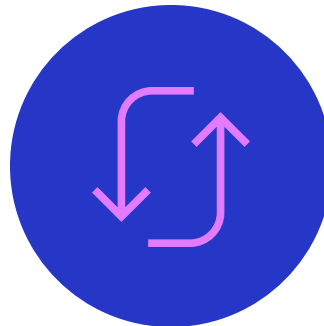
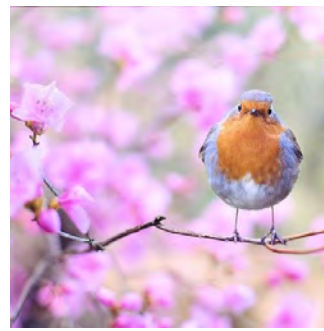




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Research &
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Team (CRST)**

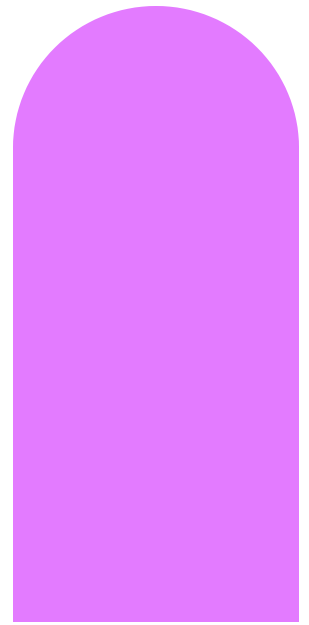


Rhode Island RI Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH) Prevention Initiatives

Evaluation Summary 2021
December, 2021

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Introduction



RPTF: Regional Prevention Task Force Initiative

BACKGROUND

In January, 2017, the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) introduced a new regional infrastructure model that aggregated the state's 39 existing municipal prevention coalitions into seven distinct regional coalitions, each with its own regional prevention coordinator.

Regions were comprised by one to eight municipalities. Providence was designated as its own 'region' because of its status as the capital of the state and large urban population. Regional coordinators were tasked with recruiting a diverse array of coalition members from six Center for Substance Abuse Prevention (CSAP) sectors to enhance delivery of substance abuse prevention and mental health promotion services, as well as to increase the number of evidence-based programs, policies, and practices executed within each region.

In order to evaluate the efficacy of the regional model as a viable delivery system for prevention and mental health promotion services, the CRST designed an evaluation based on principles of social network analysis, including constructs of *network connectivity* and *network health*.

NETWORK CONNECTIVITY

Network connectivity refers to the number and structure of the connections within the social network. Assessing connectivity within and across regions can be useful in determining whether the structure of the network enables efficient sharing of information, ideas and resources. Key network connectivity questions addressed by the evaluation include:

1. Is network membership across sectors growing and expanding over time?
2. Is the proportion of members in the network who are active in the region growing?
3. Are members both bonding and bridging in the network?

Introduction



RPTF: Regional Prevention Task Force Initiative

NETWORK HEALTH

Network health refers to how well a network is functioning. Key network health questions addressed by the evaluation include:

1. Are regional coordinators participating and exercising leadership as they are able to?
2. What is the level of trust among members in the network?
3. What are the power relationships within the network and how are decisions made?

Data related to **network connectivity** were obtained from the newly implemented PARTNER tool. This instrument was utilized to evaluate network connectivity in lieu of the attendance data tracking sheets originally developed by the CRST. In collaboration with BHDDH, the CRST used a developmental evaluation approach to adapt the measurement strategy for network connectivity in response to low response rates to the tools originally developed to track this metric. This survey was administered to organizations and individuals defined as 'partners' to each regional coalition.

Data related to **network health** were obtained from the coalition member survey (CMS) administered by the evaluation team in 2021. In collaboration with BHDDH and the regional prevention coalitions, the CRST used a developmental evaluation approach to restrict the survey to individuals and organizations defined as 'members' of each regional coalition. Comparisons between 2020 and 2021 data are not meaningful because the 2020 CMS was distributed to members *and* partners of the coalition, whereas the 2021 CMS was restricted to *members only*. Given that the CMS is largely a measure of *internal* coalition functioning, restricting the survey to members made practical sense because members are more likely to regularly attend coalition meetings, and as such, have a deeper working knowledge of the constructs measured by the CMS. It is recommended that future administrations of the CMS continue to follow this sampling strategy to allow comparisons across years of administration with precision.

It is also important to note that the CMS and PARTNER tool were administered during the COVID-19 pandemic. Future comparisons can reveal whether results obtained in 2021 are consistent over time, or whether notable observations are better attributed to the unique environmental context of an ongoing global pandemic.

ORGANIZATION OF THIS REPORT

- Evaluation findings related to network connectivity and health, as well as implementation of evidence based programs, practices and policies, are presented separately for each region in Chapters 1 - 7
- A summary of key findings and implications for action is presented in Chapter 8
- Chapter 9 focuses on progress related to the evaluation of fidelity to the Rhode Island Student Assistance Services (RISAS) Project SUCCESS prevention education curriculum
- Chapter 10 focuses on progress related to evaluation of formal training and technical assistance offered through the Rhode Island Prevention Resource Center (RIPRC)

CHAPTER 1

Region 1: Southern Providence

Cranston, Foster*, Gloucester*, Scituate, North Providence, Smithfield, Johnston

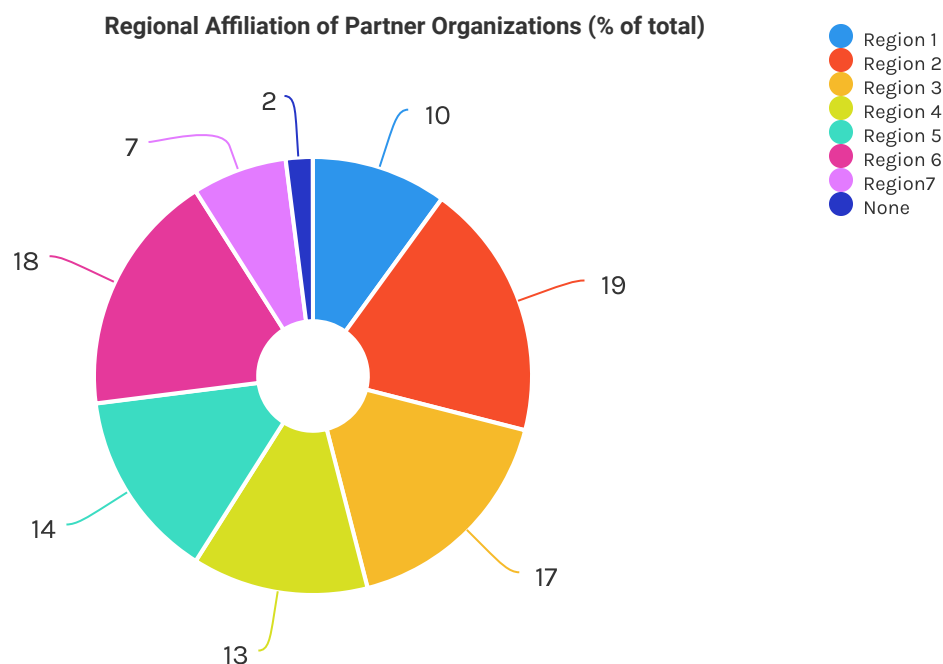
OVERVIEW: NETWORK CONNECTIVITY

RESPONDENTS Region 1 participated in the newly implemented PARTNER survey (www.partnertool.net) to assess factors related to network connectivity using social network analysis methods. 'Partners' were defined and identified by the regional coordinator as individuals and/or organizations who do not regularly participate in monthly regional coalition meetings, yet are nonetheless highly invested in the work of the coalition and serve important community functions to enhance the coalition's impact and reach. Partners were asked to answer questions about their perceptions of the Regional Prevention Task Force network and their organization's partnership with others in the network.

Given that some organizations described partner relationships with multiple regional prevention coalitions, results from the social network analysis are presented for all regions combined to best describe the manner in which partner organizations are interacting with their coalition partners and with each other.

In September 2021, 153 organizations were identified by regional coordinators as partners to their coalition. 70 organizations responded for a 46% response rate. Those that responded reported that they collectively had 563 partnerships, describing the resulting "network" of partnerships. Region 1 identified 14 partner organizations for the survey, of which 10 responded for an excellent regional response rate of 71%.

The pie chart below show the regional affiliation of the 153 members of the network.



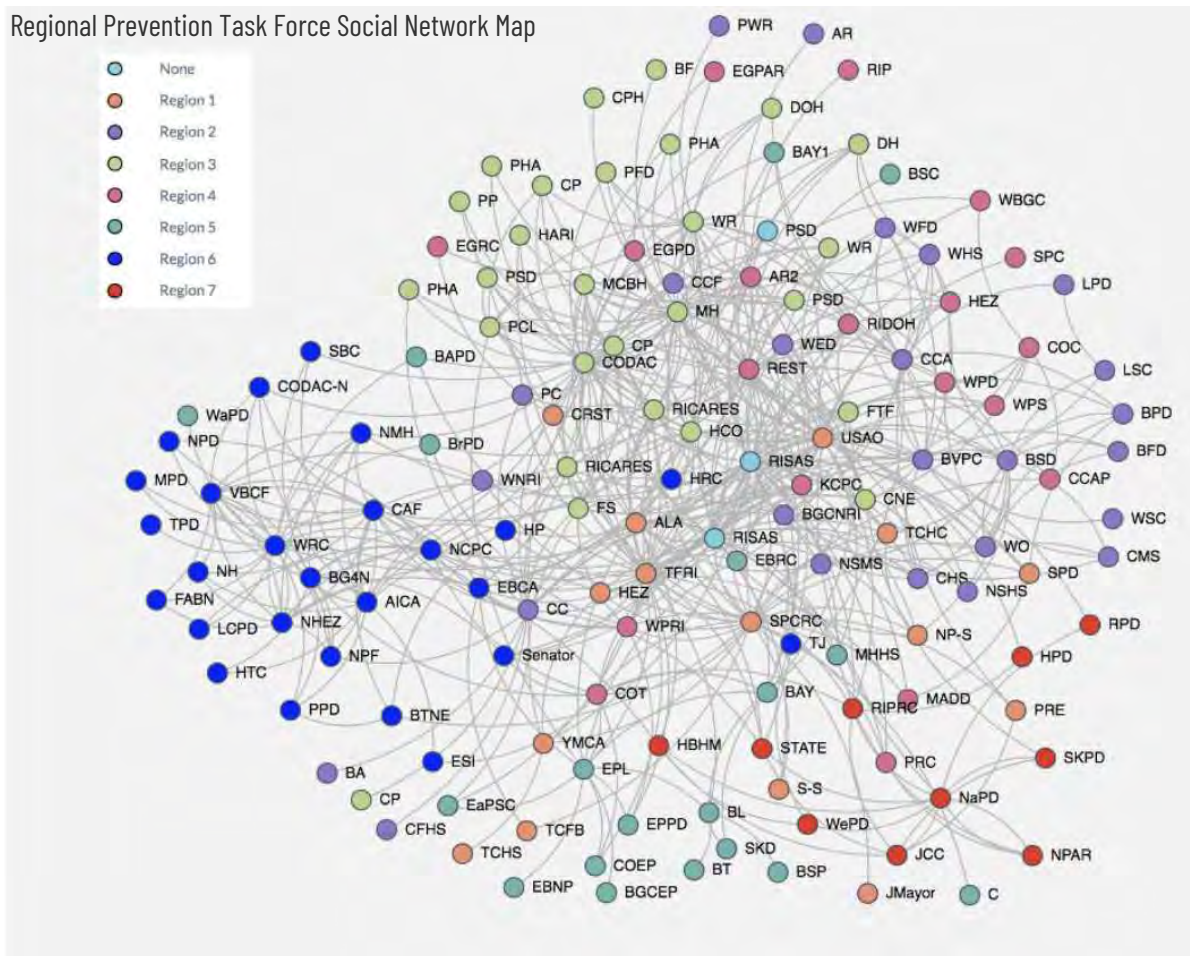
Region 1: Southern Providence

Cranston, Foster*, Glocester*, Scituate, North Providence, Smithfield, Johnston

OVERVIEW: NETWORK CONNECTIVITY

SOCIAL NETWORK MAP Below is a social network map of the partnerships within the Regional Prevention Task Force network that shows each organization represented in the survey as a circle (node) and the lines shown demonstrate all relationships that were reported by respondents (selected to show all reported relationships). The network is diverse with a low level of density. Of all the possible connections in the network, 2% were reported. This means that there is a little connectivity already taking place with opportunities to develop additional connections between partners. It is important to note that when there are numerous organizations in the network, it is not likely to have a high connectivity score because organizations do not have the time or other resources to foster many meaningful connections.

IMPLICATIONS Focusing on developing connections among isolated partners and identifying places in the network where connections are weak may be important targets of intervention.



CHAPTER 1

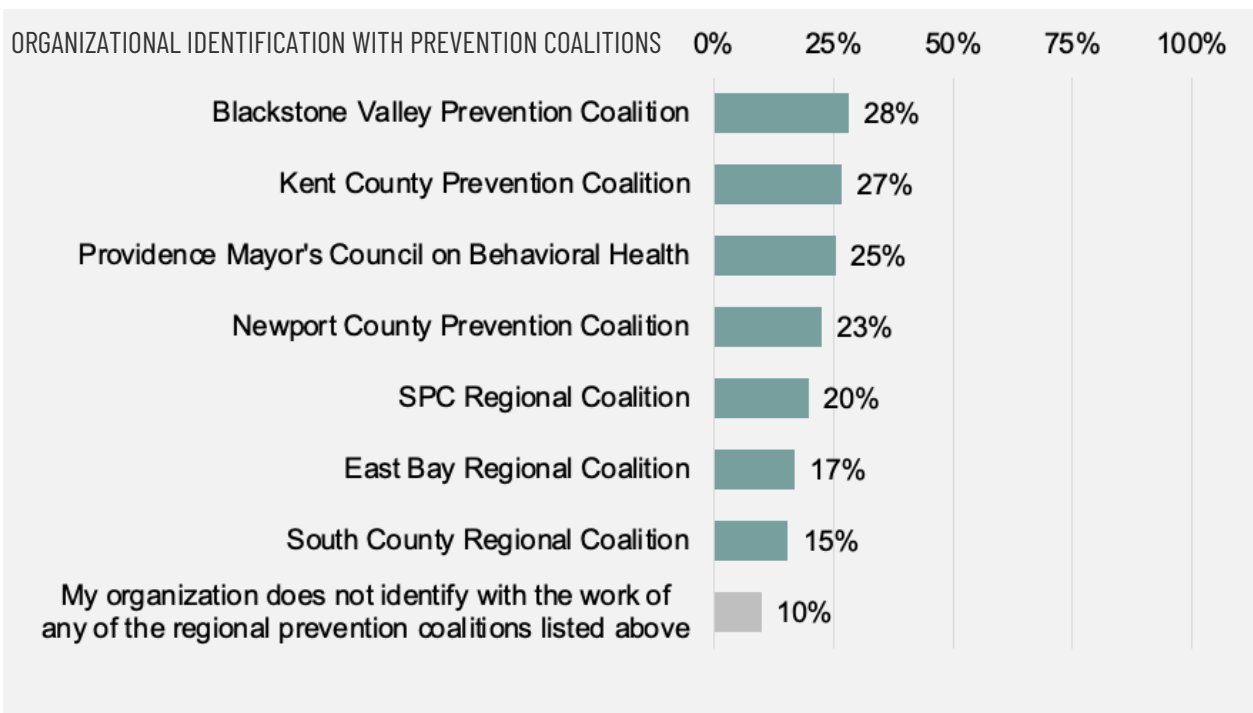
Region 1: Southern Providence

Cranston, Foster*, Gloucester*, Scituate, North Providence, Smithfield, Johnston

OVERVIEW: NETWORK CONNECTIVITY

ORGANIZATIONAL IDENTIFICATION WITH PREVENTION COALITIONS In addition to being identified by their regional coalition director as an integral partner organization, participants were also asked to self-identify which prevention coalition(s) their organization's work identifies with most. The following graph demonstrates that many organizations who responded to the survey self-identified as partners to multiple regional coalitions. Approximately 10% of organizations identified as partners by regional coordinators reported that their organization does not identify with the work of any of the regional prevention coalitions listed on the survey.

IMPLICATIONS The number of intra-regional relationships suggests that partners are willing to work with multiple regional coalitions to achieve shared substance use prevention goals. One area for improvement may be to better operationalize how 'partners' are defined, as 10% of respondents reported that their organization does not identify with the work of any of the regional coalitions listed on the survey, despite being identified as a partner organization by a regional coalition director. Clarifying roles and expectations may help to more fully integrate organizations that do not currently identify in this manner.



CHAPTER 1

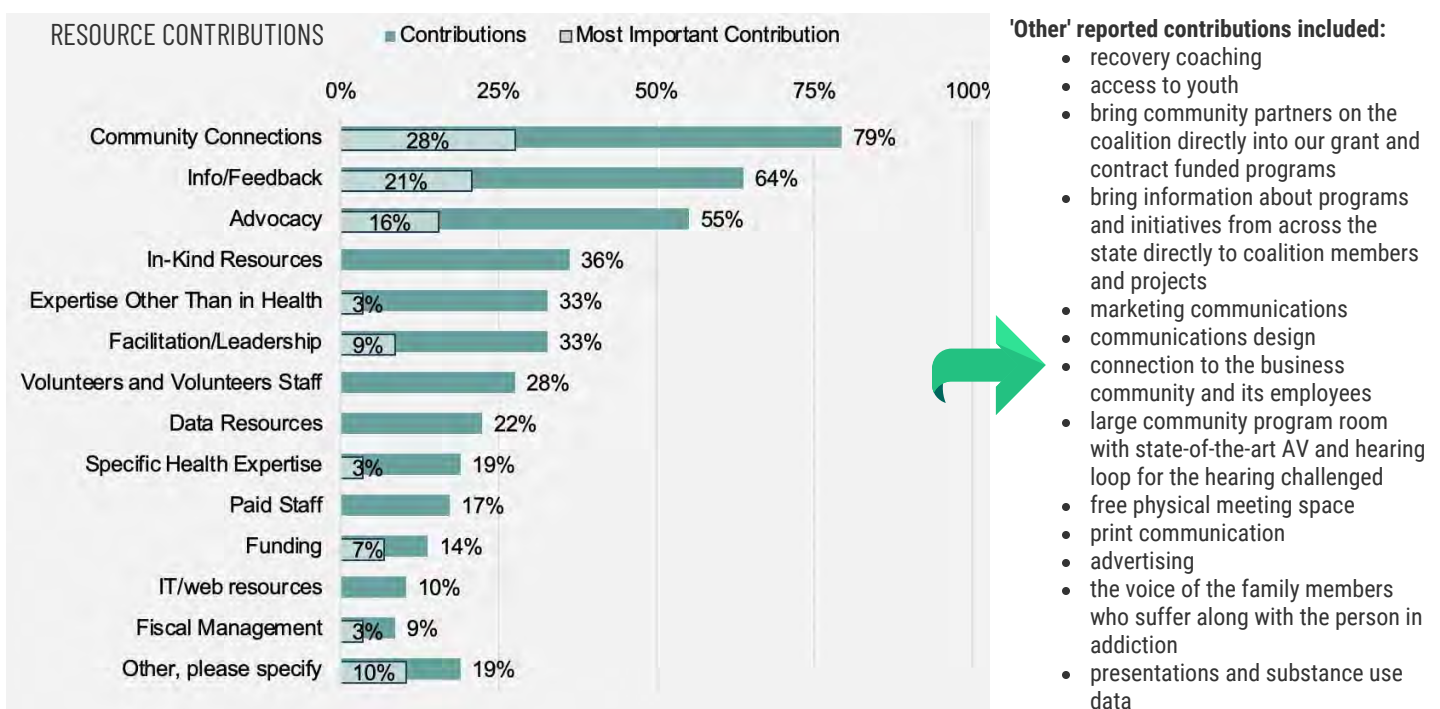
Region 1: Southern Providence

Cranston, Foster*, Gloucester*, Scituate, North Providence, Smithfield, Johnston

OVERVIEW: NETWORK CONNECTIVITY

RESOURCE CONTRIBUTIONS Investigating resources and services that partners can contribute or potentially contribute provides information on which resources, services, and information are shared between network members, the types of resources and services needed by the network, and the extent to which the exchange of resources and services increases community capacity. When asked to report what their organization contributes, or can potentially contribute to the regional prevention coalition their organization identifies with most, more than half of respondents indicated community connections, info/feedback, and advocacy as top priorities. Of these options, community connections and info/feedback were reported as organizations' most important contributions.

IMPLICATIONS Results suggest that coalitions utilize partner relationships to increase connectivity in the community, seek information and feedback about relevant coalition objectives, and enhance advocacy efforts for the important work that they do. Partners are largely in agreement that their *existing* or *potential* contributions are their most important contributions to the regional coalitions. Of note, over one third of participants reported contribution or potential contribution of in-kind resources. This suggests that regional coalitions are leveraging resources with community partners where available to enhance their work and sustain their efforts outside of the fiscal opportunities provided under the regional prevention task force contract. Other questions for coalitions to consider include whether there are any resources/services that are overrepresented by partners, which resources/services are underrepresented or not represented at all, and what steps can be taken to acquire these resources through a new or existing partner organization, if relevant.



CHAPTER 1

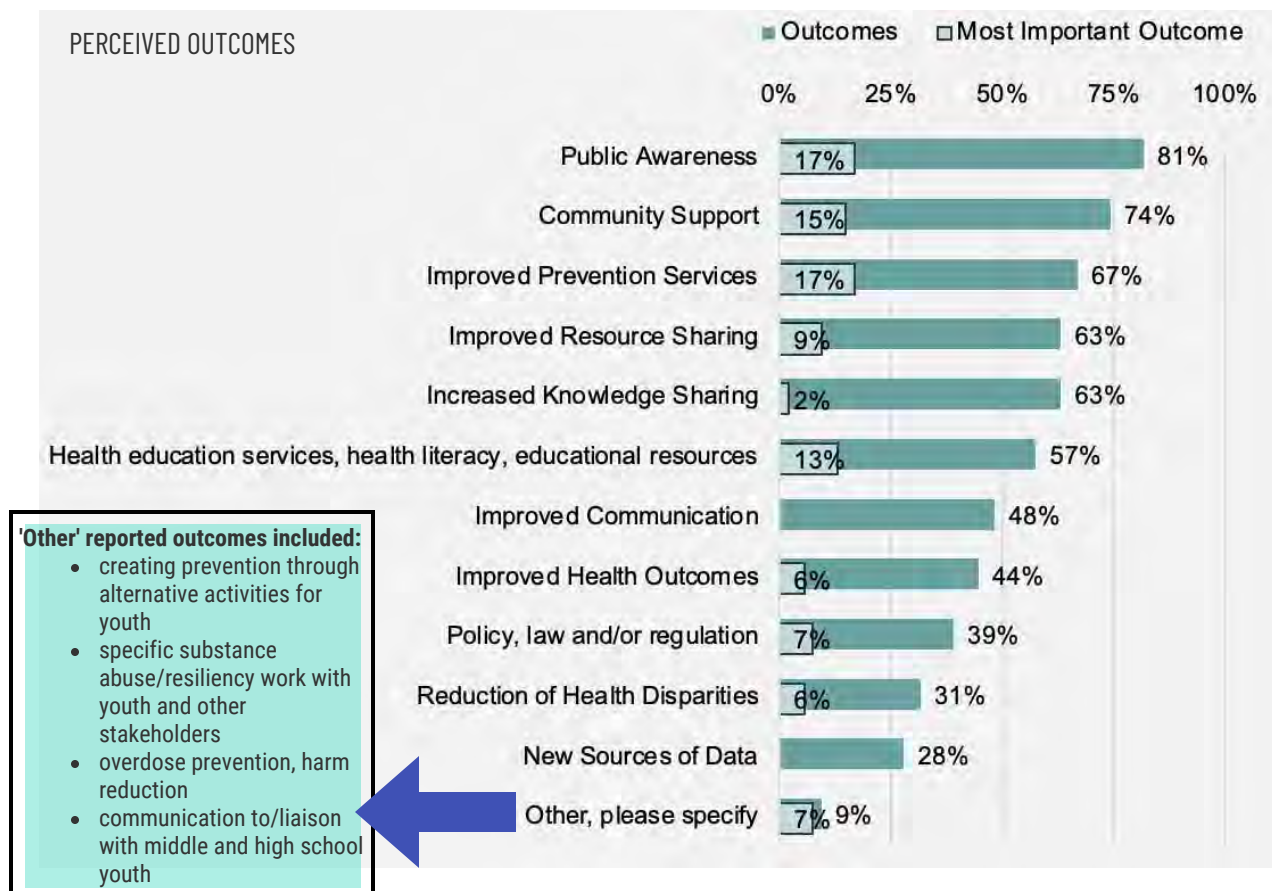
Region 1: Southern Providence

Cranston, Foster*, Gloucester*, Scituate, North Providence, Smithfield, Johnston

OVERVIEW: NETWORK CONNECTIVITY

PERCEIVED OUTCOMES Participants were asked to report on outcomes they perceive to be most important to the regional coalitions. At least two-thirds of respondents indicated that public awareness (81%), community support (74%), and improved prevention services (67%) are the outcomes their organization most identifies with working toward in the regional prevention coalition. When asked which outcomes are most important, most respondents selected the same three options.

IMPLICATIONS Assessing partners' perceptions of outcomes important to the coalition is important because it allows coalitions to determine whether self-identified coalition goals match perceived goals by partners, and the degree to which the network is meeting those goals. Results positively suggest that most partners are in agreement that improvement of prevention services is an important outcome to the coalitions. Coalitions can utilize these data to work collaboratively with partners to align strategies with critical goals, determine which resources are available to achieve these outcomes, and to leverage available resources to address any barriers.



CHAPTER 1

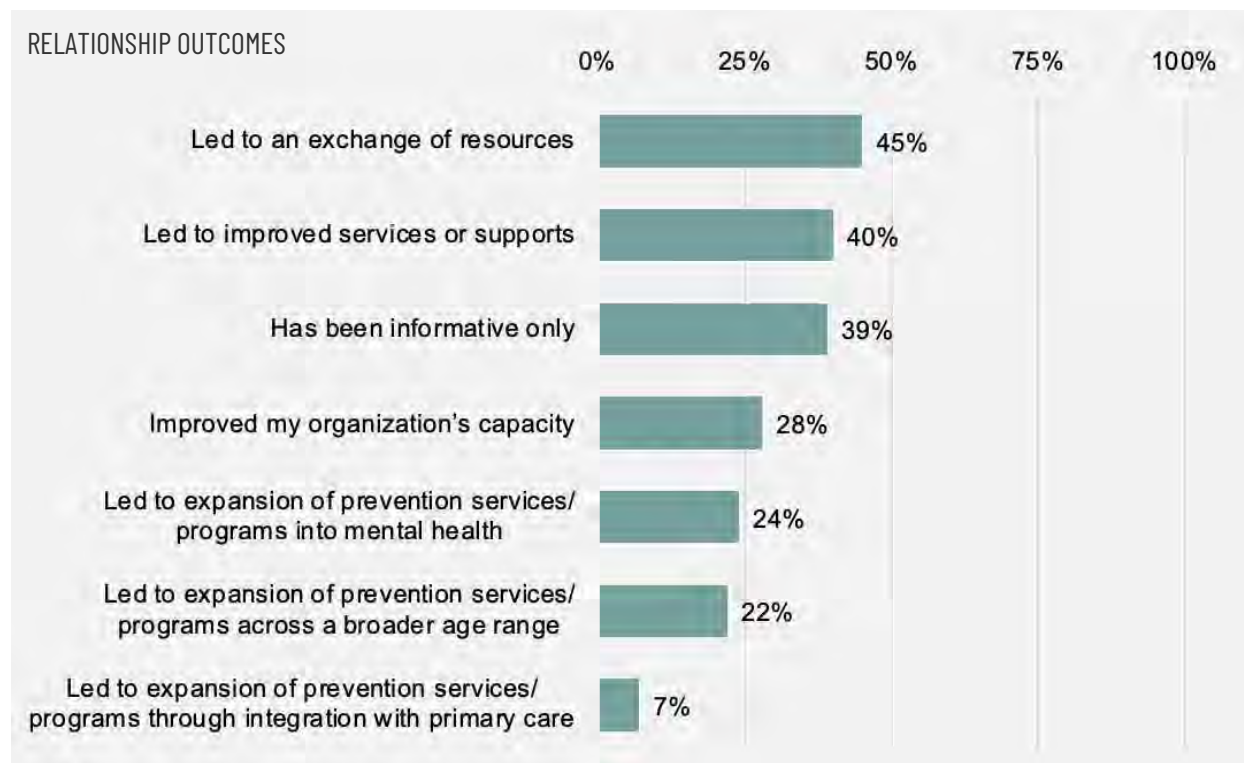
Region 1: Southern Providence

Cranston, Foster*, Gloucester*, Scituate, North Providence, Smithfield, Johnston

OVERVIEW: NETWORK CONNECTIVITY

RELATIONSHIP OUTCOMES Participants were asked to report on specific behavioral outcomes resulting from partnerships within their regional coalition network. Respondents indicated that 45% of relationships have led to an exchange of resources, 40% led to improved services or supports, and 28% have improved organizational capacity. In addition, 24% have led to expansion of prevention services/programs into mental health, 22% have led to expansion of prevention services/programs across the lifespan, and 7% of relationships have led to an expansion of prevention services/programs through integration with primary care. 39% of relationships have been informative only.

