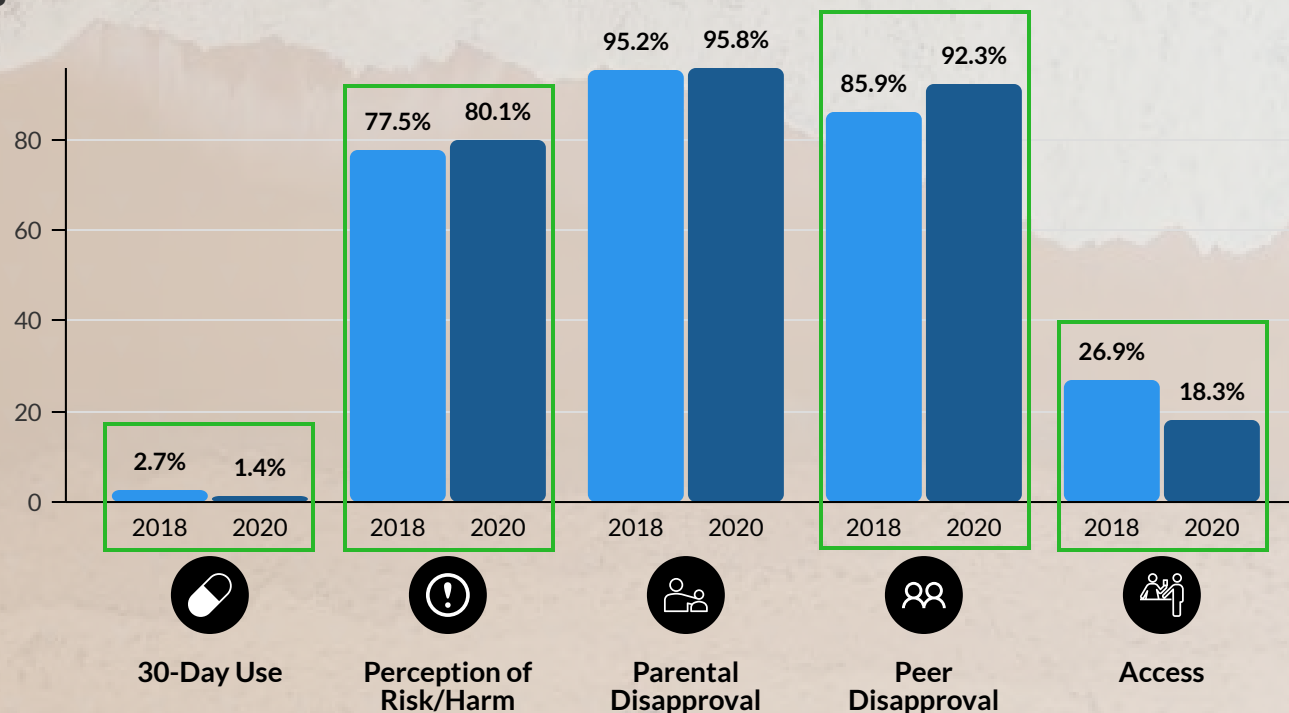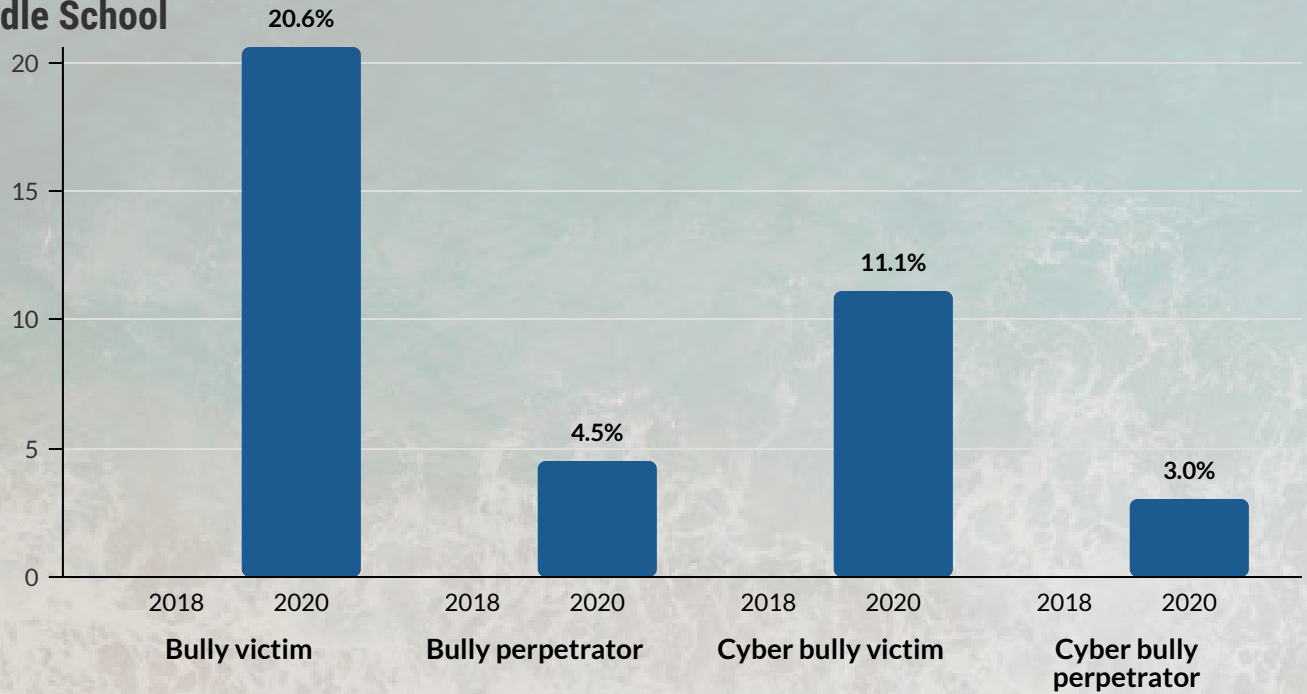Youth Ages 12-17
Summary of statistically significant changes from 2018 - 2020, where positive (intended) and negative (unintended or unwanted) outcomes are indicated by green and red arrows respectively, and no change is noted by the '=' sign. Shaded boxes indicate 'NA' or absence of data across timepoints.

