

REGION 5

Strategic Plan

East Bay Regional Coalition

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RHODE ISLAND PREVENTION TASK FORCE STRATEGIC PLAN: REGION 5

Introduction

Setting the Stage for the Strategic Plan

The Rhode Island R5 Regional Prevention Coalition is comprised of the following cities and towns: Barrington, Bristol, East Providence, and Warren. The R5 Regional Coalition received grant funding from the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) to conduct a needs assessment and strategic planning process, develop an implementation plan to target priority risk and protective factors of interest to the region, and implement evidence-based policies, programs, and practices between October 2021 – September 2026 that will improve behavioral health and reduce substance misuse across the lifespan in the R5 Region.

It is widely documented in the scientific literature that adolescence is an important developmental period, and that behavioral patterns established during adolescence can form the foundation for adult outcomes (Moss, Chen, & Yi, 2014). In fact, the quantity and frequency of substance use during adolescence is strongly associated with risks for heavy substance use and misuse in adulthood (Windle & Zucker, 2010). Substance use in the United States has been estimated at over \$400 billion annually by the US Surgeon General (U.S. Department of Health and Human Services, 2016). In addition to the direct economic impact, the societal harms caused by substance use has been estimated at over \$800 billion annually due to premature death and adjustments to quality-of-life (Quantified Ventures, 2016). Because adolescent substance use can impair both psychological and neurocognitive development, and increase the risk for academic failure, chronic disease, mental illness, and other quality of life issues, prevention remains an important public health priority (Kim, M.J., Mason, W.A., Herrenkohl, T.I., Catalano, R.F., Toumbourou, J.W., Hemphill, S.A., 2017).

The Risk and Protective Factor Theory (Hawkins, D., Catalano, R., Miller, J.Y., 1992) is a foundational approach to determine the causes and solutions to substance use. The theory draws connections between the risk and protective factors that influence individual behaviors. Various domains of established risk and protective factors play an important role in preventing youth substance misuse and dependence. These protective factors include:

- Access to care
- Support from parents, family, and friends
- Structure and supervision
- Support from school personnel
- Access to and participation in pro-social leisure activities

In addition to these protective factors, environmental factors are known to independently contribute to the likelihood of substance use among youth (Layman, H.M., et al, 2022). For example, youth who live in challenging home situations or in resource-limited areas, or both, are more likely to be negatively impacted by environmental changes (Prowse, et al., 2021; Cleveland, et al, 2010; Nawi, et al., 2021), which may lead to increased substance use.

The past two years saw unprecedented environmental changes and impacts related to the novel coronavirus SARS-CoV-2 (COVID-19). The World Health Organization officially declared COVID-19 a pandemic on March 11, 2020 (Cucinotta, & Vanelli, 2020). Virtually no human on earth was unaffected by this virus. The mitigation measures included closing country borders; lockdowns and curfews in cities and towns; severe limits on social gatherings and assembly (i.e., religious services); restricted access to workplaces and entertainment and services; and mandates for social distancing and wearing face masks. In most places, these measures also included closing schools, and restricting services for youth such as sports clubs and extra-curricular activities.

These mitigation efforts resulted in a number of unintended consequences that have been harmful to youth (Bera, et al, 2022). These consequences included disruptions of parent or caregiver income and subsequent financial consequences, and disrupted and delayed academic progress due to school closings, remote instruction, and recurring changes to instruction formats. The pandemic also increased feelings of loneliness, especially in adolescents, due to long-term social isolation and limited opportunities to interact with peers (Prowse, et al, 2021). During the pandemic, significant inconsistent and poorly planned institutional responses were reported (Mann, et al, 2021), including a decline in access to harm reduction services, substance misuse treatment services, and behavioral health services. In addition, the pandemic had negative psychological effects on children and youth, including the significant increase in the prevalence of clinical depression, suicidal ideation, and anxiety, all of which have the potential to contribute to an increase in substance misuse behaviors (Pfefferbaum, 2021).

Although COVID-19 is no longer an acute emergency, and many aspects of life have resumed, COVID-19 danger has not passed and the pandemic is not considered over (WHO, 2022). The effects from the past two years are still keenly felt, and significantly contributed to each community's response to their strategic planning efforts related to substance abuse prevention and mental health needs among youth.

Assessment of Community Need

The strategic plan was derived from data collected during the needs assessment process. Both quantitative and qualitative data sources were used to create new benchmarks and to understand substance misuse and abuse, as well as behavioral health trends among youth.

The Region/Community

Rhode Island's Region 5 (R5) is comprised of: Barrington, Bristol, East Providence, and Warren. Although population differs by community, the demographics are largely white, non-Hispanic. School-age children comprise between 17-30% of the population.

Table 1. R5 East Bay Region Demographics

Demographics					
	RI	Barrington	Bristol	East Providence	Warren
Total Population	1,097,379	17,153	22,493	47,139	11,147
Gender					
Female	559,663 (51.0%)	9,056 (52.8%)	11,471 (51.0%)	24,135 (51.2%)	5,885 (52.8%)
Male	537,716 (49.0%)	8,097 (47.2%)	11,022 (49.0%)	23,004 (48.8%)	5,262 (47.2%)
Race/Ethnicity					
Hispanic/Latino	187,651 (17.1%)	617 (3.6%)	652 (2.9%)	2,922 (6.2%)	278 (2.5%)
White	911,921 (83.1%)	15,334 (89.4%)	20,581 (91.5%)	37,192 (78.9%)	10,511 (94%)
Black/African American	96,569 (8.8%)	85 (0.5%)	539 (2.4%)	3,016 (6.4%)	44 (0.4%)
Asian	40,603 (3.7%)	634 (3.7%)	359 (1.6%)	1,367 (2.9%)	44 (0.4%)
Age					
< 5 years	57,063 (5.2%)	909 (5.3%)	854 (3.8%)	2,168 (4.6%)	323 (2.9%)
5-17	158,022 (14.4%)	3,687 (21.5%)	2,474 (11.0%)	6,363 (13.4%)	1,493 (13.4%)
18-24	117,419 (10.7%)	703 (4.1%)	4,273 (19.0%)	3,582 (7.6%)	479 (4.3%)
25-34	150,340 (13.7%)	1,286 (7.5%)	2,271 (10.1%)	7,212 (15.3%)	1,694 (15.2%)
35-54	276,539 (25.2%)	5,094 (29.7%)	4,588 (20.4%)	11,454 (24.3%)	2,942 (26.4%)
55-64	153,633 (14.0%)	2,624 (15.3%)	3,418 (15.2%)	7,070 (15.0%)	1,861 (16.7%)
65+	184,359 (16.8%)	2,830 (16.5%)	4,656 (20.7%)	9,286 (19.7%)	2,352 (21.1%)
Foreign Born Rate					
Non-Foreign Born	943,745 (86.0%)	15,747(91.8%)	19,929 (88.6%)	39,880 (84.6%)	9,877 (88.6%)
Foreign Born	153,633 (14.0%)	1,406 (8.2%)	2,564 (11.4%)	7,259 (15.4%)	1,270 (11.4%)
Poverty Rate	116,322 (10.6%)	926 (5.4%)	1,641 (7.3%)	4,525 (9.6%)	1,025 (9.2%)

Trends & Magnitude of Problems

Data and Data Sources

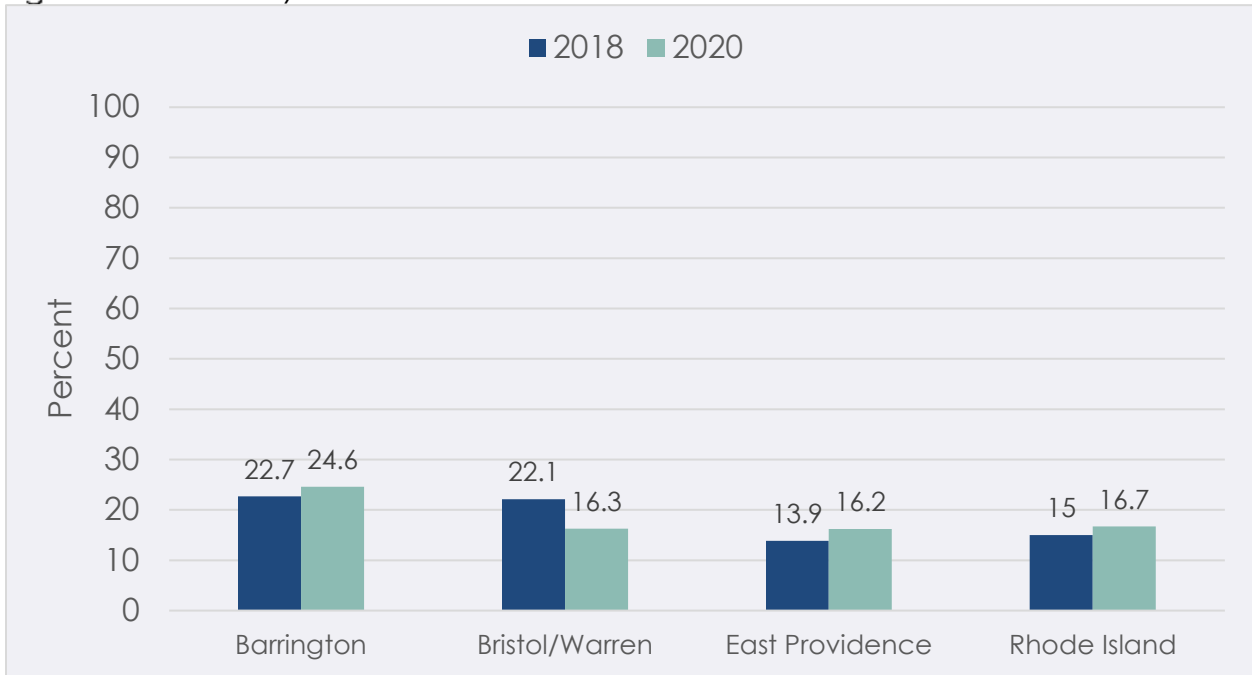
The R5 Regional Needs Assessment relied on several different data sources. The needs assessment includes qualitative data from key informant interviews and focus groups with parents and youth in each community. The quantitative data includes primary data collected on the skills and readiness assessments, as well as secondary social indicator data gathered from a variety of data archives, published documents, and secondary youth survey data. For example, social indicator data were gathered from the US Census, the National Survey on Drug Use and Health, Youth Risk Behavior Survey, and the Rhode Island Student Survey.

Trends

The following trend data was gathered from the needs assessment and used in the problem prioritization meetings.

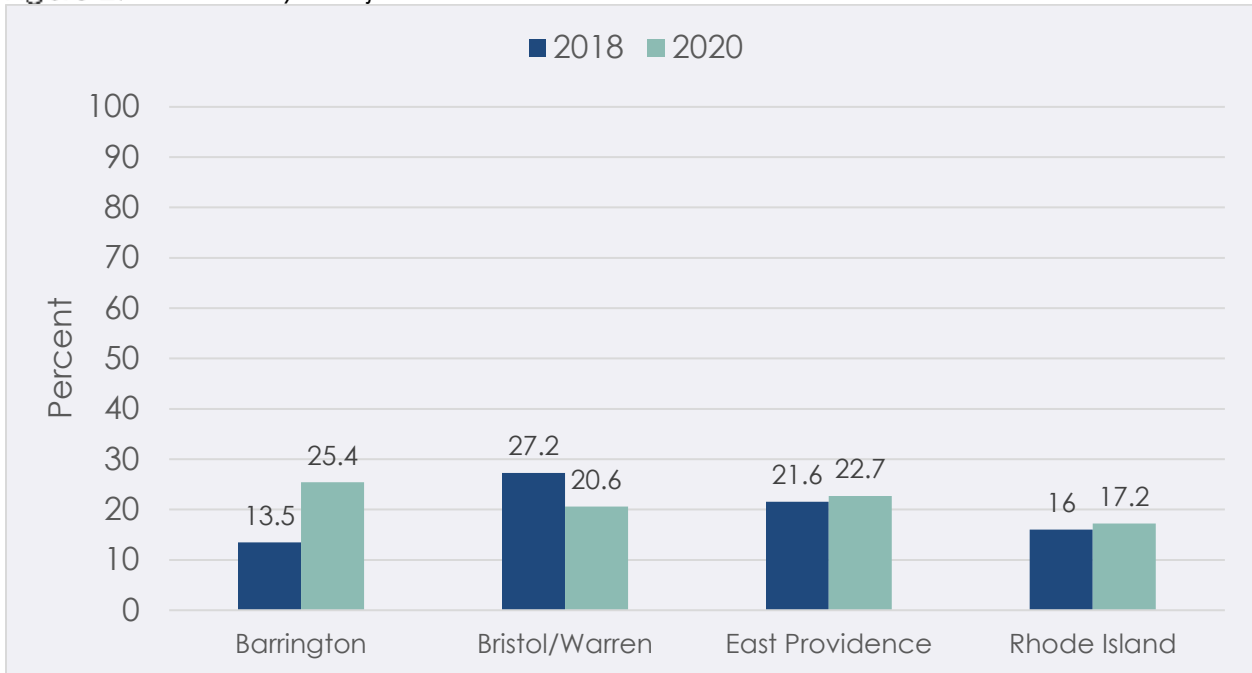
The past 30-day use of alcohol and marijuana impact the largest percentage of youth in the East Bay region. Both alcohol and marijuana use increased in three of the four communities between 2018 and 2020.

Figure 1. Past 30-Day Alcohol Use



Source: Rhode Island Student Survey, 2018 and 2020

Figure 2. Past 30-Day Marijuana Use

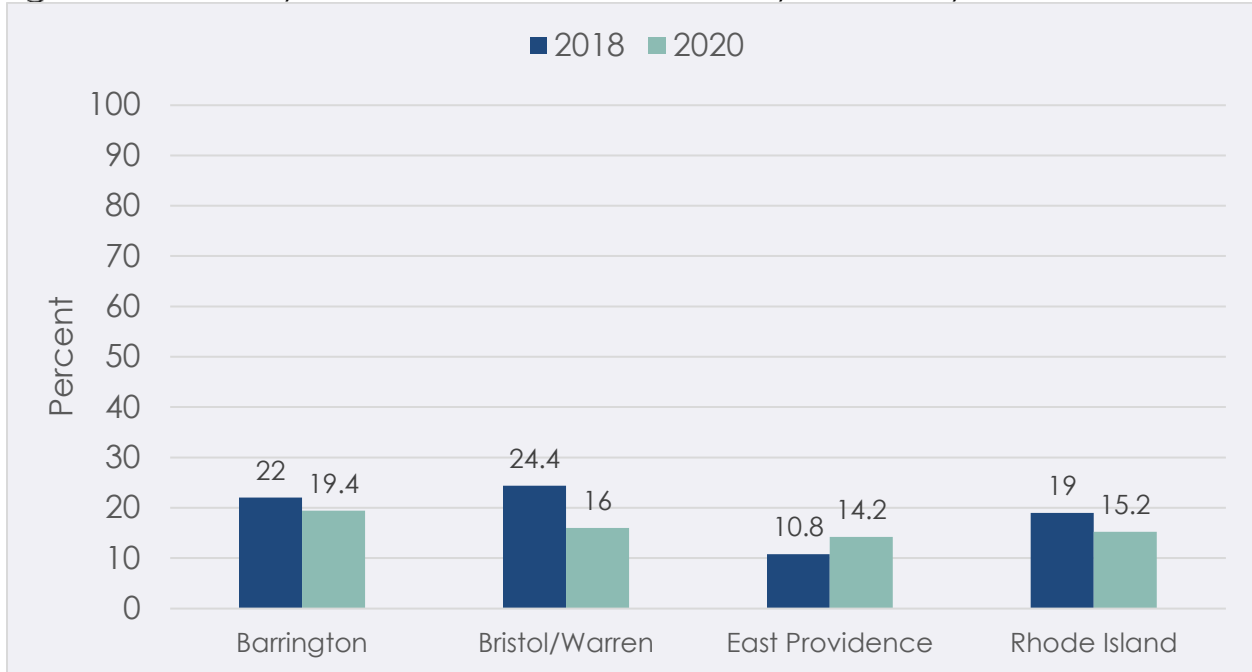


Source: Rhode Island Student Survey, 2018 and 2020

The data for past 30-day vaping shows a decrease in three of the four communities between 2018 and 2020. This survey data was collected during a time when vaping was frequently discussed in the news which may have impacted reporting rates. Data gathered in focus groups and key informant interviews indicates that vaping rates

increased during this time period, conflicting with the survey data results. Survey participants reported that they were most likely to obtain vaping products through borrowing (12.3%) or buying it from a store (7.6%).

Figure 3. Past 30-Day Electronic Nicotine Device Use, by Community



Source: Rhode Island Student Survey, 2018 and 2020

Emergency medical service calls for opiate overdoses was more concerning in East Providence than the other three communities, although it remains an issue throughout the region. Naloxone doses were administered by police personnel in three of the four communities suggesting that opiate overdoses remain a concern throughout the region. While opiate misuse and prescription drug misuse are clearly a concern, prevention of overdose and misuse will likely be covered by other funding sources, so will not be extensively covered by this plan.

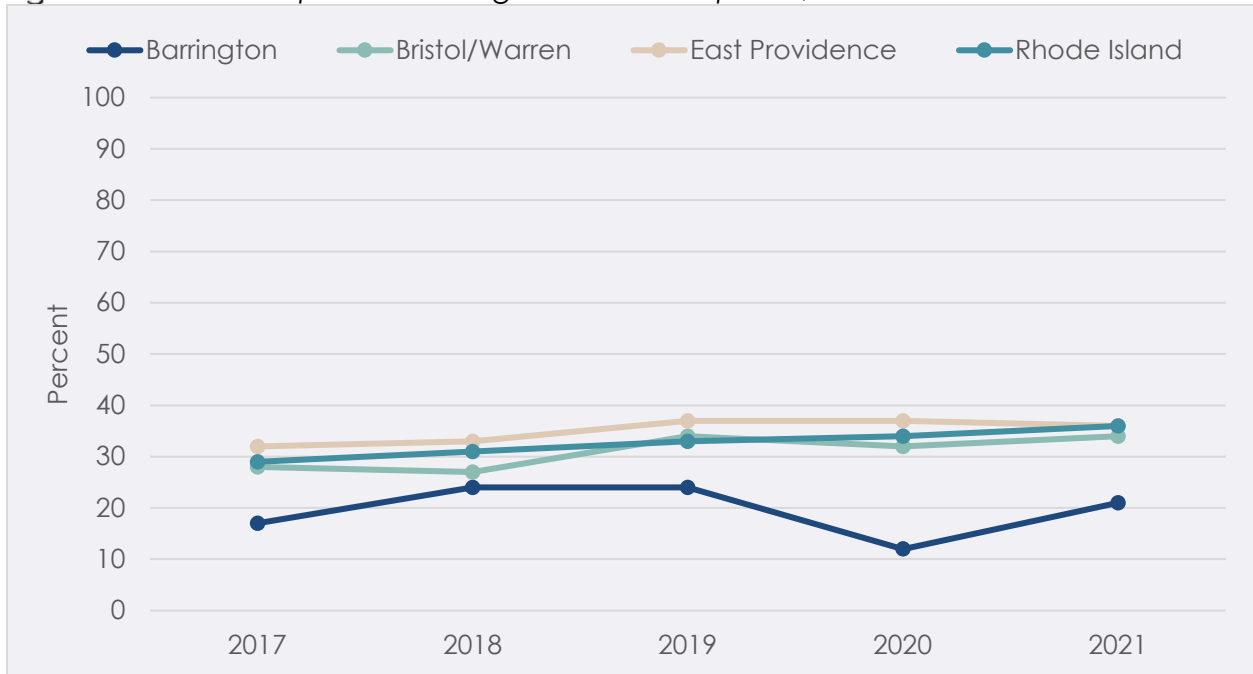
Table 2. Naloxone Distribution in Region 5 from 10/1/2019-9/30/2020

Law Enforcement Agency	# of Admin Events	# of 4 mg in Doses Given	# of EMS Transport
Barrington Police Department	0	0	0
Bristol Police Department	7	11	3
East Providence Police Department	18	21	16
Warren Police Department	3	4	5

Source: 2020 Center for EMS Annual Report, 2020

Students in all four Region 5 communities reported increasing rates of feeling very sad or hopeless during the past 12-months. Between 2017 and 2020, rates increased from 32% to 36%.

