Annual Evaluation Report

Prepared for: Behavioral Health, Developmental Disbailities, and Hospitals (BHDDH)

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EXECUTIVE SUMMARY

Objective

The purpose of this report is to provide an annual evaluation summary of the work completed by the Community Research and Services Team (CRST) at the the University of Rhode Island (URI) for BHDDH. The CRST holds a cooperative agreement with BHDDH for evaluation of the following three projects included in this report:

1. Regional Prevention Task Forces (RPTF) RFP#7550738
2. Rhode Island Student Assistance Services/Project Success (RFP#7574929)
3. Rhode Island Prevention Resource Center (RIPRC)

Outline

This report contains three sections specific to each component of the evaluation.

Section A contains information specific to evaluation of the *Regional Prevention Task Forces*. Specific tasks completed by the CRST in this domain include:

- Development of evaluation plan conceptualizing implementation of new regional model as an infrastructure intervention (network analysis)
- monitoring of relevant network data in the Mosaix Impact system
- design, administration, analysis and dissemination of results from the annual coalition member survey (see Appendix A-1)
- development of tools to enhance regional evaluation capacity (SMART evaluation guidance document; attendance tracking sheet- See Appendix A-2 and A-3, respectively)
- provision of evaluation TA to regional coalition leaders
- Monitoring of response rates for 2017-2018 administration of Rhode Island Student Survey
- Continued representation at meetings of the SEOW

Section B contains information specific to evaluation of *Rhode Island Student Assistance Services/ Project Success*. Specific tasks completed by the CRST in this domain include:

- Development of evaluation plan for process evaluation of fidelity to the Project Success model, with particular emphasis on adherence to content in the four-module Prevention Education Series
- Development of tools to enhance implementation with fidelity (see Appendix B-1 and B-2 for letter to Student Assistance Counselor Supervisors and Implementation Fidelity guideline handouts, respectively.)
- Monitoring of relevant data in the Mosaix Impact system

COMMUNITY RESEARCH & SERVICES TEAM (CRST) - UNIVERSITY OF RHODE ISLAND

Section C contains information specific to evaluation of the *Rhode Island Prevention Resource Center (RIPRC).* Specific tasks completed by the CRST in this domain include:

- Development of process evaluation using transfer of training model to understand long-term behavioral implications of participation in planned technical assistance and training provided by the RIPRC

SECTION A: REGIONAL PREVENTION TASK FORCES (RPTF)

INFRASTRUCTURE

In accordance with the specific tasks in the scope of work provided to BHDDH, the CRST aims to assess the efficacy of the newly formed RPTF model as a viable delivery system for substance abuse prevention services and mental health promotion. The first year of the evaluation focused on developing an understanding of baseline network characteristics, including ***network connectivity*** and ***network health.***

Network connectivity refers to the number and structure of the connections within the social network. An evaluation of connectivity within and across regions can be useful in determining whether the structure of the network enables efficient sharing of information, ideas, and resources. Information entered by coordinators from the Mosaix Impact system and data obtained from the coalition member survey administered by the CRST were used to answer the following evaluation questions related to baseline network connectivity for all regions:

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

*Information regarding network growth and expansion across sectors is included in Table 1, under the 'Fidelity' and 'Expansion' sub-headings. Overall, regions exhibited some growth in sector representation from January, 2017 (typically little to no outside sector representation) to the present (representation in at least one sector at most RPTF meetings). Some regions began their work in December, 2017, and June, 2018 (Region 1 and 4, respectively). Given the strength of the existing prevention infrastructure in Region 3 (Providence), sector representation remained consistent from the initial stages of the project.

Network health refers to how well a network is functioning. Data evaluating network health were obtained from the coalition member survey administered by the CRST in April - June, 2018. Evaluation questions related to network health 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?

Region 1: Southern Providence (Cranston, Foster, Glocester, Scituate, North Providence, Smithfield, Johnston)

Network health. Region 1 did not participate in the Coalition Member Survey at the time of administration due to the recency of its formation. Region 1 will complete the survey between December, 2018, and January, 2019.

Region 2: Northern Providence/Blackstone Valley (Burrillville, Woonsocket, Cumberland, Lincoln, Pawtucket, North Smithfield, Central Falls)

Network health. Coalition member survey was administered but the number of responders was lower than the minimum required (five) to summarize data into a Coalition member survey report.

Region 3: Providence

Network health. Coalition member survey report prepared based upon 13 respondents. Twelve (93%) of respondents were "clear" or "very clear" on various aspects of the Regional coalition such as *major objectives*; *governance structure*; *risk and protective factor framework being used*. Leadership and decision making is perceived quite positively by members. For example, twelve responders (93%) "agreed" or "strongly agreed" that *the group has a feeling of cohesiveness and team spirit* and 13 respondents (100%) that *communication in the group is open and honest.* In terms of an area for potential improvement, 6 respondents (46%) "neither agreed nor disagreed" that the *group needs more formalization and structure* and one respondent (8%) agreed. Respondents perceived that "partnership synergy" (defined as "combining the different perspectives, knowledge and skills of the group of people and organizations represented") was strong. For example, 11 respondents (85%) "agreed" or "strongly agreed" that *The RPTF has developed a common language for communication among diverse partners* and *The RPTF has developed common goals that are understood and supported by all partners.* Moreover, 9 respondents (70%) said the involvement of different kinds of partners enabled the RPTF to *plan activities that connect multiple services, programs or systems* "a lot" and 12 respondents (93%) said the involvement of different kinds of partners led "some" or "a lot" *to new and better ways of thinking about how the RPTF can achieve its goals*.

Region 4: Kent County

Network health. Region 4 did not participate in the Coalition Member Survey at the time of administration because it was not yet in existence. Region 4 will complete the survey after hosting RPTF meetings for a minimum of six months.

Region 5: East Bay (East Providence, Barrington, Warren, Bristol)

Network health. Coalition member survey report prepared based upon 13 respondents. Eight to ten (66% - 93%) of respondents were "clear" or "very clear" on various aspects of the Regional coalition such as *major objectives*; *governance structure*; *risk and protective factor framework being used*. Leadership and decision making is perceived positively by members. For example, ten responders (83%) "strongly agreed" that *the group has a feeling of cohesiveness and team spirit* and 9 respondents (75%) that *communication in the group is open and honest.* In terms of an area for potential improvement, only slightly more than half of the respondents (7 or 58%) "agreed" that *everyone is involved in discussions, not just a few.* Respondents perceived that "partnership synergy" (defined as "combining the different perspectives, knowledge and skills of the group of people and

organizations represented") was moderate. For example, 7 respondents (58%), only slightly more than half, "agreed" or "strongly agreed" that *the RPTF has developed a common language for communication among diverse partners* and *the RPTF has combined the perspectives, resources, and skills of partners.* However, in more specific questions respondents endorsed stronger evidence for outcomes produced by "partnership synergy." For example,10 (83%) said the involvement of different kinds of partners enabled the RPTF to *plan activities that connect multiple services, programs or systems* "a lot" and 10 respondents (83%) said the involvement of different kinds of partners led "some" or "a lot" *to new and better ways of thinking about how the RPTF can achieve its goals*.

Region 6: Newport County (Portsmouth, Tiverton, Little Compton, Jamestown, Middletown, Newport)

Network health. Coalition member survey report prepared based upon 6 respondents. Six (100%) of respondents were "clear" or "very clear" on various aspects of the Regional coalition such as *major objectives*; *your own role in the RPTF (i.e., who you are representing)* and *the common language (e.g., definition of prevention being used.)* Leadership and decision making is perceived quite positively by members. For example, six responders (100%) "agreed" or "strongly agreed" that *the group has a feeling of cohesiveness;* that *communication in the group is open and honest;* and that *the members have real decision-making control.* In terms of an area for potential improvement, 2 respondents (33%) "agreed" that the *group needs more formalization and structure* and an additional 2 respondents (33%) "neither agreed nor disagreed". Respondents perceived that "partnership synergy" (defined as "combining the different perspectives, knowledge and skills of the group of people and organizations represented") was strong. For example, 5 respondents (83%) "agreed" or "strongly agreed" that *the RPTF has developed a common language for communication among diverse partners* and all six respondents (100%) that *the RPTF has developed common goals that are understood and supported by all partners.* Moreover, 5 respondents (83%) said the involvement of different kinds of partners enabled the RPTF to *plan activities that connect multiple services, programs or systems* "some" or "a lot" and 6 respondents (100%) said the involvement of different kinds of partners led "some" or "a lot" *to new and better ways of thinking about how the RPTF can achieve its goals*.