MIDDLE SCHOOL

Indicator	Prevalence	Perception of risk/harm	Parental disapproval	Peer disapproval	Ease of Access
Alcohol	⬆	=	=	=	=
Marijuana	⬆	=	=	=	⬇
Cigarettes	⬆	=	=	=	⬇
Vaping	=		⬆	⬆	
Prescription Drugs	=	=	=	=	⬇
Bullying - Victim					
Bullying - Perpetrator					
Cyber bullying - Victim					
Cyber bullying - Perpetrator					
Sadness	=				
Irritability	=				
Hopelessness	=				
Appetite change	=				
Sleep disturbance	=				
Concentration	=				
Suicidal ideation	=				

Evaluation

Outcome Data: Region 7 (Charlestown, Hopkinson, Narragansett, New Shoreham, North Kingstown, Richmond, South Kingstown, Westerly)
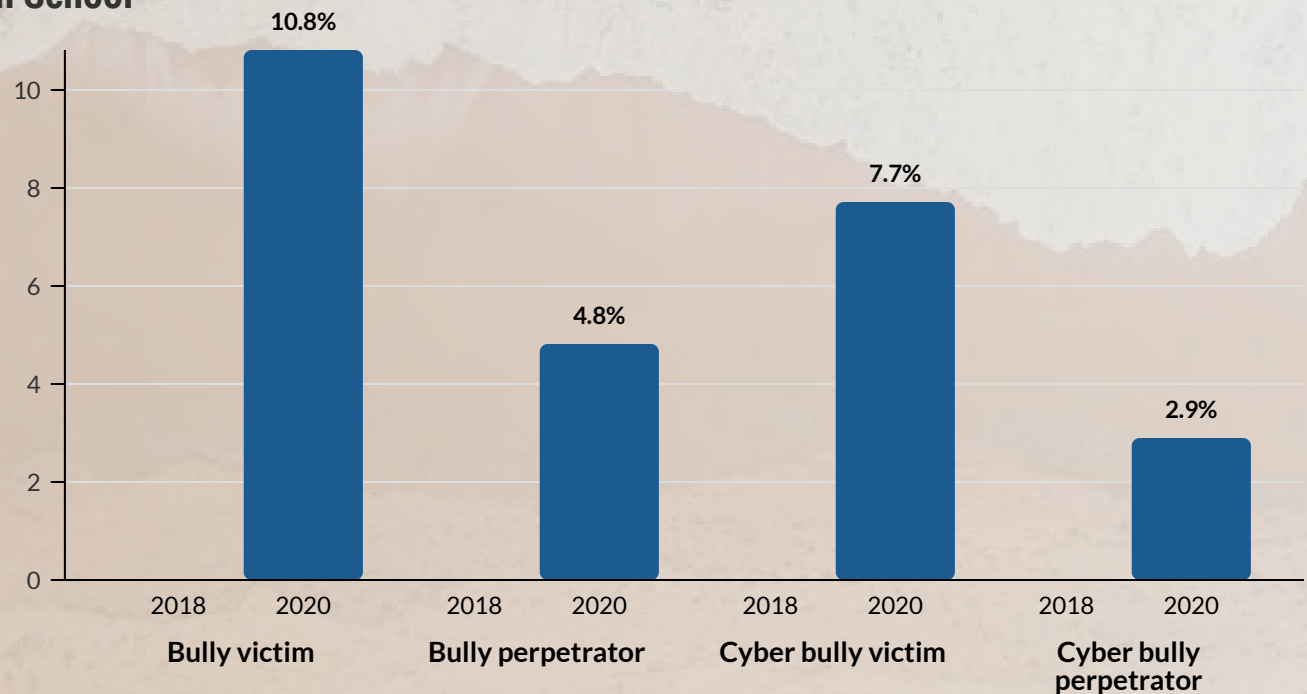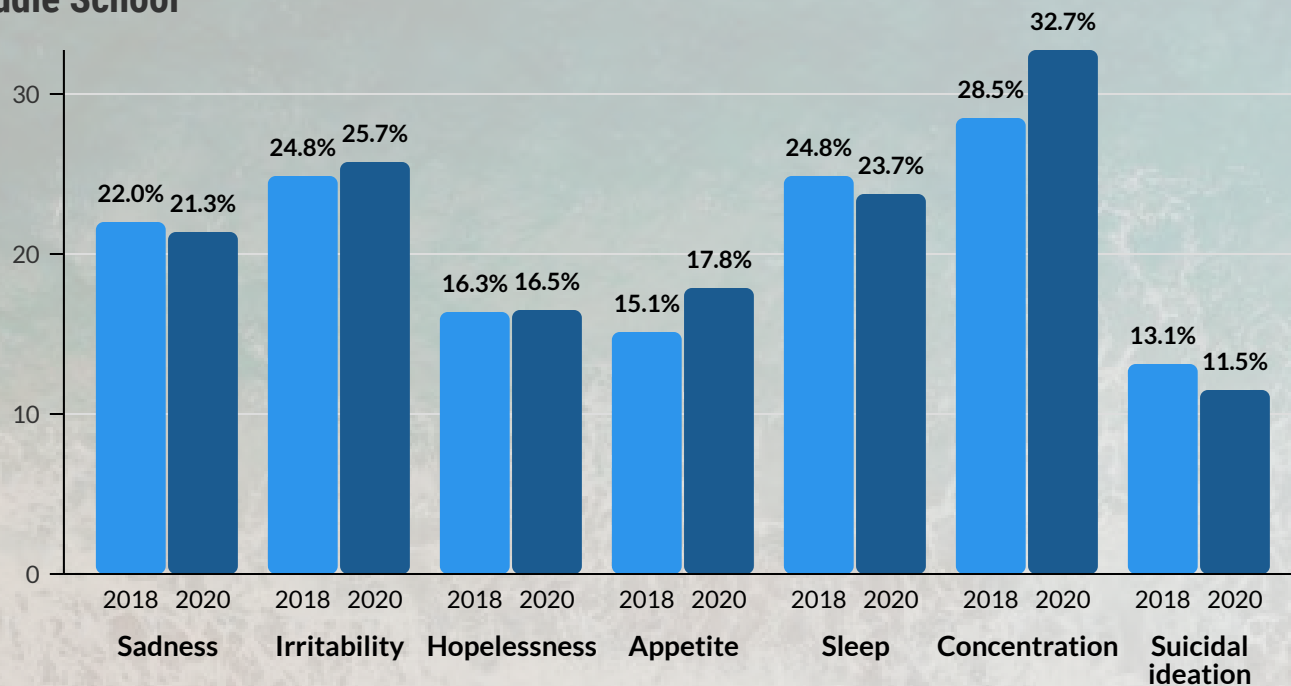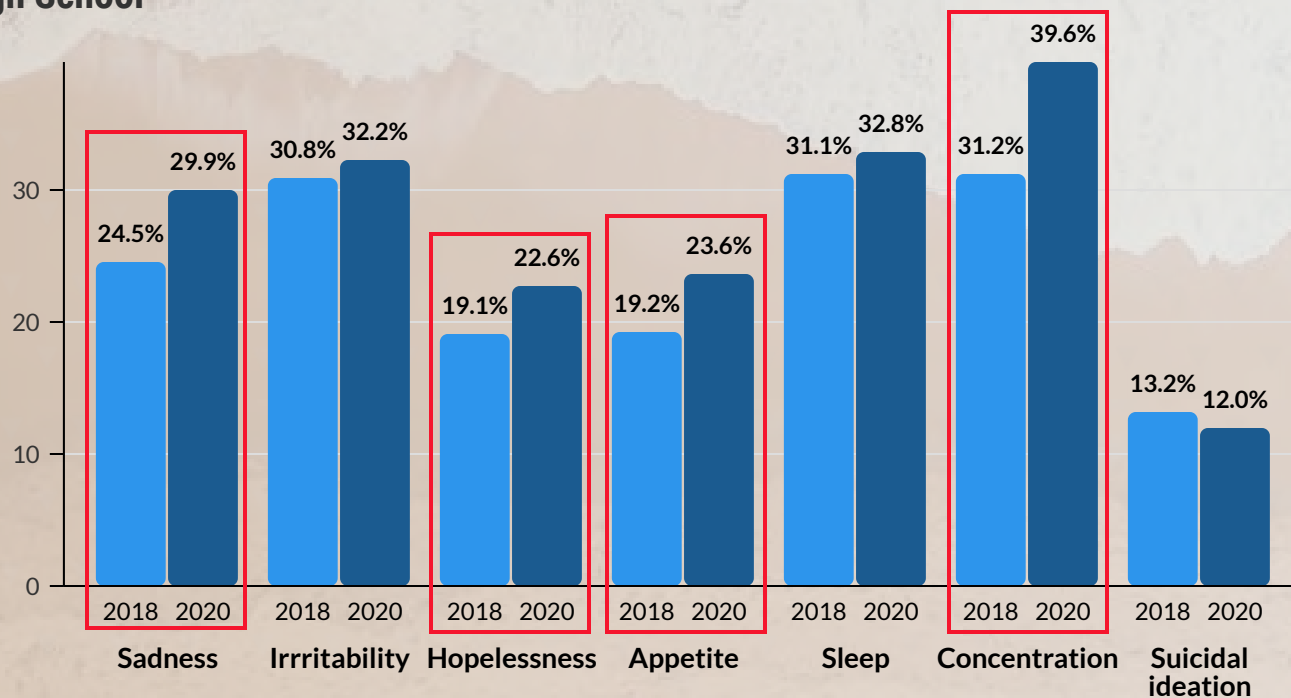
Youth Ages 12-17