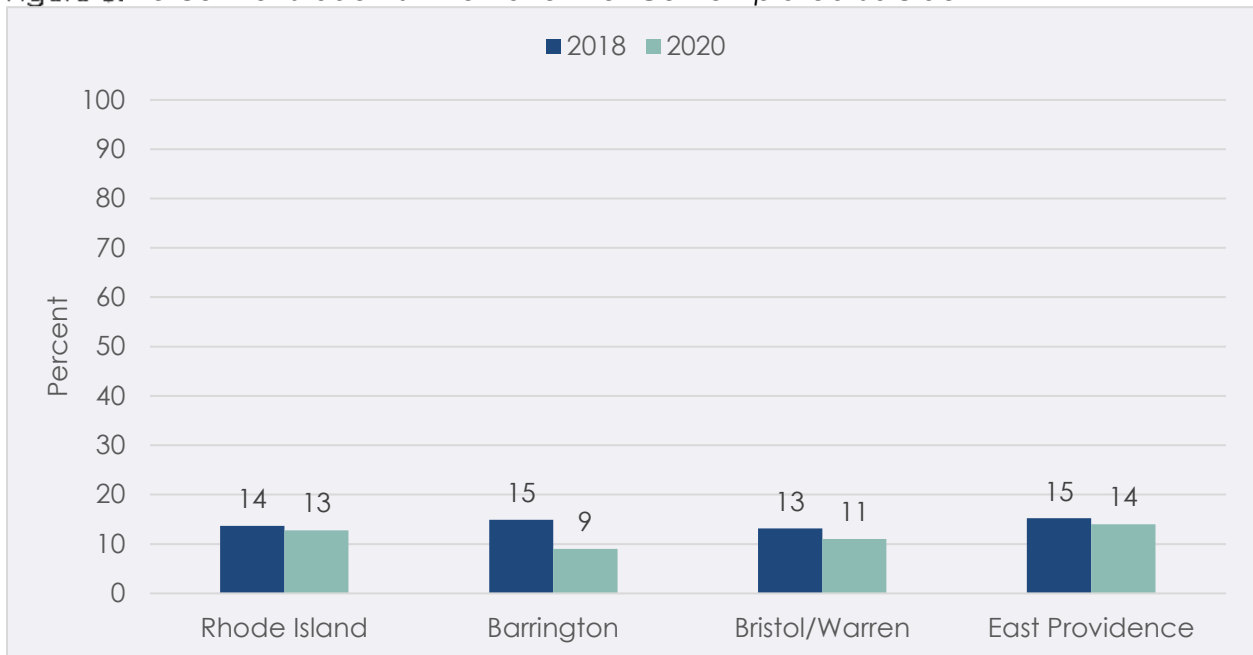
Figure 4. Students Reports of Having Felt Sad or Hopeless, in the Past 12-Months



Source: Survey Works, Spring 2017-Spring 2021 Results

Although the percentage of students who reported ever contemplating suicide decreased gradually between 2018 and 2020, the overall numbers remain concerning. For example, in Barrington in 2020, 151 students contemplated suicide and 44 students made an attempt. In Bristol/Warren during 2020, 65 students contemplated suicide and 17 students made an attempt. In East Providence, 183 students contemplated suicide, and 80 students reported making an attempt.

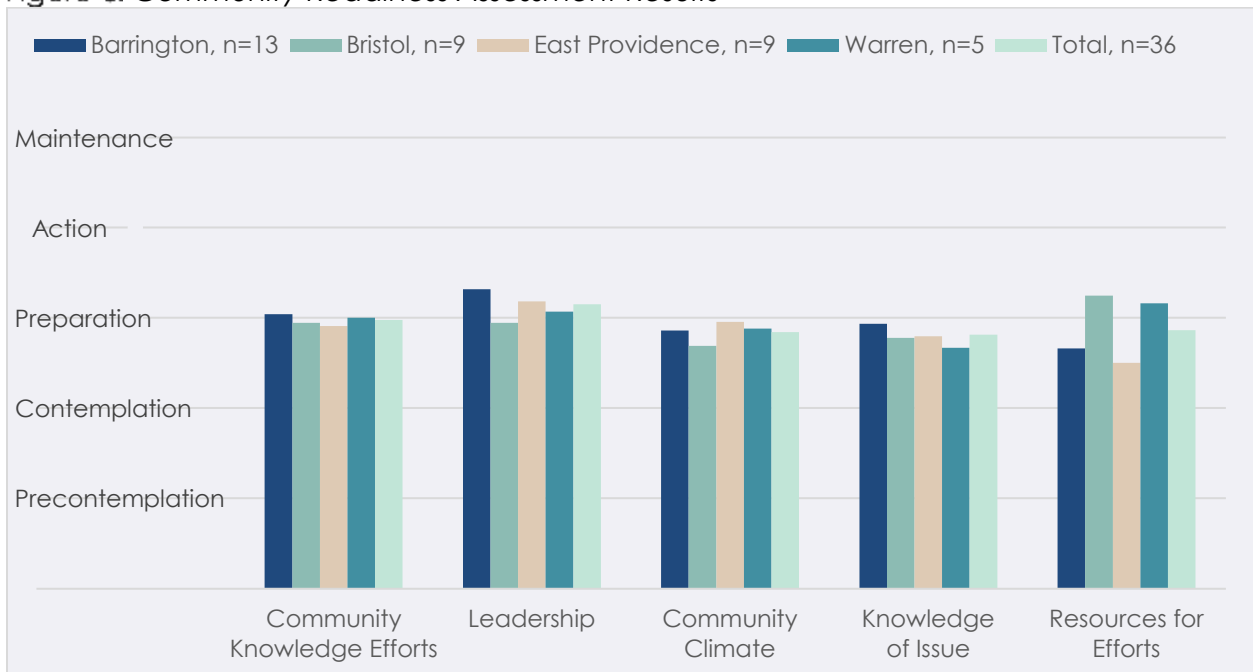
Figure 5. Percent of Students who have Ever Contemplated Suicide



Source: Rhode Island Student Survey, 2018 and 2020

Data for the community readiness assessment indicated that all four communities in Region 5 are essentially at the same levels of readiness related to: community knowledge efforts, leadership, community climate, knowledge of issues, and resources for efforts, with all communities being at the preparation stage. The results suggest that efforts related to increasing community or coalition capacity could be done at either the community or regional level.

Figure 6. Community Readiness Assessment Results



Sub-Populations

Several sub-populations were targeted for additional information and input during the needs assessment and strategic planning processes. The region used focus groups and key informant interviews to gain additional information from impoverished community members, from marginalized groups, and specifically people who “feel left out”, from the LGBTQ population, and from the Portuguese population. The qualitative data gathered from these individuals and groups was used to supplement existing data, and identify special needs within the communities.

Priority Problem & Consequences

Each community coalition met independently to review their community-level data during a “prioritization meeting.” Data reviewed during these meetings included: demographics; Past 30-day use of alcohol, marijuana, and vaping; naloxone distribution and EMS overdose transports; 12-month prevalence of feeling very sad or hopeless; % students who ever contemplated suicide; qualitative data review; community readiness assessment results; and skills inventory results. After data were reviewed, coalition members were asked to rank the problem severity (low, medium, high) for the following: alcohol, marijuana, vaping, opiates, prescription pills, mental health, and suicide. Problem severity rankings were given for frequency of occurrence, consequences observed in the community, and risk and protective factors in each domain: community, family, school, and peer/individual. Once the problem severity rankings were reviewed and discussed, the coalition members cast a final vote for their selected priority problem. Each community was able to achieve consensus on their priority problem selection. The same process was used for the R5 Regional Coalition to identify the overall priority problem selection.

Problem Description

The above-mentioned process resulted in the following severity selections, and risk and protective factor identification.

Table 3. R5 East Bay Prioritization Selections

Community	Alcohol	Marijuana	Vaping	Opiates	Pills	MH	Suicide
Frequency							
Barrington							
Low					X		
Medium				X			X
High	X	X	X			X	
Bristol							
Low					X		
Medium				X			X
High	X	X	X			X	
East Providence							
Low					X		
Medium				X			X
High	X	X	X			X	
Warren							

Community	Alcohol	Marijuana	Vaping	Opiates	Pills	MH	Suicide
Low					X		
Medium				X			
High	X	X	X			X	X
Consequences							
Barrington							
Low				X	X		
Medium	X	X					
High			X			X	X
Bristol							
Low				X			
Medium	X				X		
High		X	X			X	X
East Providence							
Low				X	X		
Medium	X						
High		X	X			X	X
Warren							
Low				X	X		
Medium	X	X					
High			X			X	X

Rationale for Selection

Each community coalition member carefully reviewed data for problem frequency, problem consequences, and the risk and protective factors in each community. After group discussion, members were asked to vote on the priority topic the coalition should focus on with its strategic work plan. The following selections were made by each community:

Barrington: Mental Health

Coalition members engaged in lively discussion about the data, and the pros and cons for choosing among alcohol, marijuana, vaping, or mental health for their priority problem. Ultimately, the group chose to focus on mental health because they believe that most substance misuse stems from issues related to mental health and coping skills. There was widespread agreement that it was difficult to identify one specific priority problem and that alcohol has always been one of the top problems and still needs to be addressed.

Bristol: Marijuana

Coalition members were equally divided between marijuana and vaping for their priority problem selection, and felt that both problem areas were serious and inter-connected. Vaping among youth is widespread, vaping devices are used for marijuana use, marijuana use is widespread and use just became legalized. Ultimately, the coalition decided to focus on marijuana due to the impacts of legalization. There was recognition that much work needs to be done with respect to education, and messaging.

East Providence: Mental Health

Coalition members felt strongly about addressing both vaping as well as mental health, and believe they can develop plans to address both issues. Mental health was ultimately selected as the priority problem because youth frequently tell adults that they don't want to be "preached to" about substance use and that adults approach underage use "all wrong." Coalition members stated they have been asked repeatedly to help youth with their mental health, and by working on mental health, issues related to substance misuse would improve.

Warren: Vaping

Coalition members actively discussed the merits of choosing marijuana, vaping, or suicide as their priority problem. Through group discussion, they ultimately decided they could successfully work on vaping by focusing on education, policy development, and programming related to vaping cessation. The coalition believes they are making inroads to addressing vaping among youth and want to continue those efforts.

R5 Region: Mental Health

The regional coalition met after all the individual communities completed their prioritization meetings. The R5 coalition reviewed all the quantitative and qualitative data, the risk and protective factors for each community, and the individual community priority problem selections. After the review was complete, the coalition discussed commonalities across the four communities, as well as regional supports. The following information was gleaned from this discussion:

Table 4. R5 East Bay Regional & Municipal Commonalities & Supports

Commonalities	Regional Supports
<ul style="list-style-type: none"> • All communities have teens, and all communities have problems • All communities struggle with family support issues • Rhode Island is a small state, and there are opportunities to improve and leverage networking • There are opportunities to improve collaboration among the communities • Communities share the same traditions like: church feasts, holidays, Fourth of July, community events • There is a lack of diversity that can leave some people feeling like outsiders • There is a strong sense of community • All four communities have strong ties to the water and the fishing industry 	<ul style="list-style-type: none"> • We have an opportunity to use the region for capacity building, messaging, and policy development • The regional coalition can support advocacy and training • The regional coalition can support Trauma informed approaches and restorative justice • Each municipality can bring its "bests" forward to share with the region (i.e., same presenter at all assemblies in the region, supply purchasing, bulk buying for messaging, etc.) • Communities can work together on team-building activities and communication • Communities can share events and use cross-community promotion to support each other

Impact of Consequences

All four communities felt the impact of consequences related to mental health/suicide, alcohol, vaping, and marijuana use most acutely. Many coalition members acknowledged that the ultimate consequence was a completed suicide, and that all

suicide attempts constituted some of the most serious consequences facing youth. Coalition members were also aware of the significant impact the COVID-19 pandemic had, and continues to have, on the mental health status of all community members, and youth in particular. The pandemic brought out serious consequences related to health disparities, and impacts on vulnerable populations.

Ultimately, the region was able to acknowledge that most behaviors are impacted by each person's individual mental health status, and by focusing on improving overall mental health, consequences could be reduced for a host of other issues.

There is also widespread concern about the consequences related to vaping among youth, and marijuana use, particularly related to Rhode Island legalizing marijuana use for those over age 21. Vaping is widespread among school youth, and has a significant, negative impact on functioning when vaping devices "die", are empty, get lost, or result in academic consequences. Marijuana is already perceived as widely available, and people do not believe there are negative consequences related to youth. Considerable work needs to be done to address messaging around underage marijuana use, and the consequences use has on adolescent brain development.

Stakeholder Engagement from Vulnerable Populations

The region and each community used a different approach to engage vulnerable populations in the problem prioritization process. For example, one of the regional approaches included asking each community to identify Portuguese community members, senior citizens, and members of the LGBTQ community. Individuals from each of these groups was then recruited to participate in focus groups, key informant interviews, and asked to participate in the Community Readiness Survey. In addition, Barrington targeted caregivers of youth who were struggling in general, as well as youth with learning disabilities, and mental illness.

The Bristol coalition asked members of the prevention community, educators, law enforcement, EMS services, faith-based community, and public health representatives to meet to discuss priority problem selection. The coalition sought to include people who live in Bristol and who know and understand the disparate populations who reside in the community.

The East Providence coalition gathered feedback from multiple groups to help understand the various sub-populations in the community. For example, the coalition utilized feedback from youth, the coalition youth group, parents, and administrators within the East Providence School Department. They also gathered input from the East Providence Youth Council subcommittees: the LGBTQIA+ committee, the Positive Mental Health committee, and the Female Empowerment committee. Coalition members also attend various community events in order to solicit information and feedback from community members. Finally, coalition members gathered information from the Rhode Island Student Survey and the East Providence HEZ workgroup focusing on behavioral health.

The Warren coalition engaged vulnerable populations in helping to make their priority problem selection by involving the Warren School Department. School personnel were

asked to help identify students of all economic and ethnic backgrounds who are confronted by family issues.

Risk & Protective Factors

Each community was asked to identify priority risk and protective factors by domain that are of interest or concern. The following table shows the results of that discussion.

Table 5. R5 East Bay Identified Risk & Protective Factors

Community	Community Risk & Protection	Family Risk & Protection	School Risk & Protection	Individual Risk & Protection
Barrington	<ul style="list-style-type: none"> - Low community attachment - Community disunity, unsettled - Perceived availability of drugs - Economic disadvantage - Competitive community - Opportunities for prosocial involvement - Exposure to EBP and strategies 	<ul style="list-style-type: none"> - Favorable parental attitudes towards problem behavior - Excess of unsupervised time; poor family monitoring - Financial demands - Access to opportunities & family resources 	<ul style="list-style-type: none"> - Infrastructure & policies for health and wellness 	
Bristol	<ul style="list-style-type: none"> - Laws & norms favorable to use 	<ul style="list-style-type: none"> - Favorable parental attitudes towards problem behavior 	<ul style="list-style-type: none"> - Low commitment to school 	<ul style="list-style-type: none"> - Lack of emotional control
East Providence	<ul style="list-style-type: none"> - Laws & norms favorable to drug use - Perceived availability of drugs - Opportunities for prosocial community involvement 	<ul style="list-style-type: none"> - Poor family management & discipline - Family conflict - Attachment and bonding to family 	<ul style="list-style-type: none"> - Academic failure or low achievement - Low commitment to school - Bullying - Administrative changes, need ore support 	<ul style="list-style-type: none"> - Early initiation of problem behavior - Favorable attitudes towards problem behavior - Friends engage in problem behavior - Rewards for antisocial involvement - Emotional control - Interaction with prosocial peers
Warren	<ul style="list-style-type: none"> - Laws & norms favorable to use - Economic disadvantage 	<ul style="list-style-type: none"> - Poor family management & discipline - Family conflict - Family history of antisocial behavior - Favorable parental attitudes toward problem behavior 		<ul style="list-style-type: none"> - Impulsiveness - Favorable attitudes towards problem behavior - Sensation seeking

As the table shows, each community identified laws and norms favorable to use as a significant risk factor. Communities also identified favorable parental attitudes towards

use, issues related to family management and family conflict, school policy issues, and general school attachment issues, and lack of emotional control and poor impulse control as other areas of concern. Although the reasons are different, several communities discussed economic disadvantage. This disadvantage may be related to poverty, financial impacts from the pandemic, or the work demands associated with being able to afford to live in an affluent community. Some communities identified their populations as “transient” and having lower levels of commitment because people move to a particular community so their children can attend those schools, and then leave when the children complete school. Parents are willing to work multiple jobs and suffer financially in order to give their children educational opportunities within a specific community.

Other communities described challenging or negative school environments where youth have a low attachment to school and their education. Others described school departments that are administratively in transition, or caught up in a negative cultural environment that is stressful on both school personnel as well as students.

Quantitative & Qualitative Data Used to Support Selection

As mentioned earlier, the R5 Regional Needs Assessment relied on data gathered from a variety of sources. The needs assessment includes qualitative data from key informant interviews and focus groups with parents and youth in each community. The quantitative data includes primary data collected on the skills and readiness assessments, as well as social indicator data gathered from a variety of data archives, published documents, and secondary youth survey data. For example, social indicator data were gathered from the US Census, the National Survey on Drug Use and Health, Youth Risk Behavior Survey, and Rhode Island Student Survey.

Community Comparison to State

When compared to the state as a whole, there were mixed results by community. For example, Barrington experienced higher rates of past 30-day alcohol use (24.6%) than Rhode Island (16.7%), but Bristol/Warren (16.3%), and East Providence (16.2%) experienced slightly lower rates. On the other hand, Rhode Island's past 30-day use of marijuana rate was 17.2%, and all four communities in Region 5 showed higher rates with Barrington at 25.4%, Bristol/Warren at 20.6%, and East Providence at 22.7% indicating more favorable attitudes towards marijuana use. Rates related to vaping were mixed. Rhode Island's rate was 15.2%, while Barrington had a rate of 19.4%, Bristol/Warren had 16.0%, and East Providence had 14.2%. Although there are some differences, the overall rates of substance use in Region 5 do not differ dramatically from Rhode Island as a whole.

Considerations in Risk & Protective Factor Selection

Prioritization meetings at the community and regional level were used for in-depth discussions of risk and protective factors. These conversations were productive and yielded the most significant differences among the Region 5 communities, particularly among risk factors. For example, Barrington identified risk factors in the community domain as most concerning: low community attachment, community disorganization, community transitions, laws and norms favorable to use, availability of alcohol and other drugs, economic disadvantage, and the highly competitive environment.

Bristol viewed risk factors as equally spread across community, family, school, and individual domains. They were particularly concerned about: laws and norms favorable to substance use; favorable parental attitudes towards substance use; low commitment to school, and impulsive behavior and lack of emotional control among students.

East Providence identified risk factors related to school, the individual, and family as primary areas for concern. In particular, they were concerned about: academic failure and low achievement, low commitment to school, bullying, early initiation of problem behavior, favorable attitudes towards problem behaviors, having friends who engage in problem behaviors, rewards for antisocial behavior/involvement, poor family management, and family conflict as risk factors of concern.