Region 7: South County (North Kingstown, Narragansett, South Kingstown, Hopkinton, Richmond, Charlestown, Westerly, New Shoreham)

Network health. Coalition member survey report prepared based upon 7 respondents. Six (85%) of respondents were "clear" or "very clear" on various aspects of the Regional coalition such as *major objectives*; *your own role in the RPTF (i.e., who you are representing)* and *the common language (e.g., definition of prevention being used.)* One potential area for improvement here is that 2 respondents (28%) were "unclear" about *the timelines for RPTF product (aka "deliverables') completion.* Leadership and decision making is perceived as mixed by the respondents. For example, although 4 responders (72%) "agreed" or "strongly agreed" that *the group has a feeling of cohesiveness,* 2 (29%) responded "neither agree nor disagree". Similarly, although 4 respondents (72%) "agreed" or "strongly agreed" that *the members have real decision-making control,* 3 (43%) responded "neither agree nor disagree". In another area for potential improvement, 1 respondent (14%) "strongly agreed" and 1 (14%) "agreed" that the *group needs more formalization and structure* and an additional 1 respondent (14%) "neither agreed nor disagreed". Respondents perceived that "partnership synergy" (defined as "combining the

different perspectives, knowledge and skills of the group of people and organizations represented") was moderate. For example, 5 respondents (68%) "agreed" or "strongly agreed" that *the RPTF has developed common goals that are understood and supported by all partners* and *the RPTF has combined the perspectives, resources and skills of partners.* However, in more specific questions, respondents endorsed stronger evidence for outcomes produced by "partnership synergy." For example, 7 (100%) said the involvement of different kinds of partners enabled the RPTF "some" *or* "a lot" *to plan activities that connect multiple services, programs or systems* and the involvement of different kinds of partners led "some" *or* "a lot" *to new and better ways of thinking about how the RPTF can achieve its goals.*

FIDELITY

In addition to evaluating the efficacy of the new regional model to deliver prevention and mental health promotion services, the CRST also aims to assess fidelity to the model proposed in the RFP.

Expansion

Process data regarding expansion across the six core sectors described in the RFP were obtained from the Impact Mosaix system for each region. **Table 1** demonstrates sector representation at RPTF meetings for each region from the beginning of the project. Month 1 corresponds to the first meeting held by the RPTF and is considered baseline. Cell values represent the number of individuals present from each sector at every RPTF meeting. For regions that started on January 1, 2017, Month 1 corresponds with this date, and Month 19 corresponds with July, 2018. In a few instances, regions did not enter data corresponding with a RPTF meeting every month. In other instances, it is unclear from the information in Mosaix how sectors are represented at monthly meetings.

TABLE 1: NETWORK CONNECTIVITY/EXPANSION

Region	Month Since First RPTF Meeting																		
Sector	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Business																			
1												0	0	0	0	0	2	2	2
2	0	0	0	0	1	1	0	1	1	1	1	1	1	1	0	0	0	0	0
3	0	0	1	1	1	0	0	0	1	1	0	0	1	0	0	0	1	0	0
4																		0	0
5	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Education																			
1												0	0	0	0	0	3	1	1
2	0	0	0	0	1	1	0	1	1	1	0	0	1	0	0	1	0	0	0
3	1	2	1	1	2	0	0	0	2	1	0	0	1	1	0	2	1	2	0
4																		0	0
5	0	0	0	0	2	0	0	0	1	1	2	2	0	2	1	1	1	0	0

TABLE 1: NETWORK CONNECTIVITY/EXPANSION

Region	Month Since First RPTF Meeting																		
Sector	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	1	0	0
Safety																			
1												0	0	0	0	0	3	2	1
2	0	0	0	0	1	1	0	1	0	1	1	1	0	0	0	0	0	0	0
3	1	1	0	0	1	2	0	0	2	0	0	0	0	0	0	0	0	0	0
4																		0	0
5	0	0	0	0	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Medical																			
1												0	0	0	0	0	4	2	3
2	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0
3	1	1	3	1	2	2	0	1	4	4	0	0	4	3	0	5	3	3	3
4																		0	0
5	0	0	0	0	1	2	1	0	1	1	1	0	1	0	0	1	2	0	0
6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	3	4	2	3
Government																			
1												0	0	0	0	0	1	1	1
2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	1	1	1	1	1	1	0	0	0	1	0	0	0	1	0	1	1	1	1
4																		0	9
5	0	0	0	0	0	0	0	0	1	1	1	2	0	0	1	1	0	0	0
6	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0

TABLE 1: NETWORK CONNECTIVITY/EXPANSION

Region	Month Since First RPTF Meeting																		
Sector	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Community/ Family																			
1												0	0	0	0	0	1	0	2
2	0	0	0	0	3	5	0	6	5	5	5	5	5	4	0	2	0	0	0
3	2	3	2	3	3	3	0	2	1	2	0	0	2	2	0	2	2	2	2
4																		0	0
5	0	0	0	0	1	1	1	0	0	1	1	2	1	1	2	2	1	0	0
6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0	0	1	0	0	0	4	1	0	1	1

Region 1: Southern Providence (Cranston, Foster, Glocester, Scituate, North Providence, Smithfield, Johnston)

Region 1 began hosting RPTF meetings in December, 2017. For the first five months of the RPTF in Region 1, no sector representation was noted at any RPTF meetings. After month 6, Region 1 was represented by all six sectors other than Community/Family at every subsequent meeting (three total).

Region 2: Northern Providence/Blackstone Valley (Burrillville, Woonsocket, Cumberland, Lincoln, Pawtucket, North Smithfield, Central Falls)

Region 2 began hosting RPTF meetings in January, 2017. For the first four months of the RPTF in Region 2, no sector representation was noted at any RPTF meetings. After month 5, Region 2 RPTF meetings were attended most consistently by Community/Family (10 meetings), Business (9 meetings), Education (7 meetings), and Safety (6 meetings) sector representatives. Little to no attendance is noted by Medical (2 meetings) and Government (0 meetings) sector representatives.

Region 3: Providence

Region 3 began hosting RPTF meetings in January, 2017. Since January, 2017, RPTF meetings in Providence were attended by representatives from all six sectors, in descending order of attendance: Community/Medical (15 meetings), Medical (15 meetings), Education (12 meetings), Government (12 meetings), Business (7 meetings), and Safety (5 meetings).

Region 4: Kent County

Region 4 began hosting RPTF meetings in June, 2018. Primary tasks since that time have focused on building regional coalition capacity and preparing a strategic plan for Region 4.

Region 5: East Bay (East Providence, Barrington, Warren, Bristol)

Region 5 began hosting RPTF meetings in January, 2017. Since January, 2017, RPTF meetings in Region 5 were attended by representatives from all six sectors, in descending order of attendance: Community/Medical (11 meetings), Education (9 meetings), Medicine (9 meetings), Government (6 meetings), Safety (3 meetings), and Business (1 meeting).

Region 6: Newport County (Portsmouth, Tiverton, Little Compton, Jamestown, Middletown, Newport)

Region 6 began hosting RPTF meetings in January, 2017. Since January, 2017, RPTF meetings in Region 6 were attended by a representative from the Government sector on one occasion only. No other sector representatives were recorded at RPTF meetings in Region 6 since January, 2017. It is possible this may be due to a lack of understanding in how to report sector representation in the Mosaix system or in RPTF meeting minute notes. The CRST has created an attendance tracking sheet to properly document sector representation at all future RPTF meetings across regions.

Region 7: South County (North Kingstown, Narragansett, South Kingstown, Hopkinton, Richmond, Charlestown, Westerly, New Shoreham)

Region 7 began hosting RPTF meetings in January, 2017. Since January, 2017, RPTF meetings in Region 7 were attended by representatives from all six sectors, in descending order of attendance: Community/Medical (5 meetings), Medical (5 meetings), Education (3 meetings), Business (2 meetings), Safety (1 meeting), and Government (1 meeting). No sector representation was noted until the 11th month in which RPTF meetings were held (November, 2017).

Implications: The CRST developed an attendance tracker to assist regions with documenting sector representation at all future meetings. In many instances, the data that are entered in Mosaix are incomplete or inaccurate. The CRST is amenable to providing regions with TA regarding network data collection efforts moving forward.

Rhode Island Student Survey

In addition, regions were required to participate in the Rhode Island Student Survey (RISS). For the 2017/2018 administration of the RISS, 80% of districts within each region were required to participate in the survey with a minimum of two grades.

Table 2 demonstrates the number of schools in each region who participated in the RISS, as well as response rates by grade level, using October enrollment data from RIDE. School names highlighted in GREEN represent schools at which the RISS was administered. Cell values highlighted in RED represent grade levels for which the

response rate was below the 60% threshold collaboratively agreed upon by BHDDH, the SEOW, and the CRST for reporting relevant statistics.

TABLE 2: PARTICIPATION IN RISS, BY REGION, WITH NUMBER OF COMPLETED SURVEYS (N) AND RESPONSE RATE (%), BY GRADE LEVEL

Region	Grade Level													
	6		7		8		9		10		11		12	
	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%
1: Southern Providence														
Cranston														
Oak Lawn School														
Cranston Early Learning Center														
Daniel D. Waterman School														
Chester W. Barrows School														
Cranston High School East	-	-	-	-	-	-	447	(243) 54.4	418	(220) 52.6	422	(1) NA	371	(1) NA
Hugh B. Bain Middle School	185	(6) 3.2	204	(8) 3.9	219	(106) 48.4	-	-	-	-	-	-	-	-
William R. Dutemple School														
Edward S. Rhodes School														
Eden Park School														
Gladstone Street School														
Stadium School														
Woodridge School														
Garden City School														
Park View Middle School	210	NA	234	NA	229	(209) 91.3	-	-	-	-	-	-	-	-
George J. Peters School														

