

Solicitation Information

13 Feb 2012

RFP # 7449479

Strategic Plan for Substance Abuse Prevention

Submission Deadline: 30 March 12 @ 11:00 AM (Eastern Time)

<p>PRE-BID/ PROPOSAL CONFERENCE: Yes Date: 27 Feb 12 Time: 2:00 PM Mandatory : No Location: Department of Administration / Division of Purchases (Bid Room), One Capitol Hill, Providence, RI</p>

Questions concerning this solicitation may also be received by the Division of Purchases at questions@purchasing.ri.gov no later than **9 March 12 at 12:00 Noon (ET)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP / LOI # on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

<p>SURETY REQUIRED: No</p>

<p>BOND REQUIRED: No</p>

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Assistant Director for Special Projects

Vendors must register on-line at the State Purchasing Website at
www.purchasing.ri.gov

Note to Vendors:

Offers received without the entire completed three-page RIVP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

The Department of Administration / Division of Purchases, on behalf of the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) is requesting proposals from qualified agencies to provide training and technical assistance services to community coalitions and entities providing comprehensive school and community based substance abuse prevention and mental health promotion services. The State seeks to attain two overarching goals: one, transfer and application of knowledge described in *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities* (Mary Ellen O'Connell, Thomas Boat, and Kenneth E Warner, Editors; Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth and Young Adults: Research Advances and Promising Interventions; Institute of Medicine; National Research Council; 2009), *Prevention of Substance Abuse and Mental Illness in Leading Change: A Plan for SAMHSA's Roles and Actions 2011 - 2014*, (Substance Abuse and Mental Health Services Administration, 2011), and other rich sources of prevention knowledge; and two, transfer of knowledge and skills necessary to the continued development of and support for a skilled prevention workforce. These services are being sought in accordance with the terms of this solicitation, and the State's General Conditions of Purchase (available at www.purchasing.ri.gov)

BHDDH (also referred to as "the Department") is seeking to fund one vendor to provide training and technical assistance services for municipal coalitions and other entities, including the Department's Prevention Unit, providing comprehensive school and community based substance abuse prevention and mental health promotion services with a priority to providers funded by the Department. These coalitions and other providers are funded by the Department and others to reduce the burden of substance abuse on the state of RI. BHDDH-funded coalitions utilize a prevention planning model based on the Strategic Prevention Framework (SPF) to design and implement substance abuse prevention services within their communities. Other BHDDH-funded providers use a prevention planning model based on either the Strategic Prevention Framework or Communities That Care to design and implement primary prevention services in schools and communities. Prevention and mental health promotion services providers not funded by BHDDH may not use a specific, proscribed planning model.

Vendors that can demonstrate their knowledge, experience and accomplishments providing training and technical assistance to community substance abuse prevention coalitions are encouraged to submit a proposal in response to this Request.

INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

Potential offerors are advised to review all sections of this solicitation carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.

Proposals which depart from or materially alter the terms, requirements, or scope of work defined by this Request will be rejected as being non-responsive.

The state intends to make a single award. All costs associated with developing or submitting a proposal in response to this Request, or to provide oral or written clarification of its content shall be borne by the offeror. The State assumes no responsibility for these costs.

Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.

Proposal misdirected to other State locations or which are otherwise not present in the Office of Purchases at the time of opening for any cause will be determined to be late and will not be considered. The Official time clock is located in the Reception Area of the Department of Administration / Division of Purchases.

In accordance with Title 7, Chapter 1.1 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the state until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). *This is a requirement only of the successful vendor (s).*

Bidders are advised that all materials submitted to the State of Rhode Island for consideration in response to this Request for Proposals will be considered to be public records, as defined in Title 38 Chapter 2 of the Rhode Island General Laws, without exception, and will be released for inspection immediately upon request, once an award has been made.

Interested parties are instructed to peruse the Division of Purchases web site on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.

The offeror should be aware of the State's MBE requirements, which addresses the State's requirement of ten per cent (10%) participation by MBE's in all State procurements. For further information, contact the MBE Administrator, at (401) 574-8253 or visit the website <http://www.rimbe.org>.

It is anticipated that, following the selection of the awardees under this Request for Proposal (RFP), the awardee will enter into an individual Contract of Work, executed by the awardee and the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), which will include specific items or services required by the awardee.

SECTION I
BACKGROUND AND PURPOSE:

BACKGROUND:

BHDDH is the single state authority for the planning, funding, and administering of substance abuse prevention and treatment programs. Funding sources for substance abuse prevention services come from two federal block/formula grants and appropriations from the General Assembly. The funding for this procurement comes entirely from the Substance Abuse Prevention and Treatment Block Grant awarded to the state by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services.

The Department's funded prevention system consists of four major components: municipal task forces (coalitions) established by and funded through the Rhode Island Substance Abuse Prevention Act (RISAPA); student assistance programs also established by legislation; school and community-based programs that implement evidence-based practices funded with federal dollars; and the Enforcing Underage Drinking Laws program (EUDL), which seeks to reduce underage drinking through enforcement of existing laws and advocating for policies and procedures to reduce youth access to alcohol.

The task forces/coalitions funded through the RISAPA represent all of the state's 39 municipalities organized into 35 task forces. The purpose of the RISAPA is to promote comprehensive prevention programming at the community level. Municipal task forces/coalitions are required to conduct a local needs assessment and engage in planning, implementing, and evaluating preventative interventions designed to produce long-term reductions in rates of alcohol, tobacco, and other drug use and abuse.

Student assistance programs funded by the Department provide identification and early intervention services for students in 21 middle schools and 26 high schools. Student assistance programs are modeled on Project Success and seek to reduce alcohol and other drug use by students.

EUDL, which is funded by the Office of Juvenile Justice and Delinquency Prevention, is the state's primary vehicle for implementing environmental strategies to reduce underage drinking.

Certification of Prevention Providers. Individuals employed to provide prevention services (including subcontractors) shall meet the minimum standards for a Certified Prevention Specialist in accordance with criteria established by the Rhode Island Board for Certification of Chemical Dependency Professionals within three calendar years from the date of Standards promulgation or from their date of hire, whichever is most recent. In order to meet the current certification standards, provider prevention personnel must:

1. Be a graduate of an accredited college or university with a bachelor's degree in community development, education, public administration, public health, psychology, sociology, social work or closely related field

2. Have one year or more of full-time equivalent professional experience in education, public health, mental health, human services, or a closely related area
3. Additional years of experience may be substituted on a year-for-year basis for the education requirement
4. Apply as an Associate Prevention Specialist through the Rhode Island Board for Certification of Chemical Dependency Professionals

There are currently 4 levels of prevention certification:

- APS- Associate Prevention Specialist (New)
- CPS- Certified Prevention Specialist
- ACPS- Advanced Certified Prevention Specialist
- CPSS- Certified Prevention Specialist Supervisor

The Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals Ruels and Regulations for the Certification of Substance Abuse Prevention Organizations Section 14.2: Staffing and Staff Qualifications requires that staff of Department funded prevention programs become accredited as Certified Prevention Specialists by an ICRC member body. The successful offeror will present a plan consisting of proposed training events and publication of training events that meet the requirements for certification of Prevention Specialists in Rhode Island.

The primary objectives of this procurement are to continue development of an infrastructure that supports community-based environmental prevention interventions within local coalitions that address state priorities; support implementation of evidence-based prevention programs and practices; and support the development of a prevention workforce.

BHDDH wants to build on the successes of the Strategic Prevention Framework State Incentive Grant project (SPF SIG) There will be a continuation of focus on the core areas of the SPF SIG as well as a focus on BHDDH's current priority, marijuana and other drug use by adolescents and young adults:

- Prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking and marijuana and other drug use by adolescents and young adults;
- Reduce substance-abuse related problems in the communities; and
- Build prevention capacity and infrastructure at the state and community levels.

As a result of evaluation (the SPF SIG evaluation report is an attachment to this RFP) it was determined that there continue to be gaps in the overall substance abuse prevention infrastructure. This RFP was developed to eliminate those gaps by creating a coordinated training and technical assistance resource center. The successful applicant will provide the training and technical assistance needed to develop and enhance the capacity of prevention services providers to develop and implement evidence-based programs, practices, and policies; and to support the development of a knowledgeable and skilled prevention workforce. Learning from the experiences of the SPF SIG, the implementation of the scope of work of this RFP will continue to address the need to further build capacity by developing both a Strategic Substance Abuse Prevention Plan and a

Workforce Development Plan. These plans will then contribute to the state's overall substance abuse prevention goals and objectives.

SECTION II

SCOPE OF WORK

The successful vendor will provide training and assistance services for the RISAPA municipal coalitions, BHDDH-funded school and community based prevention services providers, the Department's prevention and planning unit, and other substance abuse prevention and behavioral health promotion and prevention coalitions and programs with a priority to providers funded by the Department. It is estimated that approximately twenty (20) percent of the labor hours will be training and the remaining eighty (80) percent will be provision of technical assistance to prevention services providers and coalitions, and the Department. In any event, offerors are encouraged to present proposals that will support development of the prevention workforce and support application of prevention knowledge and technologies to prevention and mental health promotion programs. (PLEASE NOTE: offerors proposing only training or only technical assistance will be considered non-compliant with this procurement.)

Training, as it appears in this solicitation, is presumed to refer to provision of information in curricular format. This will include training on the Strategic Prevention Framework, transfer and application of prevention research findings, and topics associated with prevention certification for the prevention workforce. The successful vendor will conduct a training/staff development needs assessment of the prevention workforce within the first 60 days of the effective date of contract award (EDOC). The successful vendor will work collaboratively with the Department to identify the prevention workforce prior to conducting the assessment. (Note: the Department has conducted a survey of prevention funding by other state departments and anticipates that those funded programs, and others, will be included in the training needs assessment.) The successful vendor will be required to provide up to two training events within the first six months (180 days) of the award, one specific to prevention certification requirements and one on a topic suggested by prevention workers as a result of the training/staff development needs assessment. Subsequently, the successful vendor will offer two training events specific to prevention certification requirements per year in addition to publicizing other certification related training events available to Rhode Island's prevention workforce. The successful vendor will also be responsible for coordinating training on coalition building; evidence based practices, policies and programs; and to support prevention workforce development throughout the term of the contract. The successful vendor will maintain a website that aggregates available prevention training opportunities of not only those provided by the vendor but also those offered by other training organizations in Rhode Island, Connecticut, Massachusetts, and available online.

Technical Assistance (TA), as described in this solicitation, will include more formalized assistance/consultation meetings of multiple prevention service providers as well as individualized assistance/consultation to providers in the areas of coalition building; evidence-based practices, policies and programs; and other areas as approved by the

Program Manager for this program. The successful vendor should anticipate that technical assistance can be provided in a variety of formats, including electronic IA (phone, conference call, email, distance learning) and face-to-face (meetings on or off site) dependent upon the specific needs of individual recipients or the group of recipients. Applicants are encouraged to think about use of the technology (web-conferencing, on-line courses, moderated list-serves) to help facilitate provision of IA. **Most of the TA for this RFP should reflect an individualized one/one format.**

The successful applicant will be required to have a full-time project director available within 30 days of the effective date of the award. Also, it is expected that the successful applicant will have its entire professional staff hired and on-board within 60 days of the effective date of the award.

Rhode Island Prevention Resource Center

The Rhode Island Prevention Resource Center (RIPRC) is a statewide resource for organizations, school systems, regional and community coalitions, the Department, and others engaged in preventing the initiation of alcohol and other drug use (substance use); preventing progression from initial use to regular use, abuse and dependency; educating communities and the general public about the consequences of substance use; interrupting substance use consumption patterns; preventing the consequences of substance use; and promoting mental health.

Topic areas of service covered by this request include but are not limited to:

1. The RIPRC provides its customers with technical assistance on
 - The selection and implementation of evidence-based programs, practices and strategies as well as evaluating the effectiveness of programming
 - The development and implementation of promising programs and strategies
 - The development of logic models and evaluation methodologies
 - Culturally appropriate implementation of prevention strategies
 - Strategies for maintaining fidelity when replicating proven programs and/or practices
 - Promoting mental health and preventing mental illness.
2. The RIPRC provides its customers with resources and support for
 - Developing the capability of prevention staff
 - Expanding the prevention workforce
 - Managing prevention programs
 - Engaging stakeholders

- 3 The RIPC provides its customers with training and technical assistance on
 - Issues involved with inter-organizational collaborations
 - Prevention technology and skills transfer
 - Team building and community mobilization
4. The priority rosters of customers for the RIPC are
 - BHDDH-funded community and school-based prevention programs and organizations
 - Local, municipal/community coalitions
 - The Prevention staff of BHDDH
 - Non-BHDDH-funded community and school-based prevention programs and organizations

The RIPC will utilize the following technology, skills, and knowledge transfer strategies to meet the needs of its customers.

- Expert consultation to individual organizations and small groups of representatives from different organizations
- Training of groups of individuals representing single or multiple organizations on
 - Principles of prevention work
 - Principles of coalition building
 - Cultural Competency
 - Prevention planning and program evaluation
 - Strategies for implementing environmental prevention programs
 - Environmental and community-based strategies that effect population level change
 - Components of the Strategic Prevention Framework
 - Prevention program management
 - Working with college students and young adults
 - Training of trainers (topics to be determined)
 - Other topics as determined in consultation with BHDDH
- Training and expert consultation/technical assistance on all five steps of the Strategic Prevention Framework (SPF).
- Training and expert consultation/technical assistance on Organizational Development and Environmental Program Management for coalitions.