Summary of statistically significant changes from 2018 - 2020, where positive (intended) and negative (unintended or unwanted) outcomes are indicated by green and red arrows respectively, and no change is noted by the '=' sign. Shaded boxes indicate 'NA' or absence of data across timepoints.

HIGH SCHOOL

Indicator	Prevalence	Perception of risk/harm	Parental disapproval	Peer disapproval	Ease of Access
Alcohol	=	=	=	=	⬇
Marijuana	⬇	=	=	⬆	⬇
Cigarettes	=	=	=	=	⬇
Vaping	⬇		⬆	⬆	
Prescription Drugs	⬇	⬆	=	⬆	⬇
Bullying - Victim					
Bullying - Perpetrator					
Cyber bullying - Victim					
Cyber bullying - Perpetrator					
Sadness	⬆				
Irritability	=				
Hopelessness	⬆				
Appetite change	⬆				
Sleep disturbance	=				
Concentration	⬆				
Suicidal ideation	=				

Evaluation

Outcome Data: Region 7 (Charlestown, Hopkinson, Narragansett, New Shoreham, North Kingstown, Richmond, South Kingstown, Westerly)
Youth Ages 12-17
Summary of key outcome indicators
Note: Due to sampling differences in 2018 and 2020, comparisons across data collection points should be interpreted with caution, as regional estimates may be missing representation from key municipalities in the region. For instance, middle school data were unavailable for students in 6th and 7th grade in 2020 and no data were available from middle school students from South Kingstown or Westerly in 2020. At the high school level, no data were available from students in Narragansett, North Kingstown, or Chariho in 2020.