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Region	Grade Level													
	6		7		8		9		10		11		12	
	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%
Arlington School														
Cranston High School West	-	-	-	-	-	-	319	(214) 67.1	356	(285) 80.1	391	(1) NA	348	(5) 1.4
Stone Hill School														
Glen Hills School														
Western Hills Middle School	266	NA	254	NA	259	(226) 87.3	-	-	-	-	-	-	-	-
Edgewood Highland School														
NEL/CPS Construction Career Academy														
Orchard Farms Elementary School														
Hope Highlands Middle School	124	NA	132	NA	142	(134) 94.4	-	-	-	-	-	-	-	-
Foster/ Glocester														
Ponaganset Middle School	169	NA	170	NA	170	(149) 87.6	-	-	-	-	-	-	-	-
Ponaganset High School	-	-	-	-	-	-	202	(169) 83.7	175	(137) 78.3	192	(132) 68.8	174	(122) 70.1
Captain Isaac Paine Elementary School														
Fogarty Memorial School														
West Glocester Elementary														
Scituate														
Hope Elementary School														

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Region	Grade Level													
	6		7		8		9		10		11		12	
	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%
Clayville Elementary School														
Scituate High School	-	-	-	-	-	-	102	(86) 84.3	95	(81) 85.3	103	(85) 82.5	113	77 (68.1)
Scituate Middle School	90	(80) 88.9	119	(95) 79.8	117	(105) 89.7	-	-	-	-	-	-	-	-
North Scituate Elementary School														
North Providence														
Marieville Elementary School														
North Providence High School														
Stephen Olney School														
James L. McGuire School														
Dr. Joseph A Whelan Elementary School														
Centredale School														
Greystone School														
Dr. Edward A. Ricci Middle School														
Birchwood Middle School														
Smithfield														
William Winsor School														
Old County Road School														
Anna M. McCabe School														

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Region	Grade Level													
	6		7		8		9		10		11		12	
	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%
Smithfield Senior High School	-	-	-	-	-	-	161	(68) 42.2	198	(96) 49	184	(1) NA	161	(0) NA
Raymond C. LaPerche School														
Vincent J. Gallagher Middle School	192	NA	208	(189) 90.9	187	(167) 89.3	-	-	-	-	-	-	-	-
Johnston														
Thornton School														
Brown Avenue School														
Sarah Dyer Barnes School														
Winsor Hill School														
Graniteville School														
Nicholas A. Ferri Middle School	269	NA	254	(208) 81.9	250	(209) 83.6	-	-	-	-	-	-	-	-
Johnston Senior High School	-	-	-	-	-	-	251	(171) 68.1	242	(153) 63.2	201	(101) 50.2	195	(3) 1.5
Early Childhood Center														
2: Northern Providence/ Blackstone Valley														
Burrillville														
Burrillville Middle School	177	NA	177	NA	183	(156) 85.2	-	-	-	-	-	-	-	-
Steere Farm Elementary School														
William L. Callahan School														
Austin T. Levy School														

TABLE 2: PARTICIPATION IN RISS, BY REGION, WITH NUMBER OF COMPLETED SURVEYS (N) AND RESPONSE RATE (%), BY GRADE LEVEL

Region	Grade Level													
	6		7		8		9		10		11		12	
	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%
Burrillville High School	-	-	-	-	-	-	182	(138) 75.8	197	(154) 78.2	211	(150) 71.1	174	(117) 67.2
Woonsocket														
Harris School														
Governor Aram J. Pothier School														
Citizens Memorial School														
Bernon Heights School														
Globe Park School														
Leo A. Savoie School														
Woonsocket High School	-	-	-	-	-	-	458	(289) 63.1	418	(261) 62.4	365	(183) 50.1	331	(166) 50.2
Kevin K. Coleman Elementary School														
Woonsocket Middle School at Hamlet	219	(260) 56.9	231	(320) 76.9	213	(297) 72.6	-	-	-	-	-	-	-	-
Woonsocket Middle School at Villa Nova	238		185		196		-	-	-	-	-	-	-	-
Cumberland														
B.F. Norton Elementary School														
Garvin Memorial School														
Community School														
John J. McLaughlin Cumberland Hill School														
Ashton School														

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Region	Grade Level													
	6		7		8		9		10		11		12	
	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%
Cumberland High School	-	-	-	-	-	-	397	(281) 70.8	360	(5) 1.4	375	(5) 1.3	256	(1) NA
Joseph L. McCourt Middle School	150	NA	156	NA	140	(126) 90	-	-	-	-	-	-	-	-
North Cumberland Middle School	194	NA	214	(1) NA	246	(183) 74.4	-	-	-	-	-	-	-	-
Cumberland Preschool Center														
Lincoln														
Lonsdale Elementary School														
Lincoln Central Elementary School														
Lincoln Senior High School														
Saylesville Elementary School														
Northern Lincoln Elementary School														
Lincoln Middle School														
Pawtucket														
Joseph Jenks Middle School	209	NA	215	NA	190	(118) 62.1	-	-	-	-	-	-	-	-
William E Tolman Senior High School	-	-	-	-	-	-								
Samuel Slater Middle School	243	(12) 4.9	270	(9) 3.3	267	(156) 58.4	-	-	-	-	-	-	-	-
Lyman B. Goff Middle School	234	NA	269	NA	245	(210) 85.7	-	-	-	-	-	-	-	-

TABLE 2: PARTICIPATION IN RISS, BY REGION, WITH NUMBER OF COMPLETED SURVEYS (N) AND RESPONSE RATE (%), BY GRADE LEVEL

Region	Grade Level													
	6		7		8		9		10		11		12	
	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%
Jacqueline M. Walsh School for the Performing and														
Potter-Burns School														
Nathanael Greene School														
Fallon Memorial School														
Flora S. Curtis Memorial School														
Curvin-McCabe School														
Blackstone Academy Charter School														
Charles E. Shea High School														
Henry J. Winters School														
Elizabeth Baldwin School														
M. Virginia Cunningham School														
Agnes E. Little School														
Francis J. Varieur School														
Pawtucket Public Schools														
North Smithfield														

TABLE 2: PARTICIPATION IN RISS, BY REGION, WITH NUMBER OF COMPLETED SURVEYS (N) AND RESPONSE RATE (%), BY GRADE LEVEL

Region	Grade Level													
	6		7		8		9		10		11		12	
	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%
Dr. Harry L. Halliwell Memorial School														
North Smithfield High School														
North Smithfield Middle School														
North Smithfield Elementary School														
Central Falls														
Ella Risk School														
Capt. G. Harold Hunt School														
Veterans Memorial Elementary														
Central Falls Senior High School														
Dr. Earl F. Calcutt Middle School														
Margaret I. Robertson School														
3: Providence**	** Note: Providence did not participate in RISS; administers the YES instead													
Leviton Dual Language School														
Frank D. Spaziano Elementary School Annex														
Dr. Jorge Alvarez High School														
Asa Messer Elementary School														
Alan Shawn Feinstein Elementary at Broad Street														

TABLE 2: PARTICIPATION IN RISS, BY REGION, WITH NUMBER OF COMPLETED SURVEYS (N) AND RESPONSE RATE (%), BY GRADE LEVEL

Region	Grade Level													
	6		7		8		9		10		11		12	
	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%
Alfred Lima, Sr. Elementary School														
Charles N. Fortes Elementary School														
Webster Avenue School														
Veazie Street School														
Frank D. Spaziano Elementary School														
George J. West Elementary School														
Esek Hopkins Middle School														
Robert F. Kennedy Elementary School														
Central High School														
Carl G. Lauro Elementary School														
Reservoir Avenue School														
Nathan Bishop Middle School														
Gilbert Stuart Middle School														
Nathanael Greene Middle School														
Roger Williams Middle School														
Hope High School														
Mount Pleasant High School														
Vartan Gregorian Elementary School														

TABLE 2: PARTICIPATION IN RISS, BY REGION, WITH NUMBER OF COMPLETED SURVEYS (N) AND RESPONSE RATE (%), BY GRADE LEVEL

Region	Grade Level													
	6		7		8		9		10		11		12	
	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%
William D'Abate Elementary School														
Robert L Bailey IV, Elementary School														
Lillian Feinstein Elementary, Sackett Street														
Mary E. Fogarty Elementary School														
Harry Kizirian Elementary School														
The Sgt. Cornel Young, Jr & Charlotte Woods Elemen														
Dr. Martin Luther King, Jr. Elementary School														
Classical High School														
Pleasant View School														
Times2 Academy														
Academy for Career Exploration (ACES)														
Anthony Carnevale Elementary School														
Governor Christopher DelSesto Middle School														
E-Cubed Academy														
William B. Cooley, Sr. High School and the Provide														
Providence Career and Technical Academy														

TABLE 2: PARTICIPATION IN RISS, BY REGION, WITH NUMBER OF COMPLETED SURVEYS (N) AND RESPONSE RATE (%), BY GRADE LEVEL

Region	Grade Level													
	6		7		8		9		10		11		12	
	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%
West Broadway Middle School														
360 High School														
Evolutions High School														
5: East Bay														
East Providence														
Edward R. Martin Middle School	209	(0) NA	256	(0) NA	234	(189) 80.8	-	-	-	-	-	-	-	-
James R. D. Oldham School														
East Providence High School	-	-	-	-	-	-	427	(281) 65.8	361	(216) 59.8	395	(219) 55.4	334	(166) 49.7
Kent Heights School														
Alice M. Waddington School														
Agnes B. Hennessey School														
Emma G. Whiteknact School														
Riverside Middle School	205	(1) NA	156	NA	138	(122) 88.4	-	-	-	-	-	-	-	-
Silver Spring School														
Orlo Avenue School														
Myron J. Francis Elementary School														
Barrington														
Primrose Hill School														
Nayatt School														