Other Services To Be Provided

- Meeting Planning, including
 - Logistics
 - Administrative support (preparation of materials, distribution)
- Attendance at regular sub-recipient meetings

- Attendance at planning meetings with the coalition staff and representative of the Single State Agency (weekly to bi-weekly during the first 3 – 4 months post award, monthly thereafter) to prepare a training and technical assistance plan (see items 2 & 3 above)
- Management services for the Department, including review of monthly, quarterly, and semi-annual reports of programs implementing the Department’s Marijuana Initiative.
- Technical assistance to and support for the Department on the development of a strategic plan for prevention and a prevention workforce development plan.

Deliverables and Reports

- Quarterly reports on activities
- Summary of review of reports from programs implementing the Department’s Marijuana Initiative within 30 days of review
- Annual report on activities

Approximately **\$195,000** is available to fund one vendor for a five (5) year award (three base years plus two option years) commencing approximately XXXXXX. Any award resulting from this request will be subject to the state’s General Conditions of Purchase, which is available from the Internet at www.purchasing.ri.gov, as well as the terms of this request.

**SECTION III
VENDOR QUALIFICATIONS**

Agencies with the following qualifications are eligible to apply:

- At least 5 years’ experience providing training and technical assistance to community agencies; preferably substance abuse prevention coalitions
- A project director with 5 years of experience in a training and technical assistance setting, or equivalent.
- Familiarity with the Substance Abuse Mental Health Services Administration’s Strategic Prevention Framework and/or The Communities That Care framework.
- Sufficient staffing to provide services as described in the scope of work.
- An office based in RI (if the vendor does not have a RI office at the time of application, they must establish one within 60 days of the effective date of award)

← **SECTION IV**
← **REQUEST FOR PROPOSAL CONTENT/FORMAT AND SCORING**

FORMAT. Applicants should submit a proposal conforming with the following formatting requirements:

- Font and Margins: use a font size no smaller than 12 points and page margins no less than one inch on all sides.

- Page Length, Sections A - C: the maximum number of pages for Sections A - C is limited to 30 pages.
- Page Length, Section D: the maximum number of pages for Section D is limited to 20 pages.
- Page Length, Section E: there is no maximum page length for this Section.
- Page Length, Section F: applicants are advised to include no more than 20 pages for this Section.
- Cover Page: a cover page clearly indicating the offeror's organization name; address; and name, telephone number, and email address of contact person for the proposal.
- Abstract: an abstract of no more than one page that summarizes the offeror's proposal.
- Header: please include the applicant organizations name in the header (right justified) of all pages of Sections A - E
- Please number all pages beginning with the first page of the narrative, i.e., the first page of Section A.

A. Description of the Organizational Capacity to Provide Services Described in Sections I and II (25 points)

Please describe the following:

1. Description of agency
2. Prior experience with provision of training and technical assistance services, especially:
 - a. Prior provision of training and technical assistance for substance abuse prevention coalitions in Rhode Island
 - b. The specific types of substance abuse prevention training provided
 - c. The specific type and manner of substance abuse prevention technical assistance provided
 - d. Any prior training or technical assistance provided on the Strategic Prevention Framework (SPF)
 - e. Any prior training or technical assistance on Cultural Competence
 - f. Any prior training or technical assistance on promoting mental health and preventing mental illness
 - g. Staffing (please note: the Project Director is considered Key Personnel requiring approval from the Department prior to hiring)
 - h. If possible, a list of consultants/contractors who may provide specialized training and TA (append resumes)

NOTE: "prior provision of training and technical assistance for substance abuse prevention coalitions in Rhode Island" is a preferred but not a required experience for applicants.

B. Implementation Plan & Timeline (35 points)

Please provide an implementation plan for years 1 and 2 based upon information in Sections I & II and the Department's intent to provide two Prevention Specialist certification training events starting no later than year two of the contract [NOTE: training may be provided in any format acceptable to the IC&RC.]

The implementation timeline should include a detailed plan for

- Staffing the project
- Conducting a training needs assessment
- Conducting a technical assistance needs assistance
- Developing and publishing a training and technical assistance website; and a plan for maintenance and updating
- Developing a database of consultants and trainers
- Implementing technical assistance
- Planning and implementing training
- Continuous updating of training and technical assistance needs assessments
- Developing a draft strategic plan for prevention
- Developing a draft plan for prevention workforce development.

Please describe the combination of staff and consultants/contractors who will provide these services and roles of each party in the provision of training and technical assistance

Note about consultants and trainers: the daily fee for consultants and trainers is limited to a maximum of \$450 per day. Prior approval from the BHDDH Program Manager is required prior to initiation of work by any consultant with a higher daily fee. The proposed budget must be reflective of this daily fee limitation.

C. Management Support (15 points)

Though the primary purpose of this procurement is to secure expert training and technical assistance support for Rhode Island's prevention services providers, it is also expected that the successful applicant will provide management support to the Department's Prevention Services Unit. This support will include

- Reviewing and commenting on monthly, quarterly, semi-annual, and annual reports from the Reducing Marijuana Use Initiative contractors
- Providing support for quarterly meetings of the Reducing Marijuana Use Initiative contractors
- Developing, publishing, and maintaining a prevention website, which will be oriented to prevention services providers and the general public. This website will also function as a portal for data and reports published by the State Epidemiology and Outcomes Workgroup (SEOW).
- Convening and maintaining a Prevention Advisory Group, consisting of representatives from the SEOW, the evaluation contractor, the Governor's Council on Behavioral Health, and the prevention field.
- Supporting the development and drafting of a strategic plan for prevention and a prevention staff development plan.

[NOTE: the Department estimates that this task may cost up to 10 percent of the amount available for this procurement. The Department's estimate is just that, an estimate; proposals will be reviewed based on the overall response to this RFP.]

Optional Task: Provide support for an annual RI prevention conference, which, if requested, will not occur before Year 2 of this contract and may include training described above (See E., Budget, for additional information.)

D. Required Appendices (10 points)

The following appendices are required and will be included in the review and scoring of the proposal. (Please note that a 20 page limit applies to the required appendices.)

1. Description of vendor qualifications and demonstration that the vendor has at least 5 years experience providing of training and technical assistance to community agencies; preferably substance abuse prevention coalitions.
2. Curriculum Vitae/resume of the proposed Project Director (required), professional staff, and any consultants/contractors identified in staffing or implementation sections. [Format attached.]
3. Job descriptions for all proposed positions
4. Acceptance letter from proposed Project Director.

E. Budget (15 points)

Please provide a budget for one year and a proposed budget for base years two and three, and option years four and five. The budget should include, but is not limited to the following items:

Personnel. A staffing pattern sufficient to insure that the training and technical assistance needs of community coalitions, BHDDH and other funded prevention programs can be met.

The position of Project Director is considered key personnel. Offerors must propose a candidate for Project Director and if the proposed candidate is not an employee of the offeror at the time of application, a position offer acceptance letter must be included with the proposal (see also D., Required Appendices).

Consultant/contractor pool to provide specialized training or technical assistance.

[NOTE: trainer and consultant fees are limited to a maximum of \$450.00 per day. Any fees in excess of this amount must be approved in advance by the Department.] The budget should not include any trainer and/or consultant fees in excess of \$450 per day.

Travel & Professional Development

The Department expects that the successful applicant will ensure that its staff will be knowledgeable of current trends, research, and evidence-based practices in the prevention field. Therefore, applicants must include registration, travel, and per diem costs for at least one staff member to attend the National Prevention Network Prevention Research Conference and for one staff person to attend the annual meeting of the Society for Prevention Research. Attendance at other conferences and meetings is at the discretion of the successful applicant with the approval of the Department's Program Manager

Operating expenses. Include all expenses necessary to implement the tasks of this contract. Applicants must use the budget template included with this solicitation.

Optional Task: Rhode Island Prevention Conference. Include a separate budget that displays anticipated revenues and expenses for this optional task. Contract funding may be used for planning and upfront expenses, but revenues must be used to cover all conference expenses.

F. Other Appendices

Though these appendices are not included in the scoring of applications, they may contribute to the reviewers' overall understanding of the proposal.

SECTION V VENDOR QUESTIONS

A pre-proposal meeting, as described on page one of this solicitation, will be conducted for all interested parties to attend.

In addition, questions concerning this solicitation may also be e-mailed to the Division of Purchases at questions@purchasing.ri.gov no later than the date & time indicated on page one of this solicitation. **Questions** should be submitted in a *Microsoft Word attachment*. Please reference the RFP # on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. For computer technical assistance, call the Help Desk at 574-8100 OR 222-3766

Proposals to provide the services covered by this Request must be received by the Division of Purchases **on or before the date and time indicated on page one of this solicitation**. Responses received after this time, as registered by the official time clock in the reception area of the Office of Purchases, will not be considered

Responses (**a signed original and three copies**) should be mailed or hand-delivered in a sealed envelope marked "RFP# 7449479: Strategic Plan for Substance Abuse Prevention" No faxed, or emailed, proposals will be accepted.

Deliver to:

Department of Administration / Division of Purchases
One Capitol Hill (2nd floor)
Providence, RI 02908-5097

The Vendor assumes responsibility for proposals submitted by mail or commercial delivery service. Proposals misdirected to other state locations or which are otherwise not present in the Office of Purchases at the time of opening, for any cause, will be determined to be late and will not be considered. Faxed, or emailed, responses to the Division of Purchases will not be considered,

SECTION VI RESPONSE CONTENTS

Responses must include the following:

1. An R.I.V.I.P. generated bidder certification cover sheet (downloaded from the RI Division of Purchases Internet home page at <http://www.purchasing.ri.gov>,
2. A statement of experience describing the Vendor's background, qualifications, and experience with and for similar projects, and all information described earlier in this solicitation
3. A completed and signed W-9 downloaded from the RI Division of Purchases Internet home page at <http://www.purchasing.ri.gov>,
4. Please submit an original and two copies of the offerors complete response to this request. In addition, offerors are requested to submit two (2) electronic versions of Sections A - E only. The electronic version may be submitted on CD, DVR, or flash drive. The electronic version must be identical to the paper copy and must be submitted as a PDF (portable document format). The original, printed proposal will be the controlling document.
5. Notwithstanding the above, the State reserves the right to accept or reject any or all offers. The State also reserves the right to award in whole or in part, on the basis of cost alone, and to act in the best interest of the State

SECTION VII ATTACHMENTS

There are four attachments to this RFP:

- Budget Format and Instructions
- Format for Resumes
- Rhode Island SPF SIG Evaluation Report
- Draft Rhode Island Prevention Strategic Plan

State of Rhode Island



Strategic Plan for Substance Abuse Prevention 2010 - 2015

DRAFT

Rhode Island Department of Behavioral Healthcare, Developmental Disabilities &
Hospitals

Table of Contents

EXECUTIVE SUMMARY

Overview

The RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) is the single state authority for substance abuse treatment and prevention. During the federal fiscal year 2009, approximately \$6,594,414 for substance abuse prevention were administered by BHDDH in efforts to prevent substance abuse in the state of Rhode Island. This plan lays out allocation strategy for substance abuse resources from state fiscal years 2010 – 2015 based upon the 2009 revised state epidemiologic profile and state priorities emerging from the epi profile. The plan assumes current levels of funding for two federal funding streams and one state general revenue funding stream, totaling approximately \$ 4,011,449 dollars.

This strategic plan features:

- Results of the 2009 state epidemiology profile conducted by the State Epidemiology and Outcomes Workgroup
- State prevention priorities derived from the 2009 epidemiologic profile
- An overview of existing funding streams and award amounts
- An analysis of how each funding stream fits into the overall system for substance abuse prevention
- How these various funding streams might be leveraged to support achieving population level change measurable by SAMHSA's National Outcome Measures (NOMs)
- Recommendations based upon the key findings of the analyses are offered.

Results of 2009 State Epidemiologic Profile

Rhode Island's rates of illicit drug use, including marijuana, continue to be unacceptably high as compared to other states in the nation and within the Northeast region. This trend has been consistent, even increasing, for multiple time periods. ***One out of every four Rhode Island students reported using marijuana in the past 30-days, a prevalence rate 25% higher than the rest of the country and in 2007, Rhode Island's prevalence rate was the fourth highest in the country.*** Moreover, Rhode Island students were 10% more likely to begin use at an earlier age than their counterparts throughout the nation.

These data are consistent with evidence from the 2005/2006 National Survey on Drug Use and Health (NSDUH), where RI ranked highest in the country for persons aged 12 and older reporting use of illicit drugs within the past 30 days. For the same reporting period, RI was among the top ten states in the country for past 30 day marijuana use for persons aged 12 and older. The call to action for RI is clear and compelling and is supported by multiple, reliable data sources

State Substance Abuse Prevention Priorities Based Upon the Epidemiologic Profile

The State Epidemiology and Outcomes Workgroup/Technical Consultancy Workgroup recently conducted a state level needs assessment using current data regarding the consequences of substance use and substance use consumption patterns. Based on this assessment, the following statewide priorities were identified and endorsed by the Governor's Council on Behavioral Health at their May 2009 meeting:

- Consequence: proportion of population 12 and above meeting DSM-IV diagnostic criteria for drug abuse or dependence
- Consumption patterns (2):
 - Use of marijuana by youth in Grades 9 -12 , and
 - Use of illicit drugs by youth in Grades 9 -12

Based on these data nineteen (19) communities were identified as high priorities for intervention. These were: Bristol, Central Falls, Cranston, East Providence, Lincoln, Middletown, Narragansett, Newport, North Kingstown, North Providence, Pawtucket, Providence, Tiverton, Smithfield, Warren, Warwick, Westerly, West Warwick, and Woonsocket. Local substance abuse prevention coalitions in these communities have been identified as key partners who can assist the state by developing and implementing local strategic plans using culturally relevant and appropriate evidence-based strategies to reduce the problems associated with use of illicit drugs and marijuana. These 19 communities have been determined to have the highest level of need among RI's 39 cities and towns and are the most significant contributors to the state burden of substance abuse.