IMPLICATIONS Assessing outcomes resulting from network partnerships is important in understanding whether the regional coalition model is serving its intended purpose of delivering high quality prevention and health promotion services across the lifespan. Regions are doing well with regard to exchange of resources and improvement of services or supports. Growing edges include greater emphasis on partner relationships that help to expand prevention services into mental health and across a broader age range. Regions may also consider developing existing, or seeking new partner relationships that can enhance expansion of prevention services/programs through integration with primary care.



CHAPTER 1

Region 1: Southern Providence

Cranston, Foster*, Gloucester*, Scituate, North Providence, Smithfield, Johnston

OVERVIEW: NETWORK HEALTH

RESPONDENTS Region 1 participated in the 2021 administration of the CRST coalition member survey from September - November, 2021**. Members were defined by the regional coalitions as individuals who attend meetings regularly and have knowledge of the internal workings of the coalition. Fifteen of the twenty coalition members identified by the regional coordinator participated on the survey for an excellent response rate of 75%. Members from four of the six core Center for Substance Abuse Prevention (CSAP) sectors participated on the survey (Education, Medical/Health, Government, Community/Family Supports). No members from the Business or Safety sectors participated.

CLARITY OF RPTF & PERCEPTIONS OF INTERNAL COALITION PROCESSES Nearly all respondents from Region 1 were clear or very clear about the common language of prevention being used (100%), the risk and protective factor framework being used (100%), their own role in the RPTF (93%), the objectives and purposes of the RPTF (93%), the timelines for RPTF product delivery (87%), and the governance structure of the RPTF (80%). Respondents reported perceptions of internal coalition processes very positively for open and honest communication (100%), cohesion (86%), tolerance of disagreements or differences (86%), and shared decision-making (71%). Effective resolution of disagreements (64%), and inclusivity in discussions (57%) were rated lower. 14% of respondents reported need for more formalization and structure.

IMPLICATIONS Potential growing edges include enhancing formalization and structure, implementation of more effective conflict resolution strategies, and inclusion of a greater number of members in discussions relevant for the group.

COALITION SYNERGY Respondents perceived that “partnership synergy” (defined as “combining the different perspectives, knowledge and skills of the group of people and organizations represented”) was strong in Region 1. For example, a vast majority of participants felt that the RPTF has combined the perspectives, resources, and skills of its members well (100%), clearly communicated how its actions will address problems that are important to people in the region (93%), developed common goals that are understood and supported by all members (86%), and is better able to carry out its work because of the contributions of diverse members (86%). Slightly less, but still more than 3/4 of participants reported that the coalition has developed a common language for communication among diverse members (79%).

IMPLICATIONS To excel across all domains of partner synergy, Region 1 may benefit from focusing on continued development of a common language for communication among diverse partners.

CHAPTER 1

Region 1: Southern Providence

Cranston, Foster*, Gloucester*, Scituate, North Providence, Smithfield, Johnston

OVERVIEW: NETWORK HEALTH

IMPLEMENTATION CLIMATE AND PERCEPTIONS OF REGIONAL LEADERSHIP Approximately 83% of respondents were in agreement that focus on evidence-based practice is high in their region while a little more than two-thirds (67%) reported a great to very great extent of educational support for evidence-based practices. Leadership was rated highly on dimensions of knowledge about evidence-based practices (91%), support for implementation of evidence-based practices (89%), and perseverance in implementation of evidence-based practices (86%). Ratings for proactivity in implementing evidence-based practices were slightly lower (65%). Overall, 100% of participants feel that their coalition is strong or very strong.

IMPLICATIONS One potential growing edge includes greater emphasis on educational support for evidence-based practices. Regional leadership may also wish to enhance proactiveness in seeking out evidence-based programs and practices relevant to stakeholder groups in the region.

RECOMMENDATIONS

1. Respondents provided several suggestions for topics the RPTF should address over the next 12 months, including mental health for youth and adults, continued emphasis on substance use prevention, and increased efforts to outreach across a diverse array of organizations that can support the work of the coalition across the lifespan.
2. While overall highly robust, Region 1 may benefit from further enhancement of factors related to internal coalition functioning in the domains of formalization and structure, effective conflict resolution and inclusivity in group discussion.

CHAPTER 1

Region 1: Southern Providence

Cranston, Foster*, Gloucester*, Scituate, North Providence, Smithfield, Johnston

OVERVIEW: IMPLEMENTATION OF EVIDENCE-BASED PROGRAMS, PRACTICES, & POLICIES

During **Year 1** of the project, Region 1 primarily engaged in capacity-building, training and assessment efforts that involved meetings with multiple community stakeholders and BHDDH staff.

During **Year 2**, Region 1 continued to expand the coalition's capacity to execute its intended functions by participating in various trainings, hosting regional meetings at regular intervals, and attending meetings of the Governor's Task Force on Opioid Overdose and Prevention Advisory Committee. During Year 2, Region 1 continued implementation of the Count It, Lock It, Drop It Campaign, began implementation of a social media and billboard media campaign, distributed a 'Raising Healthy Kids' newsletter to parents, implemented the Change Direction campaign, and hosted trainings on Youth Mental Health First Aid.

During **Year 3** Region 1 continued engaging in capacity-building by participating in trainings and hosting meetings at regular intervals. Region 1 also continued to implement the environmental, prevention education, and information dissemination developed during Year 2 around marijuana, tobacco, vaping, alcohol use, and mental health. Year 3 also saw development and distribution of the It Starts with You campaign, creation of the customized 'Freshman' substance use education school resource magazine, and development of an interactive 'Hidden in Plain Sight' website.

During **Year 4**, Region 1 continued implementation of the Count It, Lock It, Drop It Campaign, as well as the media and communication strategies developed in Years 1 - 3. In response to the coronavirus pandemic, Region 1 also developed a parent handbook on substance use and a campaign promoting mental health for seniors. Dr. Matt Bellace was invited to present at several speaker events to discuss substance use issues within the community.

During **Year 5**, Region 1 continued implementation of programs developed in Years 2-4. In addition to these efforts, Region 1 implemented the Third Millennium curriculum and participated in legislation to develop social host laws related to marijuana.

RECOMMENDATIONS

1. Region 1 first received funding in November, 2017, nearly a year later than most other regions. Despite this limitation, Region 1 devoted significant resources to capacity-building and information dissemination strategies across the region in years 1 - 4 of grant funding. Year 5 saw continued implementation of the programs developed in the first four years of the grant, with additional resources devoted to implementation of a select number of evidence-based prevention education programs and greater focus on policy development related to RI's marijuana social host laws. In preparation for the next phase of RPTF funding, it may be beneficial to assess capacity *specific* to implementation of evidence-based programs, practices, and policies whose outcomes are consistent with the needs of multiple stakeholder groups across the region.
2. There are multiple theoretical and evidence-informed frameworks for evaluating capacity to implement evidence-based programs, practices and policies. It may benefit BHDDH to select a consistent approach across all regions for this purpose in Phase II of RPTF funding.

CHAPTER 2

Region 2: Blackstone Valley

Burrillville, Woonsocket, Cumberland, Lincoln, Pawtucket, North Smithfield, Central Falls

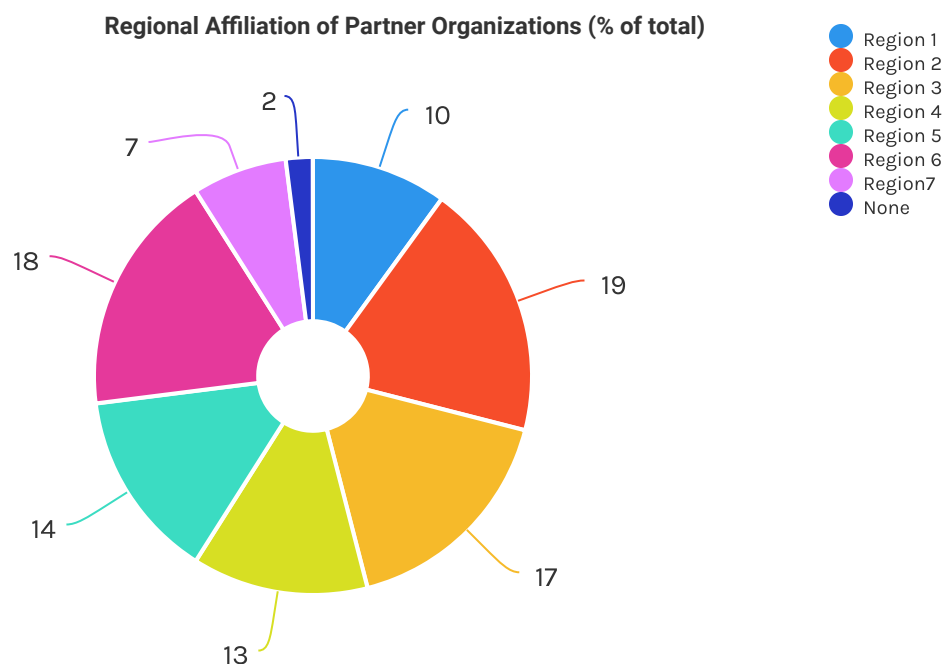
OVERVIEW: NETWORK CONNECTIVITY

RESPONDENTS Region 2 participated in the newly implemented PARTNER survey (www.partnertool.net) to assess factors related to network connectivity using social network analysis methods. 'Partners' were defined and identified by the regional coordinator as individuals and/or organizations who do not regularly participate in monthly regional coalition meetings, yet are nonetheless highly invested in the work of the coalition and serve important community functions to enhance the coalition's impact and reach. Partners were asked to answer questions about their perceptions of the Regional Prevention Task Force network and their organization's partnership with others in the network.

Given that some organizations described partner relationships with multiple regional prevention coalitions, results from the social network analysis are presented for all regions combined to best describe the manner in which partner organizations are interacting with their coalition partners and with each other.

In September 2021, 153 organizations were identified by regional coordinators as partners to their coalition. 70 organizations responded for a 46% response rate. Those that responded reported that they collectively had 563 partnerships, describing the resulting "network" of partnerships. Region 2 identified 30 partner organizations for the survey, of which 15 responded for a regional response rate of 50%.

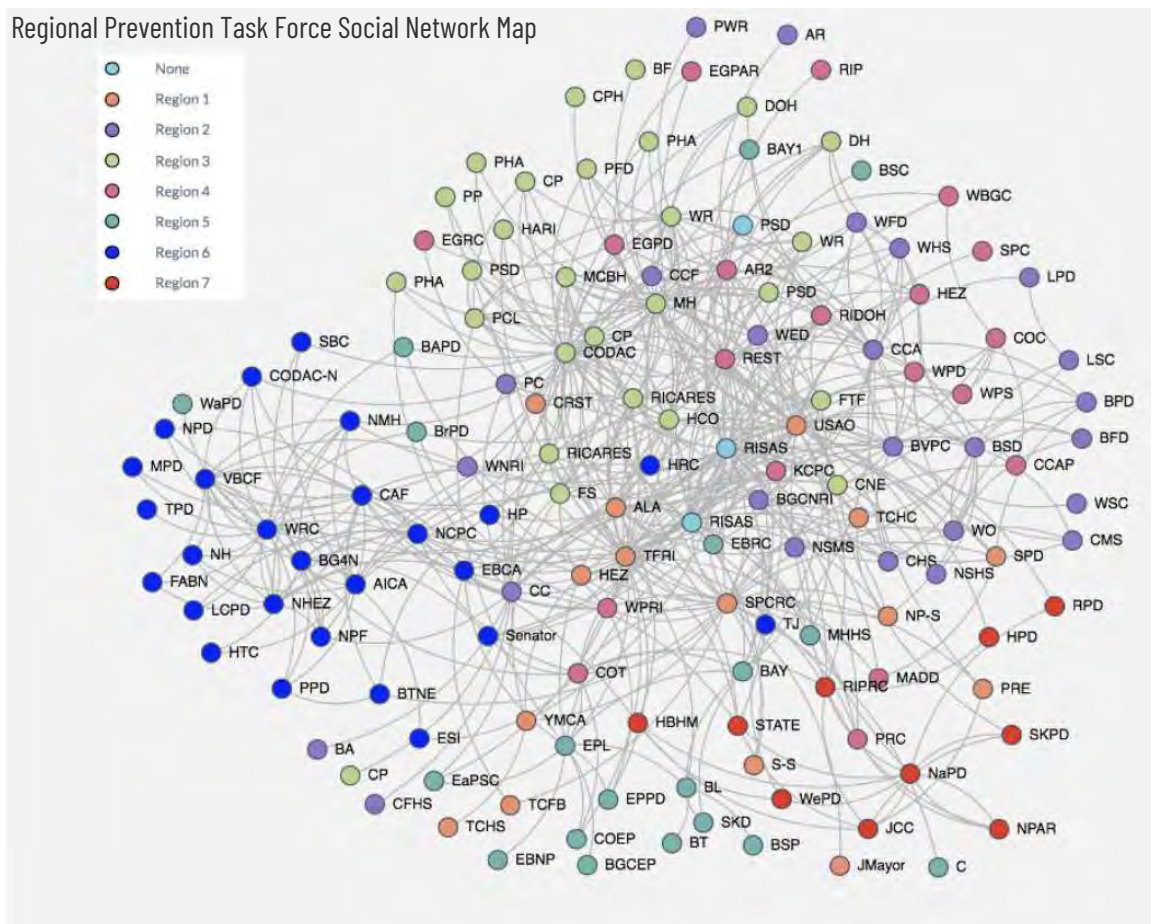
The pie chart below show the regional affiliation of the 153 members of the network.



Region 2: Blackstone Valley

OVERVIEW: NETWORK CONNECTIVITY

IMPLICATIONS Focusing on developing connections among isolated partners and identifying places in the network where connections are weak may be important targets of intervention.



CHAPTER 2

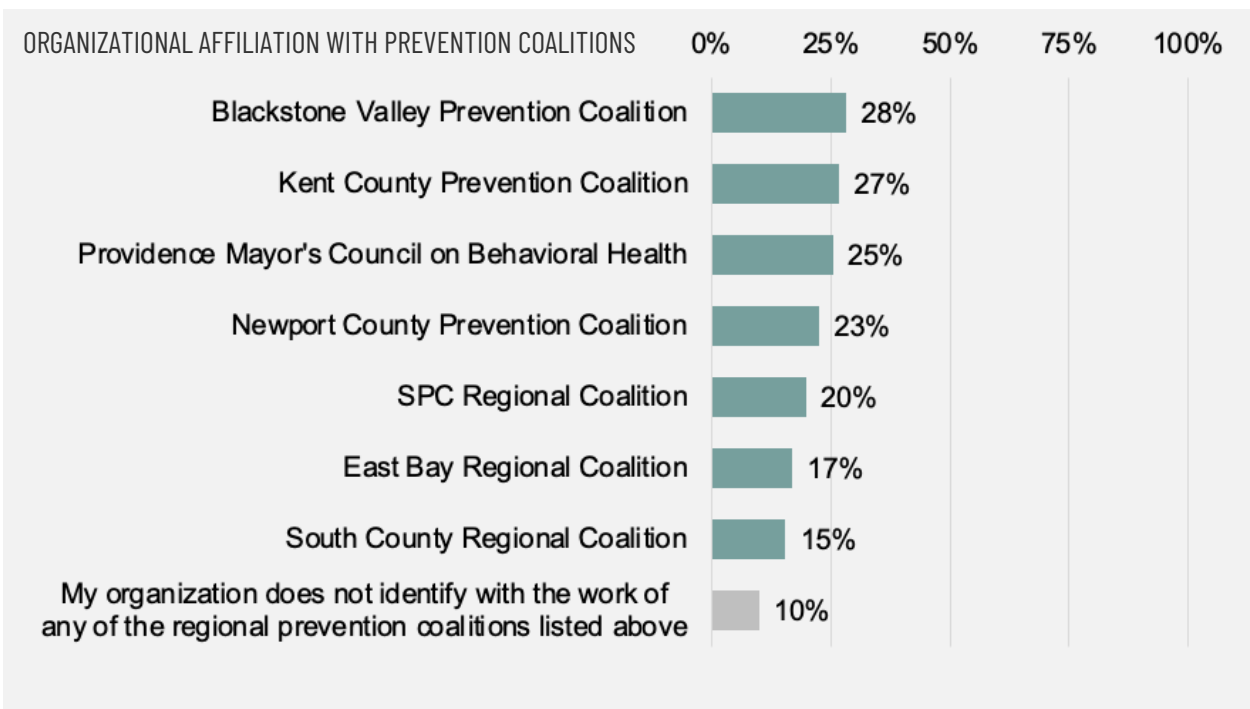
Region 2: Blackstone Valley

Burrillville, Woonsocket, Cumberland, Lincoln, Pawtucket, North Smithfield, Central Falls

OVERVIEW: NETWORK CONNECTIVITY

ORGANIZATIONAL AFFILIATION WITH PREVENTION COALITIONS In addition to being identified by their regional coalition director as an integral partner organization, participants were also asked to self-identify which prevention coalition(s) their organization's work identifies with most. The following graph demonstrates that many organizations who responded to the survey self-identified as partners to multiple regional coalitions. Approximately 10% of organizations identified as partners by regional coordinators reported that their organization does not identify with the work of any of the regional prevention coalitions listed on the survey.

IMPLICATIONS The number of intra-regional relationships suggests that partners are willing to work with multiple regional coalitions to achieve shared substance use prevention goals. One area for improvement may be to better operationalize how 'partners' are defined, as 10% of respondents reported that their organization does not identify with the work of any of the regional coalitions listed on the survey, despite being identified as a partner organization by a regional coalition director. Clarifying roles and expectations may help to more fully integrate organizations that do not currently identify in this manner.



CHAPTER 2

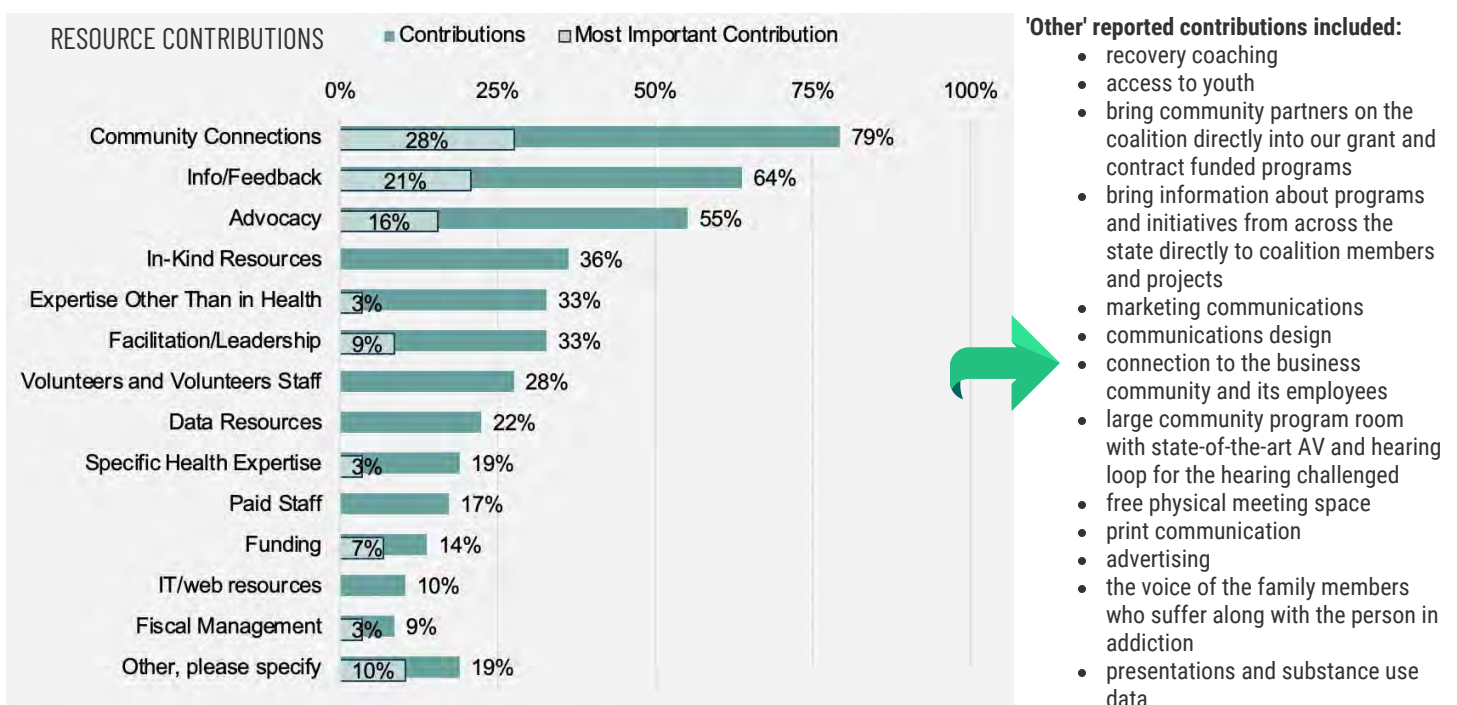
Region 2: Blackstone Valley

Burrillville, Woonsocket, Cumberland, Lincoln, Pawtucket, North Smithfield, Central Falls

OVERVIEW: NETWORK CONNECTIVITY

RESOURCE CONTRIBUTIONS Investigating resources and services that partners can contribute or potentially contribute provides information on which resources, services, and information are shared between network members, the types of resources and services needed by the network, and the extent to which the exchange of resources and services increases community capacity. When asked to report what their organization contributes, or can potentially contribute to the regional prevention coalition their organization identifies with most, more than half of respondents indicated community connections, info/feedback, and advocacy as top priorities. Of these options, community connections and info/feedback were reported as organizations' most important contributions.

IMPLICATIONS Results suggest that coalitions utilize partner relationships to increase connectivity in the community, seek information and feedback about relevant coalition objectives, and enhance advocacy efforts for the important work that they do. Partners are largely in agreement that their *existing or potential contributions* are their *most important contributions* to the regional coalitions. Of note, over one third of participants reported contribution or potential contribution of in-kind resources. This suggests that regional coalitions are leveraging resources with community partners where available to enhance their work and sustain their efforts outside of the fiscal opportunities provided under the regional prevention task force contract. Other questions for coalitions to consider include whether there are any resources/services that are overrepresented by partners, which resources/services are underrepresented or not represented at all, and what steps can be taken to acquire these resources through a new or existing partner organization, if relevant.



CHAPTER 2

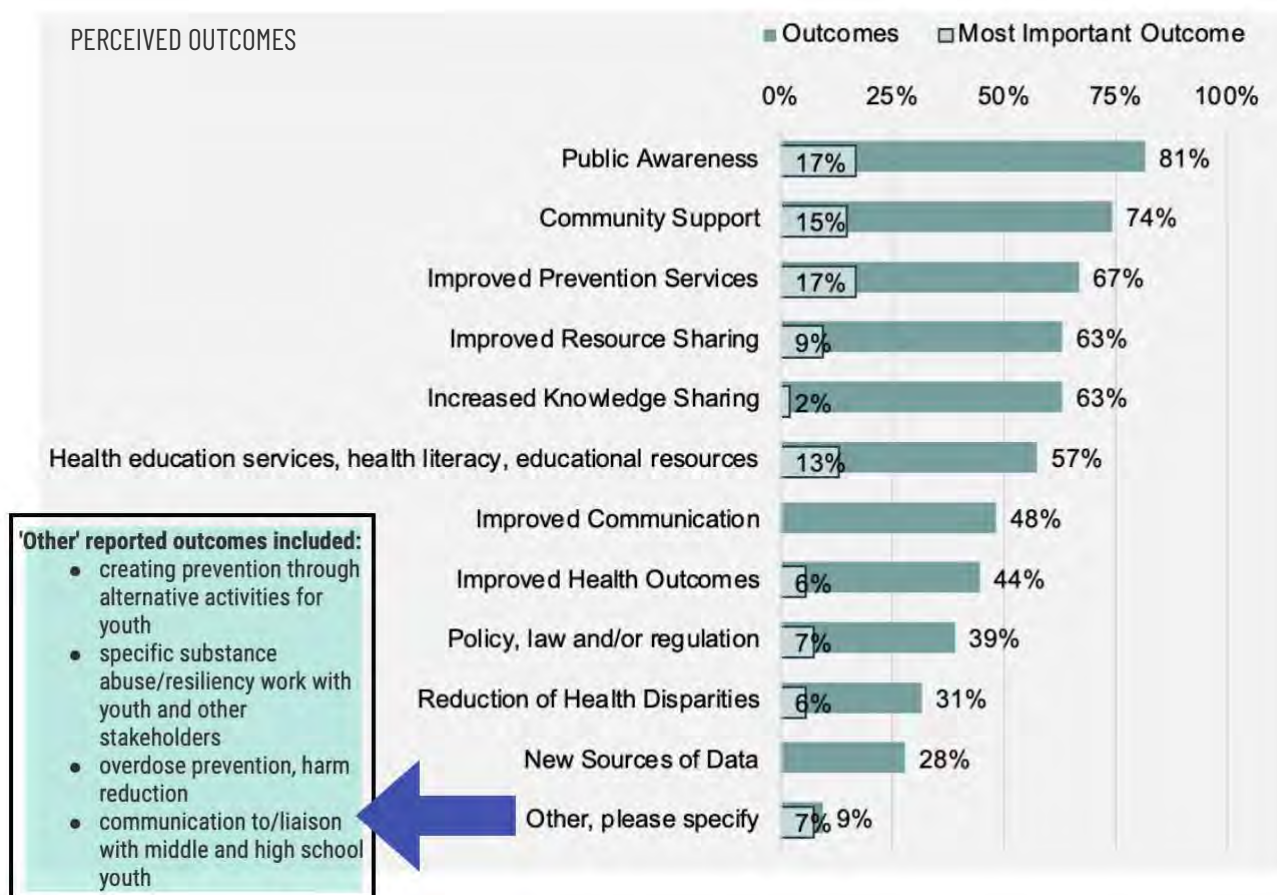
Region 2: Blackstone Valley

Burrillville, Woonsocket, Cumberland, Lincoln, Pawtucket, North Smithfield, Central Falls

OVERVIEW: NETWORK CONNECTIVITY

PERCEIVED OUTCOMES Participants were asked to report on outcomes they perceive to be most important to the regional coalitions. At least two-thirds of respondents indicated that public awareness (81%), community support (74%), and improved prevention services (67%) are the outcomes their organization most identifies with working toward in the regional prevention coalition. When asked which outcomes are most important, most respondents selected the same three options.

IMPLICATIONS Assessing partners' perceptions of outcomes important to the coalition is important because it allows coalitions to determine whether self-identified coalition goals match perceived goals by partners, and the degree to which the network is meeting those goals. Results positively suggest that most partners are in agreement that improvement of prevention services is an important outcome to the coalitions. Coalitions can utilize these data to work collaboratively with partners to align strategies with critical goals, determine which resources are available to achieve these outcomes, and to leverage available resources to address any barriers.