TABLE 2: PARTICIPATION IN RISS, BY REGION, WITH NUMBER OF COMPLETED SURVEYS (N) AND RESPONSE RATE (%), BY GRADE LEVEL

Region	Grade Level													
	6		7		8		9		10		11		12	
	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%
Hampden Meadows School														
Barrington High School	-	-	-	-	-	-	281	(225) 80.1	312	(233) 74.7	254	(180) 70.9	297	(186) 62.6
Barrington Middle School	261	(227) 87	274	(200) 73	247	(218) 88.3	-	-	-	-	-	-	-	-
Sowams Elementary School														
Bristol/ Warren														
Guiteras School														
Colt Andrews School														
Rockwell School														
Mt. Hope High School	-	-	-	-	-	-	257	NA	218	(1) NA	241	(171) 71	221	(122) 55.2
Kickemuit Middle School														
Hugh Cole School														
6: Newport														
Portsmouth														
Howard Hathaway School														
Portsmouth High School	-	-	-	-	-	-	229	(140) 61.1	257	(177) 68.9	206	(143) 69.4	196	(118) 60.2
Melville Elementary School														
Portsmouth Middle School	174	(130) 74.7	193	(171) 88.6	188	(155) 82.4	-	-	-	-	-	-	-	-
Little Compton														

TABLE 2: PARTICIPATION IN RISS, BY REGION, WITH NUMBER OF COMPLETED SURVEYS (N) AND RESPONSE RATE (%), BY GRADE LEVEL

Region	Grade Level													
	6		7		8		9		10		11		12	
	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%
Wilbur and McMahon Schools	27	NA	29	(12) 41.4	33	(18) 54.5	-	-	-	-	-	-	-	-
Jamestown														
Jamestown School-Lawn														
Jamestown School-Melrose														
Tiverton														
Walter E. Ranger School														
Fort Barton School														
Pocasset School														
Tiverton High School	-	-	-	-	-	-	124	(88) 71	138	(93) 67.4	116	(73) 62.9	138	(57) 41.3
Tiverton Middle School	138	(1) NA	136	(116) 85.3	157	(133) 84.7	-	-	-	-	-	-	-	-
Middletown														
Aquidneck School														
Forest Avenue School														
Middletown High School	-	-	-	-	-	-	133	(96) 71.2	190	(110) 57.9	139	(90) 64.7	128	(36) 28.1
Joseph H. Gaudet School	181	NA	166	(137) 82.5	177	(158) 89.3	-	-	-	-	-	-	-	-
Joseph H. Gaudet Learning Academy														
Newport														
Frank E. Thompson Middle School	140	(1) NA	151	(110) 72.8	144	(53) 36.8	-	-	-	-	-	-	-	-

TABLE 2: PARTICIPATION IN RISS, BY REGION, WITH NUMBER OF COMPLETED SURVEYS (N) AND RESPONSE RATE (%), BY GRADE LEVEL

Region	Grade Level													
	6		7		8		9		10		11		12	
	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%
Claiborne Pell Elementary School														
Rogers High School	-	-	-	-	-	-	208	(103) 49.5	154	(98) 63.6	152	(74) 48.7	152	(69) 45.4
The Pell Annex @ John F. Kennedy School														
7: South County														
North Kingstown														
Wickford Middle School	119	(1) NA	128	(1) NA	142	(133) 93.6	-	-	-	-	-	-	-	-
North Kingstown Senior High School	-	-	-	-	-	-	364	(306) 84.1	377	(292) 77.5	322	(171) 53.1	345	(6) 1.7
Fishing Cove Elementary School														
Forest Park Elementary School														
Hamilton Elementary School														
Davisville Middle School	155	NA	191	NA	180	(167) 92.8	-	-	-	-	-	-	-	-
Suzanne M. Henseler Quidnessett Elementary School														
Stony Lane Elementary School														
Narragansett														
Narragansett Elementary School														
Narragansett Pier School	112	(1) NA	106	(101) 95.3	123	(107) 87	-	-	-	-	-	-	-	-

TABLE 2: PARTICIPATION IN RISS, BY REGION, WITH NUMBER OF COMPLETED SURVEYS (N) AND RESPONSE RATE (%), BY GRADE LEVEL

Region	Grade Level													
	6		7		8		9		10		11		12	
	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%
Narragansett High School	-	-	-	-	-	-	99	(81) 81.8	95	(81) 85.3	115	(70) 60.9	117	(55) 47
South Kingstown														
Wakefield Elementary School														
South Kingstown Integrated Pre-school														
Peace Dale Elementary School														
South Kingstown High School	-	-	-	-	-	-	240	(206) 85.8	237	(198) 83.5	229	(174) 76	230	(121) 52.6
Curtis Corner Middle School	0	1	255	NA	266	(235) 88.3	-	-	-	-	-	-	-	-
West Kingston Elementary School														
Matunuck School														
Broad Rock Middle School														
Hopkinton Richmond Charlestown (Chariho)														
Chariho Regional High School														
Chariho Regional Middle School														
Charlestown Elementary School														
Richmond Elementary School														
Ashaway Elementary School														

TABLE 2: PARTICIPATION IN RISS, BY REGION, WITH NUMBER OF COMPLETED SURVEYS (N) AND RESPONSE RATE (%), BY GRADE LEVEL

Region	Grade Level													
	6		7		8		9		10		11		12	
	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%	RIDE	%
Hope Valley Elementary School														
The R.Y.S.E. School														
Westerly														
Westerly Middle School	219	(1) NA	206	(0) NA	233	(202) 86.7	-	-	-	-	-	-	-	-
Westerly High School	-	-	-	-	-	-	201	(152) 75.6	202	(104) 51.5	211	(140) 66.4	184	(4) 2.2
State Street School														
Dunn's Corners School														
Springbrook Elementary School														
Westerly Inclusion Preschool Program - Babcock Hal														
New Shoreham														
Block Island School	6	NA	9	(7) 77.8	9	(8) 88.9	13	(12) 92.3	12	(12) 100	14	(13) 92.9	8	(8) 100
Other														
Warwick														
Pilgrim High School	-	-	-	-	-	-	361	(262) 72.6	376	(286) 76.1	344	(230) 66.9	352	(2) 1
Toll Gate High School	-	-	-	-	-	-	265	(128) 48.3	314	(146) 46.5	338	(160) 47.3	266	(52) 19.5
Winman Junior High School							-	-	-	-	-	-	-	-
West Warwick														
West Warwick High School	-	-	-	-	-	-	314	(225) 71.7	234	(162) 69.2	229	(182) 79.5	232	(1) NA

Summary

Overall, only three regions met the requirement for participation in the RISS. Region 3 did not participate in the RISS and administers its own student survey (the Youth Experience Survey). Region 4 is not included in this summary due to the recency of its formation.

REGION 5: 100% of districts in Region 5 participated in the RISS with a minimum of two grade levels.

REGION 1: 83.3% of districts in Region 1 participated in the RISS with a minimum of two grade levels. No schools in North Providence participated in the RISS. Of the schools that participated, Cranston High School East, Hugh B. Bain Middle School, and Smithfield High School demonstrated insufficient response rates across all levels of administration (below the 60% threshold). Data regarding prevalence rates and risk and protective factors at these schools are unavailable for analysis.

REGION 7: 83.3% of districts in Region 7 participated in the RISS with a minimum of two grade levels. No schools in the Chariho district participated in the RISS.

Region 2: 42.9% of districts in Region 2 participated in the RISS with a minimum of two grade levels. One district participated with one grade level of administration due to insufficient response rates (below the 60% threshold) at all other grade levels. If this district is included in the total count of districts that participated, the percentage of districts that participated increases to 57.1%. No schools in three districts (Lincoln, North Smithfield, Central Falls) participated in the RISS.

Region 6: 50% of districts in Region 6 participated in the RISS with a minimum of two grade levels. One district participated with one grade level of administration due to insufficient response rates (below the 60% threshold) at all other grade levels. If this district is included in the total count of districts that participated, the percentage of districts that participated increases to 66.7%. No schools in two districts (Jamestown, Tiverton) participated in the RISS.

EFFECTIVENESS (CAPACITY/INFRASTRUCTURAL OUTCOMES)

Evidence-based policies, practices and programs

Regions were expected to increase use of evidence-based policies, practices, and programs (EPPP) by municipal substance abuse prevention coalitions across the lifespan. Given past municipal emphasis on implementation of evidence-based school-level programs, these data were selected as a baseline measure of evidence-based programs for this population. The CRST will monitor and report expansion of EPPP's across the lifespan in subsequent years of the RPTF.

Table 3 provides information regarding the number of classroom educational services reported within each region from the start of the project through August, 2018. Data were derived from the Mosaix Impact system.