Funding Stream Analysis (Available Financial Resources)

Two major funding streams will sunset during this five year period. The Strategic Prevention Framework State Incentive Grant will end at the conclusion of the 2010 federal fiscal year (September 30), resulting in a loss of 2.3 million dollars. Safe and Drug Free Schools and Communities/Governor's Portion (SDFS/GP) was not included in the President's 2010 federal budget and funds available from prior year awards will be exhausted effective June 30, 2011. In total, this represents a loss of about 2.5 million annually.

This will leave four major sources of funding remaining to support substance abuse prevention efforts:

- Substance Abuse Prevention and Treatment Block Grant (SAPTBG) from the Substance Abuse Mental Health Services Administration, and
- Enforcing Underage Drinking state grant from Department of Justice/Office of Juvenile Justice Delinquency Prevention.
- RI Substance Abuse Prevention Act (RISAPA Task Forces) funding for communities (state general revenues), and
- Student Assistance Services (SAPTBG and state general revenue)

Table 1 – Funding Stream Analysis

<i>Initiative</i>	<i>Funding FY2009</i>	<i>Prevention Initiatives</i>
<i>SAMHSA/ Substance Abuse Prevention and Treatment Block Grant (SAPTBG)</i>	\$1 6m	Awards to vendors for selected / indicated populations Awards for universal direct (e g , evidence-based school curriculum) Establishing a sustainable system for training and technical assistance
<i>SAMHSA/ Strategic Prevention Framework SIG</i> <i>(ends 9/30/10)</i>	\$2 3m	Fourteen (14) sub-recipient communities implementing a comprehensive set of environmental strategies, including media, policy and enforcement Three (3) of these communities are also implementing education strategies
<i>US DOJ Office of Juvenile Justice and Delinquency Programs / Enforcing Underage Drinking Laws</i>	\$350,000	Mothers Against Drunk Driving / RI (MADD/RI) funded to coordinate statewide policy and enforcement efforts to reduce underage drinking Components include an advisory committee, training law enforcement in best practices and advocating for changes in state laws and policies An annual alcohol purchase survey is conducted with the state administrative portion of these funds
<i>US DOE/ Governor's Portion-Safe and Drug Free Schools and Communities</i> <i>(ends 9/30/11)</i>	\$232,000	Two (2) vendors currently receive awards to incorporate evidence based prevention programs into existing afterschool activities
<i>RI State General Revenues: RI Substance Abuse Prevention Act (RISAPA) Task Force Funding</i>	\$1 1m	Funds 35 community substance abuse prevention coalitions (called "task forces") to plan and coordinate substance abuse prevention activities within their respective communities. The coalitions have recently proposed a statewide underage drinking logic model which would drive their work and the SSA has tentatively accepted this proposal, pending revisions
<i>RI State General Revenue Funding: RI Student Assistance Services</i>	\$961,449	Provides funding for the implementation of student assistance services, based upon the Westchester model, at RI high and middle schools.

*Shaded areas represent federal discretionary funding streams that will end within the next 2 years.

Integration of Funding Streams into State Prevention System & Priorities

Approximately \$4,011,449 of funds will be available to support state substance abuse prevention priorities. Of this amount, approximately \$1,450,000 is currently directed at underage drinking (SPF SIG funding is not included in this estimate, as it will no longer be available to the state at end of FFY 10). This amount could continue to support underage drinking reduction/prevention efforts for the five year period described.

Reduction & Prevention of Underage Drinking ~ Leveraging RISAPA & EUDL Funds@ \$1,450,000

Two funding streams, EUDL and RISAPA, have been designated to support prevention of alcohol abuse, especially underage drinking. Alcohol abuse and underage drinking have been previously identified as state priorities based upon national and state data sources. These continue to be problem areas but show downward trends nationally and within the state. Some reasonable level of funding must be directed to reducing underage drinking if the state seeks to maintain these positive outcomes.

The Enforcing Underage Drinking Laws award is categorical and, as the name implies, must be used to support enforcement of underage drinking laws. In addition, the RISAPA Task Forces have developed a state wide approach to underage drinking, including the development of a state wide logic model, with a focus on addressing youth access (retail & social). These two complementary funding streams could be leveraged at the municipal level to implement a comprehensive set of environmental strategies to address underage drinking.

RISAPA Task Forces could implement a variety of media and policy strategies to support reduced access to alcohol for under-21 youth. These can be combined with and complement EUDL efforts to increase the quantity and quality of enforcement of underage drinking laws statewide. These enforcement efforts should be combined with EUDL state level policy/advocacy efforts to reduce youth access to alcohol (such as advocating for amending the state social host liability law to include parties under 21; included non-pouring establishments in the state's Responsible Beverage Server Training statute). Specifically, the EUDL contactor can focus on building capacity of local/municipal police departments to enforce laws and to provide TA to communities on best practices in enforcement. RISAPA communities can implement local (municipal level) media strategies and policy strategies that address youth retail and social access sources within their communities. These can include social marketing and social norm campaigns which address reduced demand and policy/ordinance which restrict supply.

The leverage of these two funding streams would effectively saturate youth access, while allowing each community to determine which community conditions lead to youth access and implement environmental strategies to address that specific condition. The combination of enforcement,

policy and/or media will represent a comprehensive approach implemented in each RI community and should have the power to “move the needle” at the state level.

Illicit Drug and Marijuana Prevention ~ Leveraging SAPTBG and Student Assistance Funds @ \$2,561,449

The remaining funding streams, SAPTBG funds and Student Assistance could be jointly leveraged to reduce consumption of illicit drugs and marijuana. A two prong approach could be implemented in the nineteen communities (or some subset of them) identified on page 5: selective or indicated approaches funded through Student Assistance funding complemented by and combined with universal direct approaches, such as implementation of an education strategy aimed at all 7th grade students.

Recommendations

Leveraging Funding Streams for Prevention/Reduction of Underage Drinking

Utilize EUDL and RISAPA Task force funding to continue to address underage drinking. Retool and redesign the Scope of Work for each to maximize their respective strengths – e.g., EUDL efforts and activities should support enforcement efforts related to underage drinking and development of an annual statewide policy objective related to either strengthening existing underage drinking prevention laws or education/advocacy for new laws. RISAPA could focus on complementary media and local (municipal level) policy/advocacy strategies to reduce youth access. These efforts should be closely coordinated at both the state and community level and would represent a comprehensive approach to reducing youth access to alcohol (both supply and demand reduction) underage drinking prevention that impacts RI’s 39 cities and town.

Leveraging Funding Streams for Prevention/Reduction of Illicit Drug Use

SAPTBG and Student Assistance funding should be jointly leveraged to address illicit drug use. SAPTBG funding would target the 19 high need communities (or some proportion of them) and support universal direct strategies linked to schools with existing Student Assistance Programs, such as implementation of evidence based curricula for a middle school setting, to insure that there’s sufficient reach and dose strength to obtain change that could “move the needle” at the state level. Student Assistance funding would continue to support selective or indicated populations with assessment and referral services for youth.

Recommended Allocation Strategies

Current funding practices with EUDL and RISAPA can be continued in their current form and will be able to support the comprehensive approach described. RISAPA task forces may need additional technical assistance with identification and selection of relevant and appropriate evidence based media and policy strategies, as there is greater variability in coalition capacity to implement these strategies.

The SAPTBG funding is up for rebid during SFY 2010. In order to direct funding to the 19 priority communities, the Request for Proposals should limit eligibility to the 19 priority communities, or some subset of them based on contribution to state burden of illicit drug use. Furthermore, successful vendors should be required to demonstrate through Memoranda of Understanding with local educational authorities that they can implement an appropriate evidence based educational strategies directed to a universal direct population (e.g., all 7th graders in a school district or school wide in a larger urban community). For those vendors proposing school wide versus district wide intervention, a threshold should be set where at least 10% of the grade level students from that district are represented in universe to insure that there is at least measurable change at the community level.

Efforts should be undertaken to insure that there are adequate levels of human and financial resources directed to Student Assistance Services in the 19 priority communities. This may also require some retooling of the current allocation strategy for both state general revenue and SAPTBG dollars that have traditionally supported student assistance. For instance, SAPTBG may fund the 19 priority communities and state general revenue dollars would support the remaining communities.

Supporting Innovation

Supporting innovative initiatives and interventions is critical to a state system's ability to address emergent needs in a culturally relevant and appropriate way. However, increasingly limited resources available require a thoughtful approach to use of innovation to support state identified priority problems. Approximately 10% of SAPTBG "programmatic" funds should be made available to support strategy implementation should be set aside to support innovative approaches and interventions, with the following conditions:

- The innovation should specifically address risk or protective factors linked in the literature to consequences of illicit drug and marijuana use
- The target population should be underserved populations within priority communities who are not reached by school based interventions
- Awards should not exceed 2 years with a possible one year extension to accommodate emergent needs of the state
- Awardees execute an agreement to work to move their intervention along the continuum of evidence by participating in CSAP's Service to Science Initiative, if nominated by the SSA

Leveraging Resources to Support Capacity Building & Technical Assistance

Rhode Island lacks intermediary technical assistance providers who can assist the state in building the capacity of the community and vendor pool to provide high quality, evidence based interventions to populations who need within the major funding streams that will be available for use in the state fiscal years 2010 - 2015. There are not prevention resource centers or entities

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providing coordinated training and technical assistance to RI SAPTBG awardees or community coalitions.

RI contracts with the Drug and Alcohol Treatment Association of Rhode Island to provide training to prevention and treatment providers. RI's training system is very good and the contractor provides high quality trainings that are pertinent to state needs, affordable to the vendor network and well received. However, the system for training exists separate and apart from the technical assistance system. Technical assistance requests are handled separately by program managers at the SSA who either attempt to provide the technical assistance requested or identify external resources (such as the Northeast Center for the Application of Prevention Technologies, Pacific Institute for Research and Evaluation, or Community Anti-Drug Coalitions of America) to provide those needs for the vendor network.

Recent reductions in the state work force and hiring freezes have had dramatic impact within behavioral health and have essentially reduced available staff to 1.5 FTE and it is impossible with the existing staffing pattern to provide even minimum technical assistance. It is recommended that the state consider reserving some SAPTBG funding to fund a technical assistance provider who would support both SAPTBG awardees and community coalitions in their efforts to implement prevention services within RI communities. This will continue to increase the community capacity to appropriately blend individual and environmental approaches to state priorities.

INTRODUCTION

Purpose

This strategic plan sets a vision for Rhode Island's state prevention system covering the period 2010 through 2015. This is meant to be a blueprint for the state, communities, service providers and other key stakeholders who have an interest in how substance abuse prevention service planning and delivery impacts their world

This plan describes:

- the substance abuse prevention needs of the state based upon data collected at the national, state and sub-state level
- prioritizes them based upon a series of "filters"
- identifies existing strategies utilized (CSAP strategies)
- identifies types of intervention types (Institute of Medicine)
- describes the power of the interventions to impact NOMs

RI's System for Planning and Delivery of Substance Abuse Prevention Services

The RI Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH) is the single state authority for substance abuse prevention and treatment. It is the charge of BHDDH to determine state wide prevention and treatment needs and to address those needs. The process currently followed is collection of data by BHDDH or its agent, establishment of priorities based upon that data in consultation with the Governor's Council on Behavioral Health, and contracting with vendors to provide services to one or more target populations based upon that data.

STATEMENT OF NEED - SUBSTANCE ABUSE PREVENTION SERVICES

Overview

Rhode Island's State Epidemiology and Outcomes Workgroup (SEOW) has reviewed a wide variety of within state data related to substance use and abuse as part of its charge under the RI Strategic Prevention Framework State Incentive Grant (SPF SIG). They continue their work in identifying both the most valid and reliable indicators for use with a state wide system for surveillance of substance use/abuse as well as valuable cross-departmental analyses that may inform future resource allocations.

The Technical Consultancy Workgroup of the SEOW recently revised and updated the state epidemiologic profile developed for the SPF SIG for use by RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals as it begins the work of determining how to allocate and deploy resources associated with the prevention set aside of the Substance Abuse

Prevention and Treatment Block Grant (SAPTBG) This data has also been used to inform how other funding streams might be leveraged and coordinated in a fashion that can achieve population level change detectable in the Substance Abuse Mental Health Service Administration/Center for Substance Abuse Prevention National Outcome Measures (NOMs).

State Epidemiologic Profile

Methodology

The priority needs were derived from a review of substance use consequence and consumption indicators contained in the Center for Substance Abuse Prevention’s State Epidemiology Data Set (SEDS). The set of indicators contained in our original SPF SIG state strategic plan and those data collected for the SPF SIG were used as baseline and updated with more recent data, permitting us to conduct trend analyses.