CHAPTER 2

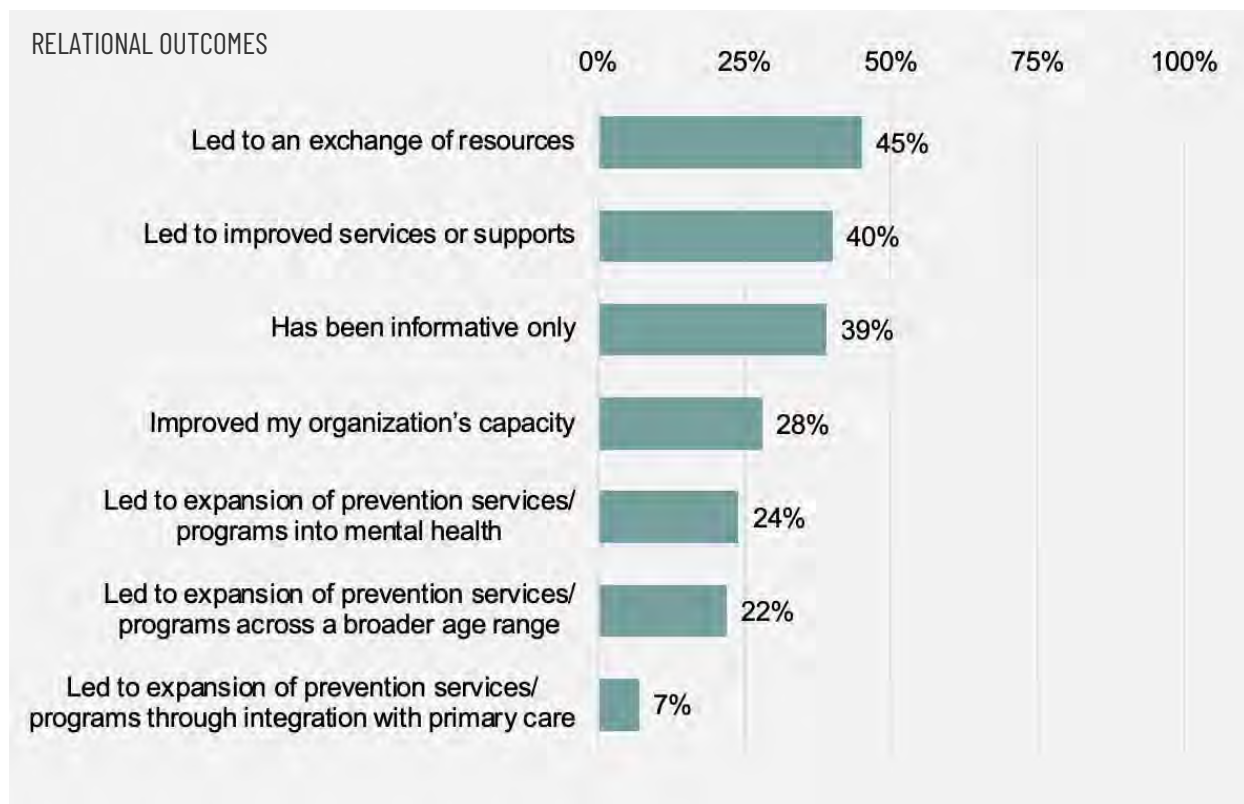
Region 2: Blackstone Valley

Burrillville, Woonsocket, Cumberland, Lincoln, Pawtucket, North Smithfield, Central Falls

OVERVIEW: NETWORK CONNECTIVITY

RELATIONAL OUTCOMES Participants were asked to report on specific behavioral outcomes resulting from partnerships within their regional coalition network. Respondents indicated that 45% of relationships have led to an exchange of resources, 40% led to improved services or supports, and 28% have improved organizational capacity. In addition, 24% have led to expansion of prevention services/programs into mental health, 22% have led to expansion of prevention services/programs across the lifespan, and 7% of relationships have led to an expansion of prevention services/programs through integration with primary care. 39% of relationships have been informative only.

IMPLICATIONS Assessing outcomes resulting from network partnerships is important in understanding whether the regional coalition model is serving its intended purpose of delivering high quality prevention and health promotion services across the lifespan. Regions are doing well regarding exchange of resources and improvement of services or supports. Growing edges include greater emphasis on partner relationships that help to expand prevention services into mental health and across a broader age range. Regions may also consider developing existing or seeking new partner relationships that can enhance expansion of prevention services/programs through integration with primary care.



CHAPTER 2

Region 2: Blackstone Valley

Burrillville, Woonsocket, Cumberland, Lincoln, Pawtucket, North Smithfield, Central Falls

OVERVIEW: NETWORK HEALTH

RESPONDENTS Region 2 participated in the 2021 administration of the CRST coalition member survey from September - November, 2021**. Members were defined by the regional coalitions as individuals who attend meetings regularly and have knowledge of the internal workings of the coalition. Seventeen of the thirty-six coalition members identified by the regional coordinator participated on the survey for a response rate of 47%. Members from five of the six core Center for Substance Abuse Prevention (CSAP) sectors participated on the survey (Education, Medical/Health, Government, Community/Family Supports, Safety). No members from the Business sector participated. Due to the relatively low response rate for Region 2, results may not generalize to all coalition members and are to be interpreted with caution.

CLARITY OF RPTF & PERCEPTIONS OF INTERNAL COALITION PROCESSES All respondents from Region 2 were clear or very clear about the objectives and purposes of the RPTF (100%), the governance structure of the RPTF (100%), their role in the RPTF (100%), and the common language of prevention being used (100%). Nearly all were clear or very clear about the timelines for RPTF deliverables (88%), and the risk and protective factor framework being used (81%). Respondents reported perceptions of internal coalition processes very positively for open and honest communication (88%), inclusivity in discussions relevant to the group (94%), cohesion and team spirit (82%), shared decision-making (81%), tolerance of disagreements or differences (82%). Perception of effective conflict resolution (69%) was rated lower than all other dimensions and 50% reported need for more formalization and structure.

IMPLICATIONS Potential growing edges include enhancement of conflict resolution within the group and greater emphasis on formalization and structure within the group.

COALITION SYNERGY Respondents perceived that “partnership synergy” (defined as “combining the different perspectives, knowledge and skills of the group of people and organizations represented”) was strong in Region 2. A large percentage of respondents were in agreement that the RPTF has developed common goals that are understood and supported by all members (93%), is better able to carry out its work because of the contributions of diverse members/partners (93%), has developed a common language for communication among diverse members (92%), has combined the perspectives, resources, and skills of its members well (86%), and has clearly communicated how its actions will address problems that are important to people in the region (85%).

IMPLICATIONS To excel across all domains of partner synergy, the region is encouraged to further refine communication regarding how its actions will address problems that are important to stakeholder groups in the region.

CHAPTER 2

Region 2: Blackstone Valley

Burrillville, Woonsocket, Cumberland, Lincoln, Pawtucket, North Smithfield, Central Falls

OVERVIEW: NETWORK HEALTH

IMPLEMENTATION CLIMATE AND PERCEPTIONS OF REGIONAL LEADERSHIP Approximately 60% of respondents were in agreement that focus on evidence-based practice is high in their region while a little more than half (53%) reported a great to very great extent of educational support for evidence-based practices. Leadership was rated highly on dimensions of support for implementation of evidence-based practices (81%) and knowledge about evidence-based practices (70%). Ratings of proactivity (65%) and perseverance (63%) in implementing evidence-based practices were slightly lower. Overall, 85% of participants feel that their coalition is strong or very strong.

IMPLICATIONS Potential growing edges include greater emphasis on implementation and educational support for implementation of evidence-based programs and practices. Leadership may also wish to enhance proactiveness and perseverance in seeking out evidence-based programs and practices relevant to stakeholder groups in the region.

RECOMMENDATIONS

1. Respondents provided several suggestions for topics the RPTF should address over the next 12 months, including mental health for youth and adults, marijuana use, vaping, continued emphasis on substance use prevention, and increased focus on evidence-based practices.
2. While overall highly robust, Region 2 may benefit from further enhancement of factors related to internal coalition functioning in the domains of effective conflict resolution and enhanced formalization and structure.

CHAPTER 2

Region 2: Blackstone Valley

Burrillville, Woonsocket, Cumberland, Lincoln, Pawtucket, North Smithfield, Central Falls

OVERVIEW: IMPLEMENTATION OF EVIDENCE-BASED PROGRAMS, PRACTICES, & POLICIES

During **Year 1** of the project, Region 2 primarily engaged in capacity-building, training and assessment efforts that involved meetings with multiple community stakeholders and BHDDH staff. Region 2 also developed and disseminated a Count It, Lock It, Drop It campaign, as well as a mental health campaign.

During **Year 2**, Region 2 continued to expand the coalition's capacity to execute its intended functions by participating in various trainings, hosting regional meetings at regular intervals, and attending meetings of the Governor's Task Force on Opioid Overdose and Prevention Advisory Committee. During Year 2, Region 2 continued implementation of the Count It, Lock It, Drop It Campaign, and began implementation of the Above the Influence, Hidden in Plain Sight, and Campaign to Change Direction media and communication strategies. Region 2 also developed a media campaign targeting mental health issues and distributed an online Mental Health 101 magazine for parents and children.

During **Year 3** Region 2 continued engaging in capacity-building by participating in trainings and hosting meetings at regular intervals. Region 2 also continued to implement the Count It, Lock It, Drop It Campaign, as well as distribution of the media strategies developed during Year 2 around marijuana, tobacco, vaping, alcohol use, and mental health.

During **Year 4**, Region 2 continued implementation of the Count It, Lock It, Drop It Campaign, as well as the media and communication strategies developed in Years 1 - 3. In response to the coronavirus pandemic, Region 2 also developed a Mental Health Matters media campaign.

During **Year 5**, Region 2 continued implementation of the programs and practices developed in years 1 through 4 of the grant. In addition, Region 2 also widely implemented the Above the Influence campaign, and training on responsible beverage serving practices.

RECOMMENDATIONS

1. Region 2 devoted significant resources to capacity-building and information dissemination strategies across the region in years 1 - 4 of grant funding. Year 5 saw continued implementation of the programs developed in the first four years of the grant, with additional resources devoted to environmental strategies for prevention of substance misuse for minors. In preparation for the next phase of RPTF funding, it may be beneficial to assess capacity specific to implementation of evidence-based programs, practices, and policies whose outcomes are consistent with the needs of multiple stakeholder groups across the region.
2. There are multiple theoretical and evidence-informed frameworks for evaluating capacity to implement evidence-based programs, practices and policies. It may benefit BHDDH to select a consistent approach across all regions for this purpose in Phase II of RPTF funding.

CHAPTER 3

Region 3: Providence

Providence

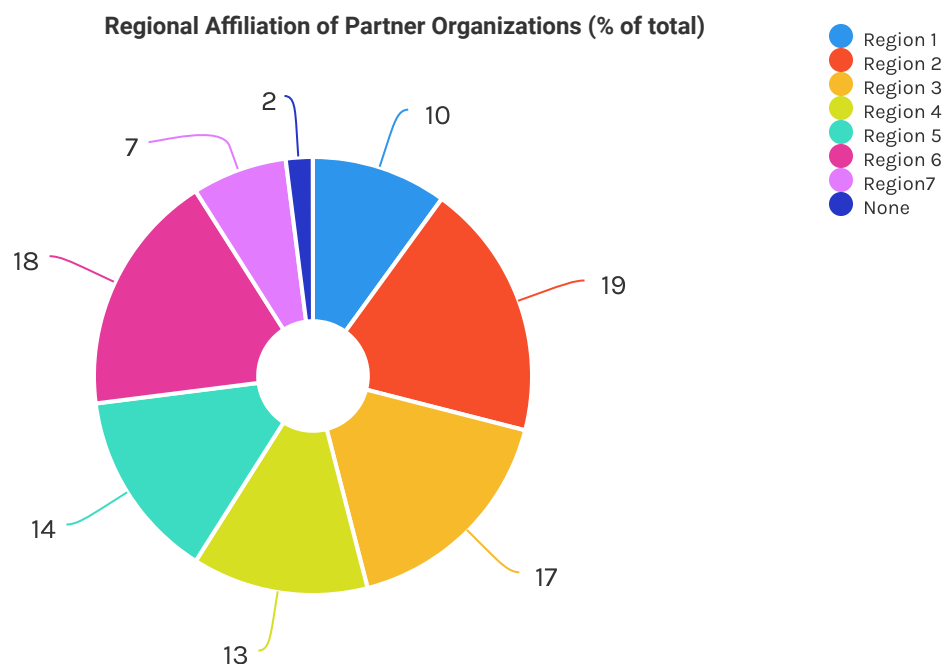
OVERVIEW: NETWORK CONNECTIVITY

RESPONDENTS Region 3 participated in the newly implemented PARTNER survey (www.partnertool.net) to assess factors related to network connectivity using social network analysis methods. 'Partners' were defined and identified by the regional coordinator as individuals and/or organizations who do not regularly participate in monthly regional coalition meetings, yet are nonetheless highly invested in the work of the coalition and serve important community functions to enhance the coalition's impact and reach. Partners were asked to answer questions about their perceptions of the Regional Prevention Task Force network and their organization's partnership with others in the network.

Given that some organizations described partner relationships with multiple regional prevention coalitions, results from the social network analysis are presented for all regions combined to best describe the manner in which partner organizations are interacting with their coalition partners and with each other.

In September 2021, 153 organizations were identified by regional coordinators as partners to their coalition. 70 organizations responded for a 46% response rate. Those that responded reported that they collectively had 563 partnerships, describing the resulting "network" of partnerships. Region 3 identified 27 partner organizations for the survey, of which 11 responded for a regional response rate of 41%.

The pie chart below show the regional affiliation of the 153 members of the network.



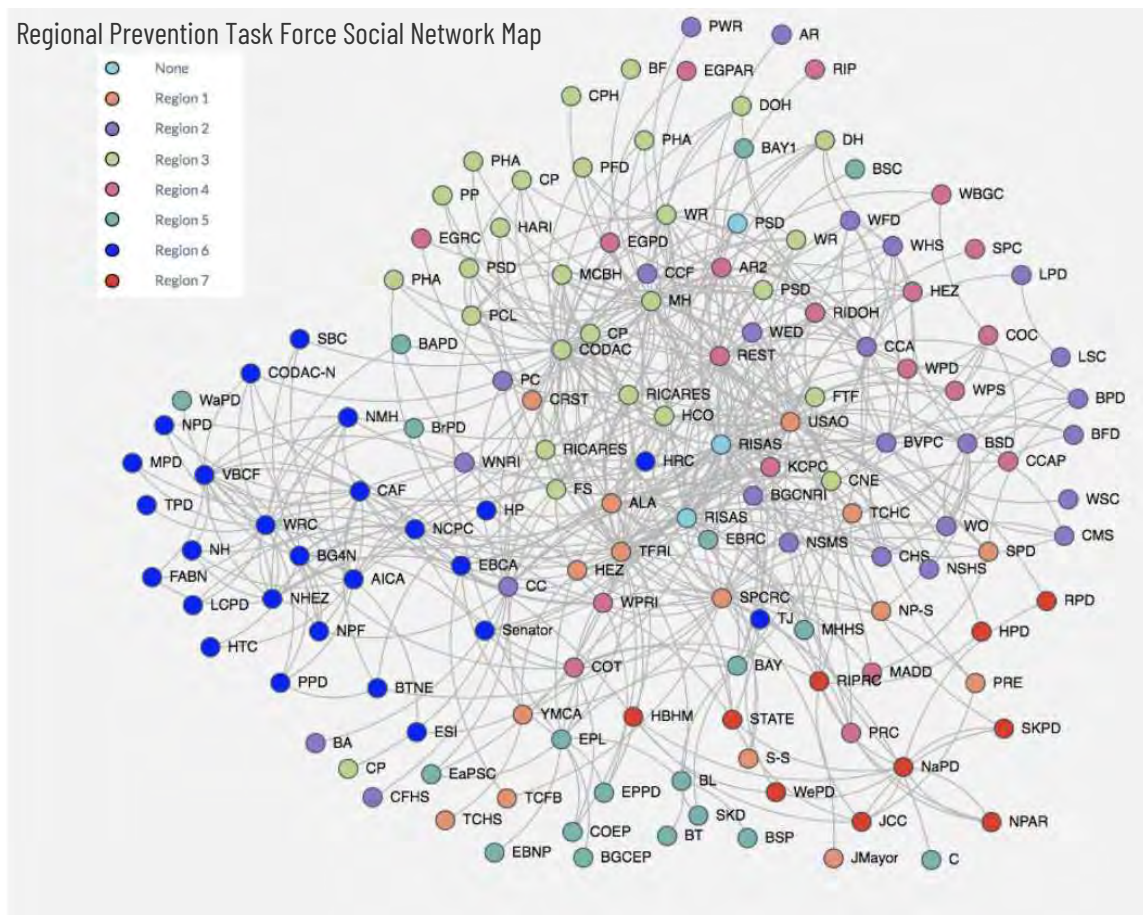
Region 3: Providence

Providence

OVERVIEW: NETWORK CONNECTIVITY

SOCIAL NETWORK MAP Below is a social network map of the partnerships within the Regional Prevention Task Force network that shows each organization represented in the survey as a circle (node) and the lines shown demonstrate all relationships that were reported by respondents (selected to show all reported relationships). The network is diverse with a low level of density. Of all the possible connections in the network, 2% were reported. This means that there is a little connectivity already taking place with opportunities to develop additional connections between partners. It is important to note that when there are numerous organizations in the network, it is not likely to have a high connectivity score because organizations do not have the time or other resources to foster many meaningful connections.

IMPLICATIONS Focusing on developing connections among isolated partners and identifying places in the network where connections are weak may be important targets of intervention.



CHAPTER 3

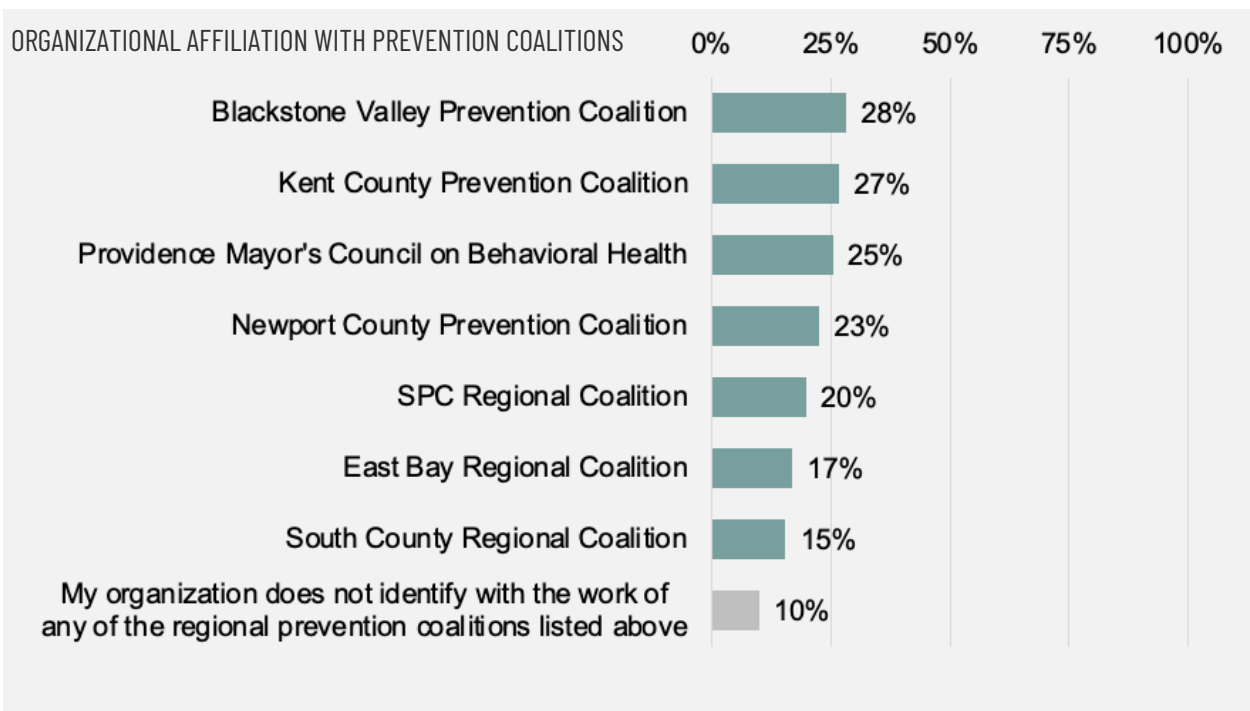
Region 3: Providence

Providence

OVERVIEW: NETWORK CONNECTIVITY

ORGANIZATIONAL AFFILIATION WITH PREVENTION COALITIONS In addition to being identified by their regional coalition director as an integral partner organization, participants were also asked to self-identify which prevention coalition(s) their organization's work identifies with most. The following graph demonstrates that many organizations who responded to the survey self-identified as partners to multiple regional coalitions. Approximately 10% of organizations identified as partners by regional coordinators reported that their organization does not identify with the work of any of the regional prevention coalitions listed on the survey.

IMPLICATIONS The number of intra-regional relationships suggests that partners are willing to work with multiple regional coalitions to achieve shared substance use prevention goals. One area for improvement may be to better operationalize how 'partners' are defined, as 10% of respondents reported that their organization does not identify with the work of any of the regional coalitions listed on the survey, despite being identified as a partner organization by a regional coalition director. Clarifying roles and expectations may help to more fully integrate organizations that do not currently identify in this manner.



CHAPTER 3

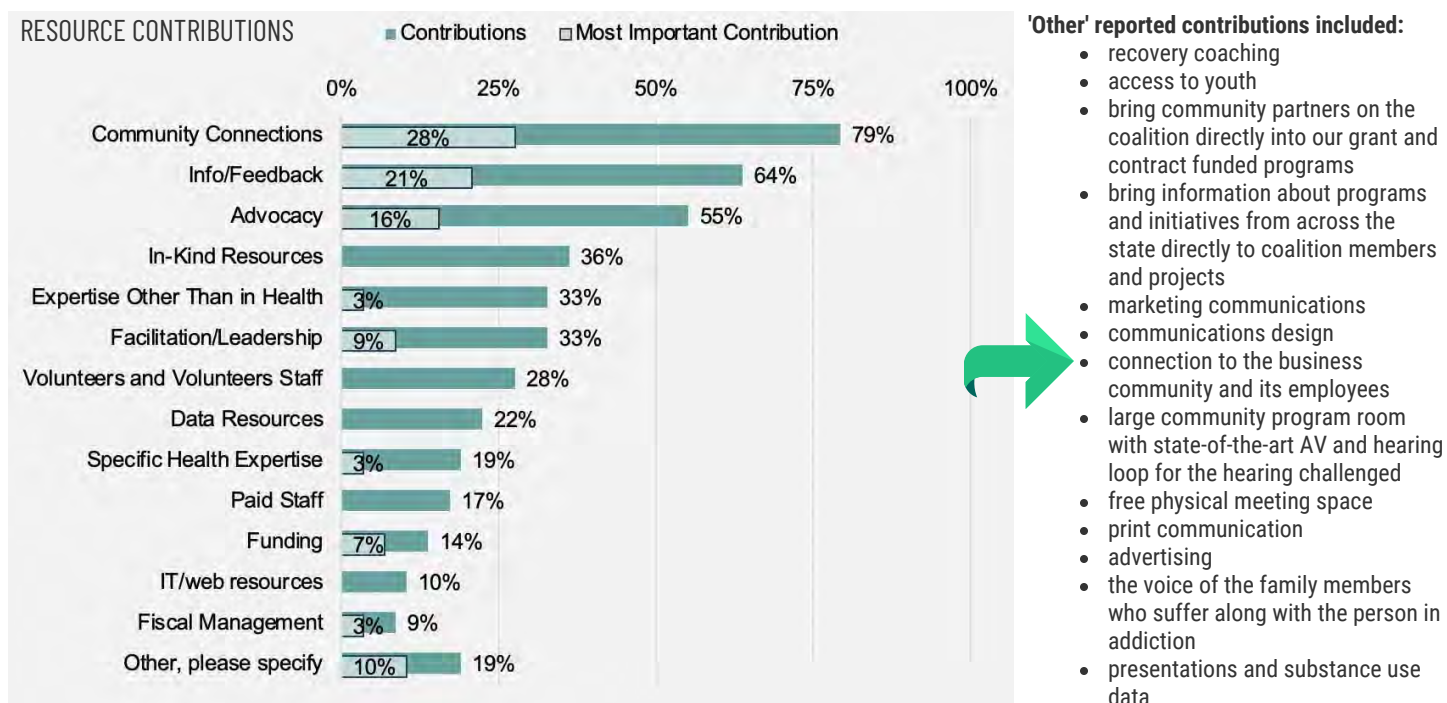
Region 3: Providence

Providence

OVERVIEW: NETWORK CONNECTIVITY

RESOURCE CONTRIBUTIONS Investigating resources and services that partners can contribute or potentially contribute provides information on which resources, services, and information are shared between network members, the types of resources and services needed by the network, and the extent to which the exchange of resources and services increases community capacity. When asked to report what their organization contributes, or can potentially contribute to the regional prevention coalition their organization identifies with most, more than half of respondents indicated community connections, info/feedback, and advocacy as top priorities. Of these options, community connections and info/feedback were reported as organizations' most important contributions.

IMPLICATIONS Results suggest that coalitions utilize partner relationships to increase connectivity in the community, seek information and feedback about relevant coalition objectives, and enhance advocacy efforts for the important work that they do. Partners are largely in agreement that their *existing or potential contributions* are their *most important contributions* to the regional coalitions. Of note, over one third of participants reported contribution or potential contribution of in-kind resources. This suggests that regional coalitions are leveraging resources with community partners where available to enhance their work and sustain their efforts outside of the fiscal opportunities provided under the regional prevention task force contract. Other questions for coalitions to consider include whether there are any resources/services that are overrepresented by partners, which resources/services are underrepresented or not represented at all, and what steps can be taken to acquire these resources through a new or existing partner organization, if relevant.



CHAPTER 3

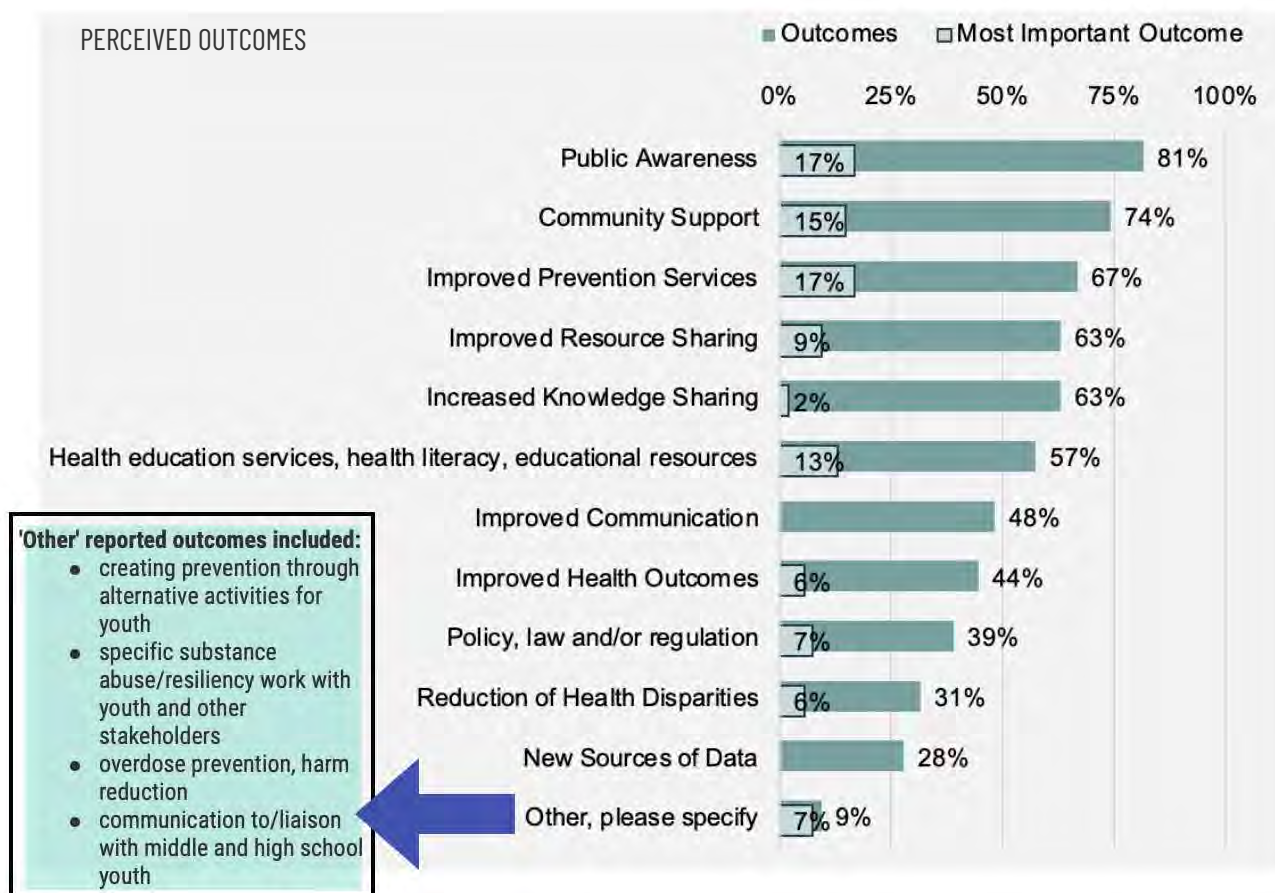
Region 3: Providence

Providence

OVERVIEW: NETWORK CONNECTIVITY

PERCEIVED OUTCOMES Participants were asked to report on outcomes they perceive to be most important to the regional coalitions. At least two-thirds of respondents indicated that public awareness (81%), community support (74%), and improved prevention services (67%) are the outcomes their organization most identifies with working toward in the regional prevention coalition. When asked which outcomes are most important, most respondents selected the same three options.