TABLE 3: NUMBER OF CLASSROOM EDUCATIONAL SERVICES, BY REGION AND NUMBER SERVED

	Classroom Educational Service	-
1: Southern Providence		
Cranston	Positive Action	45
Foster	-	-
Glocester	-	-
Scituate	Life Skills	1098
North Providence	-	-
Smithfield	-	-
Johnston	Project Alert	250
2: Northern Providence/Blackstone Valley		
Burrillville	Project Alert	5
Woonsocket	-	-
Cumberland	-	-
Lincoln	-	-
Pawtucket	-	-
North Smithfield	-	-
Central Falls	-	-
3: Providence		
Providence	Positive Action	3185
5: East Bay		

TABLE 3: NUMBER OF CLASSROOM EDUCATIONAL SERVICES, BY REGION AND NUMBER SERVED

	Classroom Educational Service	-
East Providence	-	-
Barrington	-	-
Warren	-	-
Bristol	-	-
6: Newport		
Portsmouth	-	-
Little Compton	-	-
Jamestown	-	-
Tiverton	-	-
Middletown	-	-
Newport	Smart Moves Project Success- Prevention Education Michigan Model Health Curriculum	92 111 291
7: South County		
North Kingstown	-	-
Narragansett	-	-
South Kingstown	-	-
Hopkinton	-	-
Richmond	-	-
Charlestown	-	-
Westerly	-	-
New Shoreham	-	-

Summary: Based on information entered into the Mosaix system by regional and municipal coordinators, it is difficult to discern efforts to implement evidence-based classroom educational services in each region/municipality. It is also difficult to discern whether these efforts were made using RPTF funding or funding from other sources. Further information is necessary in order to evaluate how well regions are performing in increasing the number of EPPP's across the lifespan.

Implications: Standardization of the way data are entered into Mosaix may be necessary. The CRST is willing to provide training to improve the quality of data reported in this domain.

Environmental change strategies

Regions were expected to implement environmental change strategies to raise awareness of potential for harm, and reduce youth access to harmful legal products (e.g., products which might be legal for use by a segment of the population such as adults but which are not legal and are potentially harmful to others such as youth). Data were derived from the Mosaix Impact system.

Table 4 provides information regarding the number and type of environmental change strategies reported within each region from the start of the project through August, 2018 specific to potential for harm and youth access to harmful legal products.

These data were derived by selecting the following parameters from the 'Reports'/'Implementation'/'Single Services by Program' and 'Reports/'Implementation'/'Recurring Services by Program' modules in the Mosaix system:

SINGLE SERVICES
Start Date: 1/1/2017
End Date: 08/31/2018
Organization:

Organization
R1 Tri-County Community Action Coalition
R2 Blackstone Valley Regional Coalition
Mayor's Substance Abuse Prevention Council - (R3 Providence)
R4 Kent County Regional Coalition
R5 East Bay Regional Coalition
R6 Newport Regional Prevention Coalition
R7 Newport Regional Prevention Coalition

Program: Select All
Problem Behavior:

Region 1
(no behaviors available)

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Region 2
R2 Tobacco Use by underage youth
R2 Use of alcohol by underage youth

Region 3
R3 Providence MSAPC Underage Drinking
R3 Providence MSAPC Underage Use of Tobacco and Tobacco-Related Products

Region 4
Youth Use of Ends Products

Region 5
R5 East Bay Underage Alcohol Use
R5 East Bay Underage Tobacco Use

Region 6
R6 NCPC Tobacco
NCPC Substance Use

Region 7
(no behaviors specific to RPTF available)

Service Population: All
Service Location: All
IOM Category: All
Service Type Codes: Select All
CSAP Strategy: Environmental

RECURRING SERVICES
Start Date: 1/1/2017
End Date: 08/31/2018
Organization:

Organization
R1 Tri-County Community Action Coalition
R2 Blackstone Valley Regional Coalition
Mayor's Substance Abuse Prevention Council - (R3 Providence)
R4 Kent County Regional Coalition
R5 East Bay Regional Coalition
R6 Newport Regional Prevention Coalition
R7 Newport Regional Prevention Coalition

Program: Select All
Group: Select All
Problem Behavior:

Region 1
R1- TC Underage Drinking

Region 2
R2 Tobacco Use by underage youth
R2 Use of alcohol by underage youth

Region 3
R3 Providence MSAPC Underage Drinking
R3 Providence MSAPC Underage Use of Tobacco and Tobacco-Related Products

Region 4
Youth Alcohol Use
Youth Use of Ends Products

Region 5
R5 East Bay Underage Alcohol Use
R5 East Bay Underage Tobacco Use

Region 6
R6 NCPC Tobacco
NCPC Substance Use

Region 7
(no behaviors specific to RPTF available)

Service Population: All
Service Location: All
IOM Category: All
Service Type Codes: Select All
CSAP Strategy: Environmental

TABLE 4: NUMBER OF ENVIRONMENTAL CHANGE STRATEGIES BY REGION AND TYPE

SINGLE SERVICES BY PROGRAM		
	Youth Alcohol Use	Youth Tobacco Use
1: Southern Providence	0	0
2: Northern Providence/Blackstone Valley	0	0
3: Providence	0	3 (Social Norms Campaign Development; Providence Tobacco Education; Youth Empowerment Solutions (YES))

TABLE 4: NUMBER OF ENVIRONMENTAL CHANGE STRATEGIES BY REGION AND TYPE

SINGLE SERVICES BY PROGRAM		
	Youth Alcohol Use	Youth Tobacco Use
4: Kent County	0	0
5: East Bay	0	0
6: Newport	0	1 (NCPC Tobacco Policy)
7: South County	0	0
	RECURRING SERVICES BY PROGRAM	
	Youth Alcohol Use	Youth Tobacco Use
1: Southern Providence	0	0
2: Northern Providence/Blackstone Valley	0	0
3: Providence	1 (Providence Alcohol Vendor Education)	2 (Youth Empowerment Solutions (YES); Providence Tobacco Vendor Education)
4: Kent County	0	0
5: East Bay	0	0
6: Newport	0	0
7: South County	0	0

Summary: Based on the criteria entered into the Mosaix system, little to no efforts have been made by regions other than Providence to implement environmental change strategies targeting youth alcohol and tobacco use since the start of the project. However, this may be due to inconsistencies in the way data are reported to the Mosaix Impact system.

Implications: Standardization of the way data are entered into Mosaix may be necessary. The CRST is willing to provide training to improve the quality of data reported in this domain.

Media and communication strategies

Regions were expected to use media and communication strategies to promote positive behavioral health, increase the perception of risk or harm from substance use and correct normative misunderstandings of the norm among youth and young adults. Data were derived from the Mosaix Impact system.

Table 5 provides information on the number and type of media and communication strategies reported within each region from the start of the project through August, 2018.

These data were derived by selecting the following parameters from the 'Reports'/'Implementation'/'Single Services by Program' and 'Reports/'Implementation'/'Recurring Services by Program' modules in the Mosaix system:

SINGLE SERVICES
Start Date: 1/1/2017
End Date: 08/31/2018
Organization:

Organization
R1 Tri-County Community Action Coalition
R2 Blackstone Valley Regional Coalition
Mayor's Substance Abuse Prevention Council - (R3 Providence)
R4 Kent County Regional Coalition
R5 East Bay Regional Coalition
R6 Newport Regional Prevention Coalition
R7 Newport Regional Prevention Coalition

Program: Select All
Problem Behavior:

Region 1
R1- TC- Youth Marijuana Use
R1- TC- Opioid Misuse and Abuse
R1- TC- Prescription Drug Misuse
R1- TC- Underage Drinking

Region 2
R2 Mental Health issues
R2 Opioid Misuse
R2 Tobacco Use by underage youth

Region 2
R2 Use of alcohol by underage youth
R2 Youth Marijuana Use

Region 3
R3 Providence MSAPC Underage Drinking
R3 Providence MSAPC Lack of Mental Health Promotion
R3 Providence MSAPC Prescription Drug Abuse and Opioid Misuse
R3 Providence MSAPC Underage Use of Tobacco and Tobacco-Related Products
R3 Providence MSAPC Youth Marijuana Use

Region 4
Youth Alcohol Use
Youth Marijuana Use
Youth Use of Ends Products
Youth Use of non-medical prescription drugs
NCPC Substance Use

Region 5
R5 East Bay Lack of Mental Health Promotion
R5 East Bay Opioid misuse
R5 East Bay Underage Alcohol Use
R5 East Bay Underage Tobacco Use
R5 East Bay Youth Marijuana Use
R5 East Bay Youth Substance Use

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Region 6
R6 NCPC Tobacco
NCPC Substance Use

Region 7
(no behaviors specific to RPTF available)

Service Population: All
Service Location: All
IOM Category: All
Service Type Codes: Select All
CSAP Strategy: All

RECURRING SERVICES
Start Date: 1/1/2017
End Date: 08/31/2018
Organization:

Organization
R1 Tri-County Community Action Coalition
R2 Blackstone Valley Regional Coalition
Mayor's Substance Abuse Prevention Council - (R3 Providence)
R4 Kent County Regional Coalition
R5 East Bay Regional Coalition
R6 Newport Regional Prevention Coalition
R7 Newport Regional Prevention Coalition

Program: Select All
Group: Select All
Problem Behavior:

COMMUNITY RESEARCH & SERVICES TEAM (CRST) - UNIVERSITY OF RHODE ISLAND

Region 1
R1- TC- Youth Marijuana Use
R1- TC- Opioid Misuse and Abuse
R1- TC- Prescription Drug Misuse
R1- TC- Underage Drinking

Region 2
R2 Mental Health issues
R2 Opioid Misuse
R2 Tobacco Use by underage youth
R2 Use of alcohol by underage youth

Region 3
R3 Providence MSAPC Underage Drinking
R3 Providence MSAPC Lack of Mental Health Promotion
R3 Providence MSAPC Prescription Drug Abuse and Opioid Misuse
R3 Providence MSAPC Underage Use of Tobacco and Tobacco-Related Products
R3 Providence MSAPC Youth Marijuana Use