Warren was particularly concerned about risk factors in the family domain. They indicated concern with: poor family management and discipline, family conflict, family history of antisocial behavior, and parental attitudes favorable towards substance use and antisocial behavior.

Although each community identified protective factors, they did not seem to be focused on as intently as the risk factors. Each community was able to identify opportunities for prosocial involvement whether through the community, family, or school but acknowledged that the opportunities for involvement were not equal among everyone in the community.

Risk & Protective Factors Among Sub-Populations

Several risk factors were of concern among the sub-populations mentioned above. Although the concerns do not fit neatly into the model they do fit within the community, family, school, and individual domains. For example, there was wide concern among the communities regarding mental health, and how difficult it is among some ethnic cultures to acknowledge that mental health challenges exist and that there are people struggling with negative feelings and depression. All the subgroups also discussed how a lot of alcohol and other drug use is for self-medicating negative feelings whether that be related to stress, depression, anxiety, feeling left-out, feeling different, or to address fears.

Assessment of Community Capacity

Resources Available in the Region

The R5 region has system-wide supports available that leverage the commonalities across communities. For example, the R5 region identifies itself as a group of communities heavily involved in both water and fishing industries fostering a strong sense of community. This may be best exemplified by communities sharing the same traditions like church feasts, holidays, community events, and much support and enthusiasm around Fourth of July events. The strong sense of community helps facilitate collaboration between communities, and the fact that Rhode Island is a small state affords plenty of opportunities to improve and leverage networking opportunities.

Regional-specific supports include opportunities to engage in joint capacity-building, messaging, and policy work. The communities are able to work together on advocacy training initiatives, capacity building around trauma informed approaches and

restorative justice topics. The region uses a “municipal bests” approach, where each community brings the best it has to offer forward to the region so they can all enjoy collaboration and resource sharing (i.e., sharing presenters and presentations across communities, supply purchasing, bulk buying for messaging.) The strong community ties also facilitate team building activities, communication skills, shared events, and cross-community promotion.

Each community, and the region as a whole, attempts to populate their coalitions with membership that represents all sectors within the community. While this is the ideal, maintaining equal representation is challenging for most coalitions. Like many coalitions, membership and support ebbs and flows with community conditions. In times of crisis or after a tragic event, interest and participation from across the community increases, and unfortunately, when everything is going well interest and participation tends to decrease. Each coalition takes advantage of creating sub-committees and specific working groups to tackle the coalition's business. For example, use of membership, youth, by-laws, fundraising, and training committees and workgroups is common practice.

Availability of resources, particularly financial resources, varies across the R5 communities. Some communities have access to non-RPTF funding, including community financial support and grant funding, while others do not. The imbalance is noticeable in the impact it has on opportunities to offer specialized programming. Warren and East Providence each have a Drug Free communities grant. All four municipal coalitions receive in-kind support from their municipalities in the forms of office and meeting spaces, technology, including use of server, software, and IT support, human resources, and fiscal processing of invoices.

The R5 communities are able to collect, analyze, and report data at the local level, and routinely present data at their meetings. The data on community trends, substance misuse, and funding levels is used to facilitate planning and highlight areas where adjustments may be needed. This is particularly helpful for identifying subpopulations that may be in need of special services or outreach efforts (i.e., athletes, LGBTQ+, Portuguese population.)

Sustainability

How Will Sustainability be Addressed

The R5 region exists as a direct result of RPTF funding, however, the regional office strives to be thoughtful about the regional structure and the ways this structure can be beneficial to the local communities as well as the region as a whole. Therefore, the SPF process is a significant part of this structure, and one of the main goals is to build enough capacity within the local coalitions so they would have the capacity to be sustained if RPTF funding were to end. Strides towards self-sufficiency include supporting the local coalitions by anticipating and recognizing their needs, by providing trainings and other resources that meet those needs, providing bulk purchasing and implementation options, being a conduit to share and grow ideas and activities across coalitions, implementing regional campaigns and activities that are data-driven, and provide good models for following the SPF process, and providing oversight and mentorship.

Each community within Region 5 has different approaches for sustaining the SPF process after RIPTF funding ends. For example, the coalition in Barrington has ingrained the SPF process in their coalition meetings. They accomplish this by actively seeking out the most current data on substance use and behavioral health trends and presenting the data at coalition meetings. The data is reviewed and subsequently used to identify where adjustments are needed to existing plans, and where to focus efforts on capacity building. Finally, the data are used in grant applications to help sustain efforts and procure additional resources to meet newly identified needs.

Bristol addresses sustainability by making careful choices in program selection. They attempt to implement programs that can be both customizable as well as re-usable. This strategy is also used for infrastructure development. The coalition actively develops its own trainings and community presentations as a way to facilitate sustainable programming.

East Providence is in a slightly different position in that they are currently in Year 2 of their DFC funding. The coalition intends to apply for Years 6-10 funding in 2025. There are also plans to apply for STOP/CARA grants related to their DFC funding. Other efforts are focused on securing line-item funding for the coalition under the City of East Providence's budget, developing a fundraising subcommittee on the coalition, and working towards securing the prevention portion of the Opioid Settlement funding.

Warren intends to sustain the SPF process by working with their local community partners. They currently have DFC and STOP Act funding as part of their program portfolio. The coalition intends to engage in fundraising activities, approaching local businesses for both In-Kind and cash donations, as well as applying for community grants.

Use of Population-Level Data to Establish Priorities

The regional coalition actively uses population-level data to help establish priorities as evidenced by the needs assessment process as well as the community and regional-level prioritization meetings. Each community coalition engaged with their local data to identify needs at the community level, and then came together as a region to identify an overall approach for meeting everyone's needs. Although everyone agreed that mental health is a top concern, the communities also recognized that they had unique needs that need to be met.

Consequence, Consumption & Risk & Protective Factor Use in Strategy Selection

As described above, each community and the region as a whole reviewed data related to substance use and behavioral health. Coalition members were then asked to identify specific consequences and consumption patterns in their community, as well as to identify specific risk and protective factors of concern, and assign a level of problem severity to those categories. The information from consequences, consumption, and risk and protective factors was then summarized in a table, and coalition members were asked to identify their primary area of concern. Once the area of concern was identified, a thorough search was conducted of existing evidence-based programs and strategies that aligned with the community risk and protective factor profile. Each community was asked to select strategies that aligned with their needs and available resources. These strategies will be outlined in the Planning section of this document.

Capacity Building

Training & Capacity Building Initiatives

The R5 regional office supports professional development of all staff related to its regional and local coalitions. Since the last strategic plan, all of the region's coalition coordinators have become or maintained prevention certification. This is accomplished by the R5 regional coalition relaying training opportunities, funding trainings like CADCA, NPN, etc., and accessing technical assistance and training through RIPRC. A recent example is a multi-session social media training that JSI hosted that was enjoyed by all regional and local prevention staff. The region also initiated a rigorous sector development plan by evaluating sector representation at each coalition over a years' time, and using that information to create sector recruitment plans for each coalition, and addressing progress and gaps on the plans through quarterly assessments and meetings.

Each of the R5 communities engages in individual as well as joint training and capacity building initiatives. For example, efforts were instituted to develop a sector building plan to target coalition recruitment efforts and deepen and broaden needed sectors. Recruitment and relationship-building with city leadership and community sectors are standing agenda items for monthly meetings. In addition, coalition members across the region attend events like the CADCA Forum and Mid-Year training, the National Coalition Academy, the NE Institute of Addiction & Prevention Studies Summer School, SAPTS trainings, along with various trainings in specific substances, strategies and interventions, development, youth engagement, TIPS trainings, and public presentations. Training related to cultural competency is expected and opportunities are disseminated to each coalition as they become available and integrated with presentations made to the regional coalition at monthly meetings. In addition, through monthly meetings of the municipal coordinators needs are discussed and resources provided.

Partnerships

Each community, and the R5 region as a whole enjoys diverse partnerships with other community organizations. Without these partnerships, it would be almost impossible to address priority problems or to deliver evidence-based programs. There are a few partners that engage at the regional level: CODAC, other RI regional coalitions and directors, REST, AFSP, NAMI RI, SUMHLC, state legislators, and BH Link. Some of the other partnerships include engagement with the following groups or organizations:

- Bayside Family YMCA
- Newman YMCA
- School districts and school committees in each community
- Health and Wellness Committee
- Town or City Councils
- Public safety
- Senior Centers
- Recreation Departments
- Arts Alive!
- Faith-based Community and places of worship
- Food pantries
- Business association

- Liquor retailers
- HEZ
- East Bay Recovery Center
- Community libraries
- East Providence Junior Townies
- Boys and Girls Club
- Bradley Hospital
- East Bay Community Action Program
- East Bay Center
- Chamber of Commerce, Rotary, Elks, and Lions Clubs
- STAAND
- Youth Driven
- MADD RI
- Tobacco Free RI

Gaps in Resources

There are several resource gaps at the regional level. A significant gap faced by the region is the lack of a regional website that could go beyond what is available through www.riprevention.org. A regional website would provide the coalition with one location to house all its program information and make that information more readily available to all four communities. Other regional resource gaps include a lack of funding to implement marijuana-specific strategies, coalition coordinator funding at a level to ensure sustainability of the local coalitions who do not have other funding sources, and qualified candidates for new work.

Each community in the R5 region identified resource gaps with varying ability levels to address them. For example, most coalitions indicated that they are missing representation for community sectors that are important to their efforts such as public safety and the business community. Other communities identified a lack of youth treatment services and resources for youth, particularly cessation services. They also indicated that if a service is available, there is often a long waitlist for access. Other communities identified gaps in food programs and gaps in financial support for youth activities and incentives.

Community Readiness Assessment

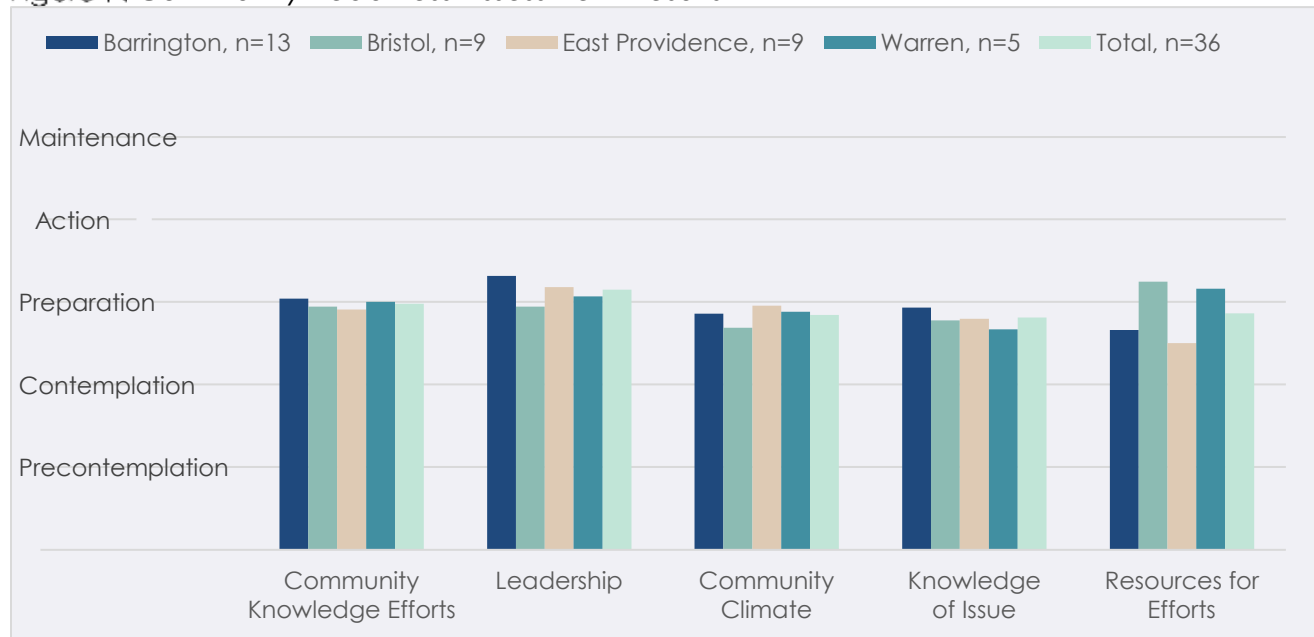
All four R5 coalitions completed a Community Readiness and Capacity survey in April, 2022. This online survey asked questions related to:

- Community sector representation
- Community perception of substance misuse
- Community awareness of substance misuse prevention, prevention efforts, and effectiveness of prevention efforts
- Perception of concern among community leadership related to substance misuse and prevention efforts
- Community support for prevention efforts
- Community awareness of signs and symptoms of substance misuse, and effects of substance misuse on the individual, family, and community

- Efforts by the community to participate, financially support, and assist prevention coalitions
- Community leadership

The questions grouped into five separate scales: Community Knowledge and Efforts, Leadership, Community Climate, Knowledge of Issues, and Resources for Efforts. As shown in the following figure, the survey results were strikingly similar across communities. The scale scores for each community placed all of them in the Preparation stage suggesting that efforts related to community and coalition capacity could be addressed at the community level.

Figure 7. Community Readiness Assessment Results



Communication Strategy for Mobilization & Capacity Building

The R5 coalitions and communities use a variety of strategies to communicate with their communities to both mobilize and engage people. The R5 regional coalition has an organized regional youth council that is comprised of youth from each community. This council provides robust youth representation beyond what could ever be achieved by having a representative on each coalition. The youth council plays a key role in helping to mobilize efforts, as well as developing youth capacity across the region.

Each coalition identifies their specific needs, and creates various workgroups to develop strategies for reaching particular community segments. For example, East Providence Youth Committee is designed to both communicate with and mobilize youth in the city. Barrington places special emphasis on reaching out to elderly community members to engage them on the coalition and provide programming to directly meet their needs.

All R5 coalitions provide open meetings and actively invite the community to participate. Social media such as Facebook postings are used to help get information out to the community. East Providence also hosts a Coffee & Connections community coffee hour

as a way to communicate important issues to community members. Other communication channels include funneling information through the HEZ's, community recreation departments, public safety offices, and at public and community events.

Coalition Sub-Population Engagement

The R5 communities seek to engage with a number of different sub-populations, including:

- Youth
- Elderly
- Single parents
- Grandparents
- LGBTQ+
- Special Services students
- College students
- Portuguese

The coalitions form special “youth serving” groups and committees, and invite younger community members to participate on the coalitions. Likewise, coalitions reach-out to elderly community members and grandparents through senior centers and housing authorities to gain their perspective and prevention needs. Other high-risk groups including the LGBTQ+, special service students, and college students are targeted for specific prevention services. Whenever possible, materials are translated into Portuguese and representation of the Portuguese community on the coalitions is a priority.

Planning

Decision-Making Process

Each R5 community coalition, and the R5 regional coalition held separate prioritization meetings to review data, consumption patterns, consequences, and risk and protective factors. Following this review, coalition members engaged in active discussion to identify a priority problem they wanted to focus on for the next 5-year planning cycle. Minutes from each meeting can be found in Appendix I.

Goal & Objectives

The goal statement addresses the long-term impact the R5 Region wants to see, such as a reduction in the percentage of people who report having felt very sad or hopeless. Objectives address areas of concern related to this goal and stipulate what each community and the region as a whole will do to reach the goal. A clear and articulate goal and objectives form the road map each community needs to identify appropriate and effective activities to facilitate the intended change.

Table 6. R5 East Bay Goals & Objectives

Goal and Objectives	
Goal	Support mental health wellness in order to reduce substance misuse and promote healthy lifestyles by 2027.
Objective 1:	Engage and train community partners in mental health awareness and support.

Objective 2:	Educate and prevent youth from using marijuana in any form and reduce availability of marijuana to youth by 2027.
Objective 3:	Reduce youth vaping by 2% by 2027.
Objective 4:	Provide tobacco retail education to 100% of tobacco vendors by 2027.
Objective 5:	Reduce underage drinking by 2% by 2027.
Objective 6:	Support youth and workforce development by 2027.
Objective 7:	Reduce the potential for opiate and prescription drug misuse by 2027.

Selected Strategies

The strategies outlined in this section represent the best fit for Region 5 based on data collected during the needs assessment, resources, assets and the results from the strategic planning process. Each strategy is briefly outlined and includes a program description and an explanation for why the strategy is a good fit for the Region.

The strategies selected for Objective 1 clearly and directly support improving overall wellness and mental health and behavior health. The region also anticipates that improvements in overall wellness, mental health, and behavioral health will result in reduced substance use as substances are often used as a means for coping with mental health challenges.

Next to several strategies, there will be a community listed with an asterisk (*) next to its name. The asterisk indicates the community has selected this strategy for evaluation by the state.

Objective 1	<i>Engage and train community partners in mental health awareness and support.</i>
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Strategy 1: Wellness Activities – R5 Region

Program Description

The R5 region is considering a variety of programs and strategies that will support general community wellness. Examples of potential activities that may be implemented include Campaign to Change Direction, Prime for Life, Walk With Ease, It's Time We Talk which includes a variety of program like QPR, and Mental Health First Aid, InSHAPE, Stronger Together, and community building activities.

Local Conditions Addressed by this Strategy

The wellness activities are designed to address broad community conditions like general wellness, and also offer training activities to the community to address mental health issues.

Fit, Feasibility, Adaptations

The wellness activities are designed to be highly flexible so programming can reflect funding levels and individual community needs.

Strategy 2: Classroom WISE - Barrington

Program Description

Classroom WISE is a free 3-part training package that assists K-12 grade educators and school staff in supporting the mental health of students in the classroom. The program was developed by the Mental Health Technology Transfer Center network in partnership with the National Center for School Mental Health. The program offers evidence-based strategies and skills to engage and support students who are experiencing adversity and distress.

[Local Conditions Addressed by this Strategy](#)

Classroom WISE is a free, self-guided online course focused on educator mental health literacy. It is part of a broader strategy to increase awareness and discussions about mental health, and to make it easier for people who need assistance to get help. Population level changes associated with this program will depend heavily on the extent to which the program is implemented. While the program is free, the cost is assessed in terms of time taken to implement during the school day. There may be competing interests which could impact ongoing sustainability.

[Fit, Feasibility, and Adaptations](#)

Classroom WISE is a free, self-guided online course making it cost effective and widely available. Although it is focused on educators, it will be made available to other youth workers such as church youth groups, sports clubs, YMCAs, and other youth serving organizations.

Strategy 3: Well “Me’ing” – East Providence

[Program Description](#)

The Well Me’ing program is a training program for everyone at all ages. Trainings are offered for the following age groups: 2-4, 5-8, 9-11, 11-17, and 18 and older. The program’s vision is to help learners understand, communicate, and then be more in control of their emotions. The program uses downloadable animations, worksheets, and e-books or booklets to teach about wellbeing and helping people take personal ownership of their feelings and wellbeing.

[Local Conditions Addressed by this Strategy](#)

The Well Me’ing program offers a low-cost strategy to reach people across the lifespan and teach self-empowering ways to improve mental health. It is another option for increasing discussion around behavioral health and personal wellbeing. Population level changes associated with this program depend on the extent to which the program is implemented and how many age groups the program is offered. The program is low cost, but still requires funding in order to sustain education efforts.

[Fit, Feasibility, and Adaptations](#)

There are program components to fit almost all age groups, and each animation or module is highly adaptable for each learner’s personal situation. The program offers a non-threatening way to learn about self-awareness and self-care.

Strategy 4: Stress Reduction Kits – East Providence

[Program Description](#)

The Stress Reduction Kits consist of a variety of strategies that can be used to address stress. For example, The Science of Stress Relief Kit includes: Good Morning Yoga, Breathe Like a Bear, Kids Learn to Crochet, Mindfulness Activity Cards, Movement Activity Cards, Creation Activity Cards, a journal, feathers, thinking putty, a jump rope, and crochet

materials. The purpose is to provide numerous strategies for reducing stress that can be used in a variety of settings.