IMPLICATIONS Assessing partners' perceptions of outcomes important to the coalition is important because it allows coalitions to determine whether self-identified coalition goals match perceived goals by partners, and the degree to which the network is meeting those goals. Results positively suggest that most partners are in agreement that improvement of prevention services is an important outcome to the coalitions. Coalitions can utilize these data to work collaboratively with partners to align strategies with critical goals, determine which resources are available to achieve these outcomes, and to leverage available resources to address any barriers.



CHAPTER 3

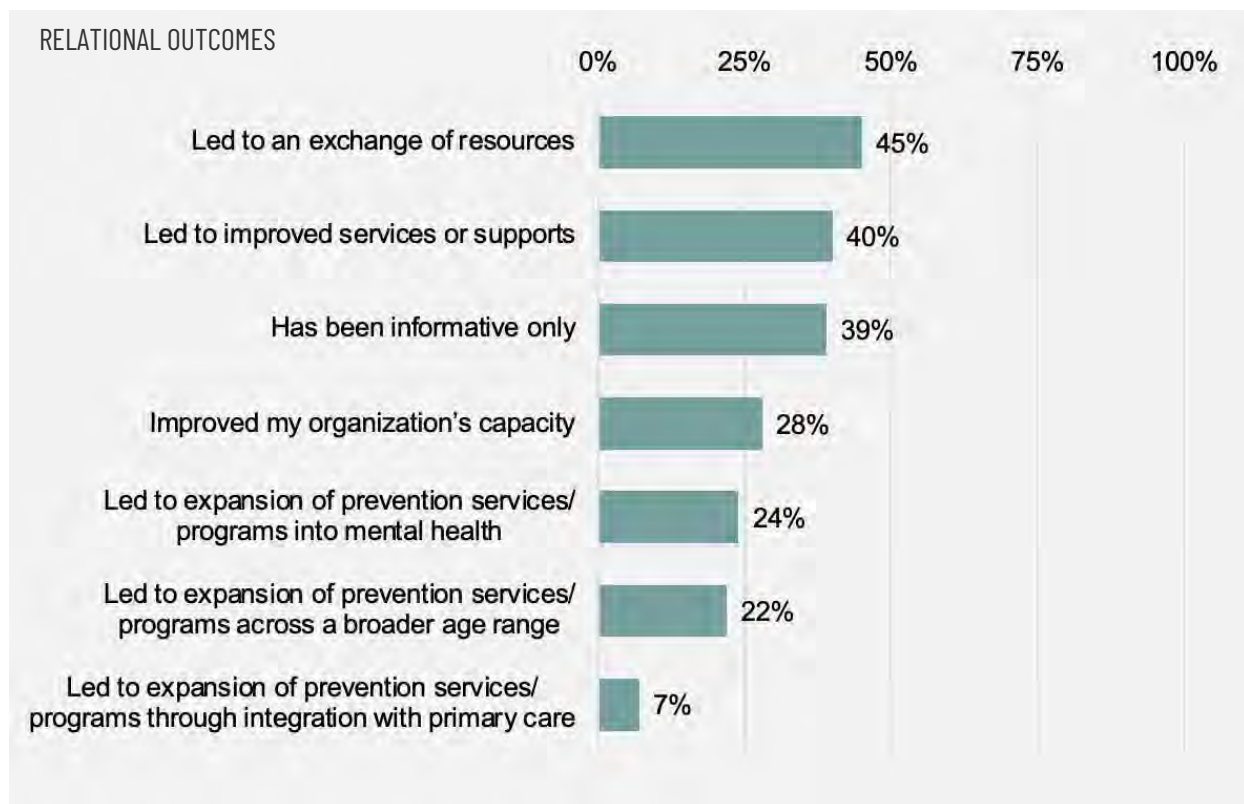
Region 3: Providence

Providence

OVERVIEW: NETWORK CONNECTIVITY

RELATIONAL OUTCOMES Participants were asked to report on specific behavioral outcomes resulting from partnerships within their regional coalition network. Respondents indicated that 45% of relationships have led to an exchange of resources, 40% led to improved services or supports, and 28% have improved organizational capacity. In addition, 24% have led to expansion of prevention services/programs into mental health, 22% have led to expansion of prevention services/programs across the lifespan, and 7% of relationships have led to an expansion of prevention services/programs through integration with primary care. 39% of relationships have been informative only.

IMPLICATIONS Assessing outcomes resulting from network partnerships is important in understanding whether the regional coalition model is serving its intended purpose of delivering high quality prevention and health promotion services across the lifespan. Regions are doing well regarding exchange of resources and improvement of services or supports. Growing edges include greater emphasis on partner relationships that help to expand prevention services into mental health and across a broader age range. Regions may also consider developing existing or seeking new partner relationships that can enhance expansion of prevention services/programs through integration with primary care.



CHAPTER 3

Region 3: Providence

Providence

OVERVIEW: NETWORK HEALTH

RESPONDENTS Region 3 participated in the 2021 administration of the CRST coalition member survey from September - November, 2021**. Members were defined by the regional coalitions as individuals who attend meetings regularly and have knowledge of the internal workings of the coalition. Fifteen of the forty-nine coalition members identified by the regional coordinator participated on the survey for a response rate of 31%. Members from five of the six core Center for Substance Abuse Prevention (CSAP) sectors participated on the survey (Education, Medical/Health, Government, Community/Family Supports, Safety). No members from the Business sector participated. Due to the relatively low response rate for Region 3, results may not generalize to all coalition members and are to be interpreted with caution.

CLARITY OF RPTF & PERCEPTIONS OF INTERNAL COALITION PROCESSES All to nearly all respondents from Region 3 were clear or very clear about the common language of prevention being used (100%), their own role in the RPTF (94%), and the risk and protective factor framework being used (87%). Less clarity was reported for the major objectives and purposes of the RPTF (74%), its governance structure (67%), and the timelines for RPTF product deliverables (60%). Respondents reported perceptions of internal coalition processes very positively for open and honest communication (87%), and perception of cohesiveness and team spirit (80%). Perceptions of inclusivity in discussions (67%), shared decision-making (60%), and tolerance of differences or disagreements (60%) were rated slightly lower. 40% reported effective conflict resolution within the region and 27% reported need for more formalization and structure.

IMPLICATIONS Potential growing edges include emphasis on effective conflict resolution and attention to formalization and structure.

COALITION SYNERGY Respondents perceived that “partnership synergy” (defined as “combining the different perspectives, knowledge and skills of the group of people and organizations represented”) was reasonably strong in Region 3. A large percentage of respondents were in agreement that the RPTF is better able to carry out its work because of the contributions of diverse members (86%), has combined the perspectives, resources and skills of its members well (79%), and has developed a common language for communication among diverse members (78%). Fewer respondents were in agreement that the RPTF has developed common goals that are understood by all members (71%), and that the RPTF has clearly communicated how its actions will address problems that are important to people in the region (64%).

IMPLICATIONS Potential growing edges include greater emphasis on development of common goals that are understood by all members, and clearer communication regarding how the coalition's actions will address problems that are important to people in the region.

CHAPTER 3

Region 3: Providence

Providence

OVERVIEW: NETWORK HEALTH

IMPLEMENTATION CLIMATE AND PERCEPTIONS OF REGIONAL LEADERSHIP Approximately 64% of respondents were in agreement that focus on evidence-based practice is high in their region while a little more than half (55%) reported a great to very great extent of educational support for evidence-based practices. Leadership was rated highly on dimensions of support for implementation of evidence-based practices (84%) and knowledge about evidence-based practices (84%). Ratings of proactivity (57%) and perseverance (53%) in implementing evidence-based practices were lower. Overall, 69% of participants feel that their coalition is strong or very strong.

IMPLICATIONS Potential growing edges include greater emphasis on implementation and educational support for implementation of evidence-based programs and practices. Leadership may also wish to enhance proactiveness and perseverance in seeking out evidence-based programs and practices relevant to stakeholder groups in the region.

RECOMMENDATIONS

1. Respondents provided several suggestions for topics the RPTF should address over the next 12 months, including mental health for youth and adults, housing issues, continued efforts related to substance misuse prevention across the lifespan, and setting goals and priorities for the group.
2. While largely robust, Region 3 may benefit from further enhancement of factors related to internal coalition functioning in the domains of effective conflict resolution and greater formalization and structure.

CHAPTER 3

Region 3: Providence

Providence

OVERVIEW: IMPLEMENTATION OF EVIDENCE-BASED PROGRAMS, PRACTICES, & POLICIES

During **Year 1** of the project, Region 3 primarily engaged in capacity-building, training and assessment efforts that involved meetings with multiple community stakeholders and BHDDH staff. Region 3 also developed and disseminated a Count It, Lock It, Drop It campaign and hosted Drug Take Back events, as well as a media campaign targeting substance use and engaged with Youth Empowerment Solutions to deliver programming to youth. In addition, Region 3 also engaged in alcohol and tobacco vendor education programs and distributed a Preventing Overdose and Naloxone Intervention (PONI).

During **Year 2**, Region 3 continued to expand the coalition's capacity to execute its intended functions by participating in various trainings, hosting regional meetings at regular intervals, and attending meetings of the Governor's Council on Behavioral Health and the Prevention Advisory Committee. During Year 2, Region 3 continued implementation of the strategies developed during Year 1, and began implementation of Family Matters! and Familias Unidas, as well as programs targeting tobacco use and mental health for seniors.

During **Year 3** Region 3 continued engaging in capacity-building by participating in trainings and hosting meetings at regular intervals. High heroin overdose rates in Providence were addressed by implementation of new environmental strategies to increase opioid overdose prevention efforts for Providence pharmacies and the community at large.

During **Year 4**, Region 3 continued implementation of the strategies developed in Years 1 - 3. Region 3 also implemented the Communities Mobilizing for Change on Alcohol (CMCA) intervention targeting youth and adults.

During **Year 5**, Region 3 saw continued implementation of the programs and practices developed during years 1 - 4 of the grant, with additional efforts devoted to implantation of mental health first aid trainings and alcohol compliance checks.

RECOMMENDATIONS

1. Region 3 devoted significant resources to capacity-building and information dissemination strategies across the region in years 1 - 4 of grant funding. Year 5 saw continued implementation of the programs developed in the first four years of the grant, with additional resources devoted to implementation of evidence-based prevention education programs related to mental health and greater focus on environmental strategies reducing access to alcohol by minors. In preparation for the next phase of RPTF funding, it may be beneficial to assess capacity specific to implementation of evidence-based programs, practices, and policies whose outcomes are consistent with the needs of multiple stakeholder groups across the region.
2. There are multiple theoretical and evidence-informed frameworks for evaluating capacity to implement evidence-based programs, practices and policies. It may benefit BHDDH to select a consistent approach across all regions for this purpose in Phase II of RPTF funding.

CHAPTER 4

Region 4: Kent County

Coventry, East Greenwich, Exeter/West Greenwich, Warwick, West Warwick

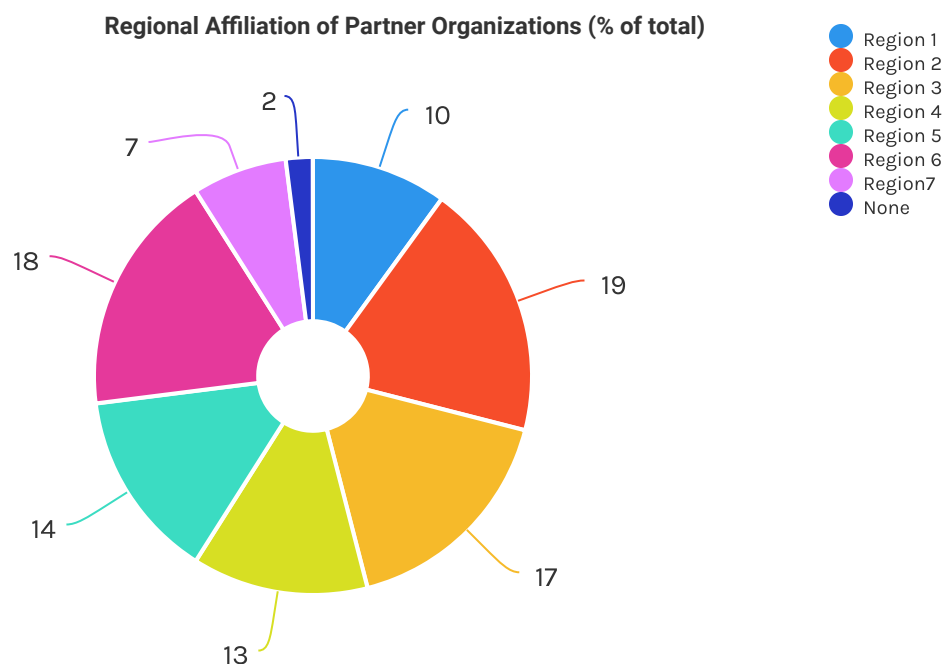
OVERVIEW: NETWORK CONNECTIVITY

RESPONDENTS Region 4 participated in the newly implemented PARTNER survey (www.partnertool.net) to assess factors related to network connectivity using social network analysis methods. 'Partners' were defined and identified by the regional coordinator as individuals and/or organizations who do not regularly participate in monthly regional coalition meetings, yet are nonetheless highly invested in the work of the coalition and serve important community functions to enhance the coalition's impact and reach. Partners were asked to answer questions about their perceptions of the Regional Prevention Task Force network and their organization's partnership with others in the network.

Given that some organizations described partner relationships with multiple regional prevention coalitions, results from the social network analysis are presented for all regions combined to best describe the manner in which partner organizations are interacting with their coalition partners and with each other.

In September 2021, 153 organizations were identified by regional coordinators as partners to their coalition. 70 organizations responded for a 46% response rate. Those that responded reported that they collectively had 563 partnerships, describing the resulting "network" of partnerships. Region 4 identified 20 partner organizations for the survey, of which 12 responded for a regional response rate of 60%.

The pie chart below show the regional affiliation of the 153 members of the network.



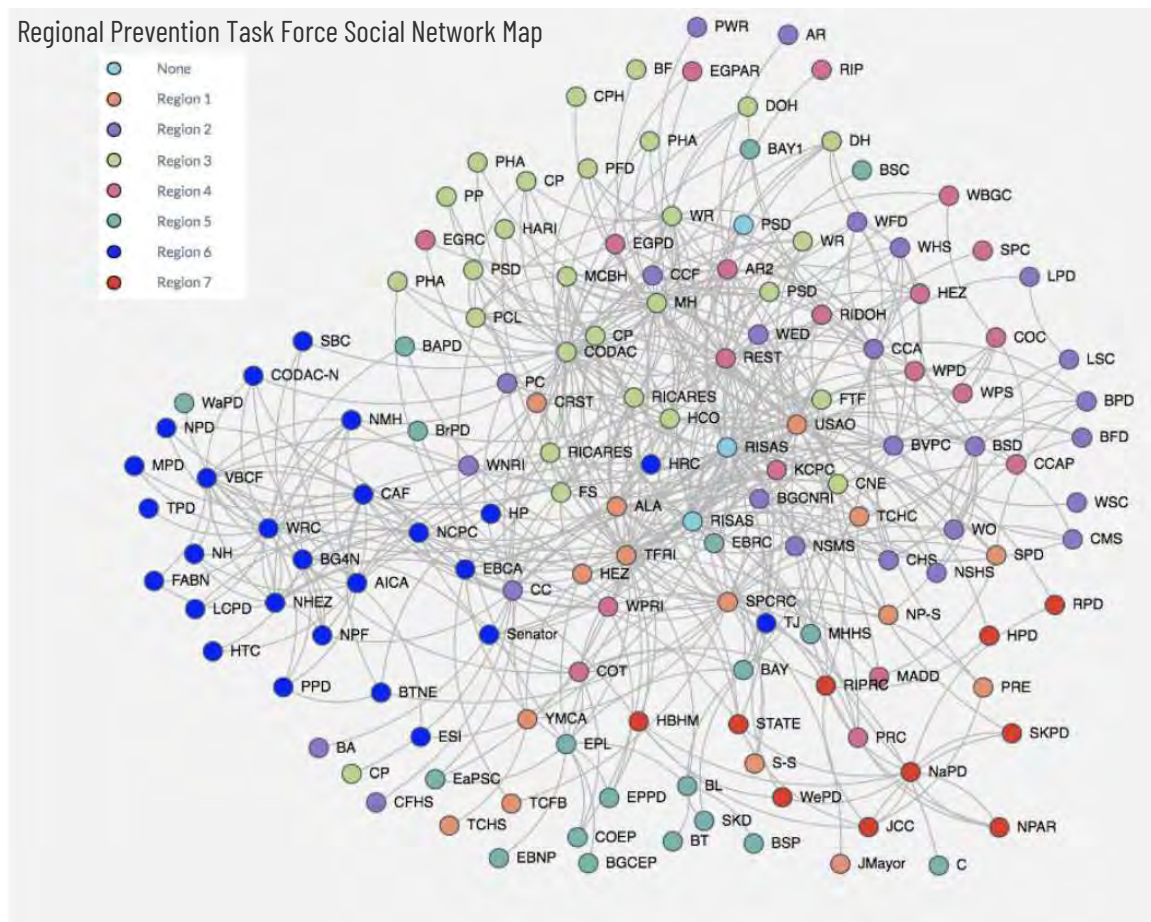
Region 4: Kent County

Coventry, East Greenwich, Exeter/West Greenwich, Warwick, West Warwick

OVERVIEW: NETWORK CONNECTIVITY

SOCIAL NETWORK MAP Below is a social network map of the partnerships within the Regional Prevention Task Force network that shows each organization represented in the survey as a circle (node) and the lines shown demonstrate all relationships that were reported by respondents (selected to show all reported relationships). The network is diverse with a low level of density. Of all the possible connections in the network, 2% were reported. This means that there is a little connectivity already taking place with opportunities to develop additional connections between partners. It is important to note that when there are numerous organizations in the network, it is not likely to have a high connectivity score because organizations do not have the time or other resources to foster many meaningful connections.

IMPLICATIONS Focusing on developing connections among isolated partners and identifying places in the network where connections are weak may be important targets of intervention.



CHAPTER 4

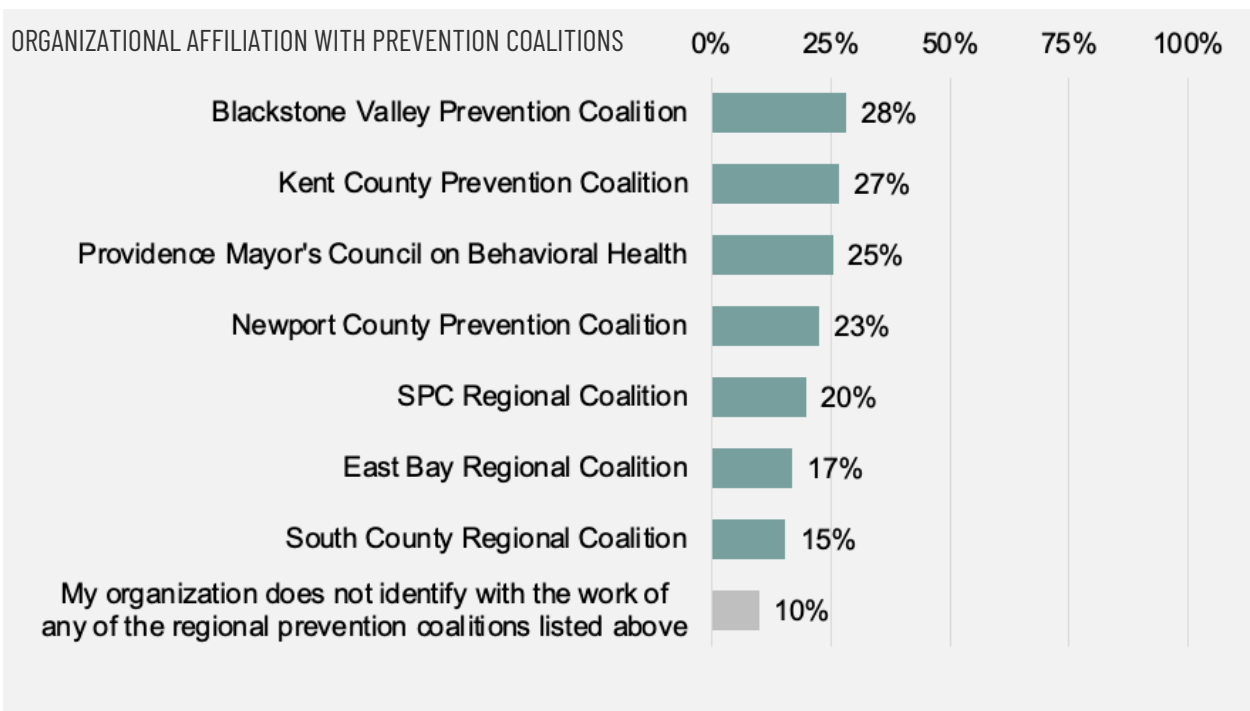
Region 4: Kent County

Coventry, East Greenwich, Exeter/West Greenwich, Warwick, West Warwick

OVERVIEW: NETWORK CONNECTIVITY

ORGANIZATIONAL AFFILIATION WITH PREVENTION COALITIONS In addition to being identified by their regional coalition director as an integral partner organization, participants were also asked to self-identify which prevention coalition(s) their organization's work identifies with most. The following graph demonstrates that many organizations who responded to the survey self-identified as partners to multiple regional coalitions. Approximately 10% of organizations identified as partners by regional coordinators reported that their organization does not identify with the work of any of the regional prevention coalitions listed on the survey.

IMPLICATIONS The number of intra-regional relationships suggests that partners are willing to work with multiple regional coalitions to achieve shared substance use prevention goals. One area for improvement may be to better operationalize how 'partners' are defined, as 10% of respondents reported that their organization does not identify with the work of any of the regional coalitions listed on the survey, despite being identified as a partner organization by a regional coalition director. Clarifying roles and expectations may help to more fully integrate organizations that do not currently identify in this manner.



CHAPTER 4

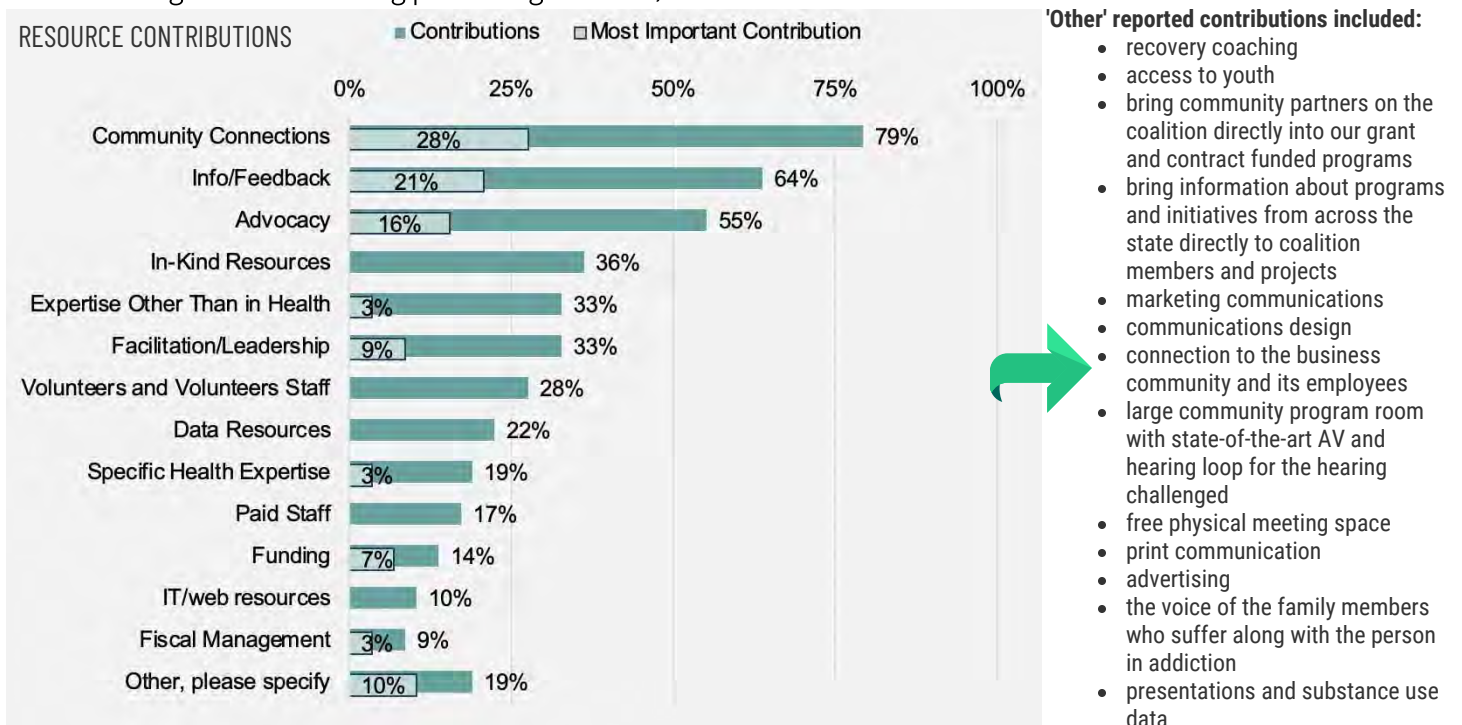
Region 4: Kent County

Coventry, East Greenwich, Exeter/West Greenwich, Warwick, West Warwick

OVERVIEW: NETWORK CONNECTIVITY

RESOURCE CONTRIBUTIONS Investigating resources and services that partners can contribute or potentially contribute provides information on which resources, services, and information are shared between network members, the types of resources and services needed by the network, and the extent to which the exchange of resources and services increases community capacity. When asked to report what their organization contributes, or can potentially contribute to the regional prevention coalition their organization identifies with most, more than half of respondents indicated community connections, info/feedback, and advocacy as top priorities. Of these options, community connections and info/feedback were reported as organizations' most important contributions.

IMPLICATIONS Results suggest that coalitions utilize partner relationships to increase connectivity in the community, seek information and feedback about relevant coalition objectives, and enhance advocacy efforts for the important work that they do. Partners are largely in agreement that their *existing or potential contributions* are their *most important contributions* to the regional coalitions. Of note, over one third of participants reported contribution or potential contribution of in-kind resources. This suggests that regional coalitions are leveraging resources with community partners where available to enhance their work and sustain their efforts outside of the fiscal opportunities provided under the regional prevention task force contract. Other questions for coalitions to consider include whether there are any resources/services that are overrepresented by partners, which resources/services are underrepresented or not represented at all, and what steps can be taken to acquire these resources through a new or existing partner organization, if relevant.



CHAPTER 4

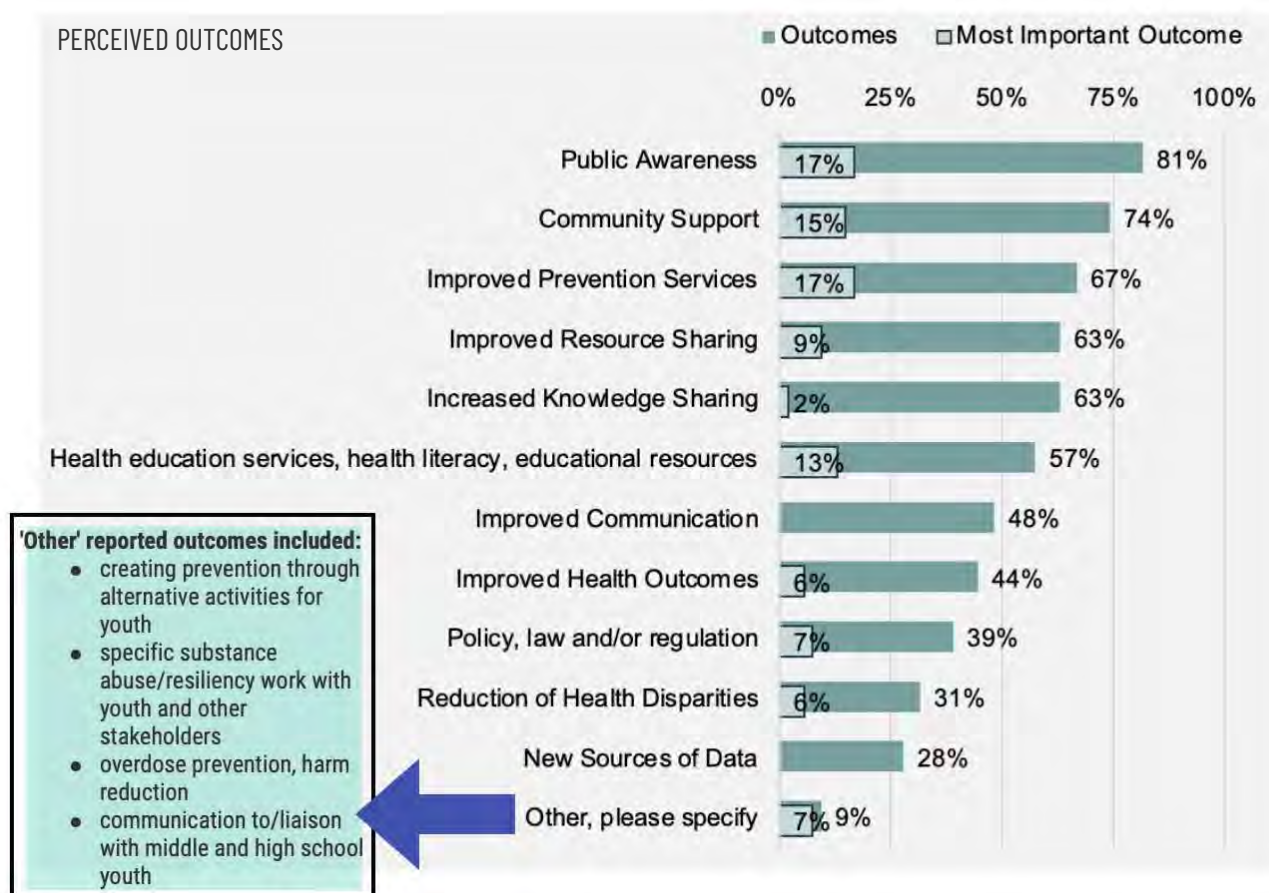
Region 4: Kent County

Coventry, East Greenwich, Exeter/West Greenwich, Warwick, West Warwick

OVERVIEW: NETWORK CONNECTIVITY

PERCEIVED OUTCOMES Participants were asked to report on outcomes they perceive to be most important to the regional coalitions. At least two-thirds of respondents indicated that public awareness (81%), community support (74%), and improved prevention services (67%) are the outcomes their organization most identifies with working toward in the regional prevention coalition. When asked which outcomes are most important, most respondents selected the same three options.