Region 4
Youth Alcohol Use
Youth Marijuana Use
Youth Use of Ends Products
Youth Use of non-medical prescription drugs
NCPC Substance Use

Region 5
R5 East Bay Lack of Mental Health Promotion
R5 East Bay Opioid misuse
R5 East Bay Underage Alcohol Use
R5 East Bay Underage Tobacco Use
R5 East Bay Youth Marijuana Use
R5 East Bay Youth Substance Use

Region 6
R6 NCPC Tobacco
NCPC Substance Use

Region 7
(no behaviors specific to RPTF available)

Service Population: All
Service Location: All
IOM Category: All
Service Type Codes: Select All
CSAP Strategy: All

TABLE 5: NUMBER OF MEDIA AND COMMUNICATION STRATEGIES REPORTED BY REGION

SINGLE SERVICE	
	Strategies
1: Southern Providence	0
2: Northern Providence/Blackstone Valley	2 (Cumberland Lincoln Newsletter; Media Campaign: Count It, Lock it, Drop It)

TABLE 5: NUMBER OF MEDIA AND COMMUNICATION STRATEGIES REPORTED BY REGION

SINGLE SERVICE	
	Strategies
3: Providence	9 (PFS Providence Power of Parents Local Media Campaign; PFS Providence Above the Influence; PFS Providence Positive Action; PFS Providence Family Matters; R3 Providence Promoting Positive Community Norms; R3 Providence Tobacco Education; R3 Providence Youth Empowerment Solutions; R3 Providence Count It, Lock It, Drop It Local Media Campaign; R3 Providence Overdose education among 10th grade)
4: Kent County	0
5: East Bay	0
6: Newport	0
7: South County	0
RECURRING SERVICES	
1: Southern Providence	0
2: Northern Providence/Blackstone Valley	2 (Cumberland Lincoln Newsletter; Media Campaign: Count It, Lock it, Drop It)
3: Providence	7 (PFS Providence Above the Influence; PFS Providence Youth Sports; PFS Providence Positive Action; Power of Parents Local Media Campaign; Sticker Shock Local Media Campaign (alcohol); Providence Count It, Lock It, Drop It Local Media Campaign; Providence Family Matters)
4: Kent County	0
5: East Bay	0
6: Newport	0
7: South County	1 (Online Parenting Newsletter)

Summary: Based on the criteria entered into the Mosaix system, little to no efforts have been made by regions other than Providence and Region 2 (Northern Providence/BVPVC) to implement media and communication strategies promoting positive behavioral health, increasing the perception of risk or harm from substance use and correcting normative misunderstandings of the norm among youth and young adults since the start of the project.

However, this may be due to inconsistencies in the way data are reported to the Mosaix Impact system. Of note, it is unclear from the Mosaix system whether the media and communications activities reported above for Providence were conducted under the PFS-2013 or RPTF projects. Likewise, many of the recurring services are also listed as singe services.

Implications: Standardization of the way data are entered into Mosaix may be necessary. The CRST is willing to provide training to improve the quality of data reported in this domain.

EFFECTIVENESS (INDIVIDUAL SCHOOL-AGED YOUTH OUTCOMES)

Peer Disapproval

Regions were expected to monitor the percentage of in-school, school-aged youth expressing disapproval of use of alcohol, tobacco, and other drugs.

Table 6* will provide information regarding the percentage of youth within each region who 'highly agree' and 'agree' with the statement that "…" Data are derived from the 2017-2018 administration of the RISS and provide baseline estimates for the remainder of the project.

Prevalence

Regions were expected to monitor the percentage of in-school, school-aged youth reporting current (past 30-day) use of alcohol, tobacco, and other drugs.

Table 7* will provide information regarding the percentage of youth who reported any past 30-day use on the RISS by region. These data provide baseline estimates of prevalence for the remainder of the project.

***Table 6** and **Table 7** will be provided to BHDDH after further analysis of the 2017-2018 RISS dataset. This dataset was provided to the CRST by the CPRC in August, 2018. Due to time constraints, processing of peer disapproval and prevalence data was not yet complete at the time this report was compiled. Complete analysis of these data is expected by September 30, 2018.

SECTION B: RHODE ISLAND STUDENT ASSISTANT SERVICES - PROJECT SUCCESS

OVERVIEW

In accordance with the aims of the cooperative agreement, the CRST will conduct a state-level evaluation of the Rhode Island Student Assistant Services- Project Success program using data obtained from the RISS and the Mosaix systems.

Process evaluation

The process evaluation measures fidelity to the Project Success model, with particular attention to the four-module Prevention Education Series. Project Success is an evidence-based curriculum with fidelity measures available from the program developers. To achieve this goal, the CRST, in collaboration with Sarah Dinklage and Colleen Judge of Project Success, agreed to begin monitoring of fidelity during the 2017-2018 school year.

In order to ensure that student assistance counselors complete fidelity measures after each prevention education series module, the CRST will provide Sarah Dinklage and Colleen Judge with a guidance document for distribution to program supervisors and administrators. These documents are available in Appendix B-1 and B-2, respectively.

The CRST will be available to provide TA regarding fidelity measures, as needed. These measures will be compiled by the CRST to determine the percentage of schools/student assistance counselors administering the Prevention Education Series with adequate fidelity to the model.

SECTION C: RHODE ISLAND PREVENTION RESOURCE CENTER (RIPRC)

EVALUATION PLAN

The CRST completed a detailed plan for evaluation of the RIPRC. The following information details this plan.

Objective

According to the scope of work described and approved in the Cooperative Agreement between the Community Research and Services Team (CRST) at the University of Rhode Island and the Department of Behavioral Health, Developmental Disabilities and Hospitals (hereafter referred to as BHDDH), the CRST will:

> "…conduct state level process and outcome evaluation of the Rhode Island Prevention Resource Center (RIPRC) program using data obtained from the Mosaix IMPACT system… The process evaluation will measure RIPRC service satisfaction. CRST will perform an annual satisfaction survey monkey on those who have participated in training or received technical assistance from RIPRC. CRST will perform key informant interviews via phone with a percentage of the training and technical assistance recipients. A report will be provided with the results…"

Goals

As described in a meeting with Shannon Spurlock, MA and Angelique Higgins of the Prevention Resource Center (RIPRC) and Dorothy Skierkowski-Foster, PhD of the CRST on August 8, 2018, the primary objectives of the RIPRC evaluation are to:

1. identify ***how*** individuals who participate in training and technical assistance provided by the PRC utilize the information and skills disseminated through training and technical assistance in their respective prevention-related work, and;
2. identify ***barriers to implementation*** of skills and knowledge acquired through training and technical assistance.

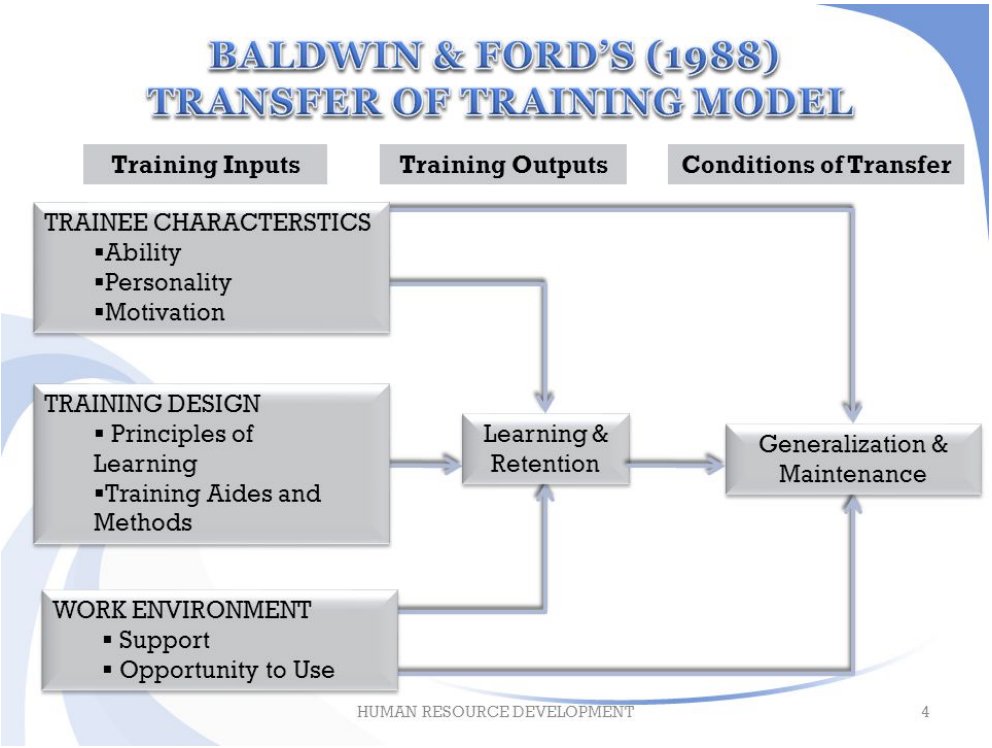
To this end, the RIPRC would like to focus evaluation efforts on the following sub-domains of training and technical assistance identified by the RIPRC, listed in order of prioritization:

- *Trainings*, defined as planned prevention education/skill-building events with an established curriculum and clearly delineated learning objectives,
- *Proactive technical assistance*, defined as consumer-driven technical assistance that is planned in advance and in response to pre-defined needs by key constituents (includes learning collaboratives, group TA, and certification prep), and

- *Reactive technical assistance,* defined as technical assistance that is spontaneous, unplanned, and oftentimes occurs 'in-the-moment' after meetings, workshops, or other prevention-related events with key consumers.