Local Conditions Addressed by this Strategy

Stress Reduction Kits can be personalized to meet the needs of a variety of populations. The purpose is to teach simple and easy-to-use strategies anyone can employ to help manage the stress in their lives, and improve mental wellbeing. Achieving population level change with these kits depends on the number of kits distributed, and whether people who receive the kits share their knowledge with people they are close to. Sustainability depends on the availability of materials and availability of personnel to distribute those materials at community events, etc.

Fit, Feasibility, and Adaptations

The program is a good fit because it offers a multitude of ways to reduce stress for people across the lifespan. The kits are highly adaptable, and empower people to take steps to improve their wellbeing.

Strategy 5: Project Amp – East Providence

Program Description

Project Amp is a youth-driven substance use prevention and early intervention program that draws on the power of near-age, young adult peer mentors to deliver youth-centered, strengths-based prevention and early intervention to adolescents over 4-6 sessions. The curriculum integrates established evidence-based practices, such as motivational interviewing, peer support, and positive youth development. Participants are given an opportunity to explore their interests, strengths, goals, social and community supports, as well as their perceptions about physical and mental well-being, substance use, stress, and related risks.

Local Conditions Addressed by this Strategy

Project Amp provides an opportunity for youth to help and support each other through the challenges of adolescence. Youth often find it easier to relate to each other than to adults, and this program provides education and support to enhance their ability to help each other. Achieving population level changes with this program depends on the number of students who choose to engage in the program. The program has the potential for sustainability because it is peer driven, and there is potential for youth to continue modeling the positive skills they learned long after participation in the program ends.

Fit, Feasibility, and Adaptations

Project Amp's curriculum is racially equitable, culturally responsive, flexible to youth preferences, and adaptable to suit the needs of different communities and different organizations implementing the program.

Strategy 6: LifeSkills Training – East Providence*

Program Description

LifeSkills Training is a three-year universal substance abuse and violence prevention program designed to be implemented with elementary students to extend the reach of PFS funding which has already implemented LifeSkills in East Providence's middle and high school students. LifeSkills Training consists of 15 core sessions in Level 1, 10 booster sessions in Level 2, and 5 booster sessions in Level 3. Additional violence prevention

lessons are also available for each level. The units are taught sequentially and delivered primarily by classroom teachers or other program leaders. LifeSkills Training provides youth with training in personal self-management, social skills, and resistance skills specifically related to drug use. Skills are taught using instruction, demonstration, feedback, reinforcement, and practice.

Local Conditions Addressed by this Strategy

The LifeSkills Training program addresses local conditions related to substance use, including tobacco, alcohol, marijuana, polydrug use, and illicit drug use, as well as risky behaviors related to risky driving, violence, and delinquency. Achieving population level changes depends on the extent to which the program is delivered in classrooms, and whether classroom participation continues for the duration of the program. While it is relatively easy to build these types of programs into school infrastructure, many schools have competing demands for both students and teachers time making it difficult to assess long-term sustainability.

Fit, Feasibility, and Adaptations

LifeSkills Training is a good fit for schools and other organizations that want to incorporate substance use and violence prevention into their health curriculum. It has shown positive short and long-term outcomes that can help increase life skills knowledge, substance use knowledge, and perceived adult substance use. Considerable groundwork has already been made with this school district through the PFS grant, so extending it to the lower grades, not covered by PFS funding, is a good fit.

Strategy 7: Peer Mediation – East Providence

Program Description

Peer Mediation is a process to resolve conflicts between two or more people who are unable to solve their disagreement or conflict independently. The process relies on an impartial third party, the mediator, to help individuals use communication, negotiation, and problem-solving skills to resolve the differences between the parties, while reaching a mutually beneficial agreement. Mediation is always voluntary, and is based on the “win-win” approach where the negotiator attempts to find a solution to the conflict in which both parties obtain outcomes in line with their underlying interests.

Local Conditions Addressed by this Strategy

This program provides an opportunity to train students as well as others in the community to address conflicts that might arise between people. The program can result in improved communication skills, improved problem resolution skills, and reduced feelings of anger and stress. The program’s ability to impact community level changes depends on the level of youth participation, and whether youth continue to model the skills they learned after program participation ends. It is possible to maintain program sustainability if the program had advisory support and youth continue to express interest in participating.

Fit, Feasibility, and Adaptations

Peer mediation programs are widely useful, easy-to-implement, and highly adaptable to meet a variety of needs. Almost any problem situation can be tackled using a mediator resulting in reduced negativity and reduced conflicts.

Objective 2	<i>Educate and prevent youth from using marijuana in any form and</i>
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Strategy 1: Town Hall Meetings - Bristol

Program Description

Town Hall Meetings provide an opportunity to bring diverse community stakeholders together to confront an issue, in this case, the recent legalization of marijuana use, and the impact legalization has on the community. Town Hall Meetings help create communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health, reduce the likelihood of mental illness, and address issues like marijuana use.

Local Conditions Addressed by this Strategy

Rhode Island's recent legalization of marijuana use for people age 21 and older dramatically impacts how marijuana use is perceived, and how underage abuse is prevented. Unlike with other substances, simply being in the presence of marijuana smoke can lead to being "high." Town Hall Meetings offer a means to open up discussion among the community at-large on how to use marijuana safely while protecting underage people from unintended intoxication. Town Hall meetings have the potential to impact community level changes because they are designed to reach large portions of the population. Actual change depends on how community members feel about the topic of discussion and whether they have the motivation to act. These types of programs are highly sustainable because they only depend on the moderator's time and advertising costs.

Fit, Feasibility, and Adaptations

Town Hall meetings are easy to implement and provide a unique opportunity to educate the community about marijuana use. The topics can be varied to meet the needs of specific populations, and the format can be adapted to engage participants in the conversation and with helping develop strategies for keeping the community safe and healthy.

Strategy 2: Counter Marketing and Education Campaign – Bristol, Region

Program Description

The Town of Bristol, as well as the region, intends to use various media avenues to communicate information about marijuana legalization and to provide general education about marijuana use through community events. There are plans to provide information through social media and print ads to reach a wide segment of the population. Topics to be addressed may include: dangers and health risks associated with marijuana use, campaign to reject retail marijuana sales, and information on updating zoning and ordinances to include marijuana.

Local Conditions Addressed by this Strategy

The counter marketing and education strategy hopes to use low-cost strategies to broadly educate the community about marijuana use, and marijuana legalization. It also hopes to address the need to update local zoning and ordinances to include marijuana use. Counter marketing campaigns have the ability to impact community level changes because they are reaching broad segments of the population. It will be important to use appropriate media strategies for the age group being targeted as different segments of the population get their information in differing ways. Sustainability

depends on the format being used. Many social media strategies are free or low-cost while print media can be costly. In person dissemination of messaging will also be utilized, where possible.

[Fit, Feasibility, and Adaptations](#)

The strategy is easy to implement. Educational information can be communicated frequently, and changed often to meet the educational needs of the community.

Strategy 3: Marijuana Local Policy and Education Campaign – Bristol*, Region

[Program Description](#)

The R5 region, as well as the Town of Bristol intends to work with local government to address local marijuana policies, marijuana use, and marijuana legalization. Policy change is somewhat restricted by the state legislation and more information will be forthcoming as the state regulations are formalized. The coalitions will then be in position to address any allowable policy needs and to educate those impacted by any changes made.

[Local Conditions Addressed by this Strategy](#)

Policy change can be a low-cost means for making big impact on a community's health and safety. Providing education materials has the ability to impact population level changes if the people receiving those materials read them and choose to act on the information they received. Sustainability is contingent on formalizing the policy changes and following through with education and enforcement.

[Fit, Feasibility, and Adaptations](#)

The R5 region and the Town of Bristol have been building successful relationships with town administrators and policy makers for quite some time. There is ample opportunity to be involved as marijuana legalization unfolds and towns seek expert input.

Objective 3	Reduce youth vaping by 2% by 2027.
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Strategy 1: Vaping Education and Cessation Programs - Region

[Program Description](#)

The R5 region is intending to support vaping education and reduction programs. Catch My Breath, a peer-led, evidenced based vaping prevention program that empowers students with the knowledge and skills needed to make informed decisions about e-cigarettes and resist social pressures to vape, is an example of a potential program.

[Local Conditions Addressed by this Strategy](#)

Vaping is a serious and growing problem among school-aged youth. Vaping education and cessation programs are designed to provide support for students who want to quit vaping, prevent youth from starting vaping, and reduce the negative academic consequences associated with youth vaping at school.

[Fit, Feasibility, and Adaptations](#)

Vaping education and cessation programs can be implemented rather easily and some program materials are free. Most available vaping programs can be easily modified to work in a variety of settings like schools, clubs, senior centers, etc.

Strategy 2: Compliance Checks – Region, Warren*

Program Description

The Region as well as the Town of Warren will work with the town and the local police department to conduct vaping-related compliance checks at local gas stations and convenience stores to reduce underage sales of vaping materials.

Local Conditions Addressed by this Strategy

The intent of compliance checks is to reduce the number of vendors that illegally sell vaping products to underage customers. The goal is to reduce underage vaping. Population level changes related to reduced alcohol access depend on vendors doing their part to stop underage sales. The compliance checks are dependent upon funding to pay police personnel to complete these checks.

Fit, Feasibility, and Adaptations

Infrastructure already exists for conducting compliance checks related to tobacco products and alcohol. While adaptations need to be made, it should be relatively easy to include vaping products to these existing compliance checks.

Strategy 3: Vaping Disciplinary Policy – Warren, Region

Program Description

The R5 region and the Town of Warren intend to work with the local school departments to utilize model discipline policy for all schools to create consistency in how discipline is carried out for vaping at school and support less punitive, more restorative practices. Work on policies will be shared across communities and implemented in interested districts.

Local Conditions Addressed by this Strategy

Utilization of new vaping policies will establish a consistent response across schools related to vaping infractions. School personnel will know how to respond appropriately, and students will know the consequences related to vaping at school. Creating consistent and appropriate school policies related to vaping will provide a road map for how to address vaping issues within the school system. Once a policy is in place, sustainability depends upon the commitment of personnel to enforce the policy.

Fit, Feasibility, and Adaptations

This is a no-cost, low-cost solution to address inconsistencies in vaping policy.

Objective 4

Provide tobacco retail education to 100% of tobacco vendors by 2027.

Strategy 1: Tobacco Merchant Online Education - Region

Program Description

The Tobacco Merchant Online Education strategy will be led by the regional coalition's Youth Council, and is focused on educating retailers about underage tobacco use and sales.

Local Conditions Addressed by this Strategy

Education is key to reducing underage tobacco sales. This initiative will help facilitate a community-level reduction in youth tobacco use by reducing access to tobacco

products. That change can only be achieved if merchants agree to abide by the law. The issue with sustainability is not funding-related but rather related to whether merchants choose to engage.

[Fit, Feasibility, and Adaptations](#)

Online program modules have not been released yet, so it is difficult to determine the exact fit of this program or the potential for making adaptations. It offers vendors a flexible way to become better informed about issues related to underage tobacco sales. The program may be difficult to implement because there are no incentives or rewards for completing the program.

Strategy 2: Tobacco Merchant Education -T21 - Region

[Program Description](#)

The Tobacco Merchant Education T21 program is an education strategy that is offered twice yearly. This is an in-person activity that involves visits by the youth council.

[Local Conditions Addressed by this Strategy](#)

Education is key to reducing underage tobacco sales. This education activity is designed to facilitate a reduction in youth tobacco use by reducing access to tobacco products. That change can only be achieved if merchants agree to abide by the law. The issue with sustainability is not funding-related but rather related to whether merchants choose to engage.

[Fit, Feasibility, and Adaptations](#)

The T21 program includes materials for merchants including literature, tools like calculators, and certificates for passing compliance checks.

Objective 5	<i>Reduce underage drinking by 2% by 2027.</i>
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Strategy 1: Extend Partnerships for Success (PFS) – Region, Barrington*

[Program Description](#)

Currently, Barrington is not a PFS-funded community. There may be interest with the region to have the ability to support extending PFS programs into Barrington. A part of this strategy includes alcohol vendor compliance checks as a means for reducing underage access to alcohol. Barrington intends to have its compliance check program evaluated by the state.

[Local Conditions Addressed by this Strategy](#)

PFS evidence-based programs are focused on reducing underage alcohol consumption. The programs have the ability to achieve population-level changes if they are implemented across wide portions of the population and have broad participation. Most of the PFS programs require some type of funding for sustainability, either through a PFS grant, an extension, or another funding source.

[Fit, Feasibility, and Adaptations](#)

Underage alcohol consumption is always a concern within communities, but it is very difficult to address the issue without funding. There are many potential programs being implemented in the other R5 communities which could benefit youth in Barrington and reduce underage drinking.

Strategy 2: Support Alcohol Server Training - Region

[Program Description](#)

Alcohol server training helps ensure that youth are not served alcohol beverages, and it also helps reduce overserving those who are of legal drinking age. This strategy is covered by PFS in three of the R5 communities, but not Barrington.

[Local Conditions Addressed by this Strategy](#)

Alcohol server training helps reduce underage drinking and helps reduce public intoxication and driving under the influence.

[Fit, Feasibility, and Adaptations](#)

Alcohol server training can be delivered in many locations to fit the needs of alcohol-serving establishments. A commitment to training across the region ensures that all of the region's towns are supportive of highly trained server and sellers.

Objective 6	<i>Support youth and workforce development by 2027.</i>
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Strategy 1: Support Youth and Workforce Development Activities

[Program Description](#)

The R5 region intends to support youth and workforce development through various activities including: continued engagement of youth on the Youth Council, provision of youth training through the Teen Institute, Youth Driven, and others; pursuing prevention certification by coalition coordinators and members; providing regional professional development opportunities; providing education during regular coalition meetings; and by identifying alternative activities that enhance skills.

[Local Conditions Addressed by this Strategy](#)

The activities mentioned above provide an opportunity for enhancing and increasing the skill sets of both youth and active prevention practitioners. Having more knowledgeable prevention workers may impact how future prevention services are delivered and may impact future program outcomes leading to broader positive community-level changes. Participation on the Youth Council and other training opportunities are partly dependent on funding, but many training opportunities are free.

[Fit, Feasibility, and Adaptations](#)

This particular strategy offers many opportunities to adapt available services to community and regional needs. Trainings can be found for no or low-cost, and can be made available online, through Zoom interactive meetings, or in-person. The training method will be contingent on available funding. Each community has unique needs based on their priority problem, and the skill level of current staff and coalition members.

Objective 7	<i>Reduce potential for opiate and prescription drug misuse by 2027.</i>
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Strategy 1: Count It, Lock It, Drop It - Region

[Program Description](#)

CLD is a community initiative that empowers and educates individuals on how they can

help prevent prescription drug misuse by properly counting, locking, and disposing of prescription medications. Counting pills every two weeks helps prevent theft and helps ensure medications are taken properly. Locking up medications and storing them in a secure location keeps them out of site, private, and less likely to be stolen. Over 60% of people who abuse prescription pills get them from a friend or family member, often times without permission or knowledge. Educating about prescription drop off locations ensures unused medications are disposed of properly.

Local Conditions Addressed by this Strategy

This program addresses prescription drug abuse, including the senior population. It also addresses unauthorized access to prescription medications, and improper disposal of prescription medications. It is possible to impact safer storage of prescription medications, and impact unauthorized access. The program is relatively low-cost to implement. It does require funding for medication storage boxes.

Fit, Feasibility, and Adaptations

Prescription drug abuse is at epidemic proportions in the United States, and rates of opioid overdoses in Providence remain high. Prescription drug misuse and abuse among older adults is of particular concern because they are more likely to be taking medications. Individuals aged 65 and older account for one-third of all medications prescribed but they represent only 13% of the population. In addition, over half the people over 65 who take medications are taking three or more prescriptions, typically for extended durations, increasing the likelihood of misuse. Other factors that may contribute to this issue include: limited English language proficiency, low health literacy, symptom denial, and lack of awareness.

Strategy 2: Drug Take Back Days - Region

Program Description

The R5 region intends to promote drug take back days to provide residents with an easy way to dispose of unneeded medications, and reduce the likelihood that these medications will end up in the wrong hands.

Local Conditions Addressed by this Strategy

This program addresses prescription drug abuse by providing safe and secure ways to dispose of unneeded prescription medication. The goal is to reduce unintended access to prescription medications.

Fit, Feasibility, and Adaptations

Drug Take Back Days require coordination among organizations participating as drop-off locations. While there are logistical issues to address such as proper protocols and pickup requirements, the benefits are high by removing access to unused medications.

Strategy Alignment to Goals & Objectives

The primary goal and six subsequent objectives can be met by efficiently targeting the chosen strategies outlined above. The table below lists the chosen strategies and indicates which objectives they target. A summary table is shown identifying the goal and each objective for reference.

Table 7. R5 East Bay Goals & Objectives

Goal and Objectives	
Goal	Support mental health wellness in order to reduce substance misuse and promote healthy lifestyles by 2027.
Objective 1:	Engage and train community partners in mental health awareness and support.
Objective 2:	Educate and prevent youth from using marijuana in any form and reduce availability of marijuana to youth by 2027.
Objective 3:	Reduce youth vaping by 2% by 2027.
Objective 4:	Provide tobacco retail education to 100% of tobacco vendors by 2027.
Objective 5:	Reduce underage drinking by 2% by 2027.
Objective 6:	Support youth and workforce development by 2027.
Objective 7:	Reduce potential for opiate and prescription drug misuse by 2027.

Table 8. Goal, Objectives, and Strategies Alignment

Strategies & Evidence-Based Programs Objectives	Goal						
	1	2	3	4	5	6	7
Wellness Activities	D	I	I	I	I	I	I
Classroom WISE	D	I	I	I	I	I	I
Well “Me”ing	D	I	I	I	I	I	I
Stress Reduction Kits	D	I	I	I	I	I	I
Project Amp	D	I	I	I	I	I	I
LifeSkills Training	D	I	I	I	I	I	I
Peer Mediation	D	I	I	I	I	I	I
Strategies to Reduce Youth Marijuana Use		D					
Policy Update: Zoning & Ordinances		D					
Catch My Breath			D				
Support Vaping Cessation Efforts			D				
Support Vaping-related Non-Punitive School Policies			D				
Tobacco Merchant Online Education				D			
Tobacco Merchant Education T21				D			
Community Education for Tobacco Laws and Policies				D			

Strategies & Evidence-Based Programs Objectives	Goal						
	1	2	3	4	5	6	7
Support Approved Partnerships for Success (PFS) Evidence-based Practice in non-PFS comm.					D		
Support Alcohol Server Trainings, nonPFS comm.					D		
Support Youth and Workforce Development Activities	I	I	I	I	I	D	I
Count It, Lock It, Drop It							D
Drug Take Back Days							D
Capacity Building	D	D	D	I	I	D	I

Note: "D" represents that a strategy would directly impact an objective. "I" represents that a strategy would indirectly impact an objective.

Work Plans

The work plans display work on the goal and each objective by highlighting the strategy domain, the activities that fall within that domain, the responsible party, due date, and the community addressing those topics. The work plans provide a way to ensure the overall strategic plan includes broad use of strategies, and identifies specific information on who will implement the strategies where and when.

The work plans provide additional activities identified by the regional and community coalitions that help support the implementation of overarching strategies and evidence-based programs. Implementation of these activities will be revisited to continuously assess feasibility and best-fit options for the region and the communities. Timing of activities within the municipal work plans will be primarily dependent on funding and division of resources.