The SEOW Technical Consultancy Workgroup prepared a revised state epidemiologic profile, reviewed the data and made initial recommendations concerning the specific consequences and consumption patterns were retained for further analysis. First, the relative magnitude of the problem in RI was compared to the nation and other states within the Northeast region. Any consequence or consumption indicator exceeding the national rate by more than ten percent (10%) were then subjected to within-region comparisons. If RI was high within the region (e.g., among the top 5 states in the Northeast), this indicator was retained for additional trend analysis. Indicators with upward trends were treated as a priority. Each of the consequence and consumption priority “finalists” were then assessed for changeability within a five year funding period and current state or community capacity to address the problem(s). This eliminated some consequences as the latency period exceeded the five target time frame.

Consequence Indicators / RI State Epidemiologic Profile

Indicators of Adverse Consequences:	2000			2004		
	RI	US	Ratio RI/US	RI	US	Ratio RI/US
Deaths from Liver Disease per 1,000 population	0.122	0.094	1.30	0.119	0.092	1.29
Deaths from Suicide per 1,000 population	0.071	0.104	0.68	0.079	0.110	0.72
Deaths from Homicide per 1,000 population	0.037	0.059	0.63	0.027	0.058	0.47
Percentage of Fatal Motor Vehicle Crashes Involving Alcohol	51	40	1.28	51	41	1.24
Vehicle Deaths Related to Alcohol per 1,000 population	0.039	0.060	0.65	0.039	0.059	0.66
Percentage of Drivers in Fatal Motor Vehicle Crashes Involving Alcohol	37%	25%	1.48	34%	26%	1.31

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Number of Violent Crimes per 1,000 population	2.98	5.06	0.59	2.45	4.45	0.55
Percentage of persons that met DSM-IV Alcohol Abuse or Dependence Criteria	6.40	5.54	1.16	8.26	7.71	1.07
Number of Property Crime per 1,000 residents	31.79	36.18	0.88	28.8	33.7	0.85
Percentage of persons that met DSM-IV Drug Abuse or Dependence Criteria	1.93	2.01	0.96	3.58	2.92	1.23
Deaths from Lung Cancer per 1,000 population	0.648	0.551	1.18	0.619	0.538	1.15
Deaths from Chronic Obstructive Pulmonary Disease per 1,000 population	0.470	0.416	1.13	0.420	0.402	1.04
Deaths from Cardiovascular Disease per 1,000 population	0.417	0.693	0.60	0.447	0.685	0.65

Table 1 displays the findings of the 13 consequence indicators contained in State Epidemiology Data Set. It reveals that RI exceeds national rates on several consequences, including: deaths from liver disease, deaths from chronic obstructive pulmonary disease (COPD), deaths from lung cancer, percentage both of fatal motor vehicle crashes involving alcohol and alcohol related driver fatalities, percentage of population meeting DSM-IV alcohol abuse or dependence criteria, as well as percentage of population meeting DSM-IV drug abuse or dependence criteria. For all of these indicators, except percentage of population meeting DSM-IV drug abuse or dependence criteria, RI has exceeded national averages.

All of the consequence indicators, except the DSM-IV drug abuse or dependence, have downward trends. In the case of the percentage of population meeting DSM-IV drug abuse or dependence criteria, however, the trend is upward and the magnitude of change quite large.

Consumption Indicators / RI State Epidemiologic Profile

Table 2 displays the findings with respect to 14 consumption indicators from the SEDS. With one exception, all of the indicators of consumption have decreased in RI between 2001 and 2005. The proportion of students aged 12 and above who report illicit drug use (other than marijuana) in the past 30 days increased slightly, both for RI and the U.S. In addition, for 12 of the 14 indicators, improvements in RI exceed those of the U.S. As of 2005, only three indicators exceed national values by greater than 10%: Percentage of adults (aged 18+) who had driven when “Perhaps had too much to drink” (past month); Percentage of students (Grades 9-12) reporting drinking and driving; and Percentage of students (Grades 9-12) reporting use of marijuana in the past 30 days. In 2001, the consumption indicator for which RI most exceeded the national average was the percentage of adults (aged 18+) who were heavy drinkers (average daily alcohol consumption greater than 2 drinks (male) and greater than 1 (female) per day.). The percentage in RI (7.5%) was 1.44 times greater than the national value of 5.2%. In 2005, this figure had dropped to 5.4% in RI, which was only 1.10 times greater than the national value of 4.9%. Two indicators where RI exceeded the national values by greater than 10% in 2001 continued to be elevated in 2005 – Percentage of students (Grades 9-12): a) reporting drinking and driving; and b) reporting use of marijuana in the past 30 days. The only indicator where RI did not fare as well as the national average from 2001 to 2005 was the percentage of adults (aged 18+) who had driven when “Perhaps had too much to drink” (past month). Although this value decreased in RI from 2001 to 2005, it did not drop as greatly as was evidenced nation wide.

State Substance Abuse Prevention Priorities Based Upon the State Epidemiology Profile

Priority Consequence Rhode Island has selected percentage of population 12 and above eligible for a DSM IV diagnosis of drug abuse or dependence as our statewide priority consequence, but due to measurement limitations and evaluability considerations, we do NOT propose to make this a formal “performance target”. Rather, we treat this as an overarching state-level “priority need” that motivates our two performance targets of *past 30-day prevalence of marijuana and other illicit drugs among students in Grades 9-12*. Through the state SEOW we propose to monitor and formally analyze state-level trends in DSM IV diagnoses, but will focus our community-level prevention and evaluation efforts on the more proximal performance targets of youth consumption of marijuana and other illicit substances.

We identified DSM-IV drug abuse or dependence as the most compelling priority for a state level consequence based upon a number of criteria, including magnitude, prevalence, and benchmark comparisons both nationally and regionally. High rates of liver disease, COPD, and lung cancer were also reported but were declining and unlikely to be changeable within a 5-year period. Rates of alcohol-related traffic fatalities (both drivers and passengers) are still of concern but show downward trends. In addition, significant financial resources in RI are currently dedicated to addressing alcohol-related problems. These include monies from the Enforcing Underage Drinking Laws initiative, representing approximately \$350,000 annually, state monies given to 35 RI community coalitions who are targeting underage drinking,

representing \$1.4 million annually, and 12 out of 14 SPF SIG communities who are also addressing underage drinking, representing approximately \$1.8 million annually through 6/30/2010.

Priority Consumption Patterns

RI has selected **percentage of students in Grades 9-12 reporting use of marijuana in the past 30 days; and also percentage of students in Grades 9-12 reporting use of illicit drugs in the past 30 days** as the priority consumption patterns.

The biggest continuing discrepancy between Rhode Island and US prevalence was use of marijuana in the past 30 days. *One out of every four Rhode Island students reported using marijuana in the past 30-days, a prevalence rate 25% higher than the rest of the country and in 2007, Rhode Island's prevalence rate was the fourth highest in the country.* Moreover, Rhode Island students were 10% more likely to begin use at an earlier age than nationally. Although the consumption pattern for other illicit drugs was equivalent to the overall US rate, it is included in the priority need because, although absolute numbers of other illicit drugs are small, fads and trends vary widely by community among illicit drugs other than marijuana, including a recent trend toward the diversion / abuse of prescription drugs. We have also learned from our SPF-SIG experience that sub-recipient communities appreciate an opportunity to "tailor" a portion of their efforts to their unique circumstances.

These data are consistent with evidence from the 2005/2006 National Survey on Drug Use and Health (NSDUH), where RI ranked highest in the country for persons aged 12 and older reporting use of illicit drugs within the past 30 days. For the same reporting period, RI was among the top ten states in the country for past 30 day marijuana use for persons aged 12 and older. The call to action for RI is clear and compelling and is supported by multiple, reliable data sources.

SUMMARY

Based upon a review of national and state data, RI's most pressing priority is to reduce problems related to use of marijuana and illicit drugs among its' residents. This trend has been growing dramatically in the past decade and recent national data indicates that RI is routinely in the top quintile of most age categories and is top in the country in at least one.

In order to achieve this goal in a way that is measurable, we must look to implement prevention multiple strategies in multiple domains that are capable of getting us population level change at the community level. This is best achieved by employing both individual and environmental approaches.

RI should also continue to devote some proportion of funding to use of evidence based, proven effective strategies to fight underage drinking as these rates continue to be higher than the national average, but are showing downward trends. RI has made significant investments in building state and community capacity to implement evidence based strategies to reduce

underage drinking over the past decade and failure to sustain those efforts on a smaller scale may erode hard won gains in this area.

FUNDING STREAM ANALYSIS – AVAILABLE FINANCIAL RESOURCES

BHDDH currently has six funding streams supporting substance abuse prevention interventions throughout the state of Rhode Island. Two of these are derived from state general revenues. The remaining four are from federal funders including the US Department of Health & Human Services/Substance Abuse Mental Health Services Administration, US Department of Education and the US Department of Justice/Office of Juvenile Justice Delinquency Programs. SAMHSA provides the largest proportion of these federal dollars.

Prevention funds from all sources currently support a variety of CSAP strategies. Education, early intervention, alternatives (in combination with other strategies), community based process and environmental strategies are supported by a combination of state and federal sources. In some cases, this is a result of the categorical nature of the federal dollars provided to the state.

Institute of Medicine Intervention Categories

Selected or indicated populations are served by three of the funding streams, including the most recent Block Grant cycle, Safe & Drug Free Schools and Communities (Governor's Portion), and Student Assistance (state general revenues). The other three funding streams (EUDL, RISAPA & SPF SIG) appeared to directly support universal direct or universal indirect interventions. The SPF SIG funds are non-renewable and will end September 30, 2010. Once this occurs, only 2 funding streams administered by BHDDH will support universal direct or universal indirect interventions. At that point, the use of universal interventions across the state will be dramatically reduced.

Coverage of Sub-state Regions of the National Survey on Drug Use and Health

There are at least three funding streams (EUDL, SPF SIG and RISAPA) that support either state wide initiatives or otherwise impact all four sub-state regions of the National Survey on Drug Use and Health (NSDUH). The remaining funding streams do not explicitly attempt to cover all of the four sub-state regions.

Potential to Impact SAMHSA National Outcome Measures

The current combination of CSAP strategies and IOM category of interventions being implemented seem unlikely to produce population level change. SAMHSA relies on the pre-population of the 30 day prevalence question associated with the NSDUH. It seems highly improbable that the change would be at all measurable by the National Survey on Drug Use and Health, given the considerations described above. The state's ability to offer any alternative

measure to the NSDUH at the sub-state level was eliminated when the state discontinued the mandated student survey this budget cycle due to fiscal constraints.

CONCLUSIONS

The ability to impact the NOMs will be the criteria against which states will be judged by SAMHSA. Leveraging available funding streams and revising the SAPTBG prevention set aside allocation process as follows will maximize our ability to produce measurable population level changes that would be picked up by the National Outcome Measures.

1. Use the data collected by the State Epidemiology and Outcomes Workgroup to assist in the identification of state priorities for the SAPTBG
2. Utilize an allocation strategy based upon state priorities (including high need areas)
3. Increases our ability to produce community level change, leading to state level change by:
 - a. Leveraging funding streams to:
 - i. Sustain positive outcomes achieved with reducing underage drinking
 - ii. Address new state priorities
 - b. Blending individual and environmental approaches for a comprehensive approach to state priorities
 - c. Combining IOM strategies but reducing overreliance on selective/indicated approaches
4. Fund capacity building and provision of training and technical assistance to increase capacity of vendors to address state identified priorities and provide high quality prevention services within communities.

1. SAPTBG Priorities

The ability of the state to utilize data driven decision making to allocate scarce prevention resources has been significantly increased by the development of the State Epidemiology and Outcomes Workgroup under SAMHSA's Strategic Prevention Framework State Incentive Grant. This entity has been absorbed into the Governor's Council on Behavioral Health and the surveillance system currently under development for the SPF SIG can be enormously helpful in helping to prioritize needs along the continuum of care. The SAPTBG funds and can be used to address state priorities. Successful awardees would need to address those specific priorities.

2. Revise Allocation Strategy Based Upon State Identified Priorities

The new cycle of prevention set aside SAPTBG awards provides an opportunity to review how each funding stream can be leveraged for a comprehensive approach to prevention at the state system level that will ultimately support measurable, population level change as described above.

This is best accomplished by combining individual and environmental approaches that are culturally appropriate and relevant to the populations served

Since educational interventions offered to selective or indicated populations typically serve fewer participants and have a higher per participant cost, those strategies should be selectively and strategically employed as part of a comprehensive of strategies. Three of the six prevention funding streams offer some combination of education, alternatives & early intervention delivered to selected or indicated populations.

SAPTBG – Selective/indicated populations: education & alternatives

Current SAPTBG investments appear to support selected and indicated interventions that serve small, but needy populations in larger, urban communities.

SDFSC – Selective populations: education & alternatives

SDFSC, with fewer awards, supports largely the same types of efforts in out of school settings in the same urban communities

Student Assistance – Selective/indicated populations: assessment & referral and education

Student Assistance is present in every community and the core component is delivered to at risk students, although many if not most offer some limited interventions which are either universal direct or universal indirect in nature.

While these are not strictly duplicative, they are targeting similar populations with similar interventions and it may be appropriate to limit selected/indicated interventions with the next SAPTBG round of awards since the new round of SDFSC is funding selected interventions in most of the larger urban communities in RI.

Currently, there is heavy reliance on the use of coalitions funded under the RI Substance Abuse Prevention Act to implement universal approaches whether they are curriculum based education strategies in schools or environmental strategies implemented in municipalities. The RISAPA Task Forces opted to adopt a state wide logic model to decrease underage drinking through addressing youth access at the community level as described below. The RISAPA Task Forces are funded through state general revenues and this shouldn't be considered a reliable or certain long term funding source given the current dire state fiscal circumstances. It would be prudent to consider ways that the SAPTBG might be used to offset possible substantial reductions or outright loss of this funding stream.