Theory

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 c*onditions of transfer* (generalization of knowledge and skills acquired during training to the job and the maintenance of learning over time in the work environment).

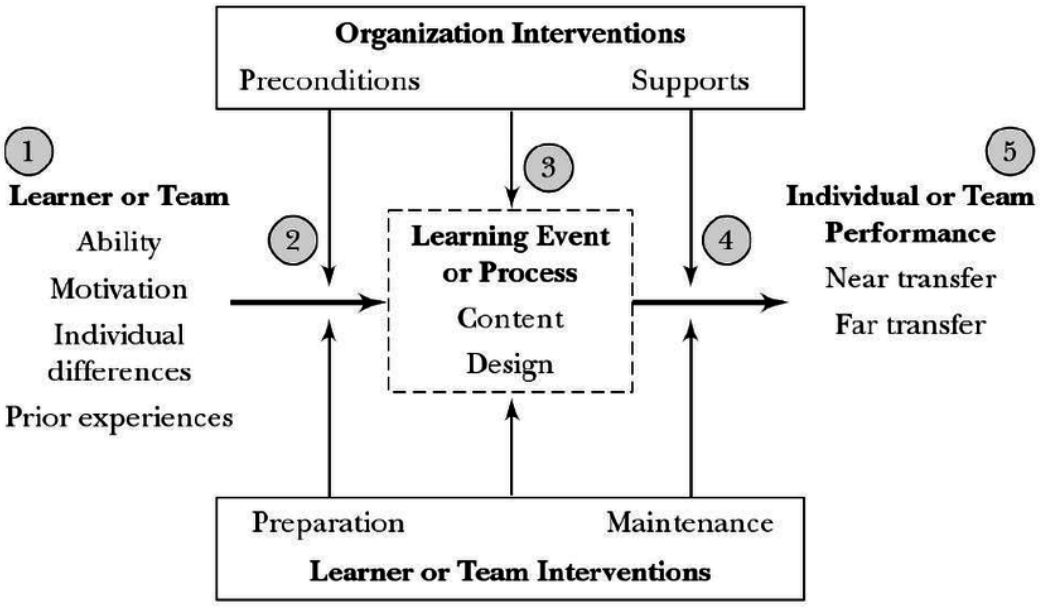


Training inputs. Trainee characteristics measure elements such as ability, skill, motivation, and individual personality characteristics. Training design refers to the training objectives, principles of learning employed in the training, and methods of practice. Work environment includes elements such as climate, support from peers/ supervisors, and opportunities for performing skills learned in training in the workplace.

Training outputs. Learning and retention refer to the acquisition of skills and knowledge resulting from the transfer of training.

Conditions of transfer. Generalization refers to the extent to which skills and knowledge acquired in a training session are applied to different setting. Maintenance refers to the degree to which skills and knowledge learned in a training session persist over time.

Holton & Baldwin (2003) refined this process to include elements related to near and far transfer, as well as organizational and team factors that may contribute to generalization and maintenance. The Learning Transfer System Inventory (LTSI) was developed and validated by Holton, Bates and Ruona (2000) to measure factors influencing learning transfer. The CRST will utilize the theory behind this scale in order to develop specific questions related to the transfer of learning across training and technical assistance sessions administered by the RIPRC, if the measure is not directly available to the researchers. The following figure describes Holton and Baldwin's (2003) model for transfer of training.



Solution

In order to meet these objectives, the CRST will focus the evaluation on understanding how consumers of *trainings and proactive technical assistance* provided by the RIPRC utilize knowledge and skills acquired in the six months after completion of these events. Furthermore, the CRST will investigate barriers to implementation of any behavioral objectives following completion of proactive technical assistance and trainings.

In order to build upon existing infrastructure, consumers of training and technical assistance will be required to complete a post-training/TA satisfaction survey, currently administered by the RIPRC. Surveys will include an additional short set of questions related to *intent to utilize information obtained in the TA/training within the next six months.* These questions will be guided by Baldwin and Ford's (1988) and Holton and Baldwin's (2003) theory

of transfer of training. Consumers will be asked to participate in a six-month follow-up assessment, at which time they will be provided with a pre-defined list of intended behavioral outcomes from each TA/training session (to be decided in collaboration with the RIPRC). Likewise, barriers to successful implementation of these objectives will also be assessed.

Per request of the RIPRC, assessment of ***reactive technical assistance*** will be addressed at a future date.

The outcome evaluation will provide information on the number of completed requests for trainings/technical assistance, as well as overall attendance at events and global satisfaction with services provided. Information regarding the number of completed requests and attendance will be obtained from the IMPACT/Mosaix system. Information regarding overall satisfaction with service will be obtained from existing satisfaction surveys administered by the RIPRC after each training session.

Project Outline

The CRST proposes the following 2018 schedule for the process and outcome evaluation of the RIPRC:

- August, 2018
  - Meet with RIPRC staff to determine RIPRC evaluation needs
  - Develop additional behavioral intent questions for inclusion on post-***training*** and p***roactive technical assistance*** satisfaction surveys
  - Monitor requests for ***proactive technical assistance***
- September, 2018
  - Obtain LTSI measure, if available from developers
  - Develop six-month follow-up survey for ***proactive technical assistance*** and ***training*** participants
  - Monitor requests for ***proactive technical assistance***
- October, 2018
  - RIPRC to administer post-training survey at Mental Health First Aid Training (sponsored training event by RIPRC), with additional items developed by CRST and permission to contact participants at six-month follow-up
  - Monitor requests for ***proactive technical assistance***
- November, 2018
  - RIPRC to administer post-training survey at first in-house training (created by the RIPRC), with additional items developed by CRST and permission to contact participants at six-month follow-up
  - Monitor requests for ***proactive technical assistance***
- December, 2018
  - RIPRC to administer post-training survey to e-learning participants (program created by the RIPRC), with additional items developed by CRST and permission to contact participants at six-month follow-up
  - Monitor requests for ***proactive technical assistance***
- January, 2019

- Compile preliminary report regarding number of ***proactive technical assistance*** and ***training*** sessions offered from start of BHDDH contract
- Provide aggregated feedback regarding satisfaction data from surveys administered after all trainings in contract term
- Report preliminary results to BHDDH

- February, 2019
  - Administer first six-month follow survey to participants who completed ***trainings*** or ***practice technical assistance*** in September, 2018

References

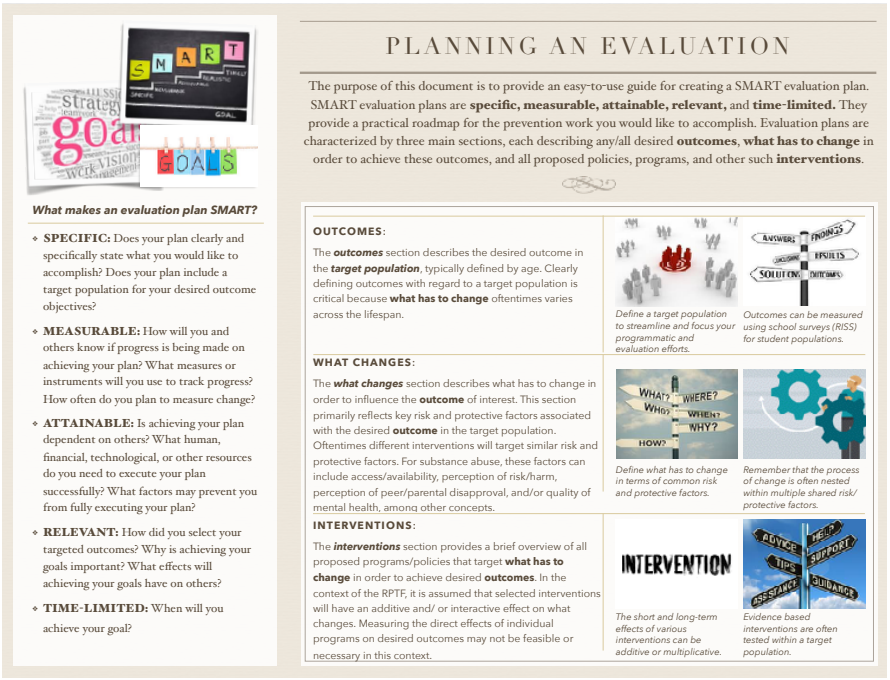
Baldwin, T. T., & Ford, J. K. (1988). Transfer of training: A review and directions for future research. *Personnel Psychology*, *41*(1), 63-105.

Holton, E. F., & Baldwin, T. T. (2003). Making transfer happen: An action perspective on learning transfer systems. *Improving Learning Transfer in Organizations*, *3*(5).

Holton III, E. F., Bates, R. A., & Ruona, W. E. (2000). Development of a generalized learning transfer system inventory. *Human Resource Development Quarterly*, *11*(4), 333-360.

APPENXIX A-1: RPTF COALITION SURVEY RESULTS

APPENXIX A-2: SMART EVALUATION GUIDANCE DOCUMENT



PLANNING AN EVALUATION

The purpose of this document is to provide an easy-to-use guide for creating a SMART evaluation plan. SMART evaluation plans are **specific, measurable, attainable, relevant,** and **time-limited.** They provide a practical roadmap for the prevention work you would like to accomplish. Evaluation plans are characterized by three main sections, each describing any/all desired **outcomes**, **what has to change** in order to achieve these outcomes, and all proposed policies, programs, and other such **interventions**.