Table 9. R5 East Bay Work Plan: Region

R5 East Bay Work Plan: Region				
Goal: Support mental health wellness in order to reduce substance misuse and promote healthy lifestyles by 2027.				
Objective 1: Engage and train community partners in mental health awareness and support.				
Strategy	Activity	Responsible Party	Due Date	Community
Education	Support and/or provide mental health resources and programming such as, Change Direction, wellness, education and media campaigns, QR signage, MHFA, Stronger Together	Regional and municipal coalitions and community partners	9/30/2026	Region
Training	Support training to build capacity to deliver mental health promoting strategies	Regional Coalition with RIPRC and PTTC support	9/30/2026	Region

R5 East Bay Work Plan: Region				
Environmental	Implement Bathroom Stall QR Codes Signage that promotes mental health and wellness awareness in English and Portuguese languages	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Build capacity to decrease stigma in Portuguese communities	Regional coalition	9/30/2026	Region
Capacity Building	Build capacity by seeking broader coalition representation from mental health supporting organizations and individuals	Regional and local coalitions	9/30/2026	Region
Information Dissemination	Educate about risks to LGBTQ youth, including dissemination of information from: How to Protect LGBTQ+ Youth from the Risks and Harm of Substance Use - Partnership to End Addiction (drugfree.org)	Regional coalition	9/30/2026	Region
Information Dissemination	Educate about co-occurring disorders, including dissemination of information from: Substance-Use-Mental-Health-in-Teens-and-Young-Adults.pdf (drugfree.org)	Regional coalition	9/30/2026	Region
Information Dissemination	Develop a consistent sustained effort to distribute mental health promotion, education, community resources brochure, etc.	BAY Team	9/30/2026	Barrington
Community-Based Processes	Provide/support community programs that build skills through ITWT monthly events (e.g., InSHAPE, Prime for Life/Prime For Life 420, etc.)	BAY Team	9/30/2026	Barrington
Education	Support/provide training opportunities through Stronger Together and Mental Health First Aid	Regional and municipal coalitions	9/30/2026	Region

R5 East Bay Work Plan: Region				
Program	Support/offer Classroom WISE to be implemented by community partners	Faith, CE, private schools, other teachers who live in Barrington, YMCA	9/30/2026	Barrington
Information Dissemination	Provide information regarding challenges and recognition of healthy coping strategies	Municipals/schools wellness committee	9/30/2026	Barrington
Training	Offer Stronger Together training to all municipal employees, town board members	Municipality, Library	9/30/2026	Barrington
Environmental	Develop & distribute Well "Me"ing campaign (i.e., stress reduction, Mental Health days, meditation, yoga, self-care promotion)	EPPC	9/30/2023	East Providence
Information Dissemination	Create & distribute stress reduction kits	EPPC	9/30/2023	East Providence
Alternatives	Establish a peer support program(s) for youth (i.e., parents with SUD, parents with MH diagnosis, experienced DV, students with SUD, students with MH concerns)	EPPC	9/30/2023	East Providence
Program	Establish a youth mentorship program (Project Amp)	EPPC	9/30/2023	East Providence
Alternatives	Promote Coffee & Connections (social community coffee hour) to foster meaningful connections in community	EPPC	1/1/2023	East Providence
Program	Implement LifeSkills Training at elementary schools, specifically 5th grade students	EPPC	9/30/2023	East Providence
Alternatives	Peer mediation group at EPHS	EPPC	9/30/2023	East Providence

R5 East Bay Work Plan: Region				
Environmental	Develop programs/campaigns to destigmatize mental health concerns, prioritizing efforts with the Portuguese community	EPPC	9/30/2023	East Providence
Environmental	Develop campaign for social media safety	EPPC	9/30/2023	East Providence
Objective 2: Educate and prevent youth from using marijuana in any form and reduce availability of marijuana to youth by 2027.				
Strategy	Activity	Responsible Party	Due Date	Community
Education	Education related to legalization and harms	Regional coalition	9/30/2026	Region
Policy	Support marijuana policy development related to recreational legalization	Regional coalition and local coalitions	9/30/2026	Region
Capacity Building	Build capacity to address marijuana misuse prevention now that adult use is legalized in RI	Regional and local coalitions	9/30/2026	Region
Information Dissemination	Table event in the community to provide information about marijuana use	BPC	7/2/2022	Bristol
Environmental	Implement social media campaign related to marijuana use	BPC & Around Town Bristol	9/30/2026	Bristol
Capacity Building	Collaborate with local law enforcement and EMS to increase data collection and availability	Police, EMS, & Schools	9/30/2026	Bristol
Community-Based Processes	Implement Town Hall Meetings in collaboration with AdCare for the community	BPC & AdCare	9/30/2026	Bristol
Community-Based Processes	Implement Panel Discussions in collaboration with AdCare, Law Enforcement, and EMS for the community	BPC, AdCare, Police, & EMS	9/30/2026	Bristol
Policy	Zoning and ordinance updates to reflect current marijuana status being legal	BPC and Town of Bristol	9/1/2022	Bristol

R5 East Bay Work Plan: Region				
Capacity Building & Program	Build capacity to select a specific EBP related to marijuana as more programming is researched and made available	BPC	9/30/2026	Bristol
Information Dissemination	Create and Distribute Marijuana-related print advertisements	BPC	9/30/2026	Bristol
Information Dissemination	Create and Promote Marijuana-related messaging through PSA's & Podcasting	BPC, STAAND, Bristol community	9/30/2026	Bristol
Objective 3: Reduce youth vaping by 2% by 2027.				
Strategy	Activity	Responsible Party	Due Date	Community
Program	Encourage use of Catch my Breath in schools	Schools	9/30/2026	Region
Program	Support vaping cessation efforts using evidence based and emerging programs	Schools	9/30/2026	Region
Policies	Support non-punitive school policies related to vaping	School Districts	9/30/2026	Region
Policies	Work with School Committee and superintendent to update Tobacco Discipline Policy	School committee, Superintendent, Principals, WPC, Parents	9/30/2026	Warren
Objective 4: Provide tobacco retail education to 100% of tobacco venders by 2027.				
Strategy	Activity	Responsible Party	Due Date	Community
Education	Tobacco merchant online education	Youth Council	9/30/2026	Region
Education	Tobacco merchant education – T21	Youth Council	9/30/2026	Region
Education	Provide community education related to laws and policies around tobacco	Regional and municipal coalitions	9/30/2026	Region
Compliance Checks	Collaborate with the Warren Police Department to schedule and implement compliance checks	Warren Police, Program Director, Chair, & Coordinator	9/30/2026	Warren
Objective 5: Reduce underage drinking by 2% by 2027.				

R5 East Bay Work Plan: Region				
Strategy	Activity	Responsible Party	Due Date	Community
Program	Support Alcohol prevention efforts to extend PFS-related strategies to the non-funded community, if funding available	BAY Team, Law Enforcement	9/30/2026	Barrington
Training	Support alcohol server trainings, non PFS-funded community, if funding available	BAY Team	9/30/2026	Barrington
Objective 6: Support youth and workforce development by 2027.				
Strategy	Activity	Responsible Party	Due Date	Community
Capacity Building	Support the youth council	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Support youth trainings – Teen Institute, Youth Driven, etc.	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Prevention certification	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Support professional development opportunities as needed	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Support coalition education as needed	Regional and municipal coalitions	9/30/2026	Region
Alternatives	Support alternative activities for youth as needed	Regional coalition	9/30/2026	Region
Objective 7: Reduce potential for opiate and prescription drug misuse by 2027.				
Strategy	Activity	Responsible Party	Due Date	Community
Program	Support and implement Drug Take Back Day Activities	Regional coalition	9/30/2026	Region
Program	Support Count It Lock It Drop It related activities and develop campaigns	Regional coalition	9/30/2026	Region
Environmental	Campaigns for medication safety	EPPC	9/30/2026	East Providence

Table 10. R5 East Bay Work Plan: Barrington

R5 East Bay Work Plan: Barrington				
Goal: Support mental health wellness in order to reduce substance misuse and promote healthy lifestyles by 2027.				
Objective 1: Engage and train community partners in mental health awareness and support.				
Strategy	Activity	Responsible Party	Due Date	Community
Education	Support and/or provide mental health resources and programming such as, Change Direction, wellness, education and media campaigns, QR signage, MHFA, Stronger Together	Regional and municipal coalitions and community partners	9/30/2026	Region
Training	Support training to build capacity to deliver mental health promoting strategies	Regional Coalition with RIPRC and PTTC support	9/30/2026	Region
Environmental	Implement Bathroom Stall QR Codes Signage that promotes mental health and wellness awareness in English and Portuguese languages	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Build capacity to decrease stigma in Portuguese communities	Regional coalition	9/30/2026	Region
Capacity Building	Build capacity by seeking broader coalition representation from mental health supporting organizations and individuals	Regional and local coalitions	9/30/2026	Region

R5 East Bay Work Plan: Barrington				
Information Dissemination	Educate about risks to LGBTQ youth, including dissemination of information from: How to Protect LGBTQ+ Youth from the Risks and Harm of Substance Use - Partnership to End Addiction (drugfree.org)	Regional coalition	9/30/2026	Region
Information Dissemination	Educate about co-occurring disorders, including dissemination of information from: Substance-Use-Mental-Health-in-Teens-and-Young-Adults.pdf (drugfree.org)	Regional coalition	9/30/2026	Region
Information Dissemination	Develop a consistent sustained effort to distribute mental health promotion, education, community resources brochure, etc.	BAY Team	9/30/2026	Barrington
Community-Based Processes	Provide/support community programs that build skills through ITWT monthly events (e.g., InSHAPE, Prime for Life/Prime For Life 420, etc.)	BAY Team	9/30/2026	Barrington
Education	Support/provide training opportunities through Stronger Together and Mental Health First Aid	Regional and municipal coalitions	9/30/2026	Region
Program	Support/offer Classroom WISE to be implemented by community partners	Faith, CE, private schools, other teachers who live in Barrington, YMCA	9/30/2026	Barrington
Information Dissemination	Provide information regarding challenges and recognition of healthy coping strategies	Municipals/schools wellness committee	9/30/2026	Barrington
Training	Offer Stronger Together training of all municipal employees, town board members	Municipality, Library	9/30/2026	Barrington
Objective 2: Educate and prevent youth from using marijuana in any form and reduce availability of marijuana to youth by 2027.				

R5 East Bay Work Plan: Barrington				
Strategy	Activity	Responsible Party	Due Date	Community
Education	Education related to legalization and harms	Regional coalition	9/30/2026	Region
Policy	Supports marijuana policy development related to recreational legalization	Regional coalition	9/30/2026	Region
Capacity Building	Build capacity to address marijuana misuse prevention now that adult use is legalized in RI	Regional and local coalitions	9/30/2026	Region
Objective 3: Reduce youth vaping by 2% by 2027.				
Strategy	Activity	Responsible Party	Due Date	Community
Program	Encourage use of Catch my Breath in schools	Schools	9/30/2026	Region
Program	Support vaping cessation efforts using evidence based and emerging programs	Schools	9/30/2026	Region
Policies	Support non-punitive school policies related to vaping	School Districts	9/30/2026	Region
Objective 4: Provide tobacco retail education to 100% of tobacco vendors by 2027.				
Strategy	Activity	Responsible Party	Due Date	Community
Education	Tobacco merchant online education	Youth Council	9/30/2026	Region
Education	Tobacco merchant education – T21	Youth Council	9/30/2026	Region
Education	Provide community education related to laws and policies around tobacco	Regional and municipal coalitions	9/30/2026	Region
Objective 5: Reduce underage drinking by 2% by 2027.				
Strategy	Activity	Responsible Party	Due Date	Community
Program	Support Alcohol prevention efforts to extend PFS-related strategies to this non-funded community, compliance checks	BAY Team, Law Enforcement	9/30/2026	Barrington
Training	Support alcohol server trainings, if funding available	BAY Team	9/30/2026	Barrington
Objective 6: Support youth and workforce development by 2027.				

R5 East Bay Work Plan: Barrington				
Strategy	Activity	Responsible Party	Due Date	Community
Capacity Building	Support the youth council	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Support youth trainings – Teen Institute, Youth Driven, etc.	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Prevention certification	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Support professional development opportunities as needed	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Support coalition education as needed	Regional and municipal coalitions	9/30/2026	Region
Alternatives	Support alternative activities for youth as needed	Regional coalition	9/30/2026	Region
Objective 7: Reduce potential for opiate and prescription drug misuse by 2027.				
Strategy	Activity	Responsible Party	Due Date	Community
Program	Support and implement Drug Take Back Day Activities	Regional coalition	9/30/2026	Region
Program	Support Count It Lock It Drop It related activities and develop campaigns	Regional coalition	9/30/2026	Region

Table 11. R5 East Bay Work Plan: Bristol

R5 East Bay Work Plan: Bristol				
Goal: Support mental health wellness in order to reduce substance misuse and promote healthy lifestyles by 2027.				
Objective 1: Engage and train community partners in mental health awareness and support.				
Strategy	Activity	Responsible Party	Due Date	Community
Education	Support and/or provide mental health resources and programming such as, Change Direction, wellness, education and media campaigns, QR signage, MHFA, Stronger Together	Regional and municipal coalitions and community partners	9/30/2026	Region
Training	Support training to build capacity to deliver mental health promoting strategies	Regional Coalition with RIPRC and PTTC support	9/30/2026	Region
Environmental	Implement Bathroom Stall QR Codes Signage that promotes mental health and wellness awareness in English and Portuguese languages	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Build capacity to decrease stigma in Portuguese communities	Regional coalition	9/30/2026	Region
Capacity Building	Build capacity by seeking broader coalition representation from mental health supporting organizations and individuals	Regional and local coalitions	9/30/2026	Region

R5 East Bay Work Plan: Bristol				
Information Dissemination	Educate about risks to LGBTQ youth, including dissemination of information from: How to Protect LGBTQ+ Youth from the Risks and Harm of Substance Use - Partnership to End Addiction (drugfree.org)	Regional coalition	9/30/2026	Region
Information Dissemination	Educate about co-occurring disorders, including dissemination of information from: Substance-Use-Mental-Health-in-Teens-and-Young-Adults.pdf (drugfree.org)	Regional coalition	9/30/2026	Region
Education	Support/provide training opportunities through Stronger Together and Mental Health First Aid	Regional and municipal coalitions	9/30/2026	Region
Objective 2: Educate and prevent youth from using marijuana in any form and reduce availability of marijuana to youth by 2027.				
Strategy	Activity	Responsible Party	Due Date	Community
Education	Education related to legalization and harms	Regional coalition	9/30/2026	Region
Policy	Supports marijuana policy development related to recreational legalization	Regional coalition	9/30/2026	Region
Capacity Building	Build capacity to address marijuana misuse prevention now that adult use is legalized in RI	Regional and local coalitions	9/30/2026	Region
Information Dissemination	Table event in the community to provide information about marijuana use	BPC	7/2/2022	Bristol
Environmental	Implement social media campaign related to marijuana use	BPC & Around Town Bristol	9/30/2026	Bristol
Capacity Building	Collaborate with local law enforcement and EMS to increase data collection and availability	Police, EMS, & Schools	9/30/2026	Bristol
Community-Based Processes	Implement Town Hall Meetings in collaboration with AdCare for the community	BPC & AdCare	9/30/2026	Bristol

R5 East Bay Work Plan: Bristol				
Community-Based Processes	Implement Panel Discussions in collaboration with AdCare, Law Enforcement, and EMS for the community	BPC, AdCare, Police, & EMS	9/30/2026	Bristol
Policy	Zoning and ordinance updates to reflect current marijuana status being legal	BPC and Town of Bristol	9/1/2022	Bristol
Capacity Building & Program	Build capacity to select a specific EBP related to marijuana as more programming is researched and made available	BPC	9/30/2026	Bristol
Information Dissemination	Create and Distribute Marijuana-related print advertisements	BPC	9/30/2026	Bristol
Information Dissemination	Create and Promote Marijuana-related messaging through PSA's & Podcasting	BPC, STAAND, Bristol community	9/30/2026	Bristol
Objective 3: Reduce youth vaping by 2% by 2027.				
Strategy	Activity	Responsible Party	Due Date	Community
Program	Encourage use of Catch my Breath in schools	Schools	9/30/2026	Region
Program	Support vaping cessation efforts using evidence based and emerging programs	Schools	9/30/2026	Region
Policies	Support non-punitive school policies related to vaping	School Districts	9/30/2026	Region
Objective 4: Provide tobacco retail education to 100% of tobacco venders by 2027.				
Strategy	Activity	Responsible Party	Due Date	Community
Education	Tobacco merchant online education	Youth Council	9/30/2026	Region
Education	Tobacco merchant education – T21	Youth Council	9/30/2026	Region
Education	Provide community education related to laws and policies around tobacco	Regional and municipal coalitions	9/30/2026	Region
Objective 6: Support youth and workforce development by 2027.				
Strategy	Activity	Responsible Party	Due Date	Community
Capacity Building	Support the youth council	Regional and municipal coalitions	9/30/2026	Region

R5 East Bay Work Plan: Bristol				
Capacity Building	Support youth trainings – Teen Institute, Youth Driven, etc.	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Prevention certification	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Support professional development opportunities as needed	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Support coalition education as needed	Regional and municipal coalitions	9/30/2026	Region
Alternatives	Support alternative activities for youth as needed	Regional coalition	9/30/2026	Region
Objective 7: Reduce potential for opiate and prescription drug misuse by 2027.				
Strategy	Activity	Responsible Party	Due Date	Community
Program	Support and implement Drug Take Back Day Activities	Regional coalition	9/30/2026	Region
Program	Support Count It Lock It Drop It related activities and develop campaigns	Regional coalition	9/30/2026	Region

Table 12. R5 East Bay Work Plan: East Providence

R5 East Bay Work Plan: East Providence				
Goal: Support mental health wellness in order to reduce substance misuse and promote healthy lifestyles by 2027.				
Objective 1: Engage and train community partners in mental health awareness and support.				
Strategy	Activity	Responsible Party	Due Date	Community
Education	Support and/or provide mental health resources and programming such as, Change Direction, wellness, education and media campaigns, QR signage, MHFA, Stronger Together	Regional and municipal coalitions and community partners	9/30/2026	Region
Training	Support training to build capacity to deliver mental health promoting strategies	Regional Coalition with RIPRC and PTTC support	9/30/2026	Region
Environmental	Implement Bathroom Stall QR Codes Signage that promotes mental health and wellness awareness in English and Portuguese languages	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Build capacity to decrease stigma in Portuguese communities	Regional coalition	9/30/2026	Region
Capacity Building	Build capacity by seeking broader coalition representation from mental health supporting organizations and individuals	Regional and local coalitions	9/30/2026	Region
Information Dissemination	Educate about risks to LGBTQ youth, including dissemination of information from: How to Protect LGBTQ+ Youth from the Risks and Harm of Substance Use - Partnership to End Addiction (drugfree.org)	Regional coalition	9/30/2026	Region
Information Dissemination	Educate about co-occurring disorders, including dissemination of information from: Substance-Use-Mental-Health-in-Teens-and-Young-Adults.pdf (drugfree.org)	Regional coalition	9/30/2026	Region