IMPLICATIONS Assessing partners' perceptions of outcomes important to the coalition is important because it allows coalitions to determine whether self-identified coalition goals match perceived goals by partners, and the degree to which the network is meeting those goals. Results positively suggest that most partners are in agreement that improvement of prevention services is an important outcome to the coalitions. Coalitions can utilize these data to work collaboratively with partners to align strategies with critical goals, determine which resources are available to achieve these outcomes, and to leverage available resources to address any barriers.



CHAPTER 4

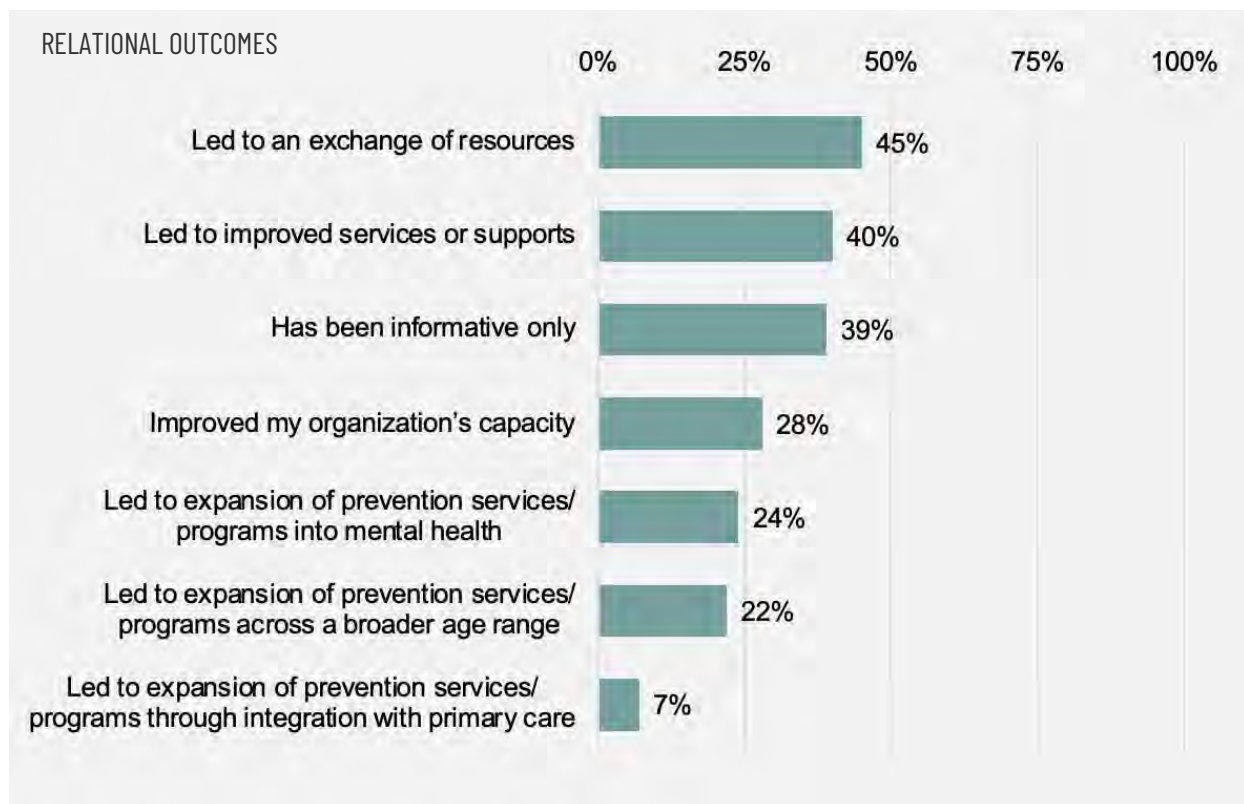
Region 4: Kent County

Coventry, East Greenwich, Exeter/West Greenwich, Warwick, West Warwick

OVERVIEW: NETWORK CONNECTIVITY

RELATIONAL OUTCOMES Participants were asked to report on specific behavioral outcomes resulting from partnerships within their regional coalition network. Respondents indicated that 45% of relationships have led to an exchange of resources, 40% led to improved services or supports, and 28% have improved organizational capacity. In addition, 24% have led to expansion of prevention services/programs into mental health, 22% have led to expansion of prevention services/programs across the lifespan, and 7% of relationships have led to an expansion of prevention services/programs through integration with primary care. 39% of relationships have been informative only.

IMPLICATIONS Assessing outcomes resulting from network partnerships is important in understanding whether the regional coalition model is serving its intended purpose of delivering high quality prevention and health promotion services across the lifespan. Regions are doing well regarding exchange of resources and improvement of services or supports. Growing edges include greater emphasis on partner relationships that help to expand prevention services into mental health and across a broader age range. Regions may also consider developing existing or seeking new partner relationships that can enhance expansion of prevention services/programs through integration with primary care.



CHAPTER 4

Region 4: Kent County

Coventry, East Greenwich, Exeter/West Greenwich, Warwick, West Warwick

OVERVIEW: NETWORK HEALTH

RESPONDENTS Region 4 participated in the 2021 administration of the CRST coalition member survey from September - November, 2021**. Members were defined by the regional coalitions as individuals who attend meetings regularly and have knowledge of the internal workings of the coalition. Twenty of the twenty-three coalition members identified by the regional coordinator participated on the survey for an excellent response rate of 87%. Members from four of the six core Center for Substance Abuse Prevention (CSAP) sectors participated on the survey (Education, Medical/Health, Government, Community/Family Supports). No members from the Business or Safety sectors participated.

CLARITY OF RPTF & PERCEPTIONS OF INTERNAL COALITION PROCESSES All to nearly all respondents from Region 4 were clear or very clear about their own role in the RPTF (100%), the major objectives and purposes of the RPTF (100%), the common language of prevention being used (100%), the risk and protective factor framework being used (100%), the governance structure of the RPTF (95%), and timelines for RPTF deliverables (95%). Respondents reported perceptions of internal coalition processes very positively for open and honest communication (95%), cohesion and team spirit (95%), and tolerance of differences or disagreements (93%). Perceptions of inclusivity in discussions (89%), shared decision-making (84%), and effective conflict resolution (74%) were rated slightly lower. 14% reported need for more formalization and structure.

IMPLICATIONS To excel across all areas of internal coalition functioning, one potential growing edge may be to develop more effective conflict resolution strategies within the group.

COALITION SYNERGY Respondents perceived that “partnership synergy” (defined as “combining the different perspectives, knowledge and skills of the group of people and organizations represented”) was very strong in Region 4. A large percentage of respondents were in agreement that the RPTF has clearly communicated how its actions will address problems that are important to people in the region (89%), is better able to carry out its work because of the contributions of diverse members (89%), has developed common goals that are understood and supported by all members (89%), and has combined the perspectives, resources and skills of its members well (84%). Fewer respondents reported that the RPTF has developed a common language for communication among diverse members (74%).

IMPLICATIONS To excel across all aspects of partner synergy, the coalition could focus on further development of a common language for communication among diverse members.

CHAPTER 4

Region 4: Kent County

Coventry, East Greenwich, Exeter/West Greenwich, Warwick, West Warwick

OVERVIEW: NETWORK HEALTH

IMPLEMENTATION CLIMATE AND PERCEPTIONS OF REGIONAL LEADERSHIP Approximately 75% of respondents were in agreement that focus on evidence-based practice is high in their region while an overwhelming majority (83%) reported a great to very great extent of educational support for evidence-based practices. Leadership was rated highly on dimensions of knowledge about evidence-based practices (95%), support for implementation of evidence-based practices (87%), proactivity (86%) and perseverance (84%) in implementing evidence-based practices. Overall, 100% of participants feel that their coalition is strong or very strong.

IMPLICATIONS Region 4 continues to excel with regard to perceptions of leadership and educational support for evidence-based practices. One potential growing edge could be to provide greater emphasis on implementation of evidence-based practices within the region.

RECOMMENDATIONS

1. Respondents provided several suggestions for topics the RPTF should address over the next 12 months, including mental health for youth and adults, social justice issues, continued efforts related to substance misuse prevention across the lifespan, enhancement of well-being and positive emotion regulation/ social and emotional learning, LGBTQIA+ education, and trauma informed practices.
2. To excel across all domains of coalition functioning, Region 4 could benefit from further enhancement of factors related effective conflict resolution and greater emphasis on evidence-based practices and programs that are relevant to stakeholders in the region and address the issues described above.

CHAPTER 4

Region 4: Kent County

Coventry, East Greenwich, Exeter/West Greenwich, Warwick, West Warwick

OVERVIEW: IMPLEMENTATION OF EVIDENCE-BASED PROGRAMS, PRACTICES, & POLICIES

During **Year 1** of the project, Region 4 primarily engaged in internal capacity-building meetings with members of their regional coalition as well as by attending meetings of the Prevention Advisory Committee, Governor's Council on Behavioral Healthcare, Governor's Overdose Task Force, and attending various training events. Region 4 also developed promotional and substance-use related materials for distribution to the public, including emphasis on Youth Mental Health First Aid training and distribution of the Count It, Lock It, Drop It campaign.

During **Year 2**, Region 4 continued to expand the coalition's capacity to execute its intended functions by participating in various trainings, hosting regional meetings at regular intervals, and attending state-level meetings. In addition to the strategies developed and disseminated in Year 1, the region also developed programming in conjunction with faith leaders in the community, distributed a campaign for coaches on opiate misuse prevention developed media strategies around marijuana and vaping use, and disseminated the Count It, Lock It, Drop It and Hidden in Plain Sight campaigns. To address youth mental health and leadership development, the region developed a new alternative activities program for high school youth called ASAPP.

During **Year 3** Region 4 continued engaging in capacity-building by participating in trainings and hosting meetings at regular intervals. In addition to continued implementation of the strategies developed during Years 1 - 3 around vaping, marijuana use, alcohol, prescription drug misuse, and mental health promotion for youth, Region 4 also engaged in youth mental health first aid and suicide prevention training and distributed activity books and wellness kits during the coronavirus pandemic.

During **Year 5**, Region 4 continued to implement the programs and practices developed during years 1 - 4 of the grant. In addition, Region 4 implanted the Change Direction campaign.

RECOMMENDATIONS

1. Region 4 devoted significant resources to capacity-building and information dissemination strategies across the region in years 1 - 4 of grant funding. Year 5 saw continued implementation of the programs developed in the first four years of the grant, with most resources devoted to Implementation of information dissemination strategies via multiple forms of media. In preparation for the next phase of RPTF funding, it may be beneficial to shift the region's emphasis toward more widespread implementation of evidence-based programs, practices and policies that are consistent with the needs of multiple stakeholder groups, and to assess implementation capacity related to these programs.
2. There are multiple theoretical and evidence-informed frameworks for evaluating capacity to implement evidence-based programs, practices and policies. It may benefit BHDDH to select a consistent approach across all regions for this purpose in Phase II of RPTF funding.

CHAPTER 5

Region 5: East Bay

East Providence, Barrington, Warren, Bristol

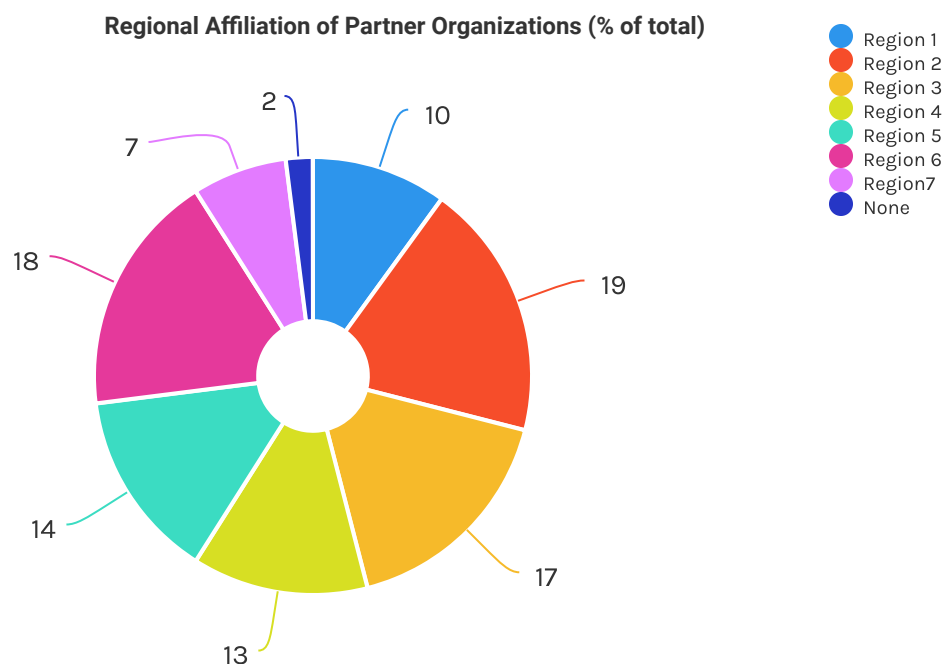
OVERVIEW: NETWORK CONNECTIVITY

RESPONDENTS Region 5 participated in the newly implemented PARTNER survey (www.partnertool.net) to assess factors related to network connectivity using social network analysis methods. 'Partners' were defined and identified by the regional coordinator as individuals and/or organizations who do not regularly participate in monthly regional coalition meetings, yet are nonetheless highly invested in the work of the coalition and serve important community functions to enhance the coalition's impact and reach. Partners were asked to answer questions about their perceptions of the Regional Prevention Task Force network and their organization's partnership with others in the network.

Given that some organizations described partner relationships with multiple regional prevention coalitions, results from the social network analysis are presented for all regions combined to best describe the manner in which partner organizations are interacting with their coalition partners and with each other.

In September 2021, 153 organizations were identified by regional coordinators as partners to their coalition. 70 organizations responded for a 46% response rate. Those that responded reported that they collectively had 563 partnerships, describing the resulting "network" of partnerships. Region 5 identified 21 partner organizations for the survey, of which 4 responded for a regional response rate of 19%.

The pie chart below show the regional affiliation of the 153 members of the network.



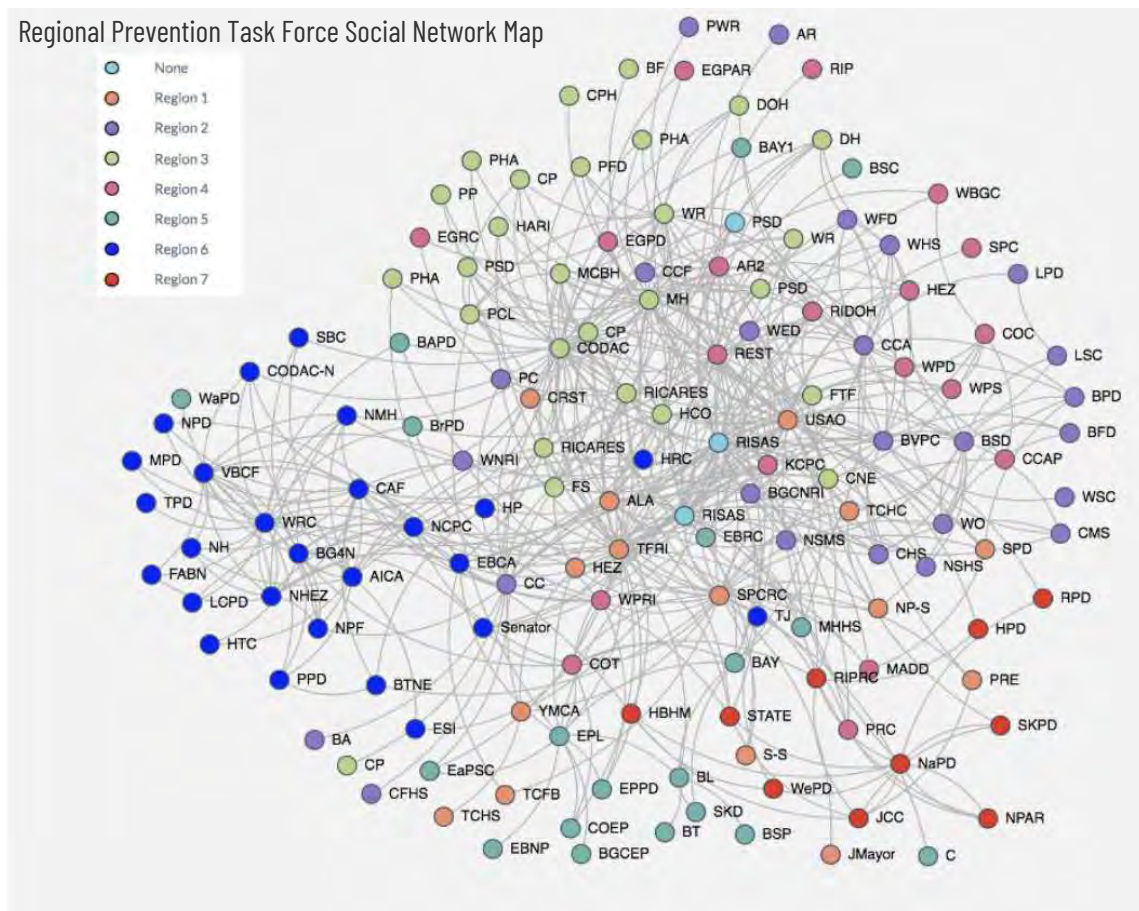
Region 5: East Bay

East Providence, Barrington, Warren, Bristol

OVERVIEW: NETWORK CONNECTIVITY

SOCIAL NETWORK MAP Below is a social network map of the partnerships within the Regional Prevention Task Force network that shows each organization represented in the survey as a circle (node) and the lines shown demonstrate all relationships that were reported by respondents (selected to show all reported relationships). The network is diverse with a low level of density. Of all the possible connections in the network, 2% were reported. This means that there is a little connectivity already taking place with opportunities to develop additional connections between partners. It is important to note that when there are numerous organizations in the network, it is not likely to have a high connectivity score because organizations do not have the time or other resources to foster many meaningful connections.

IMPLICATIONS Focusing on developing connections among isolated partners and identifying places in the network where connections are weak may be important targets of intervention.



CHAPTER 5

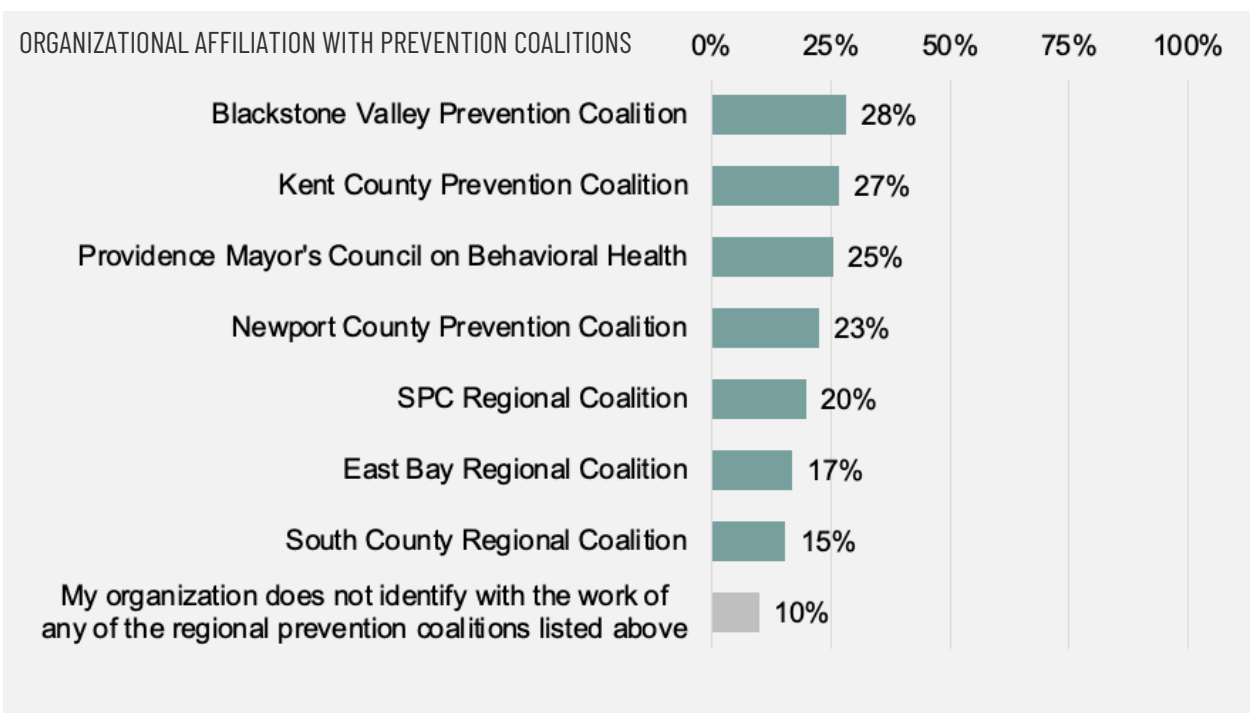
Region 5: East Bay

East Providence, Barrington, Warren, Bristol

OVERVIEW: NETWORK CONNECTIVITY

ORGANIZATIONAL AFFILIATION WITH PREVENTION COALITIONS In addition to being identified by their regional coalition director as an integral partner organization, participants were also asked to self-identify which prevention coalition(s) their organization's work identifies with most. The following graph demonstrates that many organizations who responded to the survey self-identified as partners to multiple regional coalitions. Approximately 10% of organizations identified as partners by regional coordinators reported that their organization does not identify with the work of any of the regional prevention coalitions listed on the survey.

IMPLICATIONS The number of intra-regional relationships suggests that partners are willing to work with multiple regional coalitions to achieve shared substance use prevention goals. One area for improvement may be to better operationalize how 'partners' are defined, as 10% of respondents reported that their organization does not identify with the work of any of the regional coalitions listed on the survey, despite being identified as a partner organization by a regional coalition director. Clarifying roles and expectations may help to more fully integrate organizations that do not currently identify in this manner.



CHAPTER 5

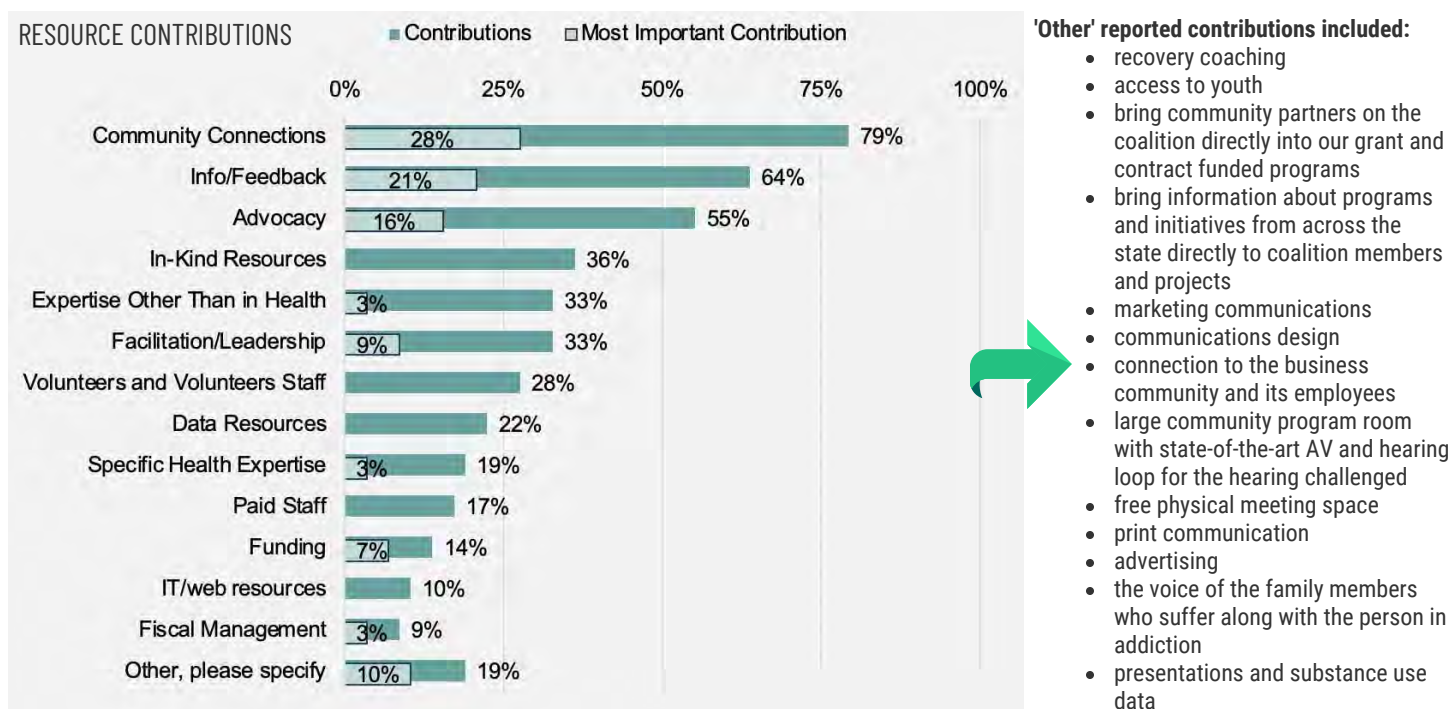
Region 5: East Bay

East Providence, Barrington, Warren, Bristol

OVERVIEW: NETWORK CONNECTIVITY

RESOURCE CONTRIBUTIONS Investigating resources and services that partners can contribute or potentially contribute provides information on which resources, services, and information are shared between network members, the types of resources and services needed by the network, and the extent to which the exchange of resources and services increases community capacity. When asked to report what their organization contributes, or can potentially contribute to the regional prevention coalition their organization identifies with most, more than half of respondents indicated community connections, info/feedback, and advocacy as top priorities. Of these options, community connections and info/feedback were reported as organizations' most important contributions.

IMPLICATIONS Results suggest that coalitions utilize partner relationships to increase connectivity in the community, seek information and feedback about relevant coalition objectives, and enhance advocacy efforts for the important work that they do. Partners are largely in agreement that their *existing or potential contributions* are their *most important contributions* to the regional coalitions. Of note, over one third of participants reported contribution or potential contribution of in-kind resources. This suggests that regional coalitions are leveraging resources with community partners where available to enhance their work and sustain their efforts outside of the fiscal opportunities provided under the regional prevention task force contract. Other questions for coalitions to consider include whether there are any resources/services that are overrepresented by partners, which resources/services are underrepresented or not represented at all, and what steps can be taken to acquire these resources through a new or existing partner organization, if relevant.