EUDL is a categorical funding stream which primarily supports enforcement of underage drinking laws and advocacy for state or local policy initiatives that reduce youth access to alcohol. For this reason, it must be considered as the primary resource to provide technical assistance and training to municipal police departments on effective enforcement strategies and the primary vehicle to promote a state policy agenda that seeks to restrict youth access to alcohol. These efforts **MUST** be coordinated with complementary efforts at the municipal level.

Leveraging Funding Streams for Prevention/Reduction of Underage Drinking

Utilize EUDL and RISAPA Task force funding to continue to address underage drinking. Retool and redesign the Scope of Work for each to maximize their respective strengths – e.g., EUDL efforts and activities should support enforcement efforts related to underage drinking and development of an annual statewide policy objective related to either strengthening existing underage drinking prevention laws or education/advocacy for new laws. RISAPA could focus on complementary media and local (municipal level) policy/advocacy strategies to reduce youth access. These efforts should be closely coordinated at both the state and community level and would represent a comprehensive approach to reducing youth access to alcohol (both supply and demand reduction) underage drinking prevention that impacts RI's 39 cities and town.

Leveraging Funding Streams for Prevention/Reduction of Illicit Drug Use

SAPTBG and Student Assistance funding should be jointly leveraged to address illicit drug use. SAPTBG funding would target the 19 high need communities (or some proportion of them) and support universal direct strategies linked to schools with existing Student Assistance Programs, such as implementation of evidence based curricula for a middle school setting, to insure that there's sufficient reach and dose strength to obtain change that could "move the needle" at the state level. Student Assistance funding would continue to support selective or indicated populations with assessment and referral services for youth

3. Increase our ability to produce population level change

Leveraging and coordinating existing funding streams to sustain positive outcomes achieved with underage drinking and address new state priorities

In order to achieve population level change measurable by NOMs, multiple funding streams must be strategically coordinated and leveraged as described above to achieve community level change in enough high burden communities to “move the needle” at the state level.

Blending individual and environmental approaches for a comprehensive approach to state priorities, and Combining IOM strategies but reducing overreliance on selective/indicated approaches

EUDL and RISAPA will rely on environmental strategies to sustain positive outcomes with reductions in underage drinking. Both funding streams have demonstrated capacities (albeit, varying capacities among RISAPA task forces) to implement appropriate environmental strategies. A wide variety of effective environmental strategies are available to address underage drinking.

SAPTBG and Student Assistance will target use of illicit substances and marijuana. There are fewer proven effective environmental strategies available to address this state priority and less capacity among the vendor pool to implement environmental strategies. To this end, SAPTBG will support universal direct education strategies offered within school settings and Student Assistance will continue to provide assessment and referral to selective/indicated populations, combined with other appropriate strategies. The funding streams will rely primarily on individual approaches.

4. Fund Capacity Building and Technical Assistance Increase Vendor Capacity to Address State Identified Priorities

As part of the state’s capacity building plan associated with Strategic Prevention Framework State Incentive Grant, a training and technical assistance resource center (TTARC) was established and funded. The purpose of the resource center was to provide training and technical assistance to the 14 SPF SIG funded sub-recipient communities. The work of the TTARC was generally well received by the sub-recipients. The ripple effect of the establishment of the TTARC was a demand by the coalitions that the state provide a similar level of technical assistance to them

Likewise, SAPTBG awardees should be provided with technical assistance related to the selection of and implementation of evidence based strategies to address state identified priorities. The challenge in the selection of the evidence based strategies will also be in identifying those strategies that have both the power to create community level change and also address the need and culture/context of the community.

**Rhode Island Substance Abuse
Prevention Services
Supported by Federal Funding Streams**

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

**Federal Funding
Substance Abuse Mental Health Services Administration**

Overview

The current SAPTBG prevention set aside supports eleven (11) interventions impacting several RI communities and all four regions in the National Survey of Drug Use and Health. Eight of the 11 interventions are located in Providence County.

Allocation Process

These funds were let in 2005 through a competitive bid process. This was based upon a needs assessment conducted by Prevention and Planning Unit at BHDDH. The original contracts were for 3 years, with an option to renew for two additional years. These awards have entered their final year. Table 1, below, summarizes these awards.

**Table 1
CURRENT SAPTBG PREVENTION SET ASIDE AWARDEES**

AWARDEE	INTERVENTION NAME	CSAP STRATEGY(IES)	TARGET POPULATION	SITE(S)
Initiatives for Human Development	Parents Are Teachers (locally developed)	Education (selected)	literacy immigrant parents at risk for substance abuse	Central Falls, RI
Comprehensive Community Action	Incredible Years	Education (selected & indicated)	200 Head Start and day care children ages 2-5 & their parents	Cranston
Child and Family Services of Newport County	Life Skills Training; Strengthening families	Education (LST universal; SFP selected)	212 6 th -8 th grade students LST; parents SFP	Gaudet Middle School, Middletown, RI
Providence	I Can Problem	Education	130 youth in low	3 public housing

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AWARDEE	INTERVENTION NAME	CSAP STRATEGY(IES)	TARGET POPULATION	SITE(S)
Housing Authority	Solve; Raising a Thinking Child; Life Skills Training	(selected)	income housing	complexes in Providence, RI
Initiatives for Human Development	Teen Institute (locally developed)	Education; Alternatives; Community Process (selected)	High school and middle school positive and negative peer leaders	statewide
Metropolitan Career and Technical Center	Leadership and Resiliency Program	Education, Alternatives, Early Identification & Referral (selected & indicated)	50 high risk 9 th & 10 th grade students	Met School Providence, RI
Pawtucket Substance Abuse Prevention Task Force	Creating Lasting Family Connections	Education, Early Identification & Referral Community Process (selected & indicated)	Youth and their families in public housing	Prospect Heights & Galego Court Pawtucket, RI
RI Employee Assistance Program	Project Success	Education; Early Intervention & Referral (universal & selected)	900 students grades 6-8	Westerly Middle School Westerly, RI
RiverzEdge Arts Project	RiverzEdge Arts Project (locally developed)	Education Alternatives (selected, indicated)	22 educationally and economically disenfranchised 13-19 year olds	Woonsocket, RI
Socio-Economic Development Center for SEA	Southeast Asian Prevention Program (locally developed)	Education; Early Intervention & Referral (selected, indicated)	50 at-risk Laotians and Cambodians	Providence, RI
Urban League of RI	Dare to Be You	Education Alternatives (selected, indicated)	Teen parents and their infants/toddlers	Providence, RI

ANALYSIS OF CURRENT SAPTBG AWARDS

Types of CSAP Strategies Funded

The prevention set aside of the SAPTBG, by design or default, appears to support primarily education and early intervention/referral strategies. Although some of the strategies are identified as community process, the interventions themselves don't appear to have community

process as a primary focus. Alternatives are funded, but not as stand alone interventions. All of the strategies funded were considered evidence based at the time of the award and continue to meet the criteria established by the federal partner.

Institute of Medicine Intervention Categories Represented

Based on descriptions of target populations provided, it appears that 10 of the 11 awards are aimed at selected or indicated populations. Some purport to be statewide or serve entire populations (e.g., all middle school youth in a municipality), but review of the proposed implementation suggests that the awardee is actually targeting a population based upon its membership in group (e.g., positive and negative peer leaders; at-risk youth; youth who utilize student assistance services within a school). Only one has proposed a school wide/grade wide intervention.

Demographic Distributions/Target Populations

Of the eleven awards, eight were implemented with either middle school or high school aged youth in a variety of setting. Four targeted families and children (selected or indicated populations) Of the family focused interventions, two specifically focused on infants or preschoolers.

Geographic Distribution

All four sub-state regions from the National Survey on Drug Use and Health are represented among the current awards but this does not necessarily suggest proportionality Providence County, which is the largest region in terms of population, has the largest number of awards. Of those 8 awards in Providence County, 4 are specifically targeted to the city of Providence. The Blackstone Valley corridor is also well represented among the awards, with 3 of the awards

Evaluation & Accountability

An independent state level evaluation of these awards is very competently conducted by the Community Research and Services Team at the University of Rhode Island. The level of intervention is individual/programmatic and the evaluations are conducted at the programmatic level.

Power of Interventions to Impact NOMs

Given the selected/indicated nature of the interventions and the relatively small number of youth and families served statewide, it is unlikely that the interventions are powerful enough to result in change measurable by the National Survey on Drug Use and Health. Some consultation with the state evaluation team might be beneficial in determining how much of the population might need to be reached to produce change that could be detected in the National Survey on Drug Use and Health, or if targeting one specific region with the limited resources available is a more viable allocation strategy.

Summary

- Current SAPTBG interventions consist primarily of evidence based strategies utilizing selected/indicated interventions directed at middle school or high school youth, or families with infants and preschoolers.
- Education and alternatives are the primary CSAP strategies represented.
- NSDUH regions are represented, but there didn't appear to be any deliberate efforts to allocate resources proportionally.
- The current allocation strategy preceded the completion of the state epidemiology profile and selection of state level priorities associated with the SPF SIG, but was based upon a state level needs assessment conducted by the Prevention and Planning Unit
- The current interventions are not likely to be potent enough to reach enough of the population to produce measurable change in NSDUH.
- The current allocation strategy will not support measurable changes in NOMs items represented by the NSDUH.

RI STRATEGIC PREVENTION FRAMEWORK STATE INCENTIVE GRANT (SPF SIG)

Federal Funding

Substance Abuse Mental Health Services Administration

Overview

The SPF SIG supports fourteen (14) awards impacting RI communities and all four regions in the National Survey of Drug Use and Health. Eight (2) of the interventions are located in Providence County, in 2 Kent County, 3 in Bristol/Newport County, and 2 in Washington County

Allocation Process

These funds were let in 2006 through a competitive bid process. An eligibility pool was established based upon use of state epidemiologic data as part of a state level needs assessment. The original solicitation set out two consequence priorities (reduction of population eligible for the DSM-IV diagnosis of alcohol dependence or abuse, and illicit drug use) and three consumption priorities (underage drinking, young adult heavy & binge drinking, illicit drug use by youth grades 9-12. The contracts were for 3 years. Table 4, below, summarizes these awards

**Table 4
SPF SIG AWARDEES**

AWARDEE	CSAP STRATEGY(IES)	TARGET POPULATION	SITE(S)
Bristol	Education Environmental Strategies	Youth grades 9-12 Underage Drinking	Bristol, RI
Cranston	Environmental Strategies	Youth grades 9-12 Use of illicit drugs	Cranston, RI
East Providence	Environmental Strategies	Youth grades 9-12 Underage Drinking	East Providence, RI
Middletown	Environmental Strategies	Youth grades 9-12 Underage Drinking	Middletown, RI
Newport	Environmental Strategies	Youth grades 9-12 Underage Drinking	Newport, RI
North Kingstown	Environmental Strategies	Youth grades 9-12 Underage Drinking	North Kingstown, RI
North Providence	Environmental Strategies	Youth grades 9-12 Underage Drinking	North Providence, RI
Pawtucket	Environmental Strategies	Youth grades 9-12 Underage Drinking	Pawtucket, RI
Providence	Education Environmental Strategies	Youth grades 9-12 Underage Drinking	Providence, RI
Smithfield	Environmental Strategies	Youth grades 9-12 Underage Drinking	Smithfield, RI
Westerly	Education	Youth grades 9-12	Westerly, RI

AWARDEE	CSAP STRATEGY(IES)	TARGET POPULATION	SITE(S)
	Environmental Strategies	Underage Drinking	
West Warwick	Environmental Strategies	Youth grades 9-12 Underage Drinking	West Warwick, RI
Woonsocket	Environmental Strategies	Youth grades 9-12 Use of illicit drugs	Woonsocket, RI

ANALYSIS OF CURRENT SPF SIG AWARDS

Types of CSAP Strategies Funded

The SPF SIG funds only two types of strategies, education and environmental strategies. It was the explicit requirement of the federal partner that these funds be used to support evidence based strategies which could produce population level change.

Institute of Medicine Intervention Categories Represented

All of the 14 SPF SIG awardees are implementing at least two types of environmental strategies and these are universal strategies. Virtually every community is implementing a media strategy, combined with a complementary policy and/or enforcement strategy. Three communities has proposed universal direct education strategies as well, 2 of those have proposed implementation of an evidence based curriculum to an entire grade (or grades) within an middle or high school setting (Bristol & Westerly). Providence had proposed to target youth in two neighborhoods (Hartford & Olneyville) both in school and in out of school (after school) settings. These two neighborhoods were selected due to the high level of consequences experienced. Providence has reported unanticipated barriers to implementing within the school settings originally proposed and it is questionable whether, given these barriers, whether the expansion to schools in other neighborhoods as originally proposed is even feasible. Providence’s implementation plan, had it been successful, would have included a universal direct component (at least in Hartford & Olneyville) and a selected/indicated afterschool component. As noted above, the federal partner’s guidance on use of these funds drove the selection of universal direct and indirect interventions as they are more likely to produce population level change.

Demographic Distributions/Target Populations

Of the fourteen awards, all target either middle school or high school aged youth, their families and their communities. Twelve (12) of the interventions target underage drinking as the consumption pattern and the remaining two (2) target use of illicit drugs.

Geographic Distribution

All four sub-state regions from the National Survey on Drug Use and Health are represented among the current awards although the allocation strategy did not intentionally address proportionality. Providence County, which is the largest region in terms of population, has the largest number of awards.