R5 East Bay Work Plan: East Providence				
Education	Support/provide training opportunities through Stronger Together and Mental Health First Aid	Regional and municipal coalitions	9/30/2026	Region
Environmental	Develop & distribute Well "Me"ing campaign (i.e., stress reduction, Mental Health days, meditation, yoga, self-care promotion)	EPPC	9/30/2023	East Providence
Information Dissemination	Create & distribute stress reduction kits	EPPC	9/30/2023	East Providence
Alternatives	Establish a peer support program(s) for youth (i.e., parents with SUD, parents with MH diagnosis, experienced DV, students with SUD, students with MH concerns)	EPPC	9/30/2023	East Providence
Program	Establish a youth mentorship program (Project Amp)	EPPC	9/30/2023	East Providence
Alternatives	Promote Coffee & Connections (social community coffee hour) to foster meaningful connections in community	EPPC	1/1/2023	East Providence
Program	Implement LifeSkills Training at MMS, RMS & EPHS (consider implementation with elementary schools, specifically 5th grade students)	EPPC	9/30/2023	East Providence
Alternatives	Peer mediation group at EPHS	EPPC	9/30/2023	East Providence
Environmental	Develop programs/campaigns to destigmatize mental health concerns, prioritizing efforts with the Portuguese community	EPPC	9/30/2023	East Providence
Environmental	Develop campaign for social media safety	EPPC	9/30/2023	East Providence
Objective 2: Educate and prevent youth from using marijuana in any form and reduce availability of marijuana to youth by 2027.				
Strategy	Activity	Responsible Party	Due Date	Community

R5 East Bay Work Plan: East Providence				
Education	Education related to legalization and harms	Regional coalition	9/30/2026	Region
Policy	Supports marijuana policy development related to recreational legalization	Regional coalition	9/30/2026	Region
Capacity Building	Build capacity to address marijuana misuse prevention now that adult use is legalized in RI	Regional and local coalitions	9/30/2026	Region
Objective 3: Reduce youth vaping by 2% by 2027.				
Strategy	Activity	Responsible Party	Due Date	Community
Program	Encourage use of Catch my Breath in schools	Schools	9/30/2026	Region
Program	Support vaping cessation efforts using evidence based and emerging programs	Schools	9/30/2026	Region
Policies	Support non-punitive school policies related to vaping	School Districts	9/30/2026	Region
Objective 4: Provide tobacco retail education to 100% of tobacco vendors by 2027.				
Strategy	Activity	Responsible Party	Due Date	Community
Education	Tobacco merchant online education	Youth Council	9/30/2026	Region
Education	Tobacco merchant education – T21	Youth Council	9/30/2026	Region
Education	Provide community education related to laws and policies around tobacco	Regional and municipal coalitions	9/30/2026	Region
Objective 6: Support youth and workforce development by 2027.				
Strategy	Activity	Responsible Party	Due Date	Community
Capacity Building	Support the youth council	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Support youth trainings – Teen Institute, Youth Driven, etc.	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Prevention certification	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Support professional development opportunities as needed	Regional and municipal coalitions	9/30/2026	Region

R5 East Bay Work Plan: East Providence				
Capacity Building	Support coalition education as needed	Regional and municipal coalitions	9/30/2026	Region
Alternatives	Support alternative activities for youth as needed	Regional coalition	9/30/2026	Region
Objective 7: Reduce potential for opiate and prescription drug misuse by 2027.				
Strategy	Activity	Responsible Party	Due Date	Community
Program	Support and implement Drug Take Back Day Activities	Regional coalition	9/30/2026	Region
Program	Support Count It Lock It Drop It related activities and develop campaigns	Regional coalition	9/30/2026	Region
Environmental	Campaigns for medication safety	EPPC	9/30/2026	East Providence

Table 13. R5 East Bay Work Plan: Warren

R5 East Bay Work Plan: Warren				
Goal: Support mental health wellness in order to reduce substance misuse and promote healthy lifestyles by 2027.				
Objective 1: Engage and train community partners in mental health awareness and support.				
Strategy	Activity	Responsible Party	Due Date	Community
Education	Support and/or provide mental health resources and programming such as, Change Direction, wellness, education and media campaigns, QR signage, MHFA, Stronger Together	Regional and municipal coalitions and community partners	9/30/2026	Region
Training	Support training to build capacity to deliver mental health promoting strategies	Regional Coalition with RIPRC and PTTC support	9/30/2026	Region
Environmental	Implement Bathroom Stall QR Codes Signage that promotes mental health and wellness awareness in English and Portuguese languages	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Build capacity to decrease stigma in Portuguese communities	Regional coalition	9/30/2026	Region
Capacity Building	Build capacity by seeking broader coalition representation from mental health supporting organizations and individuals	Regional and local coalitions	9/30/2026	Region
Information Dissemination	Educate about risks to LGBTQ youth, including dissemination of information from: How to Protect LGBTQ+ Youth from the Risks and Harm of Substance Use - Partnership to End Addiction (drugfree.org)	Regional coalition	9/30/2026	Region
Information Dissemination	Educate about co-occurring disorders, including dissemination of information from: Substance-Use-Mental-Health-in-Teens-and-Young-Adults.pdf (drugfree.org)	Regional coalition	9/30/2026	Region

R5 East Bay Work Plan: Warren				
Education	Support/provide training opportunities through Stronger Together and Mental Health First Aid	Regional and municipal coalitions	9/30/2026	Region
Objective 2: Educate and prevent youth from using marijuana in any form and reduce availability of marijuana to youth by 2027.				
Strategy	Activity	Responsible Party	Due Date	Community
Education	Education related to legalization and harms	Regional coalition	9/30/2026	Region
Policy	Supports marijuana policy development related to recreational legalization	Regional coalition	9/30/2026	Region
Capacity Building	Build capacity to address marijuana misuse prevention now that adult use is legalized in RI	Regional and local coalitions	9/30/2026	Region
Objective 3: Reduce youth vaping by 2% by 2027.				
Strategy	Activity	Responsible Party	Due Date	Community
Program	Encourage use of Catch my Breath in schools	Schools	9/30/2026	Region
Program	Support vaping cessation efforts using evidence based and emerging programs	Schools	9/30/2026	Region
Policies	Support non-punitive school policies related to vaping	School Districts	9/30/2026	Region
Policies	Work with School Committee and superintendent to update Tobacco Discipline Policy	School committee, Superintendent, Principals, WPC, Parents	9/30/2026	Warren
Objective 4: Provide tobacco retail education to 100% of tobacco venders by 2027.				
Strategy	Activity	Responsible Party	Due Date	Community
Education	Tobacco merchant online education	Youth Council	9/30/2026	Region
Education	Tobacco merchant education – T21	Youth Council	9/30/2026	Region
Education	Provide community education related to laws and policies around tobacco	Regional and municipal coalitions	9/30/2026	Region

R5 East Bay Work Plan: Warren				
Compliance Checks	Collaborate with the Warren Police Department to schedule and implement compliance checks	Warren Police, Program Director, Chair, & Coordinator	9/30/2026	Warren
Objective 6: Support youth and workforce development by 2027.				
Strategy	Activity	Responsible Party	Due Date	Community
Capacity Building	Support the youth council	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Support youth trainings – Teen Institute, Youth Driven, etc.	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Prevention certification	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Support professional development opportunities as needed	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Support coalition education as needed	Regional and municipal coalitions	9/30/2026	Region
Alternatives	Support alternative activities for youth as needed	Regional coalition	9/30/2026	Region
Objective 7: Reduce potential for opiate and prescription drug misuse by 2027.				
Strategy	Activity	Responsible Party	Due Date	Community
Program	Support and implement Drug Take Back Day Activities	Regional coalition	9/30/2026	Region
Program	Support Count It Lock It Drop It related activities and develop campaigns	Regional coalition	9/30/2026	Region

Sub-Population Needs

The R5 region and the local communities gathered information about subpopulation needs during the needs assessment process. In particular, targeted outreach via interviews and focus groups was done with the Portuguese population as well as LGBTQ youth to better understand their needs and how those needs might be addressed with programs and strategies. Plans are being made to address the specific needs of these groups through professional training, particularly the mental health education programs, and the peer support and mediation programs. In addition, the region and communities intend to provide more focused education to LGBTQ youth through dissemination of information from the following programs: How to Protect LGBTQ+ Youth from the Risks and Harms of Substance Use associated with the Partnership to End Addiction organization. In addition, efforts will be undertaken to educate the Portuguese population about mental health, de-stigmatization of mental health concerns, and cooccurring disorders via information dissemination from the Substance Abuse and Mental Health Services Administration. The chosen programs will be adapted or modified to meet the cultural needs of the people served by those programs, and routine questionnaires will be used to assess whether the participants feel the programs are culturally relevant and competent.

Sustainability and Availability of Non-RPTF Funds

The four communities comprising the R5 region have no funding or very limited funding outside what is available through RPTF funds. Barrington has very limited non-RPTF funds, and Bristol is anticipating opioid settlement funds in a to-be-determined amount. East Providence has limited DFC funds to address marijuana and prescription medications, and additional funds to address underage drinking through PFS. Warren does not have funding outside of what is available through RPTF funding.

Community Readiness

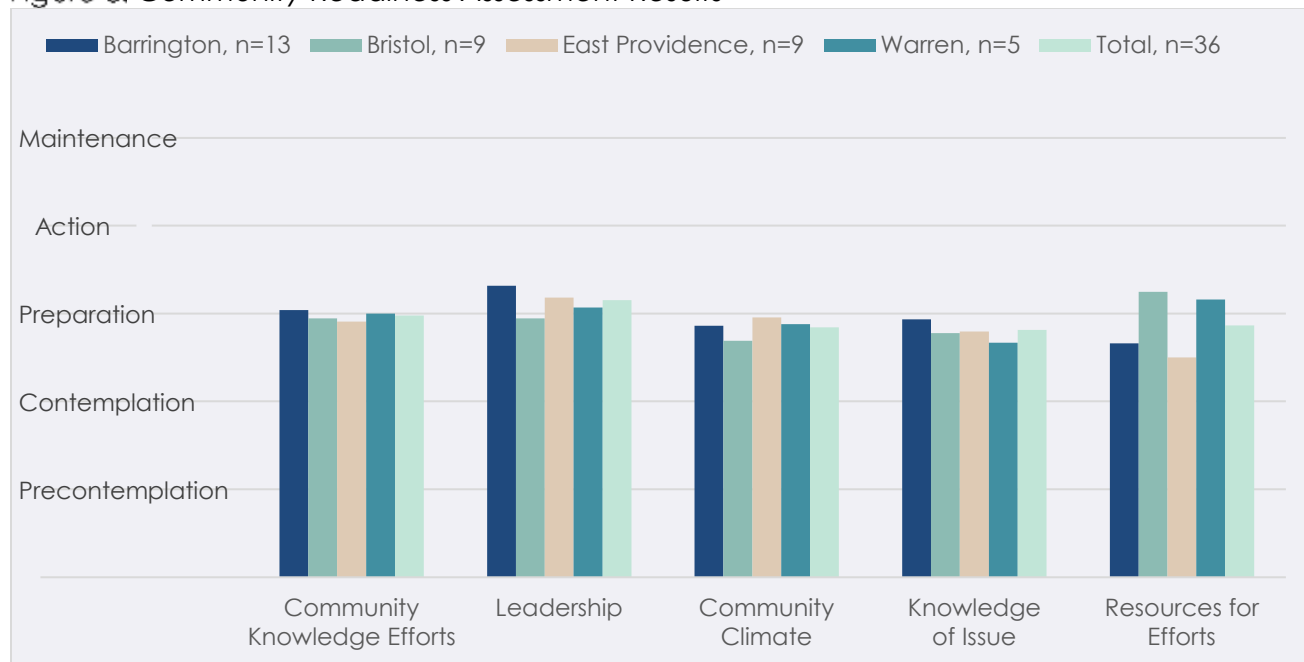
All four R5 coalitions completed a Community Readiness and Capacity survey in April, 2022. This online survey asked questions related to:

- Community sector representation
- Community perception of substance misuse
- Community awareness of substance misuse prevention, prevention efforts, and effectiveness of prevention efforts
- Perception of concern among community leadership related to substance misuse and prevention efforts
- Community support for prevention efforts
- Community awareness of signs and symptoms of substance misuse, and effects of substance misuse on the individual, family, and community
- Efforts by the community to participate, financially support, and assist prevention coalitions
- Community leadership

The questions grouped into five separate scales: Community Knowledge and Efforts, Leadership, Community Climate, Knowledge of Issues, and Resources for Efforts. As shown in the following figure, the survey results were strikingly similar across communities. The scale scores for each community placed all of them in the Preparation stage

suggesting that efforts related to community and coalition capacity could be addressed at the community level.

Figure 8. Community Readiness Assessment Results



Continuous Process Improvement

The R5 region will engage in continuous process improvement primarily by gathering and analyzing relevant data that speaks to the issue at hand. Monthly coalition meetings are used to review data, discuss needed program improvements, and needed program adjustments to further improve outcomes. Barrington engages in regular data collection and review to guide improvement processes. Bristol intends to use planned surveys as well as data reports from the police, EMS, and schools to guide improvement processes. East Providence intends to use data gathered through PFS programming and evaluation along with the regional coalition data to assist with identifying areas for improvement. Warren expects to provide SPF training led by CADCA to coalition members to enhance their continuous improvement processes.

Achieving Population-Level Changes

The R5 has developed a diverse set of objectives with a multitude of programs and strategies to try and achieve population-level changes. While many of the programs are either no-cost or low-cost, they were selected because they are able to reach broad sectors of the population. Recent research in Barrington demonstrated that achieving population level-changes and positive outcomes is often contingent on the amount of funding available to support programs. Prevention, like treatment, depends on funding, and we know that \$1 spent on treatment saves \$4 in health care costs and \$7 in criminal justice costs. With prevention, \$1 spent can achieve more than \$58 in future costs.

Logic Model

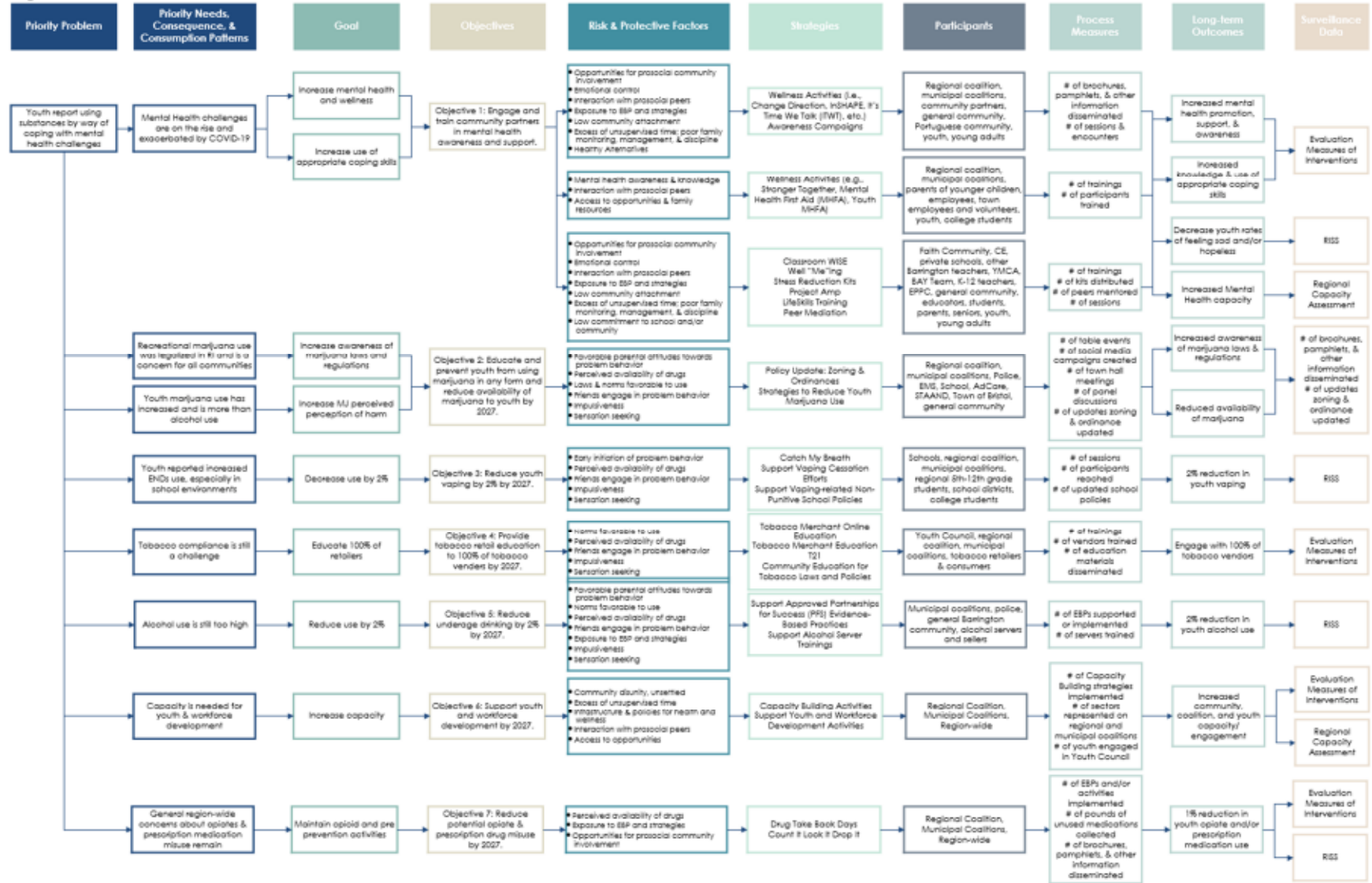
In order for Region 5 to reach the identified goal, they chose objectives and strategies that, when implemented, should lead to a reduction in the identified problem or an improvement in skills. The strategies were carefully chosen based on community

characteristics, population and sub-population needs, and available resources.

The logic model is used to demonstrate to the communities and other stakeholders the way Region 5 will achieve its identified goal. It answers the question, “What changes should be seen as a result of the implemented strategies?” The logic model presented below addressing the following topics: Priority problem, priority consequences and consumption patterns, goal, objectives, risk factors, strategies, targeted participants, outcomes, and surveillance data needed for assessment.

By implementing the chosen strategies for the duration of the strategic plan, a series of changes are expected to occur leading to goal attainment. The logic model, in combination with the work plan, action plan, and detailed timeline, will be used as a roadmap to keep the Region’s prevention partners informed of the outcomes. Data will be collected and analyzed to measure each of the outcomes. If the data show that the outcomes are not being reached, the coalition will assess the reasons and make an alternative plan to better reach the goal and outcomes.

Figure 9. R5 East Bay Logic Model



Action and Implementation Plan

Action Plan

The action plan aligns existing community assets and resources with the selected strategies, while the implementation plan identifies when each step in the implementation process will be completed. The following Action Plan table identifies the community sector that will implement each strategy, the domain the strategy falls within, the lead organization tasked with implementation, the organization's commitment level, specific location strategy will be implemented, population targeted by strategy, the Institute of Medicine Prevention Category the strategy falls in, and the target dates for implementation.

Sector

Comprehensive prevention planning includes every aspect and sector of a community. This plan includes five core community sectors: Health & Medical, Business, Government, Law Enforcement & Safety, Education, Faith-Based, Other Community Supports.

Domain

Prevention strategies are categorized into one or more global domains. These domains include: Community, School, Family, Peer, or Individual.

Lead Organization and Level of Commitment

Community organizations can support prevention efforts at varying commitment levels. These levels can include a commitment of support from leadership, a willingness to collaborate, or a commitment to fully implement a strategy.

Location

Strategies are implemented in either a community, the entire region, or as part of a larger, statewide effort.

Service Population

The service population identifies the specific group of people targeted by the strategy or intervention.

Target Dates

Target dates indicate the specific timeframe for implementing a strategy. Some strategies are already in place while others are contingent upon future funding.

Institute Of Medicine Prevention Categories

Universal

Strategies and activities that are targeted to the general public or an entire population group that was not selected based on specific risk factors are considered universal. Media campaigns or environmental strategies designed to prevent or delay the onset of tobacco or alcohol use are examples of universal strategies.

Universal Direct

Strategies or interventions that are targeted to an identifiable group of participants but who have not been selected based on a personal risk factor fall into the universal direct category. Examples include after-school programs, parenting classes, anti-bullying curriculums, etc.