CHAPTER 5

Region 5: East Bay

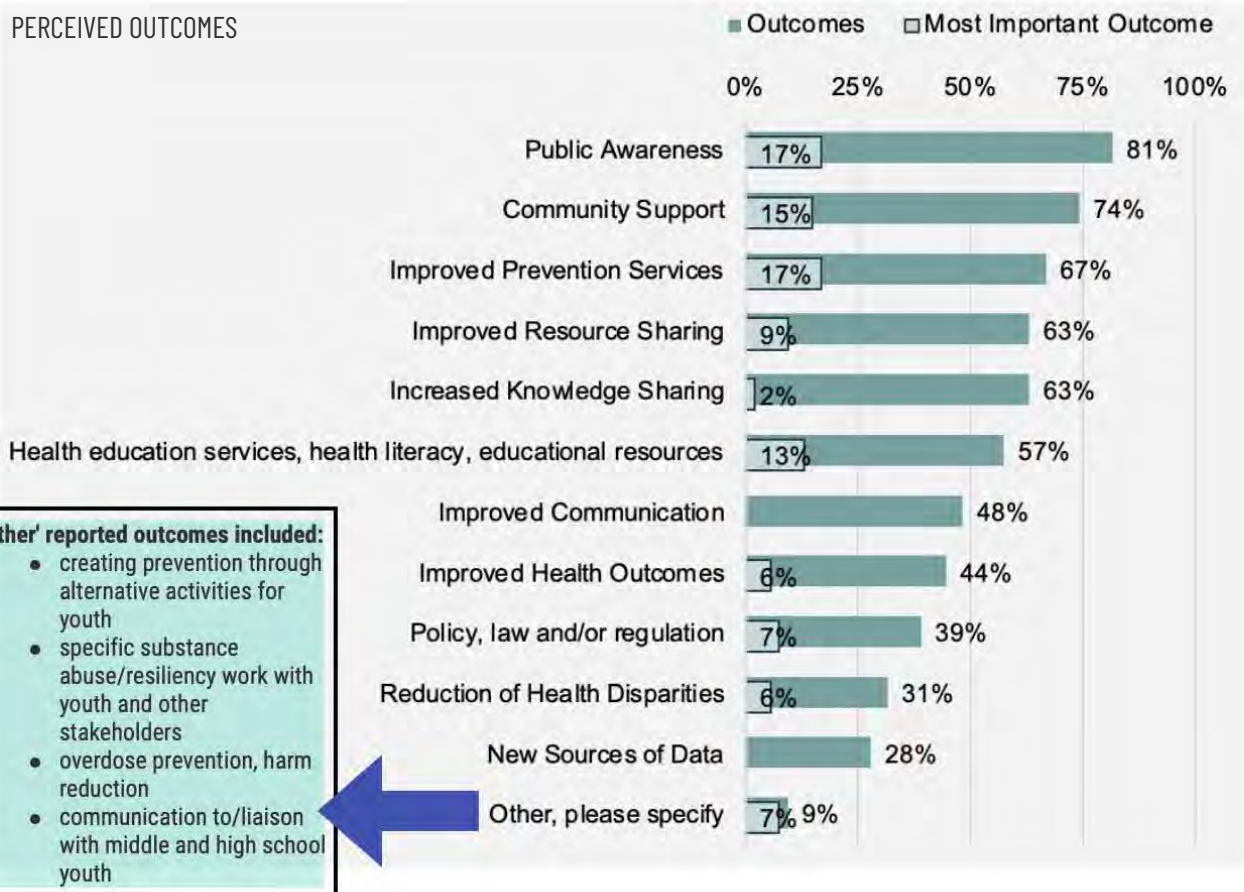
East Providence, Barrington, Warren, Bristol

OVERVIEW: NETWORK CONNECTIVITY

PERCEIVED OUTCOMES Participants were asked to report on outcomes they perceive to be most important to the regional coalitions. At least two-thirds of respondents indicated that public awareness (81%), community support (74%), and improved prevention services (67%) are the outcomes their organization most identifies with working toward in the regional prevention coalition. When asked which outcomes are most important, most respondents selected the same three options.

IMPLICATIONS Assessing partners' perceptions of outcomes important to the coalition is important because it allows coalitions to determine whether self-identified coalition goals match perceived goals by partners, and the degree to which the network is meeting those goals. Results positively suggest that most partners are in agreement that improvement of prevention services is an important outcome to the coalitions. Coalitions can utilize these data to work collaboratively with partners to align strategies with critical goals, determine which resources are available to achieve these outcomes, and to leverage available resources to address any barriers.

PERCEIVED OUTCOMES



CHAPTER 5

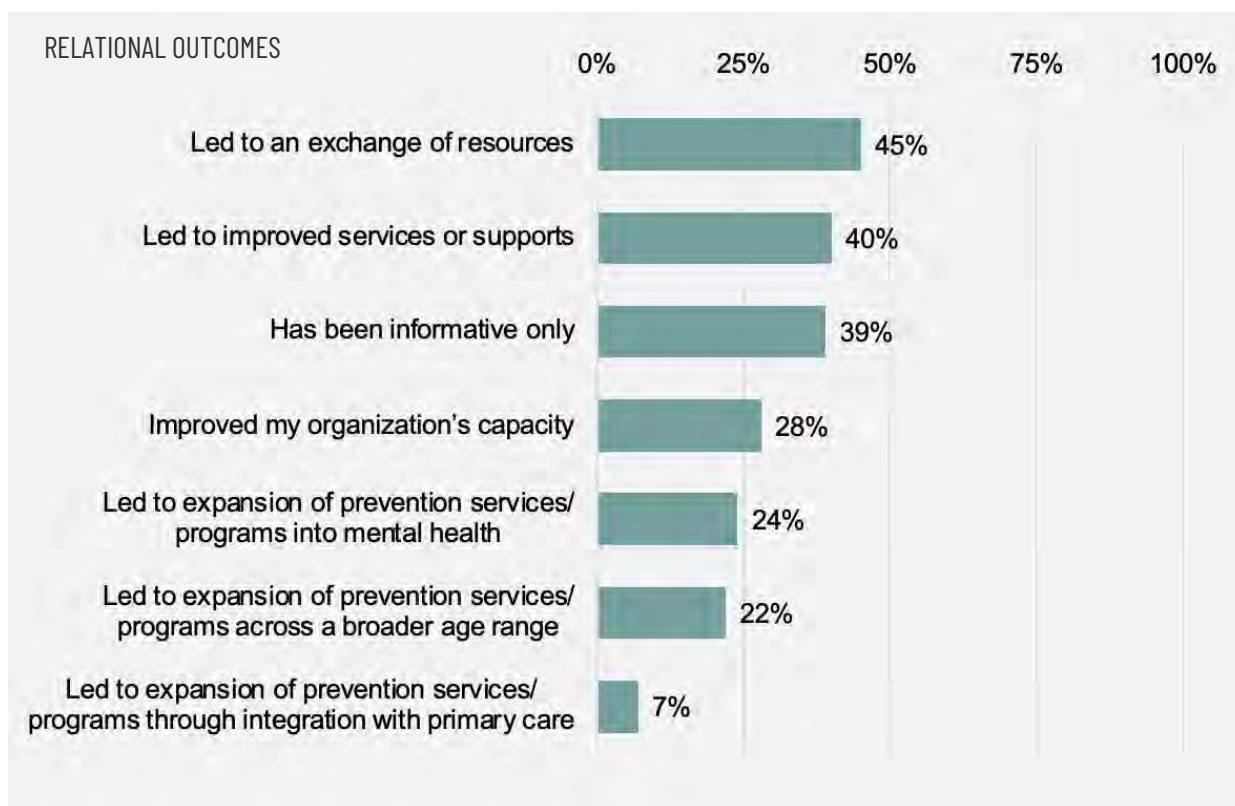
Region 5: East Bay

East Providence, Barrington, Warren, Bristol

OVERVIEW: NETWORK CONNECTIVITY

RELATIONAL OUTCOMES Participants were asked to report on specific behavioral outcomes resulting from partnerships within their regional coalition network. Respondents indicated that 45% of relationships have led to an exchange of resources, 40% led to improved services or supports, and 28% have improved organizational capacity. In addition, 24% have led to expansion of prevention services/programs into mental health, 22% have led to expansion of prevention services/programs across the lifespan, and 7% of relationships have led to an expansion of prevention services/programs through integration with primary care. 39% of relationships have been informative only.

IMPLICATIONS Assessing outcomes resulting from network partnerships is important in understanding whether the regional coalition model is serving its intended purpose of delivering high quality prevention and health promotion services across the lifespan. Regions are doing well regarding exchange of resources and improvement of services or supports. Growing edges include greater emphasis on partner relationships that help to expand prevention services into mental health and across a broader age range. Regions may also consider developing existing or seeking new partner relationships that can enhance expansion of prevention services/programs through integration with primary care.



CHAPTER 5

Region 5: East Bay

East Providence, Barrington, Warren, Bristol

OVERVIEW: NETWORK HEALTH

RESPONDENTS Region 5 participated in the 2021 administration of the CRST coalition member survey from September - November, 2021**. Members were defined by the regional coalitions as individuals who attend meetings regularly and have knowledge of the internal workings of the coalition. Fourteen of the twenty-three coalition members identified by the regional coordinator participated on the survey for a response rate of 61%. Members from five of the six core Center for Substance Abuse Prevention (CSAP) sectors participated on the survey (Education, Medical/Health, Government, Community/Family Supports, Safety). No members from the Business sector participated.

CLARITY OF RPTF & PERCEPTIONS OF INTERNAL COALITION PROCESSES All to nearly all respondents from Region 5 were clear or very clear about the common language of prevention being used (100%), the major objectives and purposes of the RPTF (93%), their own role in the RPTF (93%), timelines for RPTF deliverables (93%), and the governance structure of the RPTF (86%). Fewer respondents were clear on the risk and protective framework being used (79%). Respondents reported perceptions of internal coalition processes very positively for open and honest communication (93%), tolerance of disagreements or differences (93%), effective conflict resolution (86%), perception of cohesiveness and team spirit (79%), and shared decision-making (79%). Inclusivity in discussions was rated slightly lower (72%). 14% reported need for more formalization and structure.

IMPLICATIONS To excel across all areas of internal coalition functioning, Region 5 could consider enhancing perceptions of shared decision-making within the group.

COALITION SYNERGY Respondents perceived that “partnership synergy” (defined as “combining the different perspectives, knowledge and skills of the group of people and organizations represented”) was reasonably strong in Region 5. A large percentage of respondents were in agreement that the RPTF has clearly communicated how its actions will address problems that are important to people in the region (92%), has developed a common language for communication among diverse members (78%), has developed common goals that are understood and supported by all members (77%), is better able to carry out its work because of the contributions of diverse members (77%), and has combined the perspectives, resources, and skills of its members well (77%).

IMPLICATIONS Respondents from Region 5 indicated that perception of internal coalition synergy is high. To further excel across all domains, Region 5 could focus on dimensions that scored *lower than* communication related to how its actions will address problems that are important to people in the region.

CHAPTER 5

Region 5: East Bay

East Providence, Barrington, Warren, Bristol

OVERVIEW: NETWORK HEALTH

IMPLEMENTATION CLIMATE AND PERCEPTIONS OF REGIONAL LEADERSHIP Approximately 75% of respondents were in agreement that focus on evidence-based practice is high in their region while a little less than half (49%) reported a great to very great extent of educational support for evidence-based practices. Leadership was rated highly on dimensions of knowledge about evidence-based practice (91%), support for implementation of evidence-based practices (86%) and proactivity in implementing evidence-based practices (86%). Ratings of perseverance (83%) in implementing evidence-based practices were slightly lower. Overall, 91% of participants feel that their coalition is strong or very strong.

IMPLICATIONS Potential growing edges include greater emphasis on implementation and educational support for implementation of evidence-based programs and practices. Leadership may also wish to enhance perseverance in seeking out evidence-based programs and practices relevant to stakeholder groups in the region to excel across all domains.

RECOMMENDATIONS

1. Respondents provided several suggestions for topics the RPTF should address over the next 12 months, including mental health for youth and adults, marijuana legislation, suicide prevention, and continued efforts related to substance misuse prevention across the lifespan.
2. While largely robust, Region 5 may benefit from further enhancement of factors related to internal coalition functioning in the domains of shared decision-making.

CHAPTER 5

Region 5: East Bay

East Providence, Barrington, Warren, Bristol

OVERVIEW: IMPLEMENTATION OF EVIDENCE-BASED PROGRAMS, PRACTICES, & POLICIES

During **Year 1** of the project, Region 5 primarily engaged in internal capacity-building meetings with members of their regional coalition as well as by attending meetings of the Prevention Advisory Committee and attending various training events.

During **Year 2**, Region 5 continued to expand the coalition's capacity to execute its intended functions by participating in various trainings, hosting regional meetings at regular intervals, and attending meetings of the Prevention Advisory Committee. The region also hosted several Drug Take Back days across all four communities.

During **Year 3** Region 5 continued engaging in capacity-building by participating in trainings and hosting meetings at regular intervals. Region 5 expanded its reach to mental health by hosting several mental health first aid trainings, developed a social media campaign around marijuana, held a MADD candlelight vigil around underage drinking, and hosted In Plain Sight.

During **Year 4**, Region 5 continued implementation of the media and communication strategies developed in Years 1 - 3. Region 5 developed a 'Stronger Together' pilot program, disseminated an informational marijuana mailer to households in the region, created and distributed 'Prevention Bags' across the region, and hosted Tobacco Retailer trainings. In addition, the Third Millennium program was disseminated for at risk youth, and efforts were made to disseminate information on the dangers associated with youth vaping. Emphasis was also placed on distribution of materials related to promoting youth mental health.

During **Year 5**, Region 5 continued implementation of the programs and practices developed during years 1 - 4 of the grant. No new evidence-based programs were implanted in the last year of grant funding.

RECOMMENDATIONS

1. Region 5 devoted significant resources to capacity-building and information dissemination strategies across the region in years 1 - 4 of grant funding. Year 5 saw continued implementation of the programs developed in the first four years of the grant, with primary emphasis on information dissemination and media strategies related to substance misuse prevention. In preparation for the next phase of RPTF funding, it may be beneficial to shift the region's emphasis toward more widespread implementation of evidence-based programs, practices and policies that are consistent with the needs of multiple stakeholder groups, and to assess implementation capacity related to these programs.
2. There are multiple theoretical and evidence-informed frameworks for evaluating capacity to implement evidence-based programs, practices and policies. It may benefit BHDDH to select a consistent approach across all regions for this purpose in Phase II of RPTF funding.

CHAPTER 6

Region 6: Newport County

Little Compton, Middletown, Newport, Portsmouth, Tiverton

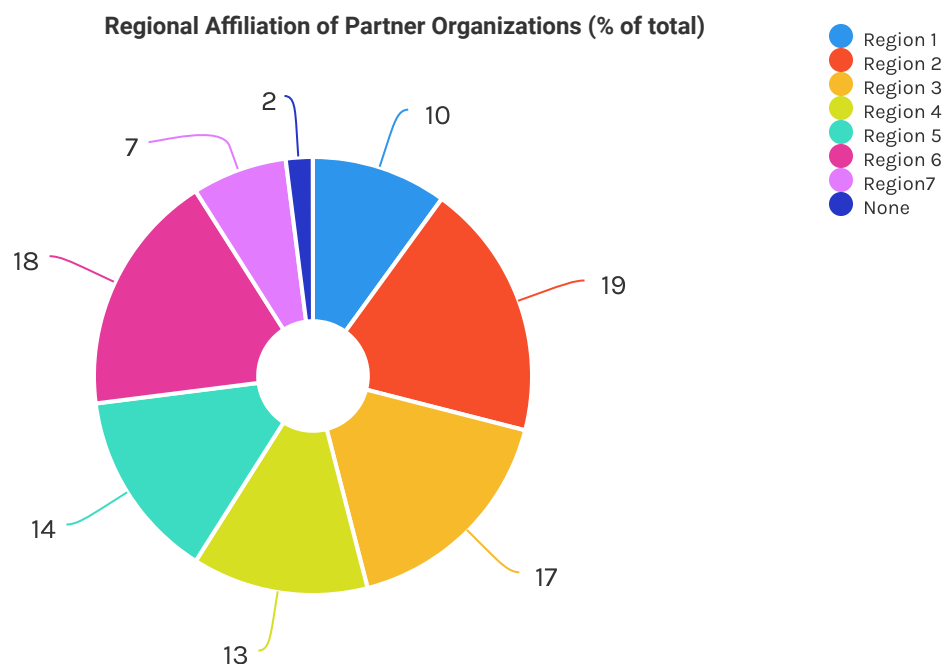
OVERVIEW: NETWORK CONNECTIVITY

RESPONDENTS Region 6 participated in the newly implemented PARTNER survey (www.partnertool.net) to assess factors related to network connectivity using social network analysis methods. 'Partners' were defined and identified by the regional coordinator as individuals and/or organizations who do not regularly participate in monthly regional coalition meetings, yet are nonetheless highly invested in the work of the coalition and serve important community functions to enhance the coalition's impact and reach. Partners were asked to answer questions about their perceptions of the Regional Prevention Task Force network and their organization's partnership with others in the network.

Given that some organizations described partner relationships with multiple regional prevention coalitions, results from the social network analysis are presented for all regions combined to best describe the manner in which partner organizations are interacting with their coalition partners and with each other.

In September 2021, 153 organizations were identified by regional coordinators as partners to their coalition. 70 organizations responded for a 46% response rate. Those that responded reported that they collectively had 563 partnerships, describing the resulting "network" of partnerships. Region 6 identified 27 partner organizations for the survey, of which 10 responded for a regional response rate of 37%.

The pie chart below show the regional affiliation of the 153 members of the network.



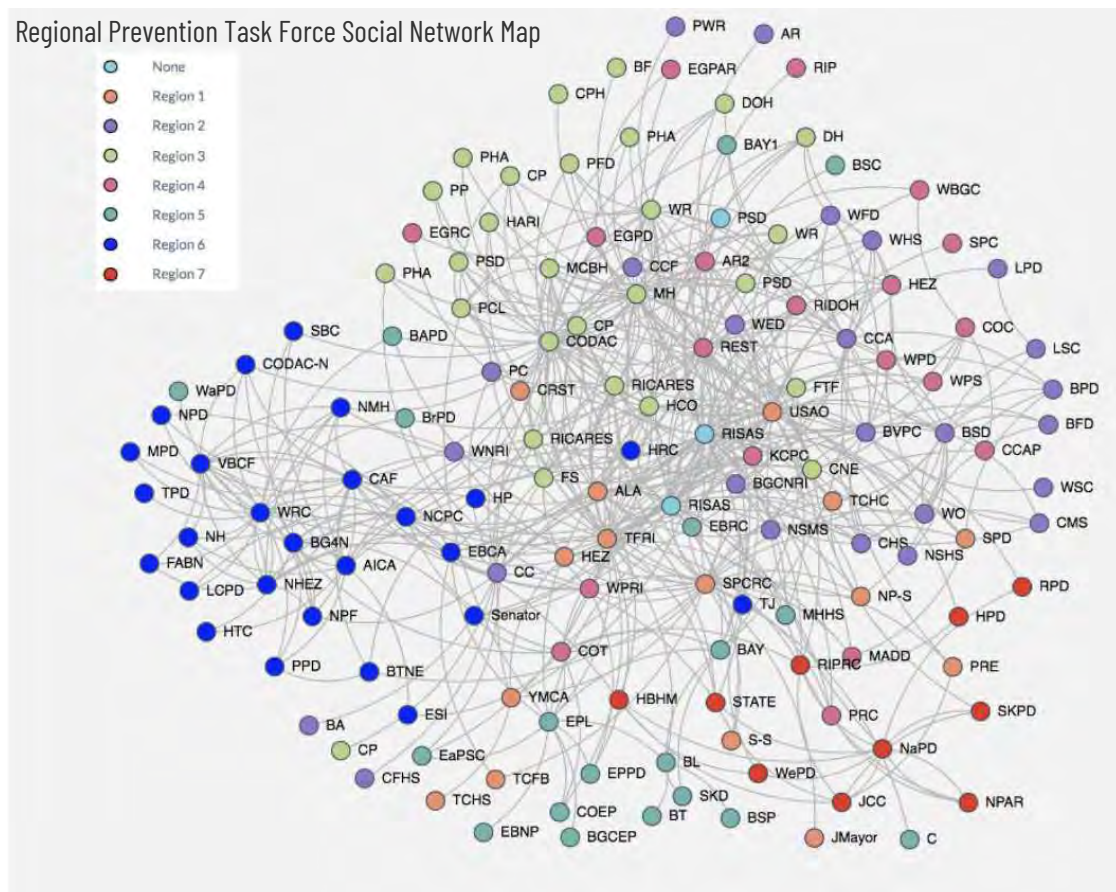
Region 6: Newport County

Little Compton, Middletown, Newport, Portsmouth, Tiverton

OVERVIEW: NETWORK CONNECTIVITY

SOCIAL NETWORK MAP Below is a social network map of the partnerships within the Regional Prevention Task Force network that shows each organization represented in the survey as a circle (node) and the lines shown demonstrate all relationships that were reported by respondents (selected to show all reported relationships). The network is diverse with a low level of density. Of all the possible connections in the network, 2% were reported. This means that there is a little connectivity already taking place with opportunities to develop additional connections between partners. It is important to note that when there are numerous organizations in the network, it is not likely to have a high connectivity score because organizations do not have the time or other resources to foster many meaningful connections.

IMPLICATIONS Focusing on developing connections among isolated partners and identifying places in the network where connections are weak may be important targets of intervention.



CHAPTER 6

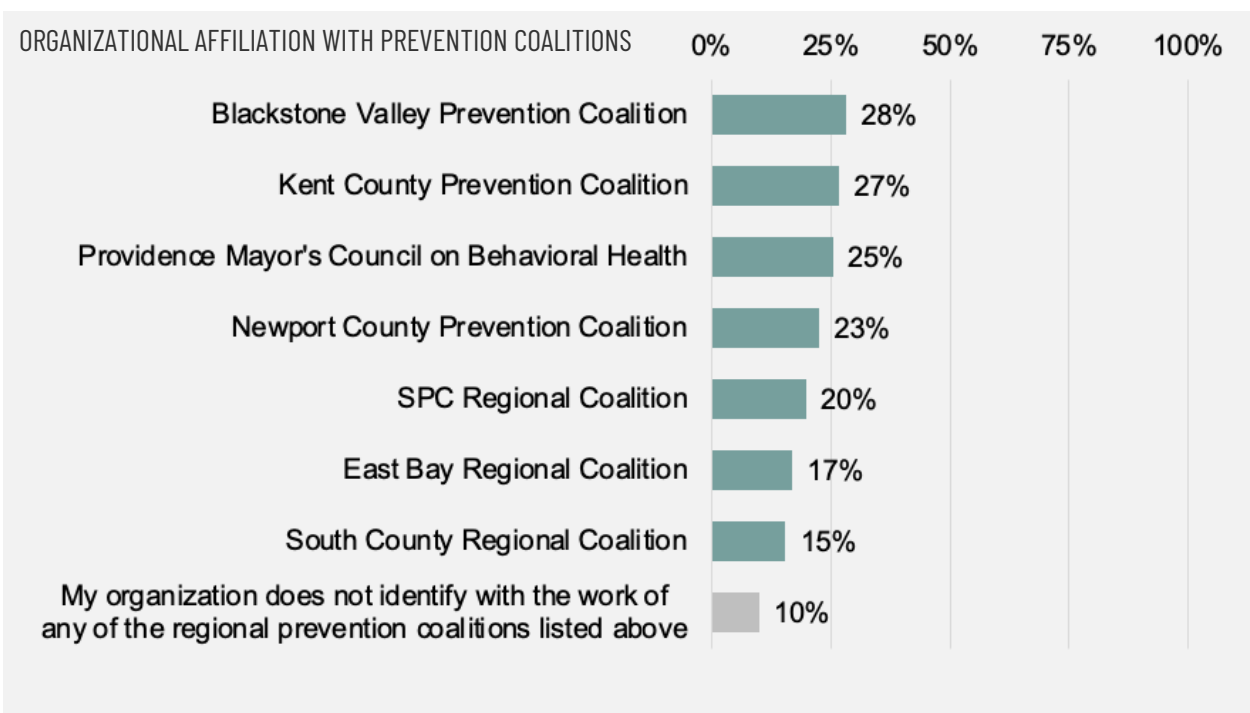
Region 6: Newport County

Little Compton, Middletown, Newport, Portsmouth, Tiverton

OVERVIEW: NETWORK CONNECTIVITY

ORGANIZATIONAL AFFILIATION WITH PREVENTION COALITIONS In addition to being identified by their regional coalition director as an integral partner organization, participants were also asked to self-identify which prevention coalition(s) their organization's work identifies with most. The following graph demonstrates that many organizations who responded to the survey self-identified as partners to multiple regional coalitions. Approximately 10% of organizations identified as partners by regional coordinators reported that their organization does not identify with the work of any of the regional prevention coalitions listed on the survey.

IMPLICATIONS The number of intra-regional relationships suggests that partners are willing to work with multiple regional coalitions to achieve shared substance use prevention goals. One area for improvement may be to better operationalize how 'partners' are defined, as 10% of respondents reported that their organization does not identify with the work of any of the regional coalitions listed on the survey, despite being identified as a partner organization by a regional coalition director. Clarifying roles and expectations may help to more fully integrate organizations that do not currently identify in this manner.



CHAPTER 6

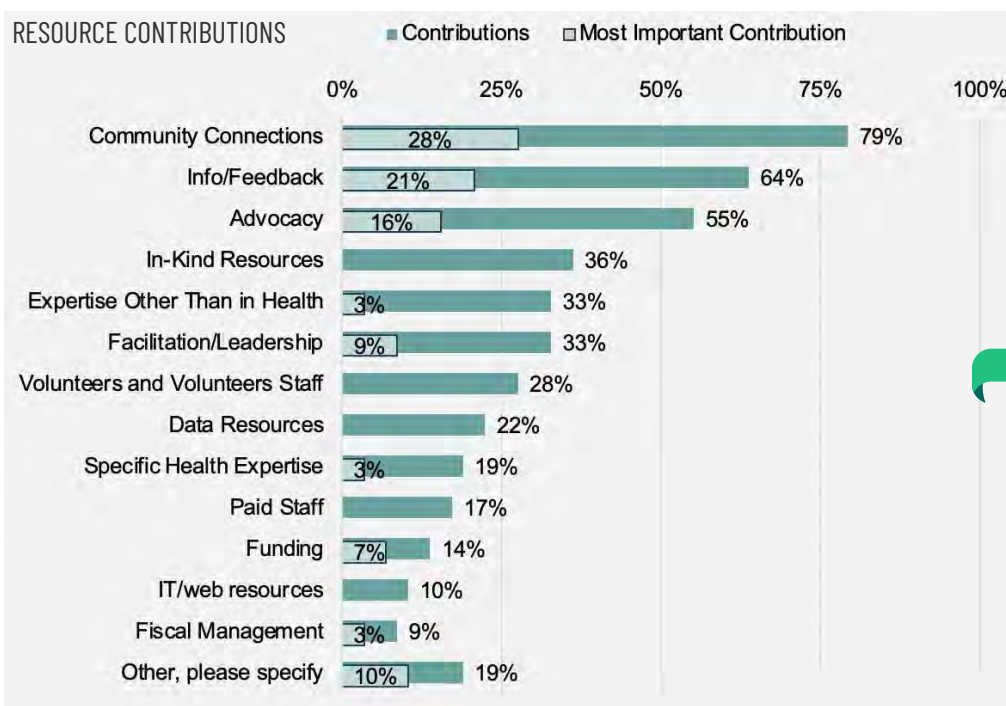
Region 6: Newport County

Little Compton, Middletown, Newport, Portsmouth, Tiverton

OVERVIEW: NETWORK CONNECTIVITY

RESOURCE CONTRIBUTIONS Investigating resources and services that partners can contribute or potentially contribute provides information on which resources, services, and information are shared between network members, the types of resources and services needed by the network, and the extent to which the exchange of resources and services increases community capacity. When asked to report what their organization contributes, or can potentially contribute to the regional prevention coalition their organization identifies with most, more than half of respondents indicated community connections, info/feedback, and advocacy as top priorities. Of these options, community connections and info/feedback were reported as organizations' most important contributions.

IMPLICATIONS Results suggest that coalitions utilize partner relationships to increase connectivity in the community, seek information and feedback about relevant coalition objectives, and enhance advocacy efforts for the important work that they do. Partners are largely in agreement that their *existing or potential contributions* are their *most important contributions* to the regional coalitions. Of note, over one third of participants reported contribution or potential contribution of in-kind resources. This suggests that regional coalitions are leveraging resources with community partners where available to enhance their work and sustain their efforts outside of the fiscal opportunities provided under the regional prevention task force contract. Other questions for coalitions to consider include whether there are any resources/services that are overrepresented by partners, which resources/services are underrepresented or not represented at all, and what steps can be taken to acquire these resources through a new or existing partner organization, if relevant.