MIDDLE SCHOOL
There were a number of significant changes for prevalence of substance use, parental and peer disapproval, and ease of access across multiple substances, and no changes in any of the six mental health indicators measured by the RISS or 12-month suicidal ideation.

Prevalence of 30-day use increased for alcohol, marijuana and cigarettes. **Perception of parental and peer disapproval** increased for vaping. **Perception of ease of access** decreased for marijuana, cigarettes, and prescription drugs. No other differences in proportions reached a level of statistical significance.

It is a positive result that despite the strain of the coronavirus pandemic on youth, there were no reported differences in any of the six mental health indicators measured by the RISS or 12-month suicidal ideation. Somewhat paradoxically, the prevalence of marijuana and cigarette use increased while the perception of ease of access decreased. For marijuana, while there was no change in perception of risk or harm, when compared with parental and peer disapproval, where 74% or more reported their parents or peers feel it would be 'wrong' or 'very wrong' to use marijuana, 57% or less reported 'moderate' or 'great' risk associated with marijuana use. It is possible that the increase in prevalence of use for marijuana is related to this factor. For cigarettes, it is likely that the prevalence reported in 2018 (.6%) is not representative of the actual prevalence in the region, and that the 'true' prevalence is closer to that reported in 2020. *It is imperative that future data collection efforts incorporate the perspectives of middle school students from all communities in the region, as it is unknown at this time whether these are true areas of concern, or the more likely explanation, an artifact of the sampling distribution.*

HIGH SCHOOL
There were a number of significant changes for all substances included in this report across all substance-related indicators, and multiple mental health indicators from 2018 to 2020.

Prevalence of 30-day use decreased for marijuana, vaping, and prescription drugs, and **perception of risk/harm** increased for prescription drugs. **Perception of parental disapproval** increased for vaping, and **perception of peer disapproval** increased for marijuana, vaping, and prescription drugs. **Perception of ease of access** decreased for all substances included in this report other than vaping (not measured in 2018). Youth in 2020 reported feeling **more 30-day sadness, hopelessness, appetite disturbance, and difficulty concentrating**. No other differences in proportions reached a level of statistical significance.

It is a positive result that despite the strain of the coronavirus pandemic on youth, marijuana, vaping and prescription drug use decreased and perceptions of positive protective factors increased across all substances. It is also a positive result that despite unwanted changes in four of the six mental health indicators measured by the RISS that 12-month suicidal ideation remained stable. Despite these positive results, it is imperative that future data collection efforts incorporate the perspectives of high school students from all communities in the region, and across multiple grade levels, as it is unknown at this time whether these positive changes are representative of the region or an artifact of the sampling distribution.

IMPLICATIONS
Middle School: Region 7 could benefit from continued monitoring of the prevalence of alcohol, marijuana and cigarette use and ensure that future data collection efforts are representative of all youth in the region.

High School: Region 7 could benefit from continued programming for high school youth to support the positive changes noted in prevalence of, and protective factors related to substance use. Region 7 could also engage in deliberate work to support and enhance the mental health of students in the region to prevent an increase in future suicidal ideation.

Summary

Regions met BHDDH goals for assessment of regional and municipal needs and utilized several products deveoloped by the State Epidemiological Outcomes Workgroup (SEOW) and the RI Prevention Resource Center (RIPRC).

Data suggest that despite some setbacks in prevalence of use and risk and protective factors for a few substances, it is a positive that most regions either remained stable or experienced some improvement across these variables from 2018.

Through data collected by the Coalition Member Survey and PARTNER Tool, there is strong evidence to suggest that regions have developed a tremendous amount of capacity to implement evidence-based programming in Phase II of the RPTF.

Despite significant capacity-building effort to 'stand up' viable regional prevention coalitions, regions were nonetheless able to implement a budding array of evidence-based programming across the lifespan that targeted multiple CSAP strategies and substance use/mental health outcomes..

Regions utilized tools developed by the Community Research and Services Team (CRST) to track and plan for implementation of evidence-based programs and practices.

Assessment

Evaluation

Sustainability and Cultural Competence

Capacity

Implementation

Planning

Sustainability and Cultural Competence

Emphasis on sustainability and cultural competence was evident in regional and municipal work plans and by the type and quantity of trainings and training topic reported by regional directors in the Mosaix Impact system.