Universal Indirect:

These programs and strategies target either the entire population or specific elements in the environment. For example, universal indirect strategies might include developing alcohol and tobacco licensing policies, or changing regulations around alcohol and drug advertising.

Selective

These activities are targeted to specific individuals or population subgroups who have a significantly higher than average risk for developing a disorder. Membership in a particular subgroup places them at unusually high risk for a substance abuse problem, such as children of alcoholics, children of incarcerated parents, children in impoverished neighborhoods, dropouts, and students experiencing academic failure.

Indicated

Indicated activities are targeted to individuals who have detectable signs or symptoms of a substance abuse disorder, or who possess genetic or biological markers indicating a predisposition for a substance abuse disorder, but do not yet meet diagnostic levels. These strategies aim to prevent the onset of substance abuse among individuals who show early danger signs such as failing grades, and alcohol or drug use.

The following tables document the action plan for Region 5.

Figure 10. R5 East Bay Action Plan: Wellness Activities, Classroom WISE, & Well “Me”ing

Sector	Domain	Strategy	Lead Organization by Level of Commitment	Location	Service Population	IOM	Start Date	End Date	
Y C H L B G O P E M S R	C S F P I	Wellness Activities	Regional Coalition, Municipal Coalitions, Community Partners	2	Region-wide	General community, youth, young adults, portuguese community, families, parents, caregivers, employees, town employees and volunteers	S, I	10/1/2022	9/30/2026
S C E O R	C S I	Classroom WISE	Faith, CE, private schools, other Barrington teachers, YMCA, BAY Team	2	Various youth serving and faith-based organizations	K-12 teachers	S, I	10/1/2022	9/30/2026
Y P	F I	Well “Me”ing	EPPC	1	East Providence community locations	General community	U	10/1/2022	9/30/2023

SECTORS	DOMAINS	LEVELS OF COMMITMENT	INSTITUTE OF MEDICINE PREVENTION CATEGORIES (IOM)
H Health Care Professionals L Law Enforcement B Business E School M Media G State or Local Agencies Y Youth S Youth-Serving Organizations R Religious or Fraternal Organizations C Civic or Volunteer Groups P Parents O Other Local Organizations	C Community S School F Family P Peer I Individual	1: Committed to implementing this strategy as lead 2: Committed to implementing this strategy as part of a collaborative effort 3: Identified as having capacity to implement this strategy but has not committed to implementation	U Universal UD Universal Direct UI Universal Indirect S Selective I Indicated

Figure 11. R5 East Bay Action Plan: Stress Reduction Kits, Project Amp, & LifeSkills Training

Sector	Domain	Strategy	Lead Organization by Level of Commitment		Location	Service Population	IOM	Start Date	End Date
E Y P O S	F C I	Stress Reduction Kits	EPPC	1	East Providence community locations	General community, educators, students, parents, seniors, etc.	U	10/1/2022	9/30/2023
Y	I P	Project Amp	EPPC	1	East Providence community locations	Youth, young adults	S, I	10/1/2022	9/30/2023
E Y	S I P	LifeSkills Training	EPPC	1	East Providence schools (MMS, RMS, EPHS)	Youth, students	U	10/1/2022	9/30/2023

SECTORS	DOMAINS	LEVELS OF COMMITMENT	INSTITUTE OF MEDICINE PREVENTION CATEGORIES (IOM)
H Health Care Professionals	C Community	1: Committed to implementing this strategy as lead	U Universal
L Law Enforcement	S School	2: Committed to implementing this strategy as part of a collaborative effort	UD Universal Direct
B Business	F Family	3: Identified as having capacity to implement this strategy but has not committed to implementation	UI Universal Indirect
E School	P Peer		S Selective
M Media	I Individual		I Indicated
G State or Local Agencies			
Y Youth			
S Youth-Serving Organizations			
R Religious or Fraternal Organizations			
C Civic or Volunteer Groups			
P Parents			
O Other Local Organizations			

Figure 12. R5 East Bay Action Plan: Peer Meditation, Strategies to Reduce Youth Marijuana Use, & Policy Updates

Sector	Domain	Strategy	Lead Organization by Level of Commitment	Location	Service Population	IOM	Start Date	End Date
E Y	S I P	Peer Meditation	EPPC 2	EPHS	Youth, students	S, I	10/1/2022	9/30/2023
E C M L H S O P Y	C S F I	Strategies to Reduce Youth Marijuana Use	Regional Coalition, Municipal Coalitions, Law Enforcement, EMS, Schools, AdCare, STAAND, Other Local & Regional Organizations 2	Community events, social media, various community locations	General community	U	6/20/2022	9/30/2026
O C G Y P	C	Policy Update: Zoning & Ordinances	Regional Coalition, Municipal Coalitions, Local Government Agencies 2	Community-wide	General community	U	7/1/2022	9/1/2022

SECTORS	DOMAINS	LEVELS OF COMMITMENT	INSTITUTE OF MEDICINE PREVENTION CATEGORIES (IOM)
H Health Care Professionals	C Community	1: Committed to implementing this strategy as lead	U Universal
L Law Enforcement	S School	2: Committed to implementing this strategy as part of a collaborative effort	UD Universal Direct
B Business	F Family		UI Universal Indirect
E School	P Peer	3: Identified as having capacity to implement this strategy but has not committed to implementation	S Selective
M Media	I Individual		I Indicated
G State or Local Agencies			
Y Youth			
S Youth-Serving Organizations			
R Religious or Fraternal Organizations			
C Civic or Volunteer Groups			
P Parents			
O Other Local Organizations			

Figure 13. R5 East Bay Action Plan: Catch My Breath, Support Vaping Cessation, & Non-Punitive Policies,

Sector	Domain	Strategy	Lead Organization by Level of Commitment	Location	Service Population	IOM	Start Date	End Date
E Y	S I P	Catch My Breath	Schools, Regional Coalition, Municipal Coalitions 2	School districts	Middle and high school students	UD	1/15/2023	9/30/2026
E Y O	S I P	Support Vaping Cessation Efforts (e.g., My Life My Quit - Rhode Island)	Schools, Regional Coalition, Municipal Coalitions 2	Middle and high schools throughout the region	Middle and high school students	U	1/15/2023	9/30/2026
E Y O	S I P	Support Vaping-related Non-Punitive School Policies	School districts, Regional Coalition, Municipal Coalitions 2	Schools in Region	Regional Students	UI	10/1/2022	9/30/2026

SECTORS	DOMAINS	LEVELS OF COMMITMENT	INSTITUTE OF MEDICINE PREVENTION CATEGORIES (IOM)
H Health Care Professionals	C Community	1: Committed to implementing this strategy as lead	U Universal
L Law Enforcement	S School	2: Committed to implementing this strategy as part of a collaborative effort	UD Universal Direct
B Business	F Family	3: Identified as having capacity to implement this strategy but has not committed to implementation	UI Universal Indirect
E School	P Peer		S Selective
M Media	I Individual		I Indicated
G State or Local Agencies			
Y Youth			
S Youth-Serving Organizations			
R Religious or Fraternal Organizations			
C Civic or Volunteer Groups			
P Parents			
O Other Local Organizations			

Figure 14. R5 East Bay Action Plan: Tobacco Merchant Online Education, Merchant Education T21, & Community Education

Sector	Domain	Strategy	Lead Organization by Level of Commitment	Location	Service Population	IOM	Start Date	End Date
B Y O	C I	Tobacco Merchant Online Education	Youth Council, Regional Coalition, Municipal Coalitions 3	Tobacco retailers throughout region	Tobacco retailers	S, I	Pending release of online modules	9/30/2026
B Y O	C I	Tobacco Merchant Education T21	Youth Council, Regional Coalition, Municipal Coalitions 2	Tobacco retailers throughout region	Tobacco retailers and consumers	U	7/15/2022	9/30/2026
P Y E G C B O S	C S F I	Community Education for Tobacco Laws and Policies	Regional Coalition, Municipal Coalitions 2	Regional Communities	Community members	U	10/1/2022	9/30/2026

SECTORS	DOMAINS	LEVELS OF COMMITMENT	INSTITUTE OF MEDICINE PREVENTION CATEGORIES (IOM)
H Health Care Professionals	C Community	1: Committed to implementing this strategy as lead	U Universal
L Law Enforcement	S School	2: Committed to implementing this strategy as part of a collaborative effort	UD Universal Direct
B Business	F Family	3: Identified as having capacity to implement this strategy but has not committed to implementation	UI Universal Indirect
E School	P Peer		S Selective
M Media	I Individual		I Indicated
G State or Local Agencies			
Y Youth			
S Youth-Serving Organizations			
R Religious or Fraternal Organizations			
C Civic or Volunteer Groups			
P Parents			
O Other Local Organizations			

Figure 15. R5 East Bay Action Plan: Support PFS, Server Alcohol Trainings, & Youth/Workforce Development

Sector	Domain	Strategy	Lead Organization by Level of Commitment	Location	Service Population	IOM	Start Date	End Date	
P Y E G C B O S L	C	Support Approved Partnerships for Success (PFS) Evidence-based Practice	Regional Coalition, BAY Team, Police	3	Barrington	General Barrington community	U	8/1/2022	9/30/2026
B	C	Support Alcohol Server Trainings	Regional Coalition, Municipal Coalitions	3	Region-wide	Alcohol servers and sellers	U	8/1/2022	9/30/2026
Y S E G C O S R	C	Support Youth and Workforce Development Activities	Regional Coalition, Municipal Coalitions	2	Region-wide	Region-wide	U	10/1/2022	9/30/2026

SECTORS

- H** Health Care Professionals
- L** Law Enforcement
- B** Business
- E** School
- M** Media
- G** State or Local Agencies
- Y** Youth
- S** Youth-Serving Organizations
- R** Religious or Fraternal Organizations
- C** Civic or Volunteer Groups
- P** Parents
- O** Other Local Organizations

DOMAINS

- C** Community
- S** School
- F** Family
- P** Peer
- I** Individual

LEVELS OF COMMITMENT

- 1: Committed to implementing this strategy as lead
- 2: Committed to implementing this strategy as part of a collaborative effort
- 3: Identified as having capacity to implement this strategy but has not committed to implementation

INSTITUTE OF MEDICINE PREVENTION CATEGORIES (IOM)

- U** Universal
- UD** Universal Direct
- UI** Universal Indirect
- S** Selective
- I** Indicated

Figure 16. R5 East Bay Action Plan: Count It Lock It Drop It, Drug Take Back Days, & Capacity Building

Sector	Domain	Strategy	Lead Organization by Level of Commitment	Location	Service Population	IOM	Start Date	End Date	
<div style="display: flex; flex-wrap: wrap; gap: 5px;"> <div style="background-color: #004a7c; color: white; padding: 2px 5px; border-radius: 3px;">H</div> <div style="background-color: #004a7c; color: white; padding: 2px 5px; border-radius: 3px;">B</div> <div style="background-color: #004a7c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #004a7c; color: white; padding: 2px 5px; border-radius: 3px;">O</div> <div style="background-color: #004a7c; color: white; padding: 2px 5px; border-radius: 3px;">P</div> <div style="background-color: #004a7c; color: white; padding: 2px 5px; border-radius: 3px;">Y</div> </div>	<div style="display: flex; flex-wrap: wrap; gap: 5px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">C</div> <div style="background-color: #004a7c; color: white; padding: 2px 5px; border-radius: 3px;">F</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">I</div> </div>	Count It, Lock It, Drop It	Regional Coalition, Municipal Coalitions	1	Region-wide	Region-wide	U	10/1/2022	9/30/2026
<div style="display: flex; flex-wrap: wrap; gap: 5px;"> <div style="background-color: #004a7c; color: white; padding: 2px 5px; border-radius: 3px;">H</div> <div style="background-color: #004a7c; color: white; padding: 2px 5px; border-radius: 3px;">B</div> <div style="background-color: #004a7c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #004a7c; color: white; padding: 2px 5px; border-radius: 3px;">L</div> <div style="background-color: #004a7c; color: white; padding: 2px 5px; border-radius: 3px;">O</div> </div>	<div style="display: flex; flex-wrap: wrap; gap: 5px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">C</div> <div style="background-color: #004a7c; color: white; padding: 2px 5px; border-radius: 3px;">F</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">I</div> </div>	Drug Take Back Days	Regional Coalition, Municipal Coalitions	1	Region-wide	Region-wide	U	10/1/2022	9/30/2026
<div style="display: flex; flex-wrap: wrap; gap: 5px;"> <div style="background-color: #004a7c; color: white; padding: 2px 5px; border-radius: 3px;">P</div> <div style="background-color: #004a7c; color: white; padding: 2px 5px; border-radius: 3px;">Y</div> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">E</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">G</div> <div style="background-color: #004a7c; color: white; padding: 2px 5px; border-radius: 3px;">C</div> <div style="background-color: #004a7c; color: white; padding: 2px 5px; border-radius: 3px;">B</div> <div style="background-color: #004a7c; color: white; padding: 2px 5px; border-radius: 3px;">M</div> <div style="background-color: #004a7c; color: white; padding: 2px 5px; border-radius: 3px;">H</div> <div style="background-color: #004a7c; color: white; padding: 2px 5px; border-radius: 3px;">L</div> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #004a7c; color: white; padding: 2px 5px; border-radius: 3px;">R</div> <div style="background-color: #004a7c; color: white; padding: 2px 5px; border-radius: 3px;">O</div> </div>	<div style="display: flex; flex-wrap: wrap; gap: 5px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">C</div> <div style="background-color: #004a7c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #004a7c; color: white; padding: 2px 5px; border-radius: 3px;">F</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">I</div> </div>	Capacity Building Activities	Regional Coalition, Municipal Coalitions	1	Region-wide	Region-wide	U	8/1/2022	9/30/2026

SECTORS	DOMAINS	LEVELS OF COMMITMENT	INSTITUTE OF MEDICINE PREVENTION CATEGORIES (IOM)
H Health Care Professionals L Law Enforcement B Business E School M Media G State or Local Agencies Y Youth S Youth-Serving Organizations R Religious or Fraternal Organizations C Civic or Volunteer Groups P Parents O Other Local Organizations	C Community S School F Family P Peer I Individual	1: Committed to implementing this strategy as lead 2: Committed to implementing this strategy as part of a collaborative effort 3: Identified as having capacity to implement this strategy but has not committed to implementation	U Universal UD Universal Direct UI Universal Indirect S Selective I Indicated

Implementation Plan

The following timeline table, in combination with the action plan figures above, describes the planned implementation for Region 5's programs and strategies. Most programs and strategies are expected to run the duration of the time period. The exception is several mental health programs in East Providence which are scheduled to end at the end of 2023. It is also expected that the policy work addressing marijuana use and vaping will be completed in early 2023.

Figure 17. R5 East Bay Timeline

Strategy	2021-2022				2022-2023				2023-2024				2024-2025				2025-2026			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Wellness Activities					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Classroom WISE					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Well "Me"ing					X	X	X	X												
Stress Reduction Kits					X	X	X	X												
Project Amp					X	X	X	X												
LifeSkills Training					X	X	X	X												
Peer Mediation					X	X	X	X												
Strategies to Reduce Youth Marijuana Use			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Policy Update: Zoning & Ordinances				X	X															
Catch My Breath						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Support Vaping Cessation Efforts						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Support Vaping-related Non-Punitive School Policies					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tobacco Merchant Online Education	Pending release of online modules - 9/30/2026																			
Tobacco Merchant Education T21				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Community education for tobacco laws and policies					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Support Approved Partnerships for Success				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Strategy	2021-2022				2022-2023				2023-2024				2024-2025				2025-2026			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
(PFS) Evidence-based Practice																				
Support Alcohol Server Trainings				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Support Youth and Workforce Development Activities					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Count It, Lock It, Drop It				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Drug Take Back Days				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Capacity Building				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Achieving Cultural Competency with EBP's

There is widespread recognition that culture has an impact on health behaviors, mental health, health service utilization, and service delivery. Different cultures have different ways of expressing and managing health, whether physical or mental. The R5 needs assessment and strategic plan both attempted to address systemic weaknesses and are focused on reducing culture-specific barriers to accessing and using available services.

This plan identified the existence of subpopulations of interest, and identified the need for services within both the LGBTQ+ and Portuguese populations. Each community within Region 5 identified populations it was concerned about, and selected evidence-based programs and strategies based on their evaluation of the cultural appropriateness of those programs. The coalitions understand that different cultures refer to problems differently, they attribute different causes to those problems, and have different approaches for how to address problems. Each community needs to examine the larger cultural context of their particular community to determine whether programs require cultural modifications. For example, a program might require a particular format such as individual work or group work that might be considered disrespectful or inappropriate to a particular community, or the process the program uses may not be congruent with the community's values. Some of the potential cultural factors and cultural variations that the community coalitions may use when considering if program adaptations are needed, and the areas to focus making adaptations include:

- **View of Mental Illness** – does culture have a holistic view of health; what is the attributable source of mental health problems; how is stigma demonstrated?
- **Social Positioning** – level of existing discrimination; degree to which people are treated equally; prevalent stereotypes; level of acculturation; level of interpersonal formality appropriate in the community
- **Lifestyle** – dynamics of family housing; level of educational attainment; social class; development through life span; age; gender; dating rituals; marriage customs; perception of divorce; sexual activity; sexual orientation
- **Health** – use of drugs and alcohol; specific health problems
- **Family Relationships** – family constellation; approaches to discipline; power dynamics within relationships; communication styles
- **World View** – Religious or faith-based practices; view of human nature; views of interconnectedness; views of nature; individuality versus collectivism; locus of control; outlook on life; perception of time

Other considerations in making programs culturally competent include assessing appropriate locations for programs, identifying how participants will get to the program and whether public transportation is available, external and internal characteristics of the program location and whether it is accessible; program service hours; language programs are available in.

If a program requires modifications, it is critical to identify the “key” or “core” components of the program that are essential for it to be effective. This requires consulting available program documentation or contacting the program developer. Most program developers can assist with adaptations, or refer to other communities that have made

successful adaptations. Most adaptations are iterative, and adjustments are made after receiving feedback from potential participants or topic experts on proposed changes. All modifications should be documented, pilot tested, and evaluated to ensure the modification is working and the program continues to have the desired impact.

Lessons Learned

The R5 region is comprised of different sized communities with different challenges and varying levels of resources. While the region as a whole was able to identify numerous commonalities across communities, it is often the differences that create friction. This strategic planning cycle allowed all four communities to jointly address a priority problem while still maintaining autonomy to focus on issues that are particularly important at the local level. The ability to focus on both will help create additional regional infrastructure and will help advance cooperation among communities.

Sustainability of EBP's After Funding Ends

It is very difficult to assess each community's ability to sustain any type of program once initial funding ends. Each coalition is committed to seeking broader community support for effective and well-supported programs, while acknowledging that multiple, competing priorities vie for scarce resources.

Evaluation Plan

The East Bay Region, Region 5 (R5), will evaluate its strategic plan in accordance with its funding requirements. The R5 evaluation plan approach involves a comprehensive evaluation of the strategic plan utilizing a "self-correcting" evaluation model. In this approach, process and outcome evaluations are conducted on an ongoing basis on each component and activity in the plan throughout the implementation. This approach provides the implementation team with ongoing feedback as they collect data on each activity and analyze it concurrently. This approach allows the implementation team to continually monitor its progress and correct its course as implementation progresses. The constant monitoring of early outcomes using objective data helps ensure the project's success as it allows the team to strategize and troubleshoot challenges as they arise enabling them to address them early and effectively.