Evaluation & Accountability

An independent state level evaluation of these awards is very competently conducted by the Community Research and Services Team at the University of Rhode Island. The level of intervention is community and the evaluations are conducted at the community and state level.

Power of Interventions to Impact NOMs

The specific strategies and target populations were deliberately as the funder wanted population level change at the community level. The allocation strategy was designed to target the communities with the greatest need and who, in theory, were the greatest contributors to the state burden. By targeting those “highest” contributors to the state burden, the SPF SIG allocation strategy sought to “move the needle” at the state level. The communities funded under the SPF cumulatively comprise 70% of the state’s total population. In theory, both the large reach and intervention types should have sufficient power to result in changes at the state level. It remains to be seen if these will actually be measurable by the National Survey on Drug Use and Health.

Summary

- Education and environmental strategies are the primary CSAP strategies represented.
- NSDUH regions are represented, but there didn’t weren’t any deliberate efforts to allocate resources proportionally.
- Approximately 70% of the state population is impacted by the strategies implemented
- The current allocation strategy may support measurable changes in NOMs items represented by the NSDUH but evaluation data is not yet available to determine the effectiveness of the approach
- The funding stream is time limited and unavailable to the state beyond September 2010

SAFE & DRUG FREE SCHOOLS AND COMMUNITIES US DOE - GOVERNOR'S PORTION

Overview

BHDDH administers the Governor's Portion of the USDOE Safe and Drug Free Schools and Communities. The original solicitation set out priorities consistent with guidance provided by the United States Department of Education. Priority populations included: youth in the Training School, pregnant and parenting teens, school drop outs, and runaway and homeless youth. In brief, these represented populations not generally served by traditional substance abuse prevention efforts and those not currently served under Title IV (e.g., in school populations).

Allocation Process

These funds were let in 2008 through a competitive bid process. In addition to the priorities of federal partner (described above), RI BHDDH identified children and youth of recent immigrants as a priority population. Successful applicants needed to address alcohol and/or marijuana use as well as academic difficulties, or delinquency or violence/aggression. Applicants were required to demonstrate that they were integrating evidence based practices or programs into an adult-supervised, existing after or out of school time program which covered both the academic year and the summer. The contract period is for 3 years. There was no funding in the President's 2010 budget to support additional awards and RI has chosen only to obligate funds associated with awards from 2007 – 2009, in the event that funds do not get restored. It is the operating assumption that this is the last cycle of Safe and Drug Free Communities that will be available to the state. Table 2, below, summarizes these awards.

**Table 2
CURRENT SAFE AND DRUG FREE SCHOOLS AND COMMUNITIES/GOVERNOR'S PORTION AWARDEES**

AWARDEE	INTERVENTION NAME	CSAP STRATEGY(IES)	TARGET POPULATION	SITE(S)
Boys & Girls Club of East Providence	SMART Leaders SMARI Moves	Education Alternatives	Middle school youth	Pawtucket, East Providence, Providence, Newport County
RiverzEdge Arts Project	RiverzEdge Arts Project (locally developed)	Education Alternatives (selected, indicated)	22 educationally and economically disenfranchised 13-19 year olds	Woonsocket, RI

ANALYSIS OF CURRENT SAFE AND DRUG FREE SCHOOLS AND COMMUNITIES/GOVERNOR'S PORTION AWARDS

Types of CSAP Strategies Funded

Education and alternatives were the only two categories represented.

Institute of Medicine Intervention Categories Represented

The Boys & Girls Club serves youth of all races, ethnicities and socio-economic strata. However, based upon demographic data contained in the narrative submitted with the proposal, those participants attending the after school program are disproportionately racial/ethnic minority and lower socio-economic strata. It is unclear from the proposal if the SMART Leaders are similarly situated. RiverzEdge Arts Project is explicitly offered as a selected/indicated intervention targeting educationally and economically disenfranchised youth. In addition, the guidance provided by the federal partner requires targeting of out of school youth or services that occur during out-of-school time and these types of target populations tend to be overwhelmingly risk who may have elevated risk for substance abuse because of their membership in a group (e.g., drop outs, risk of or current academic failure, children in need of afterschool care).

Demographic Distributions/Target Populations

Both awardees serve middle school youth, especially those who are racial/ethnic minorities and economically disenfranchised.

Geographic Distribution

The Boys and Girls Club proposal had multiple partners in a variety of municipalities. Providence and Newport Counties were represented among the partners. RiverzEdge serves the city of Woonsocket.

Evaluation & Accountability

The level of intervention is individual/programmatic and the evaluations are conducted at the programmatic level.

Power of Interventions to Impact NOMs

Safe & Drug Free awardees aren't a SAMHSA/CSAP funding stream and as such, the state is not required to provide NOMs data on the interventions. However, the interventions are targeted to selected/indicated populations in after or out of school settings and are unlikely to produce any kind of measurable population level change.

Summary

- Safe and Drug Free School and Communities awards look a lot like the current SAPTBG interventions, expect that they are explicitly implemented in after or out of school settings
- This funding stream is largely federal categorical funds
 - Awardees are required to implement strategies to address selected and indicated populations identified by the federal partner
 - Available evidence based interventions which are a good fit for the targeted populations are unlikely to produce measurable population level change
 - The categorical nature of the funds has been unchanged for the past two funding cycles

**ENFORCING UNDERAGE DRINKING LAWS
US DEPARTMENT OF JUSTICE/OFFICE OF JUVENILE JUSTICE DELINQUENCY
PROGRAMS**

Overview

BHDDH administers Enforcing Underage Drinking Laws (EUDL) grant. The EUDL funds support policy and enforcement strategies designed to reduce rates of underage drinking within the state.

Allocation Process

These funds were let in 2008 through a competitive bid process. In addition to the priorities of federal partner (described above), RI BHDDH identified four objectives

1. To support a statewide planning committee that works to attain the long-term goals of the program.
2. To decrease the violation rate of alcohol sales to underage persons.
3. To increase the general public's awareness of the state's social host law.
4. To increase the general public's awareness of the consequences of underage drinking.

Table 3

AWARDEE	INTERVENTION NAME	CSAP STRATEGY(IES)	TARGET POPULATION	SITE(S)
MADD/RI Chapter	EUDL Advisory Committee	Education Community Process Environmental Strategies	Policy makers Law enforcement	State wide

ANALYSIS OF EUDL AWARDS

Types of CSAP Strategies Funded

The EUDL award employs as its' primary focus environmental strategies, particularly enforcement and policy work. Given the scope of work and efforts as convening a youth advisory panel and a broad based underage drinking coalition, community process is another CSAP strategy that is employed.

Institute of Medicine Intervention Categories Represented

The EUDL scope of work appears to employ universal indirect interventions to change the greater environment.

Demographic Distributions/Target Populations

- 21+ adults who procure or provide alcohol
- Policy makers/legislators

Geographic Distribution

The EUDL has a statewide foot print and impacts all communities in RI.

Evaluation & Accountability

The EUDL vendor will be required to keep and report upon process evaluation measures.

Power of Interventions to Impact NOMs

EUDL is not a SAMHSA/CSAP funding stream is not subject to the NOMs. However, the universal indirect interventions proposed with EUDL are more likely than other prevention interventions currently funded to have an impact upon the NOMs. Policy, legislation and enforcement activities designed to reduce youth access and change social norms are capable of producing measurable population level change, which may by design or default, be picked up by the National Survey on Drug Use and Health. It would be highly advisable to be deliberate and strategic in the leveraging of this funding stream to help us with a synergistic approach that will be measurable in the NOMs.

Summary

- This funding stream supports exclusively environmental strategies
- These types of interventions implemented are conducive to statewide, population level change
- EUDL as a funding stream is likely to continue to support enforcement and policy due to mission of the federal funding source
- This funding source should be considered as a potential “primary” funder of enforcement activities and could be leveraged and coordinated with other funding streams to support enforcement efforts to relate to state identified priorities.

Rhode Island Substance Abuse Prevention Services Supported by State General Revenues

RHODE ISLAND SUBSTANCE ABUSE PREVENTION TASK FORCES FUNDED UNDER THE 1987 RI SUBSTANCE ABUSE PREVENTION ACT (RISAPA)

Overview

The state legislature passed the RI Substance Abuse Prevention Act in 1987 to establish a system of substance abuse prevention task forces (community coalitions operating as an arm of municipal government) charged with the planning and coordination of substance abuse prevention activities within their municipality. These task forces have been continuously funded since that time and the RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals has been charged with administering the program.

Allocation Process

Funding is provided to 35 community substance abuse prevention task forces through distribution of state general revenue funds of approximately 1.1 million dollars (2010 allocation figure). These funds are paid directly to municipal governments in equal monthly allotments.

ANALYSIS OF CURRENT TASK FORCE AWARDS

Types of CSAP Strategies Funded

Community based process is the primary focus of the task forces, however, they also fund environmental strategies, education, identification & referral and alternatives (but generally, not as a stand alone).

Institute of Medicine Intervention Categories Represented

All three categories are represented among the variety of strategies implemented.

Demographic Distribution/Target Populations

All demographic categories throughout the state are impacted by task force efforts

Evaluation & Accountability

In the spring and summer of 2009, the task forces engaged in a series of exercises to develop a statewide logic model which primarily focused on reducing youth access to alcohol, as a strategy to reduce underage drinking in the state of RI. A state wide evaluator was hired and was developing data collection tools to assist in the collection of outputs and process evaluation data. There does not appear to be any emphasis on either the identification of state level outcomes nor are there any proposed outcome measures at the local or state level.

Power of Interventions to Impact NOMs

The development of a statewide Task Force logic model was a quantum leap forward and presents great opportunity to move the task forces to a more integrated, coordinated set of strategies. However, as currently operationalized, the strategies in the majority of communities don't have sufficient reach or dose strength to achieve population level change even at the community level. Thus, it is unlikely that task force efforts as they are currently implemented will have the power to impact NOMs at the state level.

Summary

There is substantial variation in the capacity of the task forces to implement evidence based strategies. There are several very high capacity task forces who competently implement evidence based strategies within in their community utilizing RISAPA funds. Fourteen (14) task forces received SPF SIG awards and have significantly increased their capacity to implement a comprehensive set of evidence based strategies, although it is unclear how many of them would continue to do so after SPF SIG funding is no longer available. Some also have Drug Free Community Grants (4 of them current SPF SIG Communities) and increased capacity. There are 5-8 communities who are lower capacity and who tend to implement short term activities to raise awareness of substance abuse prevention (e.g., Red Ribbon Week, prom time activities and pledges, assemblies and after school activities).

The variability of the capacities is a major factor impacting the ability of the task forces to implement strategies that have the power to impact NOMs. The move to a statewide vision and logic model may provide an opportunity to increase capacities across the board and have peer mentoring between higher capacity communities and lower capacity communities.

STUDENT ASSISTANCE SERVICES

Overview

The state legislature provides funding to support student assistance services in XX Rhode Island schools. These services have been continuously funded since XXXX and the RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals has been charged with administering the program. Not all school districts receive these funds.

Allocation Process

XXXX

ANALYSIS OF CURRENT STUDENT ASSISTANCE AWARDS

AWARDEE	INTERVENTION NAME	CSAP STRATEGY(IES)	TARGET POPULATION	SITE(S)
RI Student Assistance Services	Student Assistance	Assessment & referral Education	Middle school youth	
CODAC	Student Assistance	Assessment & referral Education	Middle school youth	
Newport Child & Family Services	Student Assistance	Assessment & referral Education	Middle school youth	

Types of CSAP Strategies Funded

Assessment & referral; Education

Institute of Medicine Intervention Categories Represented

The core student assistance services are provided to selective or indicated populations. Many if not most, student assistance counselors periodically work on school wide efforts which may be either universal direct or universal indirect. This is not the core intervention of student assistance though and is unlikely to be evaluated.

Demographic Distribution/Target Populations

Virtually every school district has a student assistance program offered. There is wide coverage of every demographic category within a community, particularly when student assistance counselors offer school wide events or interventions.

Evaluation & Accountability

A customer satisfaction survey and process data are collected by every site. No outcome data is collected at current.

Power of Interventions to Impact NOMs

There is limited power to impact NOMs as currently implemented.

Summary

Student assistance services are highly valued by schools and communities and in some municipalities, represent the only prevention “program” available to youth. The current challenge is that the state general revenue funding does not provide sufficient coverage to insure that at least minimum programs are funded statewide. Even though the core intervention is selective/indicated in its nature it is a key element of the prevention infrastructure at the municipal level and it is critically important as youth served by the intervention are those who are risk in multiple areas such as substance use/abuse, academic failure, truancy, delinquency, and early/unwanted pregnancy. This could and should be a core component of the prevention approach and coupled within municipalities with complementary universal direct approaches to achieve a synergistic effect reaching youth within the school setting.



Statewide Evaluation Report
Strategic Prevention Framework
State Incentive Grant¹
September 2010

**Rhode Island Department of Behavioral Healthcare,
Developmental Disabilities and Hospitals**

Prepared by the²
**Community Research and Services Team
University of Rhode Island**

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Executive Summary

The purpose of the State Prevention Framework State Incentive Grant (SPF-SIG) cooperative agreement between the Center for Substance Abuse Prevention (CSAP) and Rhode Island's Department of Behavioral Healthcare, Developmental Disabilities and Hospitals was to:

- Build prevention capacity and infrastructure at the State and community levels
- Prevent the onset & reduce the progression of substance abuse, including underage drinking
- Reduce substance-abuse related problems in communities

The SPF was explicitly designed to implement a set of five inter-related, sequenced steps at both state and community level: (i) assessment; (ii) capacity building; (iii) strategic planning; (iv) implementation and (v) evaluation, with cross-cutting themes of cultural competence and sustainability.