'Other' reported contributions included:

- recovery coaching
- access to youth
- bring community partners on the coalition directly into our grant and contract funded programs
- bring information about programs and initiatives from across the state directly to coalition members and projects
- marketing communications
- communications design
- connection to the business community and its employees
- large community program room with state-of-the-art AV and hearing loop for the hearing challenged
- free physical meeting space
- print communication
- advertising
- the voice of the family members who suffer along with the person in addiction
- presentations and substance use data

CHAPTER 6

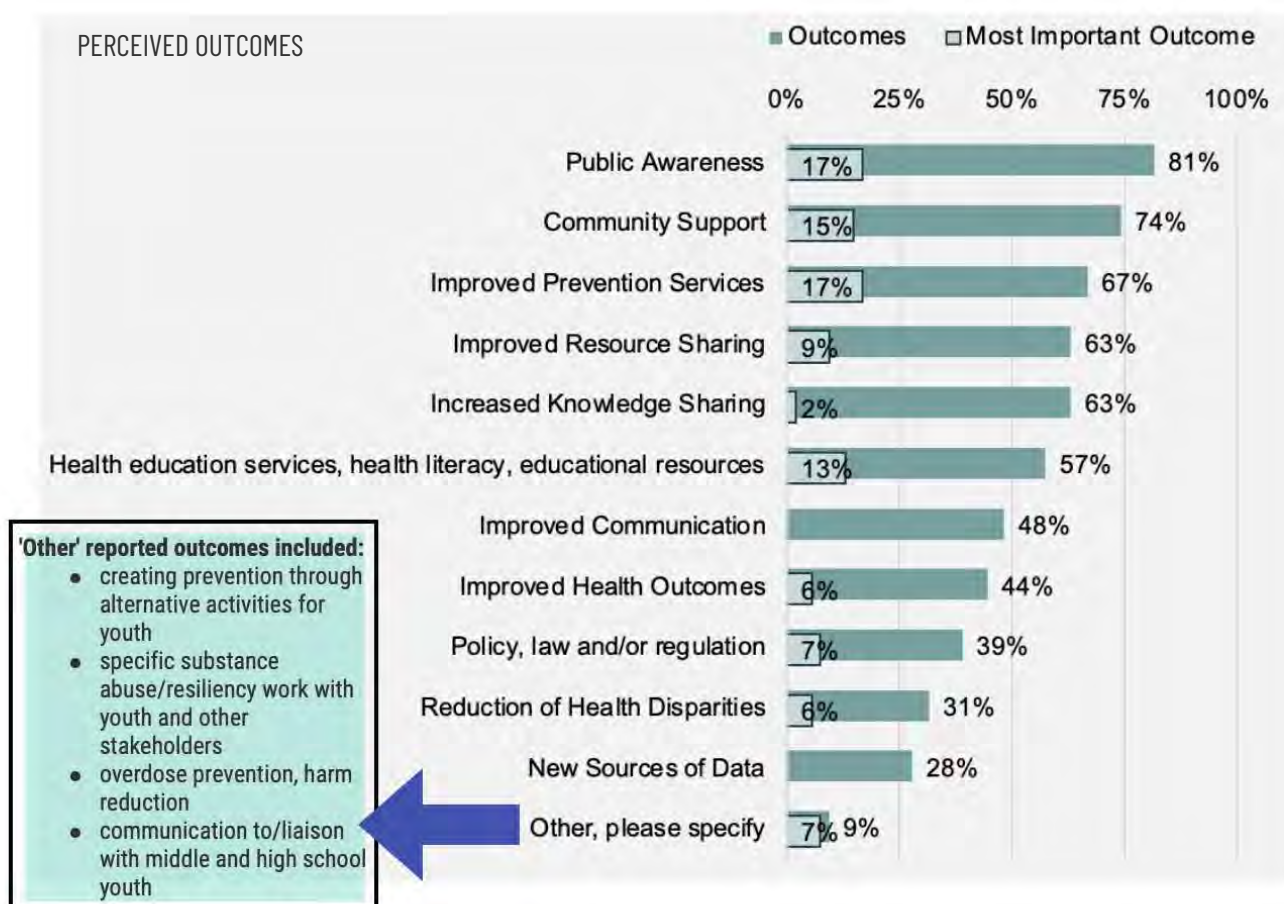
Region 6: Newport County

Little Compton, Middletown, Newport, Portsmouth, Tiverton

OVERVIEW: NETWORK CONNECTIVITY

PERCEIVED OUTCOMES Participants were asked to report on outcomes they perceive to be most important to the regional coalitions. At least two-thirds of respondents indicated that public awareness (81%), community support (74%), and improved prevention services (67%) are the outcomes their organization most identifies with working toward in the regional prevention coalition. When asked which outcomes are most important, most respondents selected the same three options.

IMPLICATIONS Assessing partners' perceptions of outcomes important to the coalition is important because it allows coalitions to determine whether self-identified coalition goals match perceived goals by partners, and the degree to which the network is meeting those goals. Results positively suggest that most partners are in agreement that improvement of prevention services is an important outcome to the coalitions. Coalitions can utilize these data to work collaboratively with partners to align strategies with critical goals, determine which resources are available to achieve these outcomes, and to leverage available resources to address any barriers.



CHAPTER 6

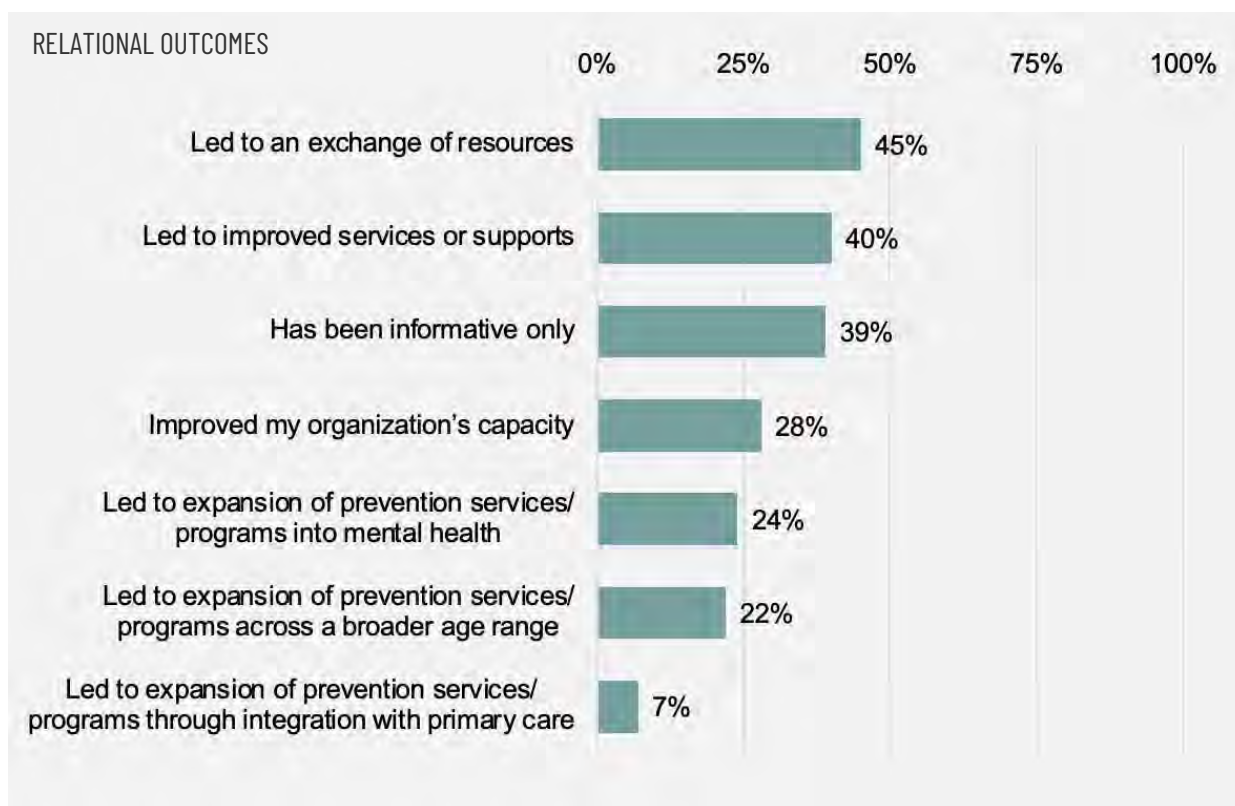
Region 6: Newport County

Little Compton, Middletown, Newport, Portsmouth, Tiverton

OVERVIEW: NETWORK CONNECTIVITY

RELATIONAL OUTCOMES Participants were asked to report on specific behavioral outcomes resulting from partnerships within their regional coalition network. Respondents indicated that 45% of relationships have led to an exchange of resources, 40% led to improved services or supports, and 28% have improved organizational capacity. In addition, 24% have led to expansion of prevention services/programs into mental health, 22% have led to expansion of prevention services/programs across the lifespan, and 7% of relationships have led to an expansion of prevention services/programs through integration with primary care. 39% of relationships have been informative only.

IMPLICATIONS Assessing outcomes resulting from network partnerships is important in understanding whether the regional coalition model is serving its intended purpose of delivering high quality prevention and health promotion services across the lifespan. Regions are doing well regarding exchange of resources and improvement of services or supports. Growing edges include greater emphasis on partner relationships that help to expand prevention services into mental health and across a broader age range. Regions may also consider developing existing or seeking new partner relationships that can enhance expansion of prevention services/programs through integration with primary care.



CHAPTER 6

Region 6: Newport County

Little Compton, Middletown, Newport, Portsmouth, Tiverton

OVERVIEW: NETWORK HEALTH

RESPONDENTS Region 6 participated in the 2021 administration of the CRST coalition member survey from September - November, 2021**. Members were defined by the regional coalitions as individuals who attend meetings regularly and have knowledge of the internal workings of the coalition. Eight of the seventeen members identified by the regional coordinator participated on the survey for a response rate of 47%. Members from three of the six core Center for Substance Abuse Prevention (CSAP) sectors participated on the survey (Business, Education, Medical/Health). No members from the Safety, Government, or Community/Family Supports sectors participated. Due to the relatively low response rate for Region 6, results may not generalize to all coalition members and are to be interpreted with caution.

CLARITY OF RPTF & PERCEPTIONS OF INTERNAL COALITION PROCESSES Most respondents from Region 6 were clear or very clear about the major objectives and purposes of the RPTF (78%), their own role in the RPTF (78%), the common language of prevention being used (78%), and the risk and protective factor framework being used (78%). Less clarity was reported for the governance structure of the RPTF (64%) and timelines for RPTF deliverables (64%). Respondents reported perceptions of internal coalition processes very positively for perception of cohesiveness and team spirit (100%), open and honest communication (100%), tolerance of disagreements and differences (100%), and perception of shared decision-making (100%). 85% reported effective conflict resolution within the region and no participants reported need for more formalization and structure.

IMPLICATIONS To excel across all domains of internal coalition functioning, Region 6 could focus on refinement of conflict resolution strategies within the group. Region 6 may also benefit from providing members with greater clarity on the governance structure of the RPTF and timelines for RPTF deliverables.

COALITION SYNERGY Respondents perceived that “partnership synergy” (defined as “combining the different perspectives, knowledge and skills of the group of people and organizations represented”) was very strong in Region 6. All respondents were in agreement that the RPTF has clearly communicated how its actions will address problems important to people in the region (100%), has combined the perspectives, resources, and skills of its member well (100%), has developed common goals that are understood and supported by all members (100%), and has developed a common language for communication among diverse members (100%). Slightly fewer reported that the RPTF is better able to carry out its work because of the contributions of diverse members (83%).

IMPLICATIONS One potential growing edge includes development of a better understanding for how the coalition's work can be enhanced by the contributions of diverse members.

CHAPTER 6

Region 6: Newport County

Little Compton, Middletown, Newport, Portsmouth, Tiverton

OVERVIEW: NETWORK HEALTH

IMPLEMENTATION CLIMATE AND PERCEPTIONS OF REGIONAL LEADERSHIP Approximately 83% of respondents were in agreement that focus on evidence-based practice is high in their region while only a third (34%) reported a great to very great extent of educational support for evidence-based practices. Leadership was rated very highly on dimensions of knowledge about evidence-based practices (100%), support for implementation of evidence-based practices (100%), perseverance in implementing evidence-based practices (100%), and proactivity in seeking out evidence-based practices (95%). Overall, 100% of participants feel that their coalition is strong or very strong.

IMPLICATIONS Potential growing edges include greater emphasis on educational support for implementation of evidence-based programs and practices.

RECOMMENDATIONS

1. Respondents provided several suggestions for topics the RPTF should address over the next 12 months, including mental health for youth and adults, continued efforts related to substance misuse prevention across the lifespan, trainings on evidence-based programs, practices and policies, and the effects of marijuana legalization.
2. While overall robust, Region 6 may benefit from further refinement of factors related to internal coalition functioning in the domains of effective conflict resolution, and by providing members with greater clarity on the governance structure of the RPTF and coalition deliverables.

CHAPTER 6

Region 6: Newport County

Little Compton, Middletown, Newport, Portsmouth, Tiverton

OVERVIEW: IMPLEMENTATION OF EVIDENCE-BASED PROGRAMS, PRACTICES, & POLICIES

During **Year 1** of the project, Region 6 primarily engaged in internal capacity-building meetings with members of their regional coalition as well as by attending various state-level meetings and a diverse range of training events. Region 6 developed and distributed a Raising Healthy Teens Newsletter and hosted Drug Take Back events region-wide. The region also implemented Count It, Lock It, Drop It to address prescription drug misuse in the first year of the project.

During **Year 2**, Region 6 continued to expand the coalition's capacity to execute its intended functions by participating in various trainings, hosting regional meetings at regular intervals, and attending state-level prevention meetings. The region continued to implement the strategies developed during Year 1 and added a new Faith Initiative targeting community norms around substance use and the Campaign to Change Direction targeting emotional self-regulation.

During **Year 3** and **Year 4**, Region 6 continued engaging in capacity-building by participating in trainings and hosting meetings at regular intervals. The region did not add any new programs in Year 3, and continued to implement the programs developed during the first two years of the RPTF.

During **Year 5**, Region 6 continued engaging in the strategies developed and implemented in years 1 - 4 of the grant. In addition, Region 6 implemented a new Safe Homes and No Wrong Door initiative and focused on developing ordinances around marijuana use.

RECOMMENDATIONS

1. Region 6 devoted significant resources to capacity-building and media and communication strategies across the region in years 1 - 4 of grant funding. Year 5 saw continued implementation of the programs developed in the first four years of the grant, with primary emphasis on locally developed faith-based initiatives and media strategies. In preparation for the next phase of RPTF funding, it may be beneficial to shift the region's emphasis toward more widespread implementation of evidence-based programs, practices and policies that are consistent with the needs of multiple stakeholder groups, and to assess implementation capacity related to these programs.
2. There are multiple theoretical and evidence-informed frameworks for evaluating capacity to implement evidence-based programs, practices and policies. It may benefit BHDDH to select a consistent approach across all regions for this purpose in Phase II of RPTF funding.

CHAPTER 7

Region 7: South County

Charlestown, Hopkinton, Narragansett, North Kingstown, Richmond, South Kingstown, Westerly, New Shoreham

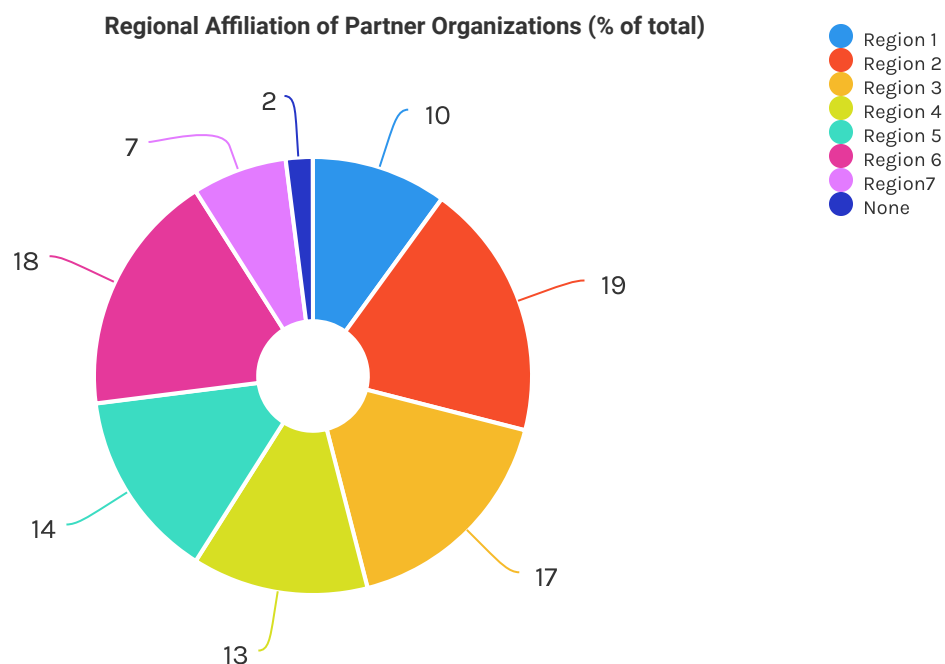
OVERVIEW: NETWORK CONNECTIVITY

RESPONDENTS Region 7 participated in the newly implemented PARTNER survey (www.partnertool.net) to assess factors related to network connectivity using social network analysis methods. 'Partners' were defined and identified by the regional coordinator as individuals and/or organizations who do not regularly participate in monthly regional coalition meetings, yet are nonetheless highly invested in the work of the coalition and serve important community functions to enhance the coalition's impact and reach. Partners were asked to answer questions about their perceptions of the Regional Prevention Task Force network and their organization's partnership with others in the network.

Given that some organizations described partner relationships with multiple regional prevention coalitions, results from the social network analysis are presented for all regions combined to best describe the manner in which partner organizations are interacting with their coalition partners and with each other.

In September 2021, 153 organizations were identified by regional coordinators as partners to their coalition. 70 organizations responded for a 46% response rate. Those that responded reported that they collectively had 563 partnerships, describing the resulting "network" of partnerships. Region 7 identified 11 partner organizations for the survey, of which 7 responded for a regional response rate of 64%.

The pie chart below show the regional affiliation of the 153 members of the network.



CHAPTER 7

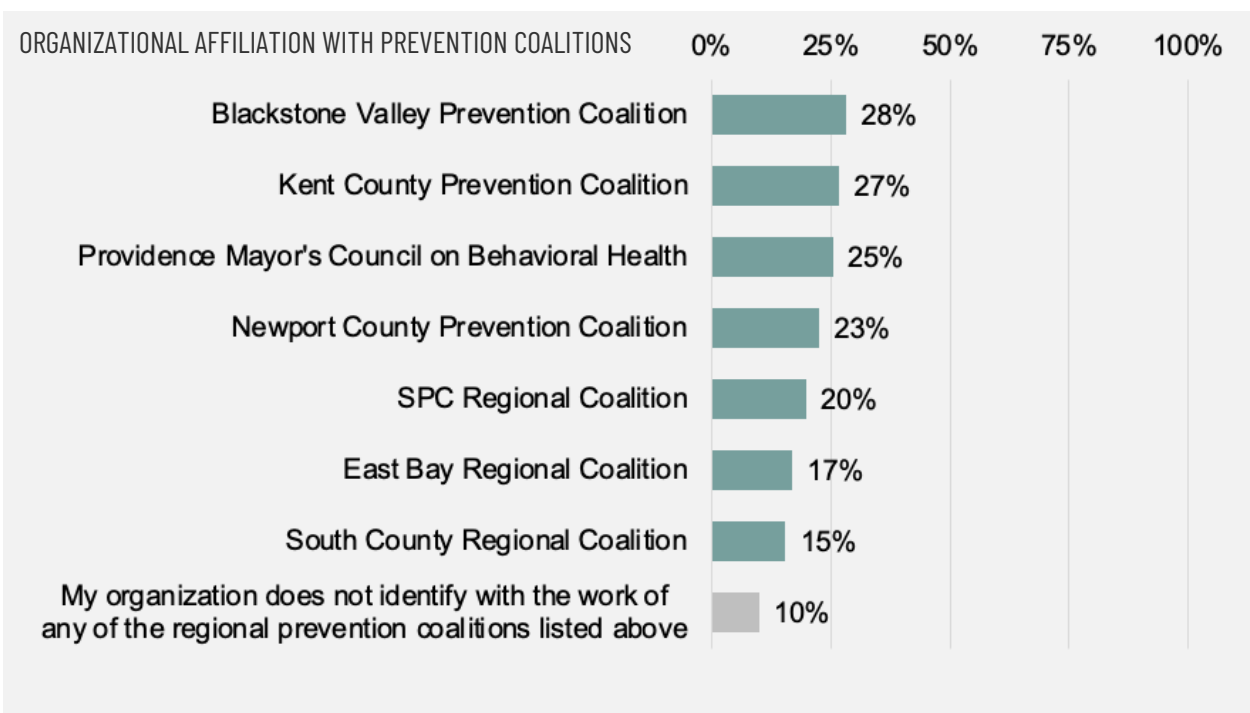
Region 7: South County

Charlestown, Hopkinton, Narragansett, North Kingstown, Richmond, South Kingstown, Westerly, New Shoreham

OVERVIEW: NETWORK CONNECTIVITY

ORGANIZATIONAL AFFILIATION WITH PREVENTION COALITIONS In addition to being identified by their regional coalition director as an integral partner organization, participants were also asked to self-identify which prevention coalition(s) their organization's work identifies with most. The following graph demonstrates that many organizations who responded to the survey self-identified as partners to multiple regional coalitions. Approximately 10% of organizations identified as partners by regional coordinators reported that their organization does not identify with the work of any of the regional prevention coalitions listed on the survey.

IMPLICATIONS The number of intra-regional relationships suggests that partners are willing to work with multiple regional coalitions to achieve shared substance use prevention goals. One area for improvement may be to better operationalize how 'partners' are defined, as 10% of respondents reported that their organization does not identify with the work of any of the regional coalitions listed on the survey, despite being identified as a partner organization by a regional coalition director. Clarifying roles and expectations may help to more fully integrate organizations that do not currently identify in this manner.



CHAPTER 7

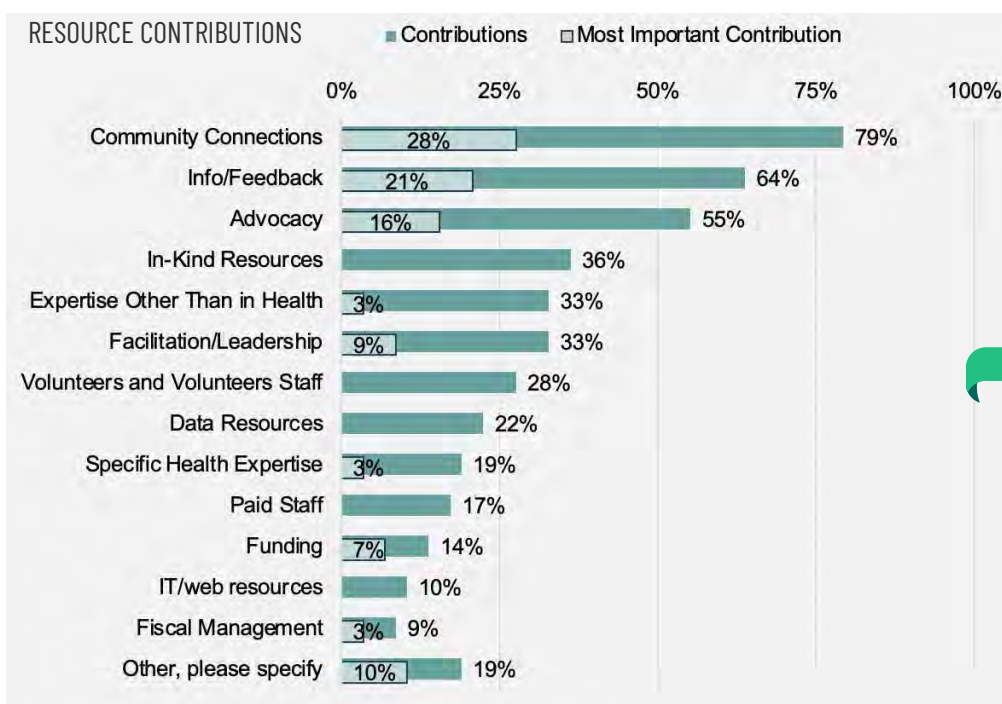
Region 7: South County

Charlestown, Hopkinton, Narragansett, North Kingstown, Richmond, South Kingstown, Westerly, New Shoreham

OVERVIEW: NETWORK CONNECTIVITY

RESOURCE CONTRIBUTIONS Investigating resources and services that partners can contribute or potentially contribute provides information on which resources, services, and information are shared between network members, the types of resources and services needed by the network, and the extent to which the exchange of resources and services increases community capacity. When asked to report what their organization contributes, or can potentially contribute to the regional prevention coalition their organization identifies with most, more than half of respondents indicated community connections, info/feedback, and advocacy as top priorities. Of these options, community connections and info/feedback were reported as organizations' most important contributions.

IMPLICATIONS Results suggest that coalitions utilize partner relationships to increase connectivity in the community, seek information and feedback about relevant coalition objectives, and enhance advocacy efforts for the important work that they do. Partners are largely in agreement that their *existing or potential contributions* are their *most important contributions* to the regional coalitions. Of note, over one third of participants reported contribution or potential contribution of in-kind resources. This suggests that regional coalitions are leveraging resources with community partners where available to enhance their work and sustain their efforts outside of the fiscal opportunities provided under the regional prevention task force contract. Other questions for coalitions to consider include whether there are any resources/services that are overrepresented by partners, which resources/services are underrepresented or not represented at all, and what steps can be taken to acquire these resources through a new or existing partner organization, if relevant.



'Other' reported contributions included:

- recovery coaching
- access to youth
- bring community partners on the coalition directly into our grant and contract funded programs
- bring information about programs and initiatives from across the state directly to coalition members and projects
- marketing communications
- communications design
- connection to the business community and its employees
- large community program room with state-of-the-art AV and hearing loop for the hearing challenged
- free physical meeting space
- print communication
- advertising
- the voice of the family members who suffer along with the person in addiction
- presentations and substance use data

CHAPTER 7

Region 7: South County

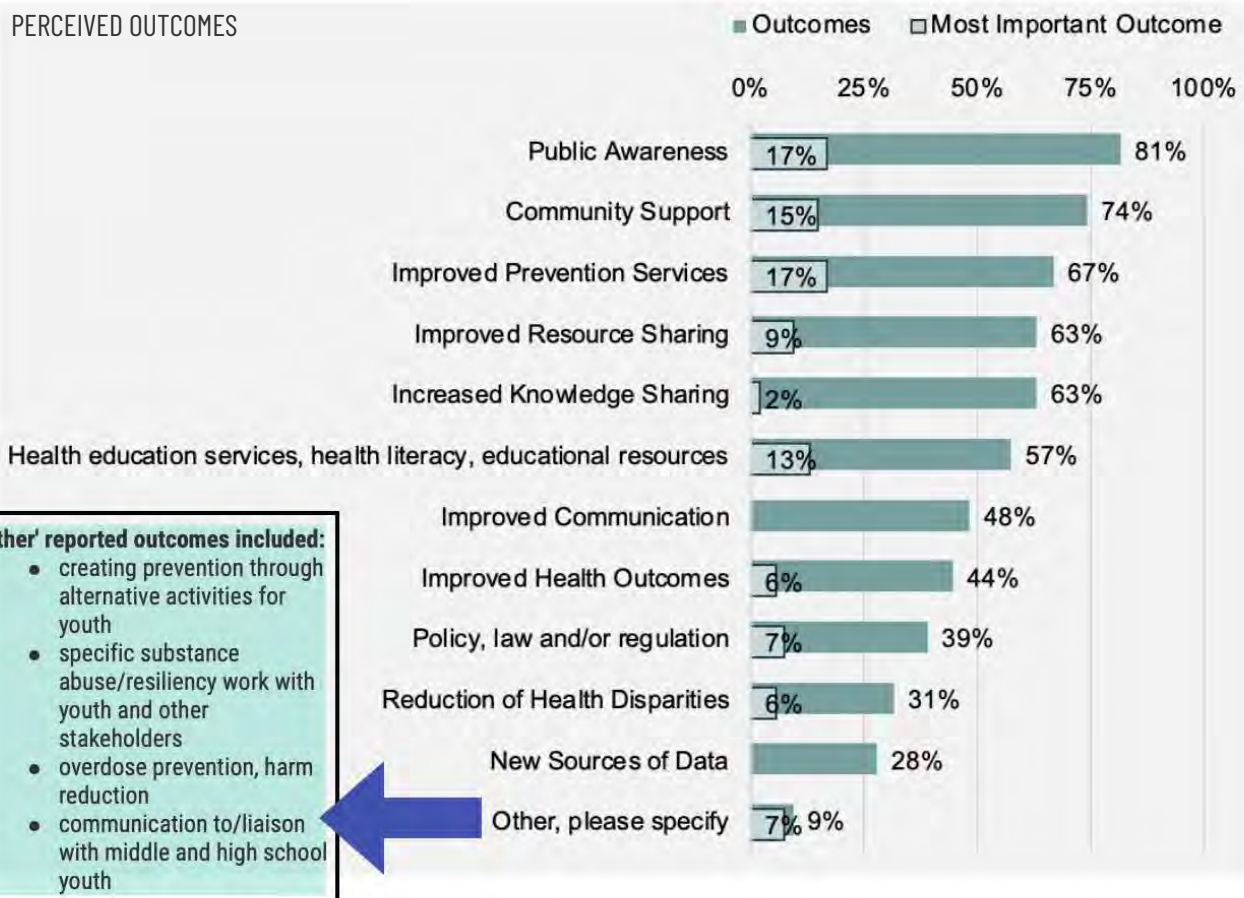
Charlestown, Hopkinton, Narragansett, North Kingstown, Richmond, South Kingstown, Westerly, New Shoreham

OVERVIEW: NETWORK CONNECTIVITY

PERCEIVED OUTCOMES Participants were asked to report on outcomes they perceive to be most important to the regional coalitions. At least two-thirds of respondents indicated that public awareness (81%), community support (74%), and improved prevention services (67%) are the outcomes their organization most identifies with working toward in the regional prevention coalition. When asked which outcomes are most important, most respondents selected the same three options.