What makes an evaluation plan SMART?

- **SPECIFIC:** Does your plan clearly and specifically state what you would like to accomplish? Does your plan include a target population for your desired outcome objectives?
- **MEASURABLE:** How will you and others know if progress is being made on achieving your plan? What measures or instruments will you use to track progress? How often do you plan to measure change?
- **ATTAINABLE:** Is achieving your plan dependent on others? What human, financial, technological, or other resources do you need to execute your plan successfully? What factors may prevent you from fully executing your plan?
- **RELEVANT:** How did you select your targeted outcomes? Why is achieving your goals important? What effects will achieving your goals have on others?
- **TIME-LIMITED:** When will you achieve your goal?

OUTCOMES:

The ***outcomes*** section describes the desired outcome in the ***target population***, typically defined by age. Clearly defining outcomes with regard to a target population is critical because **what has to change** oftentimes varies across the lifespan.

Define a target population to streamline and focus your programmatic and evaluation efforts.

Outcomes can be measured using school surveys (RISS) for student populations.

WHAT CHANGES:

The ***what changes*** section describes what has to change in order to influence the **outcome** of interest. This section primarily reflects key risk and protective factors associated with the desired **outcome** in the target population. Oftentimes different interventions will target similar risk and protective factors. For substance abuse, these factors can include access/availability, perception of risk/harm, perception of peer/parental disapproval, and/or quality of mental health, among other concepts.

Define what has to change in terms of common risk and protective factors.

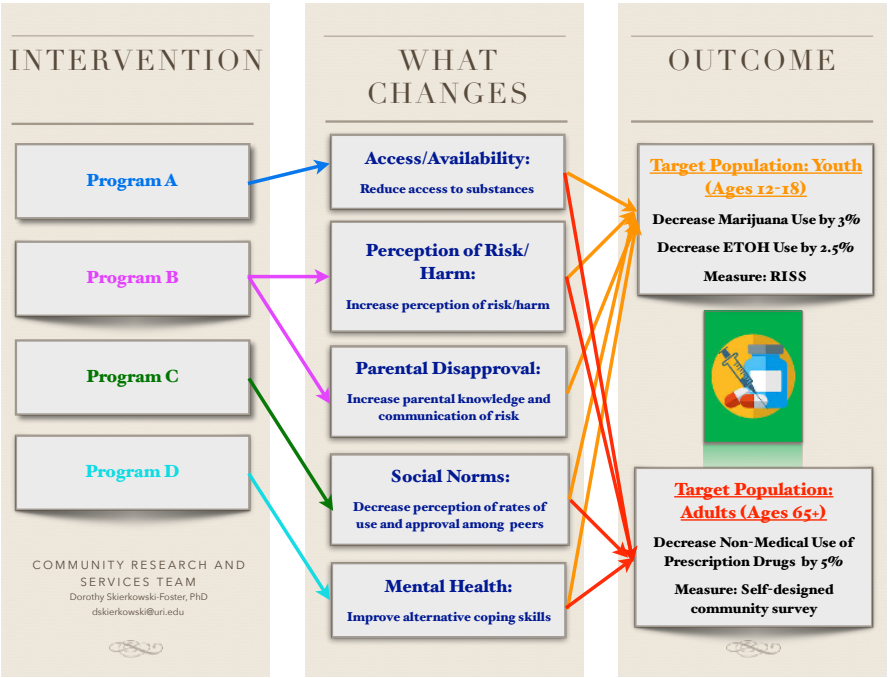
Remember that the process of change is often nested within multiple shared risk/ protective factors.

INTERVENTIONS:

The ***interventions*** section provides a brief overview of all proposed programs/policies that target **what has to change** in order to achieve desired **outcomes**. In the context of the RPTF, it is assumed that selected interventions will have an additive and/ or interactive effect on what changes. Measuring the direct effects of individual programs on desired outcomes may not be feasible or necessary in this context.

The short and long-term effects of various interventions can be additive or multiplicative.

Evidence based interventions are often tested within a target population.



APPENXIX A-3: RPTF ATTENDANCE TRACKING DOCUMENT

RPTF COALITION MEETING

Attendance Sheet **Date: _____**

Instructions: Please include your name, organization, title, and sector representation in the space provided. Please also provide the name, organization, and title of the individual who referred you to the RPTF.

SECTORS (check all that apply):

BUSINESS: including pharmacies, retail stores, and local area employees

EDUCATION: including schools, colleges and universities, local education agency

SAFETY: including police and fire departments, local EMS

MEDICAL/HEALTH: including community health centers and community mental health centers, hospitals, health care provider representatives

GOVERNMENT: including municipal government, department of health, parks and recreation

COMMUNITY/FAMILY SUPPORTS: including community centers, Y, youth serving organizations

Name/ Organization/Title	I am a Municipal Coordinator	Business	Education	Safety	Medical/ Health	Government	Community/ Family Supports	This is my first meeting with the RPTF.	I was referred to the RPTF by:
Jane Doe, Anytown Pharmacy, Pharmacist	☐	☑	☐	☐	☐	☐	☐	☐	John Deer, Anytown Pharmacy, Store Manager
	☐	☐	☐	☐	☐	☐	☐	☐	
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APPENXIX B-1: RISAS STUDENT ASSISTANCE COUNSELOR SUPERVISOR LETTER

TO: Student Assistance Counselor, "Prevention Education Series" of Project Success
FM: Dorothy Skierkowski-Foster, Ph.D., Community Research and Services Team (CRST), Statewide Evaluation
RE: Curriculum Implementation Fidelity Measures

Your community is implementing "Prevention Education Series" of *Project Success* an "evidence-based" curriculum. This curriculum has been proven in previous efficacy trials and, in several cases, have produced results in effectiveness trails (e.g., delivered in the field by others than the developers). The assumption is therefore that, if implemented with fidelity, each curriculum will produce effects.

Considerable research points to the importance of quality implementation. One major review found mean effect sizes favoring better implementation are two to three times higher than with poorer implementation. With this in mind, BHDDH is requiring all those student assistant counselor / health educators / teachers and others who deliver your evidence-based curriculum to complete the attached Program Implementation Fidelity measures.

The **purpose** of the Program Implementation Fidelity measures is to evaluate fidelity (adherence to planned content), perceived responsiveness of students and to track any adaptations that may be made to the curriculum. Checklists are to be completed immediately after each topic is delivered (some topics will take more than one class). *It will be your responsibility, as the Student Assistant Counselor for your school, to ensure that these measures are completed by all the instructors for all of the classes and all of the grades that are receiving the* "Prevention Education Series" of *Project Succes*

The **results** of these measures can be used by you and your local school /community to assess how the intended curriculum is unfolding over time. You will be responsible for transmitting these measures to the CRST who will then summarize the data and present them to BHDDH.

These measures will **not** be **anonymous**, because you will need to keep records for each instructor and his / her curriculum implementation. But they **can be confidential** in that you need not supply any names when you send the information on to the CRST (simply blank the names out). In addition, you should emphasize to those who deliver your curriculum to be as candid as possible in their responses because these measures are designed not to judge them, but to understand more fully the challenges faced by those implementing evidence-based curricula in real-world settings such as their school. You may also want to remind them that good "fidelity" doesn't necessarily mean one hundred percent adherence to all lesson components all the time. For example, in the aforementioned review, positive program results were visible in programs with at least 60% coverage of the intended material. Finally, mention also that "adaptations" are not necessary deviance from the program design, but can be additions or modifications by the facilitator to the program setting and characteristics of the population, including increasing culturally appropriateness in a given context. We've created a "briefing sheet" that you can use to emphasize these points when orienting your instructors to the forms.

We look forward to working with you.

APPENXIX B-2: RISAS STUDENT ASSISTANCE COUNSELOR (SAC) FIDELITY GUIDELINES

Implementation Fidelity Measures for

Prevention Education Series of *Project Success*

What are these forms?

- Implementation Checklists to be completed immediately after each topic is completed. (Note: A topic may take more than 1 class to complete.)

What is the purpose of these forms?

- To evaluate "fidelity" or adherence to the planned content of the curriculum.
- To rate the perceived responsiveness of students to each lesson.
- To track adaptations (additions, deletions, modifications) made to the curriculum. Note these in the "General Comments" section of each form.

How will results be used?

- To assess how the intended curriculum unfolds over time and is received by students.
- To determine how much of the intended curriculum gets delivered.
- As data for summary reports of implementation to BHDDH.

Should you be honest and candid in your responses?

- Yes, because these forms are not being used to assess your capacity to deliver the curriculum, but instead are attempting to capture how and what was covered for each lesson.
- Yes, because the measures are designed to more fully understand the challenges faced by those implementing an evidence-based curriculum in the real-world setting of schools.
- Yes, because you don't need to be perfect in covering every topic every session. Research from evidence-based curriculums show positive results were visible in programs with 60% coverage of the material or more.
- Yes, because while you should certainly attempt fidelity when implementing an evidence-base curriculum, not all adaptations are "deviance" from the program design. Some modifications or additions can make the curriculum fit better with your setting or population, including cultural adaptations. In fact, studies that have examined the relation between adaptation and outcomes have reported a positive effect of adaptation.