Using national cross-site data, state level data and data collected by local evaluators in each of the 14 funded municipalities, the following general conclusions can be drawn about the Rhode Island SPF-SIG:

- At the state level, Rhode Island received the **highest implementation scores possible** from the national cross-site evaluation team for assessment, capacity building, implementation and cultural competency, and also a very high score for sustainability.
- Rhode Island's **implementation score for evaluation, however, was significantly lower than the average score across other states**. This was due to the removal of the SALT survey as a source of data, eliminating consumption data across communities and making comparisons impossible.
- At the community level, the SPF-SIG process was followed with a high degree of fidelity as rated by both statewide and local evaluators. **Seventy-two of seventy-nine (91%) environmental strategies were rated by the local evaluators as having been implemented with high fidelity**.
- **Capacity building** was documented by the statewide evaluation within the SPF-SIG minority workgroup and across participating local substance abuse prevention task forces. Capacity was built both in terms of general organizational capacities as well as capacities to implement environmental strategies for substance abuse prevention (e.g., media, enforcement, policy).
- Local communities pursued environmental strategies with considerable vigor. These efforts were documented by the statewide evaluation working in conjunction with local evaluators and produced such outcomes as a **70% success rate for the passage of policies targeted by the local task forces**.
- Elimination of the SALT survey precluded a robust comparison of SPF-SIG versus non-SPF-SIG communities, but efforts by local task forces and local evaluations to implement alternative local school surveys provided data showing that **in 50% of the communities, local evaluators were able to plausibly link SPF-SIG to reductions in youth drinking prevalence rates**.
- YRBS data comparing Rhode Island with the entire US showed an encouraging trend for declines in 30-day alcohol prevalence. **Rhode Island's decline from 2007-2009 was greater than the average decline in the nation**. It is possible that the SPF-SIG (because it covered three-quarters of the state population) contributed to this reduction in prevalence. Definitive testing of such a hypothesis was precluded by the cancellation of the SALT survey. However, continuance of this trend in the 2011 YRBS data will increase its plausibility.
- Impacts on consequence patterns (DSM-IV substance abuse diagnosis indicated by admissions to treatment) are premature at this point in time, but can be examined over the next several years.

INTRODUCTION

The Rhode Island SPF was a cooperative agreement between the Governor of the State of Rhode Island and the federal Substance Abuse Mental Health Services Administration / Center for Substance Abuse Prevention (CSAP). Initially, the RI Executive Office of Health and Human Services (OHHS) administered the SPF on behalf of the Governor. This function was subsequently transferred to the Department of Mental Health, Retardation and Hospitals (MHRH), now renamed The Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. The purpose of this cooperative agreement was to:

- Prevent the onset & reduce the progression of substance abuse, including underage drinking
- Reduce substance-abuse related problems in communities, and
- Build prevention capacity and infrastructure at the State and community levels

As a result of a comprehensive state wide needs assessment / state epidemiological profile, two priority consequences and three related consumption patterns were identified as significant sources of burden to the State of Rhode Island. The two priority consequences were (i) DSM-IV diagnoses of alcohol dependence or abuse; (ii) DSM-IV diagnoses of drug dependence or abuse. Related consumption patterns identified were (i) underage drinking in general; (ii) underage binge drinking and (iii) use of marijuana and other illicit drugs by 9th – 12th graders.

Fourteen Rhode Island municipalities contributing most to the state level consequence and consumption priorities were identified through an analysis conducted by a Technical Consultation Workgroup at Brown University³. The Rhode Island Substance Abuse Prevention Task Force (RISAPTF) from each of these municipalities responded to a letter of interest (LOI) issued by the Rhode Island State Division of Purchases as part of its competitive bidding process to receive funding to participate in the SPF. All fourteen municipalities received awards. **Henceforth, the term “community” will be used to refer to municipalities. Furthermore whenever terms such as “community”, “community instrument”, or “local evaluator” are used, they refer only to these specific fourteen intervention municipalities.**

The SPF was explicitly designed to implement a set of five inter-related steps at **both** state and community levels: (i) assessment; (ii) capacity building; (iii) strategic planning; (iv) implementation and (v) evaluation. Therefore, the format for the results presented in this report is organized according to these five SPF framework steps. The five steps are presented first at the state level and then the five steps are repeated at the community level, with different evaluation questions identified at each level⁴. Descriptions of measures utilized for this evaluation are available in a separate appendix upon request.

³ The communities identified through the analysis are: Bristol, Cranston, East Providence, Middletown, Newport, North Kingstown, North Providence, Pawtucket, Providence, Smithfield, Warwick, West Warwick, Westerly and Woonsocket

⁴ Descriptions of measures utilized for this evaluation are available in an appendix upon request.

STATE LEVEL

Step #1: Assessment

- The evaluation questions for Step #1 at the State level are:
 - (i) *To what extent did the State act with fidelity to CSAP's intentions regarding the gathering of epidemiological data and creation of a state profile to guide the RI SPF?*

Rhode Island's State epidemiological profile was approved by CSAP as part of Rhode Island's State Strategic Plan in December 2006.

- (ii) *What attempts does the SEOW make to enhance the state surveillance system between 2007 and 2010?*

The primary efforts undertaken by the SEOW to enhance the state surveillance system involved maximizing access to and use of key data elements routinely collected, but not fully utilized, by a number of RI state agencies. Through regular meetings, the SEOW produced a complete and detailed compilation of all data elements related to risk, protective factors, substance use and adverse outcomes existing in half a dozen state agencies (e.g., Departments of Education, Health, Mental Health, Corrections, Children Youth and Families). These were then prioritized and a standard format developed for them to be extracted from each home agency and integrated centrally. The combined file includes several thousand variables relevant for surveillance at the state and community level. Detailed and regularly updated community profiles were generated and disseminated, and plans and procedures developed to maintain and maximize cross-agency and local access to these data.

The SEOW also advocated for the preservation of the School Accountability for Learning and Teaching Survey (SAL T), a population based school survey that the Rhode Island Department of Education (RIDE) had required each community to administer in all middle and high schools until 2008. Although the absence of the SAL T from 2008-2010 negatively impacted the statewide SPF-SIG evaluation, the reinstatement of the SAL T this year bodes well for the collection, analyses and dissemination of useful data at the school district and school building levels.

- (iii) *Does the ATOD prevention surveillance system incorporate collection of data related to sub-populations into the system?*

Yes. As described above, standard definitions were developed of specific sub-populations of interest for state and local analysis and planning. All surveillance system elements from each state agency were collected for the following population-specific subgroups: gender; race/ethnicity; age group. Specifically, ATOD indicators are available for the following sub-populations: gender (male, female), race/ethnicity (White, African American, Hispanic, Other), and age groups (0-4, 5-12, 13-17, 18-24, 25-44, 45-64, and 65+).

- (iv) *What sustained impact does the SEOW have on the state surveillance system? (For example, joint data sharing among state agencies, additions or changes to instruments)*

We anticipate that the SEOW will have three major sustained impacts on the state surveillance system. First, as described in item (i) we have produced and disseminated a detailed listing of all data elements related to ATOD surveillance that are housed within multiple MIS systems throughout a number of state agencies. The very listing and identification of these disparate elements is an accomplishment which should have sustained impact by enhancing the likely maintenance of an integrated cross-agency surveillance system. Second, we have developed procedures to facilitate agency-specific extracts of relevant ATOD data as well as for centralized integration of a consolidated data set. Third, we have initiated two procedural efforts to ensure the continuation of the efforts of the SEOW. These include partnering with a local non-profit organization (the Providence Plan) who will make all SEOW data available via the web for local access and planning, and also by integrating the work of the SEOW with an ongoing group responsible for substance use and mental health planning for the state, the Governor's Council on Behavioral Health.

STATE LEVEL

Step #2: Capacity Building / Mobilization

- The evaluation questions for Step #2 at the state level were:

(i) *Have state SSA personnel increased their understanding and use of the SPF?*

The Northeast Center for the Application of Prevention Technology (NECAPT) staff delivered an SPF training delivered to Rhode Island SSA personnel on 5/26/06 which documented increased understanding

(ii) *Have Minority Workgroup members increased their capacity to provide technical assistance related to cultural competence to communities?*

The Minority Workgroup (representing 5 of the most prominent minority community based organizations in Rhode Island) was a central element of the RI SPF. At the beginning of the RI SPF process, SPF staff, in conjunction with staff from the Northeast Center for the Application of Prevention Technologies (NECAPT), developed a series of trainings for the SPF SIG Minority CBO Workgroup. The purpose of this series of trainings was to help the group understand the Strategic Prevention Framework (SPF) and to build their capacity to provide technical assistance to SPF SIG sub-recipient communities in implementing the SPF with cultural competency. These trainings were successful in building such capacity. Participants reported significant⁵ gains in their confidence to provide technical assistance along a number of dimensions. This represents state capacity building for cultural competence for the SPF and a capacity that will be sustained in Rhode Island by the Minority Workgroup members. Also, since 50% of the participants reported no or little experience with prevention before these trainings, it adds to the capacity of the prevention workforce in general

(iii) *Did the SPF result in the adoption of the five SPF steps (or their equivalent) by any state agencies?*

The Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (formerly Mental Health, Retardation and Hospitals) has adopted the SPF process for use in allocating Prevention Block Grant funds.

(iv) *Did the SPF act as a catalyst or facilitator for increased collaboration among state agencies?*

The SPF has acted as a catalyst for the creation of the aforementioned SEOW, significantly increasing collaboration across state agencies on data sharing and data utilization

(v) *Have new structures, units or integrated services developed as a result of the stimulus of the SPF?*

The stimulus of the Rhode Island SPF resulted in the establishment of a new structure to provide training and technical assistance to sub-recipient communities, a Rhode Island Training and Technical Assistance Resource Center (RI TTARC). An RFP soliciting proposals from RI vendors was issued by the RI SPF and awarded to the Pacific Institute for Research and Evaluation (PIRE), which has an office in Pawtucket RI. The RI TTARC was a new structural unit designed to function as an integral element of the SPF team, which included the state SPF project manager, the SEOW, and state and local evaluators. Thus, the RI TTARC was devised to work synergistically with other team members. The SPF project manager worked closely with the RI TTARC to help guide TTA approach and content. The SEOW analyzed and organized community data to supply a quantitative profile of community level risk and protective factors that municipalities might target in their efforts to impact consumption patterns and associated consequences. Information from the evaluators helped to inform where communities might be having difficulties and where TTA might be needed.

⁵ "Significantly" indicates a change that would be expected to occur by chance alone less than 5 times in 100.

STATE LEVEL

Step #3: Strategic Planning

- The evaluation questions for step #3 at the State level are:

(i) *Does the Rhode Island State Strategic Plan meet CSAP approval?*

After discussion and negotiation with CSAP, Rhode Island removed alcohol-related traffic fatalities from priority consequence within its State Strategic Prevention Plan. Although Rhode Island is geographically small, the RI SPF was not permitted to do a statewide campaign because CSAP indicated that all campaigns needed to be sub-state based. Rhode Island did not have the capacity to carry forward a campaign to reduce alcohol-related fatalities in its 14 sub-recipient communities. In addition, in Rhode Island, much traffic is interstate travel or crossing municipal lines and therefore a sub-state campaign presented serious measurement challenges (e.g., attributing the fatality to one "municipality"). Another issue was that fact that a small frequency meant that only one or few fatalities could drastically alter the numbers in a random manner at the municipal level. Finally, concerning intervention approaches, Rhode Island has been constitutionally prohibited from conducting sobriety checkpoints. Given all these issues around alcohol-related traffic fatalities, it was removed from the priority consequences and the project chose to use only DMS IV diagnoses as consequences. Of the fourteen communities funded, 12 targeted alcohol-related consumption patterns as related to the DSM-IV consequences and almost all addressed underage drinking. Two communities opted to address illicit drugs, one specifically marijuana and the other illicit drugs in general. CSAP approved Rhode Island's State Strategic Prevention Plan in October 2006.

(ii) *Does the Rhode Island State Strategic Plan specifically address sub-population issues?*

The Rhode Island State Strategic Plan addressed sub-population issues in the context of overall cultural competence. It specifically charged the Minority Workgroup with assisting communities with the infusion of cultural competency in each step of the local SPF process. In order for the Minority Workgroup to carry out that work, the SPF provided funds for the Minority CBOs to: (1) Participate in the state and community level planning process; (2) Develop a strategic plan, as the Minority Work Group, that will address the prevention needs of RI's racial and ethnic minorities; (3) Develop and execute an organizational development plan within their own agency.

(iii) *Does a SPF State Strategic Plan for ATOD prevention become incorporated into normal State operations?*

Yes. The SPF SIG grant and the Department collaborated on a strategic plan for prevention, 2010 - 2015, based on SPF principles and results from reports generated by the SEOW. The strategic plan is informing and guiding the Department's plans for use of the primary prevention set-aside of the Substance Abuse Prevention and Treatment Block Grant.