Process Evaluation

Implementation Monitoring

The process evaluation focuses on implementation progress. In it, all aspects of the timeline and implementation are closely monitored. It ensures the project stays on track by planning for and tracking all major milestones so they are achieved and completed on time. In addition to keeping the project on time, this process also monitors all targets to ensure they are met as well. In the event there are challenges meeting a particular target, this intense monitoring affords the team the opportunity to brainstorm strategies that will allow them to meet their targets despite challenges the team encounters.

In addition to regular project team meetings, the team will hold a monthly meeting to review the project workplan and any data that have been collected the previous month. In this meeting the team discusses activities that took place the previous month and reports data that are available for the activities, any challenges, and accomplishments that occurred. In addition, the team plans ahead for the next month by reviewing upcoming activities and how any needed adjustments will be made. Specific data that

is collected as part of the process evaluation is described below.

Process Data

[Coalition Meeting Feedback Survey](#)

The coalition meeting feedback survey is collected at the end of each coalition meeting. This takes place at both the municipal coalition meetings as well as at the R5 regional coalition meeting. This instrument allows meeting attendees to rate what they like and did not like about the meetings, describe meeting participation, assess how meetings run, etc. Analysis of this data allows the project team to be responsive and in turn provide a better meeting experience for coalition members at future meetings.

[Real Time Zoom Polls](#)

The project team takes real-time Zoom polls when appropriate to get momentary input and feedback from coalition members. These Zoom polls can be used for a variety of reasons but the key value lies in how efficient they are, how they aid and justify decision-making and documentation, and taking action steps. This utility is widely implemented and has been instrumental in our ability to be responsive whether the issue being polled pertains to planning, implementation, or problem solving.

[Quarterly Sector Assessment](#)

Every quarter we assess our coalition sector representation. This round we intend to build and enhance capacity. As part of that effort, we will keep a careful eye on our sector representation. In addition, we will also monitor participation. This will help ensure that we are getting comprehensive community input. If our assessment reveals that all sectors are not well represented, then we will implement outreach activities to guarantee we have the required and desired representation in our membership. If a sector is represented but shows lack of participation, we will reach out to the members in question to problem solve and see if there is anything we can do or improve to garner better participation.

[Social Media Analytics](#)

We have a new communication assistant tasked with monitoring social media analytics that include reach, demographics, etc. This is an expansion over and above our previous use of social media. Having this assistant allows us to have a dedicated person to update and monitor our use of social media so that our efforts are more effective. We will be using the analytics as part of our self-corrective evaluation model by reviewing them at our regular data review meetings to ensure our social media efforts are having the intended effects and reaching the intended audiences.

[State Evaluation Team Collaboration](#)

Part of our evaluation effort includes working cooperatively with the state evaluation team. We will participate in all required activities and data collection. All information that is provided will be reviewed carefully so that we can be responsive to it. For instance, we find the state's coalition survey to be extremely useful in our capacity building efforts and sector assessment.

BHDDH will be collaborating with the state evaluation team to evaluate one selected evidence-based practice for each municipality with the region. The selected strategies for evaluation include:

- Bristol: Marijuana local policy and education campaign

- Barrington: Alcohol compliance checks
- East Providence: Life Skills program
- Warren: Vaping compliance checks

Process Analyses

Process data will largely be analyzed descriptively. That is, the majority of these analyses will be counts and percentages that describe the numbers of people trained, number of messages posted, number of people reached, percentages of demographic subcategories reached, etc. Regular assessment of these numbers and percentages will allow us to determine if we are on target for meeting our goals and if not, where we need to focus our efforts.

Outcome Evaluation

Our self-correcting evaluation approach is particularly valuable in outcome monitoring. Rather than waiting until the project's end to analyze outcome data, we analyze it as it becomes available. This, in turn, lets us know how participants are responding to our activities, programs, and interventions and whether they are having the desired effects.

Quantitative Measures

Several measures will be utilized in the outcome evaluation. Our primary outcome measures come from the Rhode Island Student Survey (RISS). Other outcome measures include pre- and post-test measures for specific programs and interventions that yield outcome information, and additional measures include data we monitor from the RIDE SurveyWorks Survey and Kids Count.

RISS

We used RISS data in our needs assessment from 2018 and 2020 to help us determine the types of programs and strategies should include in our new strategic plan. These data serve as the benchmark for this round of funding, as does the data we will examine for 2022 when it becomes available. Our first use of the 2022 data will be to carefully review it and update trend data in the needs assessment to ensure it wouldn't change any of the decisions we've already made for our strategic plan. Specific measures we plan to monitor include substance use and mental health-related measures as well as risk and protective factors, particular those identified in our logic model.

RISS Administration

We will encourage full participation in the 2024 implementation of the RISS. We received a lot of push-back from school committees and parents on the 2022 RISS. The pushback was statewide and we were impacted by it in R5, especially among our 12th grade students and many parents. For 2020, we had this item on the agenda at school committee meetings which allowed meeting participants the chance to ask questions about the RISS and have them answered. We believe we should see improvement in our 2022 participation rates. For the 2024 administration, we plan to hold more similar meetings with school committees and in other venues to get more participation. We have also asked BHDDH and RIDE to provide more input, and we hope this input will help increase participation. We are also looking at whether there can be school incentives to increase participation. We have done this in the past, and it worked. Providing incentives led to good participation when we provided it and even after it when we got good participation without incentive. We haven't needed to revisit this option again until now. We hope that it will be allowed as it is effective.

Alcohol Scorecards

Last year we created alcohol scorecards for each of our communities. Some of the relevant data was presented in the needs assessment. We will update the scorecards this year and this data will be monitored for outcomes across a variety of measures. Some of the scorecard data comes from the RISS, other comes from social indicators we monitor, and still other data comes from reviewing school policies.

Additional Quantitative Data

Our key additional data will come from the RIDE SurveyWorks survey, the Rhode Island Kids Count annual report, and the National Survey on Drug Use and Health. We included some of this data in our needs assessment. Our immediate plans including updating data we selected as new data become available to monitor trends. We will include other, relevant data as it is identified.

Outcome Analyses

Outcome analyses will use descriptive data (frequencies and percentages) to monitor trends over time in substance use, risk and protective factors, and mental health. We will also use *t*-tests to assess outcomes for programs and activities that have pre- and post-test questionnaires. Correlations will be employed where appropriate to examine relationships between variables of interest.

Qualitative Data

Our qualitative data will be extracted from a qualitative report form we use to document meeting discussions. The form serves two purposes: 1) it allows us to document the content of planned meeting discussions so we have a thorough accounting of the topic and how it was received, items that were addressed pertaining to it, and next steps if appropriate, and 2) it allows us to do the same for topics that come up during meeting that may have been unplanned or came us a result of planned discussion. We refer back to these forms in team meetings to help inform our decision-making and tracking processes, and next steps as needed.

Senior Citizen Population Key Informant Interviews

As part of our needs assessment expansion, we will conduct key informant interviews with seniors and our partners who serve them. The interview data will be analyzed to determine needs and relevant interventions that seniors would be amenable to if the service/activities were available. This data will be included in our updated needs assessment later this year.

Fidelity

R5 is implementing several evidence-based practices. For programs and strategies that have fidelity instruments, we will use them to determine if we are implementing the programs as they are intended. We will also use this information to determine if any modifications that were necessary are being implemented as intended. If any of our programs or strategies do not have canned fidelity instruments or guidelines, then we will develop them for key components of the activities have been identified as "active ingredients" to ensure that those aspects of the implementation are being delivered in a manner that would have the desired impact. Our fidelity activities also extend to alcohol server training where checklists are used to monitor delivery of the training material. Finally, any programs that are implemented are monitored by one of the two coalition coordinators for content who then address any missed points with the person(s)

responsible for delivering the programs.

Evidence-Based Practice Program Outcomes

As previously mentioned, we collect pre- and post-test data on our programs for which learning and action or other outcomes are supposed to take place as a result of the program. Historically, it's been our practice to use pre- and post-tests whenever they are available for programs we implement. As part of our self-correcting evaluation model, we analyze the data after program administrations so we may alter our course or step up our efforts in certain areas should the data point to action that needs to be taken to achieve our goals.

Other Evidence-Based Outcome Monitoring Activities

Related to sustainability (see below) we also incorporate evaluation into new grant opportunities, utilizing the same approach to evaluation and outcome monitoring as described herein. For the Drug Take Back program we do data collection to get process measures and collect quantitative data to find out about knowledge and use of the drug take back boxes.

Cultural Competency and Inclusion

We have a mental health first grant funded by SAMHSA. This grant requires us to provide information about how we ensure inclusion and that we are serving clients across a wide variety of ethnic, racial, and other historically excluded or underserved populations. We set targets and then monitor over the course of the project. The monitoring of this inclusion is also a key component of the self-correcting evaluation model. We will do something similar in our R5 evaluation to monitor cultural competency and inclusion. That is, by monitoring the populations we reach and comparing them against the actual proportions of people that are represented in the population it allows us to determine if we are reaching our citizenry equitably.

In all of our efforts, we have our materials translated into Portuguese translation when needed. However, we have found that this is mostly suited to our older citizens as the younger residents prefer to participate in English, even if they find it challenging as they are nearly always trying to assimilate as it has been made known to us by our partners who serve large segments of the Portuguese population.

Sustainability

It has always been our practice in R5, and even prior to regionalization, to institutionalize effective programs and monitoring practices. We have been quite successful at this and are able to bring some of that institutionalization to this effort, which even in this evaluation. We monitor new funding opportunities and apply for new funding whenever it makes a good fit with our mission and vision and we believe we are capable of carrying out the requirement. We also participate in extensive partnering opportunities to help gain economies of scale wherever possible.

We sustain our policy work by conducting policy reviews utilizing our municipal coordinators and standardized approaches we have developed to make sure we get economies of scale across the region. We will be conducting our school policy review through PFS later this year and will share data with R5 and present it at coalition meetings to help sustain updating policies throughout the region.

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APPENDIX I: COALITION MEETING MINUTES

Regional



**East Bay
Regional Coalition**
Member of Rhode Island Regional Coalitions

Barrington Town Hall
283 County Road, Barrington RI
May 25, 2022 1:00pm

MEETING MINUTES

Sector	Attendees
Education	Laura Hosley, Joanne Royley
Business	Kayla Mulvey, Allison Minugh, Susan Janke, Rochelle Richards
Safety	
Youth/Community	Mellisa Goldstein
Government	Jean Bellm, Kate Michaud
Health	Carolyn James
Staff	Denise Alves, Kristen Westmoreland, Steve Eiland, Bethanie Rado, Madeline Marlow, Barbara Palumbo, Kerri Sousa, Ann Marie Roy
Sector Reports	

WELCOME/INTRODUCTIONS-NEW ATTENDEES

NEED ASSESSMENT-PRIORITIZATION MEETING:

A critical part of our needs assessment is the prioritization meeting. Datacorp attended each of the local coalition meetings in May and today is the prioritization meeting at the regional level.

Datacorp reviewed data from all 4 communities, using, among many other tools, the 2020 RISS. This allows us to see commonalities. They reviewed past 30 day use for alcohol, vaping, and marijuana. They also reviewed rates for mental health on being sad or hopeless and contemplating suicide. They shared the outcomes from the community readiness, with all in the preparation level of change. Following this, they reviewed the municipal priority problems, municipal risk factors, system wide supports, and other areas that could assist us in looking at the priority problem for the region. An exercise in ranking the priority problems was completed. This 1.5 hour meeting with Datacorp was an integral part of formulating a strategic plan and then work plans.

Next Meeting: Wednesday, June 29, 2022, 9am



**Barrington’s Substance Abuse Task Force
Drug Free Community Coalition**

Barrington Town Hall
283 County Road
May 2, 2022 at 3pm-Zoom

Sector	Attendees
Education	Joanne Royley, Ashley Taber
Business	Tricia Driscoll, Kayla Mulvey, Susan Janke, Allison Minugh
Safety	
Youth/community	
Government	Jean Bellm
Health	Donna Daft, Jordyn Hagar
Staff	Denise Alves, Kristen Westmoreland
Sector reports	

Goals of Meeting: State level updates/Local Initiatives

Minutes

State level update

Prioritization meetings are happening in all local and regional coalition meetings in the month of May as part of the needs assessment.

Local Initiatives

Representatives from Datacorp presented data that was compiled from the focus groups, key informant interviews, skills inventory, readiness interviews as well as from other data sources. They facilitated a discussion to determine what the coalition thought should be their primary substance of focus. This facilitated meeting was an 1.5 hour discussion.

Youth Initiatives

None

Other Business/Announcements/Upcoming Events:

Time changing to noon for May 6th meeting.

Next meeting-May 6th , 12:00pm-Zoom

Bristol



**Minutes of The Bristol
Prevention Coalition
May 4, 2022
6:30pm**

In attendance: Barbara Palumbo; Laura Hosley; Kerri Sousa; Emily Spence; George O'Toole; Sean Palumbo; Sgt Vieira; Samantha Palumbo

*PreProm was excellent! Thanks again to Cathy Andreozzi who was our featured speaker and to Chief Lynch for his wonderful "talk" with the students and families! Keith was an amazing emcee.

**Bristol Police Fun Night – will talk more about what the BPD is asking if us next month when there is more time

***BINGO – the machine is in! Let the games begin – planning coming up – dates to be selected by the coordinator.

****Mocktails – Congratulations to MH STAAND and their advisor Kerri Sousa for winning 1st place for Judges' Choice. The judges said that they were thoroughly impressed by how our students truly knew and was able to convey the life of Officer Bob's with compassion AND passion! MHHS STAAND and Kerri has made us very proud!

*****DataCorp Prioritization and Strategic planning – presentation with discussion for how we should approach prevention in the coming year. An emphasis on marijuana and vaping was agreed upon.

Next Meeting = June 1, 2022; 6:30pm – Bristol Maritime Center

East Providence



EAST PROVIDENCE PREVENTION COALITION
May 19, 2022 – 3 pm – City Hall – Conference Room A

ATTENDEES

Madeline Marlow - Coordinator
Jamie Aceto – Public Safety/Law Enforcement
P. Allison Minough – DataCorps

Tony DeSimas – Youth Serving Org.
Kayla Mulvey – DataCorps
Susan Janke - DataCorps

1) Introductory Remarks: Steve Furtado

- Call meeting to order
- Introductions were made. – Madeline explained how many EPPC members informed her that they would not be able to attend the meeting (COVID and other commitments)

2) East Providence Prevention Coalition – Madeline Marlow

- Prioritization meeting was facilitated by DataCorps. Kayla Mulvey reviewed data that was captured during the regions needs assessment. East Providence comprises of 47% of the East Bay Regions population and has the highest level of diversity in the region. Data that was reviewed included past 30-day use changes from 2018 and 2020 as below:
- Alcohol past 30-day use increased in 2020 to 16.7% from 13.9% in 2018
- Marijuana past 30-day use had a slight increase from 2018 (21.6%) to 22.7% in 2020. Higher than the state average of 17.2% but comparable with region.
- ENDs/vaping increased from 10.8% in 2018 to 14.2% in 2020. 7.6% of past 30-day ENDs/vaping users report purchasing from store, 12.3% report borrowing the device. Some concern was expressed by members in attendance on how accurate this data is. Expect a higher percentage to be more accurate (approx. 25% or more)
- Overdose reversals from 10/1/2019 to 9/30/2020 were reviewed. 18 administration events, 21 doses given and 16 EMS transports.
- Mental health data was reviewed and the total of youth who felt sad hopeless in the past 12 months increased from 32% in 2017 to 36% in 2020. Total is slightly higher in EP than other municipalities in region.
- Percent of students who have ever contemplated suicide decreased slightly in 2020 (14%) from 15% in 2020. However, numbers were given to those students to put into better perspective. In 2020, 183 students report contemplating suicide, 100 had a plan, 80 of those students made a suicide attempt with 19 resulting from injury.
- Prescription misuse has decreased overtime and does not appear to be a high priority problem. Rx/OTC medications are an EPPC DFC substance.
- Community readiness was reviewed. East Providence is mostly in contemplation/preparation stage.
- High priority substances and issues were discussed. Primary problems are Alcohol, marijuana, vaping and mental health. Moderate problems were determined to be opiates and suicide and low priority were pills/Rx/OTC medications. No changes made from recommendations although data was questioned on how accurate it may be. Reviewed how and who data is collected from (RISS) and data was collected prior to COVID which has impacted/increase vaping and mental

health issues. Member agreement on vaping, marijuana and mental health as high priority needs.

- Consequences observed prioritization was reviewed. Most agreement in consequences for vaping, marijuana and suicide as high severity. Marijuana moved from moderate severity to high severity category due to pending legislation on adult use recreational legalization.
- Strategic planning was reviewed: at least 1 environmental strategy required, education, awareness of problems & issues will be required.
- Vaping is creating more addictive behavior than traditional tobacco use. Cigarette use has increased though from 2.7% in 2018 to over 4% in 2020.
- Risk & Protective factors were reviewed: 2 out of 8 community risk factors were chosen as priorities (laws & norms around drug use and perceived availability of substances), 2 out of 4 family risk factors were selected (more family management & discipline and family conflict) 3 out of 3 school risk factors were selected (academic failure or low achievement, low commitment to school and bullying) and 4 out of 8 individual risk factors were identified (early initiation of problem behavior, favorable attitudes towards problem behavior, friends engage in problem behavior, rewards for antisocial involvement). Protective factors in each category were also selected: Opportunities for prosocial community involvement (community), attachment & bonding to family (family), added administrative changes, more support (school) and emotional control and interaction with prosocial peers (individual). Participants discussed how COVID has affected risk & protective factors.
- Mental health was selected as priority problem for East Providence as mental health usually has a direct correlation to substance use. Vaping was a strong second for priority problem, followed by marijuana.

Warren



514 Main Street, Warren, RI 02885 – 401-245-7387 fax 401-245-7421
www.warrenprevention.com

D. R. A. F. T

Warren Prevention Coalition Meeting Minutes

May 10, 2022, at 11:00 am

514 Main Street

Warren, RI 02885

Called to Order: 11:02 By Chair Mike Carbone

Attendance: AnnMarie Roy, Michael Carbone, Maria Ursini, John Mattson, Cheryl Iiams, Alondra Berrios, Liz Saviano, Jan Malik, Kristin Beaulieu, Kristin Read, George O'toole, Tara Thibadeau, Kate Michaud, Rebecca StVincent , Barbara Soares, (Business) Makayla Soares (RWU Student)

- **Welcome:** *Everyone reintroduced themselves while Ann Marie and Maria set up the Zoom for the meeting.*
- **Minutes:** *The Minutes* were approved by Liz second by Kristin all were in favor, motion passed.
Treasurer's Report: A motion to accept the Treasurer's report was made by Liz second by Kristin all were in favor, motion passed.
- **East Bay Recovery Center:** George O'toole has resigned as the Recovery Rally Executive Director. The Recovery Center is also starting an Anxiety support group on Tuesdays 5:30- 6:30 PM you can also Zoom in to the group if you feel more comfortable.
- **Parks & Recreation Update:** The Coalition donated \$1,500 to Parks and Rec for their Summer Concerts. Tara said she was looking for

summer help from June 22nd – August 19th for Parks and Rec the program runs Monday – Friday and pays minimum wage.

- **Coordinator's Report:** Maria and Ann Marie talked about Graduate School / upcoming Candlelight Vigil in August / Sticker Shock in July / and having a table at some events.
- **HEZ:** Kristin handed out HEZ Folders with Community Health Surveys.
- The Regional meeting will be on May 25, 2022, at 1:00 PM By Zoom.
- The Regional and Data Corp Zoomed into the Coalition Meeting to talk about the assessment for Warren. The group decided that Vaping was something that they wanted to work on as part of the Regional grant.
- The group continued the discussion after the assessment was over.

- **Motion to Adjourn:** 12:35 PM Jan Second by Kristin

- Our next coalition meeting is June 14 th at 10:00 AM