IMPLICATIONS Assessing partners' perceptions of outcomes important to the coalition is important because it allows coalitions to determine whether self-identified coalition goals match perceived goals by partners, and the degree to which the network is meeting those goals. Results positively suggest that most partners are in agreement that improvement of prevention services is an important outcome to the coalitions. Coalitions can utilize these data to work collaboratively with partners to align strategies with critical goals, determine which resources are available to achieve these outcomes, and to leverage available resources to address any barriers.

PERCEIVED OUTCOMES



CHAPTER 7

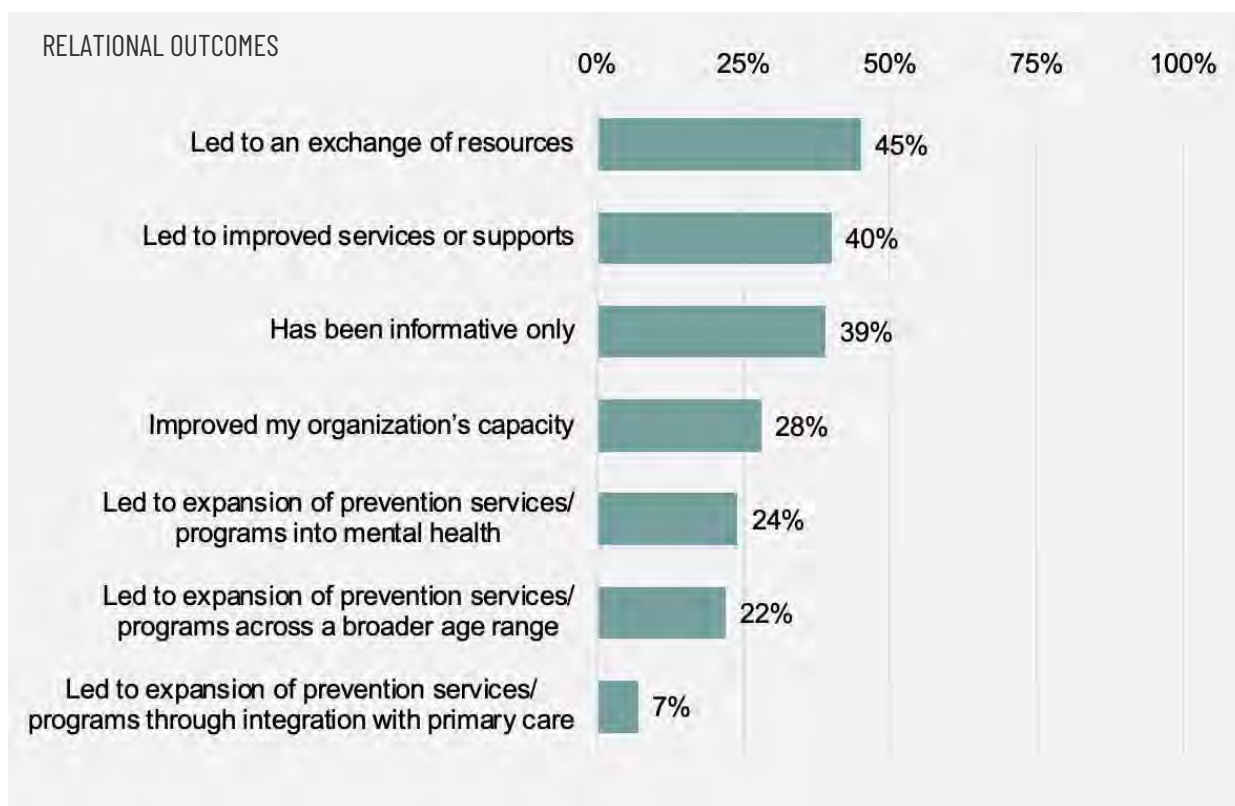
Region 7: South County

Charlestown, Hopkinton, Narragansett, North Kingstown, Richmond, South Kingstown, Westerly, New Shoreham

OVERVIEW: NETWORK CONNECTIVITY

RELATIONAL OUTCOMES Participants were asked to report on specific behavioral outcomes resulting from partnerships within their regional coalition network. Respondents indicated that 45% of relationships have led to an exchange of resources, 40% led to improved services or supports, and 28% have improved organizational capacity. In addition, 24% have led to expansion of prevention services/programs into mental health, 22% have led to expansion of prevention services/programs across the lifespan, and 7% of relationships have led to an expansion of prevention services/programs through integration with primary care. 39% of relationships have been informative only.

IMPLICATIONS Assessing outcomes resulting from network partnerships is important in understanding whether the regional coalition model is serving its intended purpose of delivering high quality prevention and health promotion services across the lifespan. Regions are doing well regarding exchange of resources and improvement of services or supports. Growing edges include greater emphasis on partner relationships that help to expand prevention services into mental health and across a broader age range. Regions may also consider developing existing or seeking new partner relationships that can enhance expansion of prevention services/programs through integration with primary care.



CHAPTER 7

Region 7: South County

Charlestown, Hopkinton, Narragansett, North Kingstown, Richmond, South Kingstown, Westerly, New Shoreham

OVERVIEW: NETWORK HEALTH

RESPONDENTS Region 7 participated in the 2021 administration of the CRST coalition member survey from September - November, 2021**. Members were defined by the regional coalitions as individuals who attend meetings regularly and have knowledge of the internal workings of the coalition. Eighteen of the twenty-two coalition members identified by the regional coordinator participated on the survey for a response rate of 62%. Members from three of the six core Center for Substance Abuse Prevention (CSAP) sectors participated on the survey (Education, Medical/Health, Community/Family Supports). No members from the Business, Safety, or Government sectors participated.

CLARITY OF RPTF & PERCEPTIONS OF INTERNAL COALITION PROCESSES All respondents from Region 7 were clear or very clear about the major objectives and purposes of the RPTF (100%) and the common language of prevention being used (100%), and nearly all respondents were clear or very clear about their own role in the RPTF (94%). Fewer respondents were clear or very clear about the risk and protective factor framework being used (72%), timelines for RPTF deliverables (72%), and the governance structure of the RPTF (61%). Respondents reported perceptions of internal coalition processes positively for perception of cohesiveness and team spirit (89%), inclusivity in discussions (89%), and open and honest communication (84%). Perceptions of shared decision-making (77%), tolerance of differences or disagreements (77%), and effective conflict resolution (61%) were rated slightly lower. 17% reported need for more formalization and structure.

IMPLICATIONS Potential growing edges include improving clarity around the governance structure of the RPTF, as well as emphasis on developing even more effective conflict resolution strategies within the group.

COALITION SYNERGY Respondents perceived that “partnership synergy” (defined as “combining the different perspectives, knowledge and skills of the group of people and organizations represented”) was reasonably strong in Region 7. A large percentage of respondents were in agreement that the RPTF has developed common goals that are understood by all members (82%), is better able to carry out its work because of the contributions of diverse members (82%), and has combined the perspectives, resources, and skills of its members well (82%). Slightly fewer reported that the RPTF has developed a common language for communication among diverse members (77%), and has clearly communicated how its actions will address the problems that are important to people in the region (77%).

IMPLICATIONS To excel across all elements of coalition synergy, the region could include greater emphasis on development of a common language for communication among diverse members, and clearer communication regarding how the coalition's actions will address problems that are important to people in the region.

CHAPTER 7

Region 7: South County

Charlestown, Hopkinton, Narragansett, North Kingstown, Richmond, South Kingstown, Westerly, New Shoreham

OVERVIEW: NETWORK HEALTH

IMPLEMENTATION CLIMATE AND PERCEPTIONS OF REGIONAL LEADERSHIP Approximately 68% of respondents were in agreement that focus on evidence-based practice is high in their region while a little less than half (43%) reported a great to very great extent of educational support for evidence-based practices. Leadership was rated highly on dimensions of support for implementation of evidence-based practices (75%) and perseverance in implementing evidence-based practices (74%). Ratings of knowledge (67%) and proactivity (62%) in implementing evidence-based practices were lower. Overall, 93% of participants feel that their coalition is strong or very strong.

IMPLICATIONS Potential growing edges include greater emphasis on implementation and educational support for implementation of evidence-based programs and practices. Leadership may also wish to enhance knowledge of and proactiveness in seeking out evidence-based programs and practices relevant to stakeholder groups in the region.

RECOMMENDATIONS

1. Respondents provided several suggestions for topics the RPTF should address over the next 12 months, including mental health for youth and adults, vaping, continued efforts related to substance misuse prevention across the lifespan, greater involvement of college and university students, prescription drug misuse and social host laws.
2. While largely robust, Region 7 may benefit from further enhancement of factors related to internal coalition functioning in the domains of conflict resolution.

CHAPTER 7

Region 7: South County

Charlestown, Hopkinton, Narragansett, North Kingstown, Richmond, South Kingstown, Westerly, New Shoreham

OVERVIEW: IMPLEMENTATION OF EVIDENCE-BASED PROGRAMS, PRACTICES, & POLICIES

During **Year 1** of the project, Region 7 primarily engaged in internal capacity-building meetings with members of their regional coalition as well as by attending various state-level meetings including the Governor's Council on Behavioral Healthcare and Children's Mental Health Advisory Board, and participating in a diverse range of training events. Region 7 developed health promotion and substance use prevention materials during Year 1 and hosted a Hidden in Plain Sight event.

During **Year 2**, Region 7 continued to expand the coalition's capacity to execute its intended functions by participating in various trainings, hosting regional meetings at regular intervals, and attending state-level prevention meetings such as the Prevention Advisory Committee. The region continued to implement the strategies developed during Year 1, and added several presentations on ENDS across communities as well as implementation of a Count It, Lock It, Drop It campaign.

During **Year 3** Region 7 continued engaging in capacity-building by participating in trainings and hosting meetings at regular intervals. No new strategies were implemented in Year 3 other than those already developed during years one and two.

During **Year 4**, Region 7 continued engaging in capacity-building by participating in trainings and hosting meetings at regular intervals. In addition to ongoing programming, the region also distributed a Raising Health Teens newsletter, distributed wellness kits, and implemented the Catch My Breath, Too Good for Drugs, and Third Millennium programs for youth ages 10-18.

During **Year 5**, Region 7 continued implementing the programs and practices developed and implemented in years 1 - 4 of the grant, with primary emphasis on media and communication strategies.

RECOMMENDATIONS

1. Region 7 devoted significant resources to capacity-building and media and communication strategies across the region in years 1 - 4 of grant funding. Year 5 saw continued implementation of the programs developed in the first four years of the grant, with primary emphasis on information dissemination and media strategies targeting prevention of substance misuse. In preparation for the next phase of RPTF funding, it may be beneficial to shift the region's emphasis toward more widespread implementation of evidence-based programs, practices and policies that are consistent with the needs of multiple stakeholder groups, and to assess implementation capacity related to these programs.
2. There are multiple theoretical and evidence-informed frameworks for evaluating capacity to implement evidence-based programs, practices and policies. It may benefit BHDDH to select a consistent approach across all regions for this purpose in Phase II of RPTF funding.

Chapter 8: Summary of Key Findings



NETWORK CONNECTIVITY

In collaboration with BHDDH, the CRST utilized a developmental evaluation approach to shift the methodology used to collect data on network connectivity in year 5 of RPTF funding. A change in approach was deemed necessary due to low response rates to previous data collection efforts related to attendance at regional coalition meetings. The empirically-validated PARTNER tool was utilized to evaluate network connectivity between partners within and across all regions, where partners were defined as individuals and/or organizations who are vital to the mission and purpose of the coalition, but may not regularly attend regional coalition meetings for a variety of reasons. Results from the PARTNER survey are presented in aggregate because many partners reported relationships with multiple coalitions, and some regions had low response rates within their regional networks.

Results suggest that overall, important partner contributions to the regional coalition network include enhanced community connections, flow of information and feedback, and advocacy for shared values and goals. Partners are largely in agreement that public awareness, community support, and improved prevention services are goals shared between their respective organizations and the regional coalitions. In addition, almost three-quarter of partners (73%) reported that coalitions have been very successful to completely successful at reaching their goals, with resource sharing identified by 83% of participants as the aspect of collaboration that most contributes to this success, followed by exchange of information and knowledge (79%), and bringing together diverse stakeholders (64%).

NETWORK HEALTH

Overall, regions performed well on the 2021 coalition member survey, although low response rates precluded full interpretation of results in three of the seven regions. The 2021 iteration of the coalition member survey was distributed to individuals defined as members of the coalition by regional coalition directors. As such, comparisons between the 2020 and 2021 coalition member survey are not possible due to differences in the population surveyed by this measure across years of administration. Regions demonstrated moderate organizational capacity to implement evidence-based programming and leadership was rated relatively highly overall. Common themes identified across regions include a desire for greater shared decision-making, enhanced conflict resolution, and increased attention to issues such as mental health across the lifespan.

IMPLEMENTATION OF EVIDENCE-BASED PROGRAMS, PRACTICES, & POLICIES

Overall, regions continued to engage in a wide array of capacity-building activities ranging from individual and coalition staff training, to network building and participation at meetings of important state-level prevention-related organizations. Some regions began implementation of locally-developed or evidence-based programs, practices, and policies addressing a wide range of substance and mental health-related issues. Regions are encouraged to continue expanding capacity to implement evidence based programs, practices, and policies that are of relevance based on regional need, and that incorporate a lifespan approach to address the intersection of physical and mental health concerns. Evaluation of capacity to implement evidence-based practices is an important consideration for Phase II of the RPTF.

Chapter 8: Summary of Key Findings



SUMMARY: IMPLEMENTATION OF EVIDENCE-BASED PROGRAMS, PRACTICES, & POLICIES

Promising or established evidence-based programs, practices and policies implemented by regions during the first phase of RPTF funding included:

- Count It, Lock It, Drop It (CLD)
- The Campaign to Change Directions
- Third Millennium
- Mental Health First Aid (MHFA)
- Youth Mental Health First Aid (YMHFA)
- Above the Influence (ATI)
- Responsible Beverage Server Training
- Youth Empowerment Solutions (YES)
- Family Matters
- Familias Unidas
- Communities Mobilizing for Change on Alcohol (CMCA)
- Alcohol Compliance Checks
- Catch My Breath
- Too Good for Drugs
- Policy Change (Marijuana)

RI Student Assistance Services

EVALUATION OF FIDELITY TO THE PREVENTION EDUCATION COMPONENT OF PROJECT SUCCESS

OVERVIEW: Project SUCCESS Prevention Education Series

As in 2018-2019, Rhode Island Student Assistance Services (RISAS) staffed the multiple component intervention Project SUCCESS in a wide number of Rhode Island middle and high schools. During the school year (2020-2021), RISAS staff again delivered the four-lesson psychoeducational curriculum as an integral component of Project SUCCESS. Because the four lesson psychoeducational curriculum has been proven in experimental efficacy and effectiveness trials (e.g., delivered in the field by others than the developers themselves), BHDDH did not require RISAS to implement pre-post surveys. The assumption was that, if implemented with fidelity, the curriculum should be impactful. Indeed, considerable research points to the importance of quality implementation. One major review found mean effect sizes two to three times higher with better implementation than with poorer implementation.

In 86 of these classes, *fidelity data*, as per the plans devised in 2019 were also collected. That is, these specific 86 classes had not reached complete fidelity in the 2018-2019 data gathering. All 86 classes returned sets of fidelity instruments to the CRST, for a full 100% response rate. **RISAS staff all deserve congratulations for attaining such a complete response rate, especially given the challenges facing everyone during the COVID-19 pandemic.** As in 2018-2019, each instructor filled out a fidelity checklist for each of the lessons in a curriculum for each class that they taught *immediately after delivering that lesson*. They also delivered a different set of fidelity measures for each of the different classrooms where they taught the curriculum. For example, if an instructor taught four different classes and they filled out a fidelity checklist for each lesson, there would be 16 different fidelity checklists collated into 4 sets of 4 checklists each corresponding to each particular class. It should also be noted that RISAS did an admirable job, especially during this challenging time, in ensuring that all forms were filled out completely and correctly in “sets” as intended.

Because of the COVID-19 pandemic there was variation in the method of delivery of these classes. Thirty-eight of these classes were delivered face to face, 19 virtually and 29 in a combination of face to face and virtual. Response return rate, receiving a “complete” fidelity rating or student satisfaction ratings for lessons did not differ significantly by mode of delivery. This may be of importance should some schools wish to use the virtual modality at other times for reasons other than the pandemic. A rigorous approach to fidelity examines each class individually and selects **ONLY** those classes where, for that class, the instructor reported covering 80-100% of the learning objectives for all four lessons. (It should be noted that delivering 60% of the number of objectives in each lesson in a curriculum is commonly considered an adequate “dose strength.”)

There were 80 classes which met complete fidelity criteria or 93% of the 86 classes where RISAS delivered the curriculum. These classes also attained a high level of student responsiveness in instructors’ responses to the question rate “how well students responded to this session.” For lesson one, 77% of instructors rated student responsiveness at 4 or 5 (with 5 being the highest rating); for lesson two the figure was 82%; for lesson three the figure was 81% and finally, for lesson four the figure was 79%.

RI Student Assistance Services

EVALUATION OF FIDELITY TO THE PREVENTION EDUCATION COMPONENT OF PROJECT SUCCESS

OVERVIEW: Project SUCCESS Prevention Education Series

Complete results from the analysis of fidelity data from the first and second rounds of data collection on the Project SUCCESS psychoeducational curriculum are presented in a separate report to RISAS, and are available upon request from the evaluation team. Key recommendations from the first and second waves of data collection and analysis are listed below.

RECOMMENDATIONS

1. For the combined years, RISAS delivered “complete” fidelity curriculum to 188 classes. This is a 70% response of all 267 classes where the curriculum was delivered, which is quite respectable. The 2020-2021 year was particularly impressive given that 93% of the classes received “complete” fidelity ratings. For the classes/schools in 2020-2021 that met complete criteria for fidelity, it is recommended that RISAS acknowledge and recognize that these classes/schools met complete criteria for the Project SUCCESS psychoeducational curriculum. It should also be mentioned that this was particularly impressive given the challenges during the COVID-19 curriculum. All 188 classes/schools no longer need to collect fidelity data unless a new instructor is introduced.
2. The CRST did not have any data for Burrillville and Tiverton because these SACs were out due to COVID-19. Although the official RPTF evaluation of Project SUCCESS fidelity is ending, RISAS may want to voluntarily follow-up with Burrillville and Tiverton to determine fidelity rates for the curriculum in these towns. In addition, there are six classes during 2020-2021 for which complete fidelity was not attained. These six classes will be communicated to BHDDH and RISAS separately for reasons of confidentiality.
3. Even when instructors remain the same, it may be that RISAS might want to “check back in” with these classes periodically, say every five years, just to keep track of any potential “slippage” that often occurs with curricula over time, even when instructors do not change.

RI Prevention Resource Center

EVALUATION OF TRANSFER OF TRAINING

OVERVIEW: RIPRC Evaluation of Transfer of Training

INTRODUCTION Factors that influence **transfer of training** have been studied extensively in the fields of psychology and education for the past century. One of the most commonly cited models of training transfer was developed by Baldwin and Ford (1988). This model is organized around training inputs (trainee characteristics, training design, and work environment), training outputs (acquisition of knowledge and skills during training), and conditions of transfer (generalization of knowledge and skills acquired during training to the job and the maintenance of learning over time in the work environment).

In order to assess behavioral outcomes resulting from participation in training events hosted by the RIPRC, the CRST began administration of the Questionnaire for Professional Training Evaluation (Q4TE) in December, 2019 (Grohmann & Kauffeld, 2013). The Q4TE is a brief, psychometrically validated measure of short and long-term training outcomes that measures five domains related to transfer of training (satisfaction, utility, knowledge, application to practice, individual characteristics, and global organizational characteristics) and is applicable across different training contents.

This measure was selected because of its psychometric properties, versatility, and basis in transfer of training theory. The CRST worked closely with the RIPRC to add additional quantitative and qualitative evaluation questions to the instrument without compromising its integrity. During the first round of data collection, surveys were administered three months after completion of training events. In light of low response rates and direct participant feedback related to poor recall, the CRST worked collaboratively with the RIPRC to shift the administration of all subsequent surveys to an approximate two-month follow-up timeframe. One additional benefit of the Q4TE is that results can be aggregated across training events regardless of the topic of presentation. This allows for aggregation of data across trainings and the possibility of more sophisticated statistical analyses over repeated administrations of the instrument.

RESPONDENTS/RESPONSE RATES From June 2019 – September, 2021 857 individuals participated in 19 training events hosted by the RIPRC. It is important to note that in many instances, individuals participated in multiple training events, hence the total number trained includes duplicate entries for these individuals. The CRST utilized SurveyMonkey to host and administer the survey, which was available online only. All participants agreed to receive the survey by email, of which 183 responded to the measure and 15 indicated they had not participated in the event for an overall response rate of 20%. Response rates ranged from 11% to 67% across training events. Questions related to level of education and years spent in prevention were added following discussion with BHDDH and the RIPRC based on need from May, 2021 onward.

IMPLICATIONS There are a multitude of possible reasons for the relatively low overall response rate. One major contributing factor may be the Covid-19 pandemic that occurred during the timeframe in which follow-up surveys were administered. Our hypothesis is that work-from-home fatigue may have rendered the task of completing surveys onerous and undesirable. Continued administration of future measures can help to reveal the extent to which this phenomenon played a role in the response rates noted herein.

RI Prevention Resource Center

EVALUATION OF TRANSFER OF TRAINING

RESULTS: RIPRC Evaluation of Transfer of Training

Participants were asked to respond to items on a sliding scale, ranging from 0% (complete disagreement) to 100% (complete agreement) in 10-point increments. Selecting '50%' as a response suggests that participants neither agree nor disagree with the statement.

SATISFACTION Of those who attended trainings, many felt they would likely remember the core components of the trainings ($M = 78$, $SD = 17$). Respondents were not asked whether they like the training after May 2021 in response to feedback from the RIPRC that this item is already assessed on their own satisfaction surveys for each training event.

UTILITY Of those who attended the trainings, most found it to be very beneficial to their work ($M = 85$, $SD = 16$), and found a vast majority of the trainings to be useful for their job ($M = 86$, $SD = 17$).

KNOWLEDGE Of those who attended the trainings, many individuals reported that the training helped them to substantially expand their existing knowledge of core training concepts ($M = 72$, $SD = 23$). Respondents also reported that they learned a lot of new things from the trainings ($M = 71$, $SD = 23$).

APPLICATION TO PRACTICE Of those who attended trainings, slightly fewer reported that they often use the knowledge gained from the training on a daily basis ($M = 69$, $SD = 23$). However, respondents were largely in agreement that they successfully manage to apply the training contents in their everyday work ($M = 72$, $SD = 22$).

INDIVIDUAL/ORGANIZATIONAL Of those who attended trainings, many reported that they are more confident in their abilities to complete their work since the training event ($M = 71$, $SD = 22$). Fewer respondents feel their job performance has improved through the application of the training contents ($M = 64$, $SD = 26$).

GLOBAL/ORGANIZATIONAL Of those who attended trainings, fewer participants reported that the application of core training contents had facilitated the workflow in their organization or group ($M = 61$, $SD = 27$) and that overall, it seemed the organizational climate had improved due to participation in the training event ($M = 60$, $SD = 27$).

MISCELLANEOUS When asked if more or different learning activities were needed to apply the information presented at trainings, 60% said 'no', 14% said 'yes', and 26% were 'unsure.'

When asked if individuals met their intended objectives of participating in the training over the past few months, an overwhelming 89% said 'yes', 4% said 'no', and 7% were 'unsure.'

Additionally, most individual reported they were handling unexpected problems occurring at their work well ($M = 85$, $SD = 13$), and that they could remain calm when facing difficulties in their job because they could rely on their abilities ($M = 88$, $SD = 13$).

RI Prevention Resource Center

EVALUATION OF TRANSFER OF TRAINING

RESULTS: RIPRC Evaluation of Transfer of Training

MISCELLANEOUS When asked what individuals who attended trainings have done to put their learning into practice, participants reported the following broad themes:

- utilizing the strategic framework to provide structure
- developing and managing projects related to their work
- participating in coalition capacity building
- seeking evidence-based programming
- attending continued trainings
- discussing learnings with other professionals
- utilizing the information learned in community settings and sharing information with other coalition members
- using information in prevention work with students
- sharing training concepts with parents in the community
- using the tools discussed to reduce stress for self and others and maintain a sense of personal self-care
- developing informational materials for parents based on the training contents
- communicating clearly
- being mindful of situations before reacting
- developing a better sense of ‘balance’
- joining anti-stigma workgroups and committees
- learning more about equity and being culturally competent
- increasing awareness around racial inequity and overcoming disparities
- correcting and educating stigmatized language
- identifying resources in the community for referral purposes for individuals in need
- maintaining awareness of how stigma manifests and being sensitive to personal unconscious bias and language
- planning through a lens of health equity and inclusivity.

ADDITIONAL SURVEY ITEMS In addition to the items assessed above, new items assessing length of time in current position and time spent working in the prevention field were added in May, 2021. Of those who completed the instrument since that time, 60% reported working in their current position, and 76% reported working in the prevention field for more than three years. When asked why participants elected to take the training, 35% reported that participation was required by their employer/funder.

Participants were also asked whether they had shared core training content with others. Of those who completed the instrument since May, 2021, 80% reported that they had shared the information obtained from the training with staff, students, peers, or members of the community at large.

RI Prevention Resource Center

EVALUATION OF TRANSFER OF TRAINING

KEY TAKE-AWAYS: RIPCRC Evaluation of Transfer of Training

Overall, across the nineteen trainings hosted by the RIPCRC for which survey data are available, an overwhelming majority of participants were highly satisfied with trainings and were likely to remember core contents well. Participants also rated the utility of trainings very highly, with an overwhelming majority agreeing that participation in the trainings assessed was very beneficial to their work, and that they had met their intended objectives of participating in the training over the past few months. Most participants also were in agreement that trainings expanded their knowledge of core training contents, and reported learning many new concepts as a result of their participation. Given that most participants who were surveyed after May, 2021 (when this item was added to the instrument) have been working in the field of prevention for over three years, it is encouraging that 55% of participants reported learning at least one new take-away as a result of participating in a training.

With regard to application of training contents to practice, a relatively large percentage of respondents reported utilizing the knowledge and skills learned in the trainings assessed on a daily basis as a result of their participation. Slightly fewer respondents reported that application of training contents improved their job performance, and that participation in training events was impactful at an organizational level on workflow and climate. It is possible that these items were rated lower because baseline levels of individual and organizational functioning were already relatively high. Indeed, when asked about individual characteristic related to problem-solving and conflict resolution skills in the workplace, the vast majority of participants reported handling unexpected problems well and relying on existing abilities to stay calm during difficult work situations.

RECOMMENDATIONS: RIPCRC Evaluation of Transfer of Training

1. One continued challenge for future administrations of the measure will be to increase response rates and to improve the quality of information provided regarding behavioral outcomes resulting from participation in each training. In order to accomplish this goal, the CRST suggests continued administration of the instrument at 2-month follow-up, as well as utilization of reminder emails sent at regular two-week intervals until the survey reaches a desirable response rate. Appropriate use of incentives may also boost participation rates in the future.
2. To better understand the relationship between acquisition of new knowledge and its application to practice, and years of experience in the field of prevention, the CRST proposes that the RIPCRC and BHDDH continue to collect information on items related to educational background, years of experience in the field of prevention, and familiarity with core training concepts prior to participation in each training event.

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