STATE LEVEL

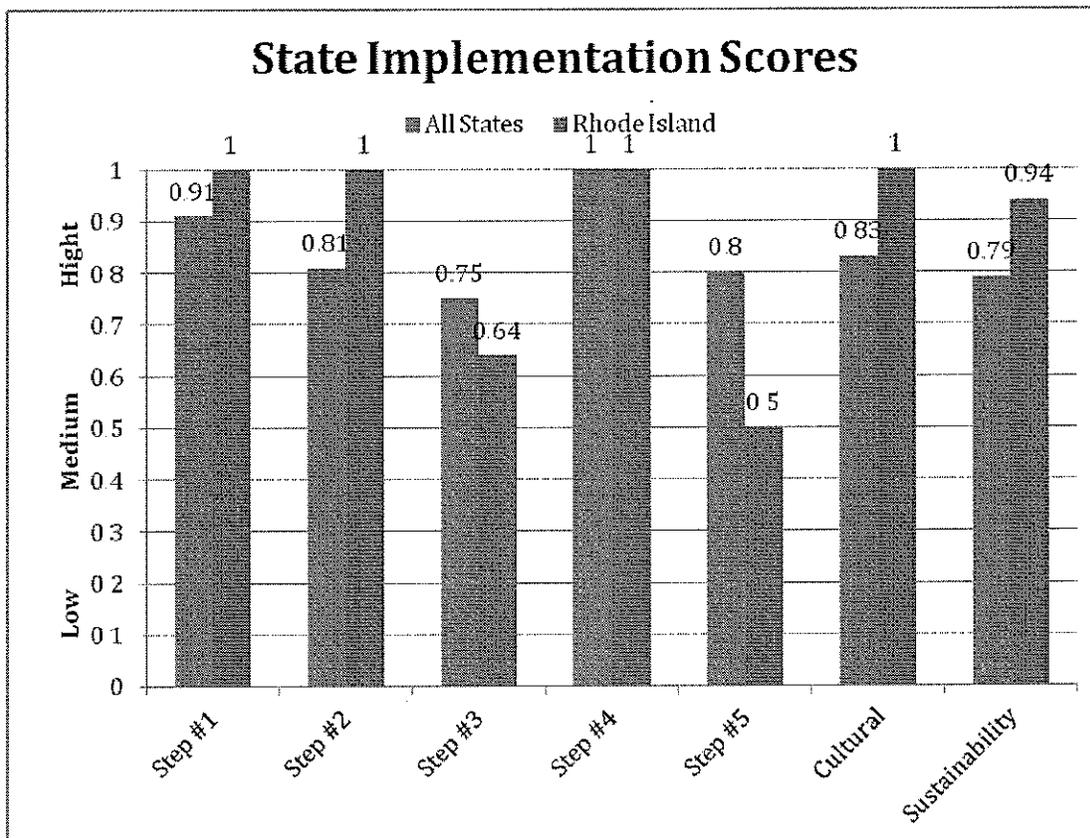
Step #4: Implementation

- The evaluation question for step #4 at the State level is:

How well did the state follow the Steps of the SPF model and include cross-cutting issues?

The National Cross-site evaluation team developed implementation scores for all 26 Cohort 1 and 2 states. The Cross-site Evaluation Team derived state scores for each of the five SPF-SIG steps as well as for the cross cutting issues of cultural competence and sustainability. They used implementation interviews as well as expert ratings of state strategic plans. Figure 1 below presents the Implementation scores from Rhode Island and the average across all states.

Figure 1



Rhode Island received the highest implementation scores possible for Assessment, Capacity Building, Implementation and Cultural Competency, and also a very high score for Sustainability. Rhode Island's careful attention to data based decision making in its SEOW work (Assessment), significant investment in the provision of training and technical assistance (Capacity Building), inclusion of a Minority Workgroup with specific responsibilities (Cultural Competency) and systematic attention to planning for the end of the SPF (Sustainability) led to these high scores. Step #3 (Strategic Planning) was assigned a score based upon a rating of several aspects of the State Strategic Plan. Strategic Planning was the lowest overall implementation score across all states and Rhode Island received a rating only slightly less than this average. Conversely, Rhode Island's implementation score for evaluation was *significantly* lower than the average. This was due to the unfortunate removal of the SALT survey as a source of data in the middle of the SPF. This eliminated the availability of similar consumption data across all 14 of the sub-recipient communities and made comparisons with trends derived from previous SALT administrations impossible.

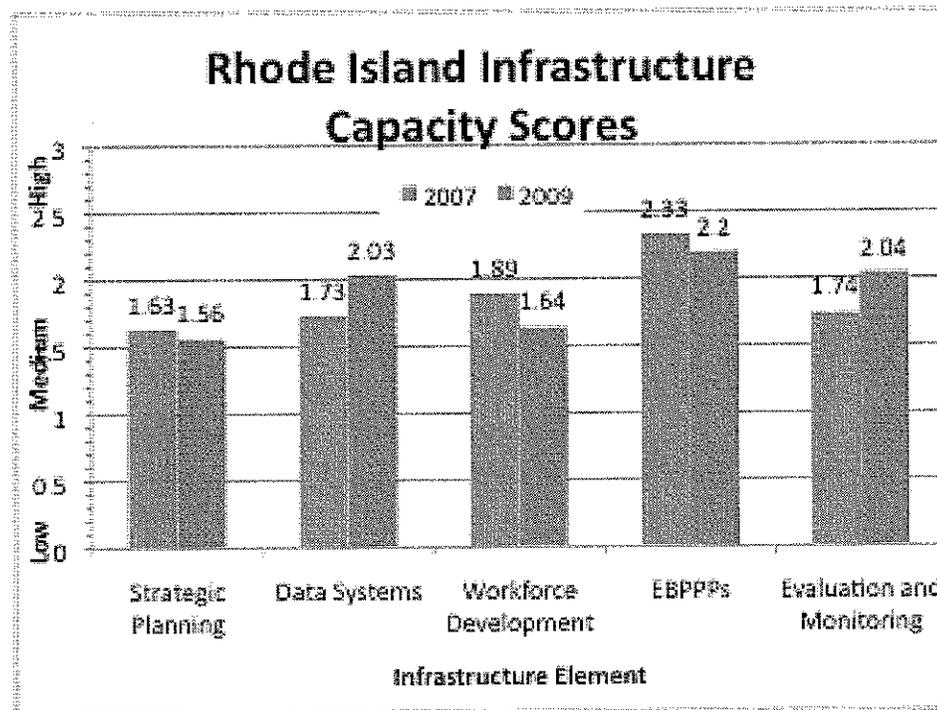
STATE LEVEL

Step #5: Evaluation

- The evaluation questions for step #5 at the State level are:
 - (i) *How has SPF contributed to infrastructure changes at the state level?*

The National Cross-site evaluation team conducted infrastructure interviews in 2007 and again in 2009. The Cross-site Evaluation Team used the interview to derive scores in five different infrastructure domains. Figure 2 below presents the Rhode Island infrastructure scores for 2007 and 2009.

Figure 2



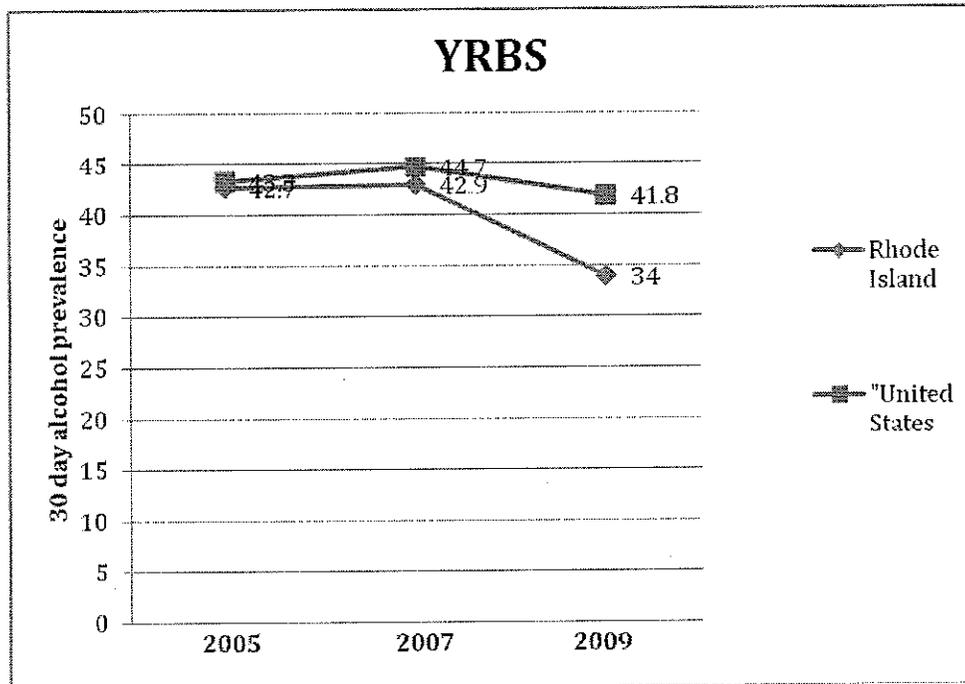
From 2007 to 2009, Rhode Island's infrastructure scores remained relatively stable in the areas of Strategic Planning, Workforce Development and Evidence Based Programs, Policies and Practices (EBPPPs). The national cross-site evaluation team assigned Rhode Island increased scores in the domains of data systems and the closely related evaluation and monitoring. Each of these domains increased by 30 of a point. Such increases are attributable to the SEOW, which established a data "hub" to aggregate data from a variety of Rhode Island agencies and has also created community level profiles useful for monitoring and evaluation increased this score⁶.

⁶ Note that this increase in evaluation and monitoring infrastructure is *not* assessing the same dimension as the previously reported implementation analyses where Rhode Island's score was harmed by the demise of the SALI survey

(ii) *Do trends in priority consumption patterns at the state level decrease over time?*

Figure 3 below displays Youth Risk Behavior Survey (YRBS) data comparing Rhode Island and the United States for the years 2005, 2007 and 2009. Trends for 30-day alcohol prevalence among high school youth declined both in the US as a whole and in Rhode Island from 2007 to 2009, but did so more dramatically in Rhode Island. Since the Rhode Island SPF-SIG involved 14 municipalities containing nearly three-quarters of the population, it is possible that SPF-SIG might have “moved the needle” sufficiently to produce a decrease in statewide prevalence from 2007 to 2009. However, without the ability to directly compare the group of SPF-SIG communities against the group of non SPF-SIG communities (an opportunity lost when the SALT survey was cancelled) this remains speculation. If, however, YRBS data from the 2011 survey continue such a trend, the influence of SPF-SIG, which continued until March 2010, becomes more plausible

Figure 3



(iii) *Do trends in consequence patterns decrease across the state?*

Substance Abuse treatment admissions to public facilities, grouped by city or town in which the patient lives, are available for each fiscal year. While limited because it is restricted to public facilities, trends in this data can be analyzed

Given an SPF-SIG starting date of July 08, any impact on admissions by 2009 is highly improbable. However, this indicator should be tracked over the next several years (2010-2013), which is a reasonable time frame within which any plausible SPF-SIG impacts at the state level might appear.

COMMUNITY LEVEL

Step #1: Assessment

- The evaluation questions for Step #1 at the Community level are:

(i) *To what extent did communities act with fidelity to the SPF-SIG intentions regarding the gathering of additional community level data to supplement state produced profiles?*

The Community Fidelity Assessment Rating (CFAR), developed by the SPF-SIG Cross-Site Evaluation team, was used to assess fidelity to requisite core activities of SPF Step #1. Each activity was rated by both a local evaluator and a state level evaluator as weak=1, moderate=2 or strong=3 fidelity.

Table 1 presents ratings across 9 core activities. Across 8 of the 9, the average of the local evaluator ratings (2.8) and the average across the state evaluator (2.5) were close, indicating a consensus between moderate and strong fidelity. Ratings of data analysis, however, were discrepant with the local evaluators ratings close to strong fidelity (2.85) and the state evaluator rating below moderate fidelity (1.93).

Table 1

Core Activity	1-1. Needs assessment management	1-2. Requisite Skills	1-3. Data Acquisition	1-4. Data analysis	1-5. Use of results to specify target issues
Average Community Rating (Local Evaluators)	2.77	2.62	3.00	2.85	3.00
Average Community Rating (State Evaluator)	3.00	2.36	2.36	1.93	2.43
Core Activity	1-6. Use of results to specify target area and/or population	1-7. Use of results to specify intervening variables	1-8. Identification of gaps in prevention resources and infrastructure	1-9. Assessment of community readiness	1-10. Regular updating and re-analysis of data
Average Community Rating of Local Evaluators	2.62	3.00	2.54	3.00	NA
Average Across Communities Rated by State Evaluator	2.00	2.64	2.64	2.79	NA

(ii) *Which specific risk and protective factors were identified by each community as locally associated with the state's consumption and consequence priorities?*

All 14 communities identified social and / or retail access as a risk factor in their community, whether for alcohol (12 communities) or illegal drugs (2 communities). Half of the communities identified having (low) parental monitoring as a risk factor. Finally, 4 communities identified low perception of risk, 3 identified peer approval as a risk factor and 1 cited peers engaging in problem behavior as a risk factor.

(iii) *Has the community incorporated assessment of sub-population needs, resources and readiness into their Step 1 activities?*

Ten communities incorporated sub-populations. Two communities had no discernible sub-populations.

(iv) *Does the community incorporate / adopt processes or procedures likely to result in continued data based priority setting / decision making?*

The Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (formerly Mental Health, Retardation and Hospitals) is requiring all task forces to utilize the SPF process in their ongoing local plans required by the state, including data based decision making.

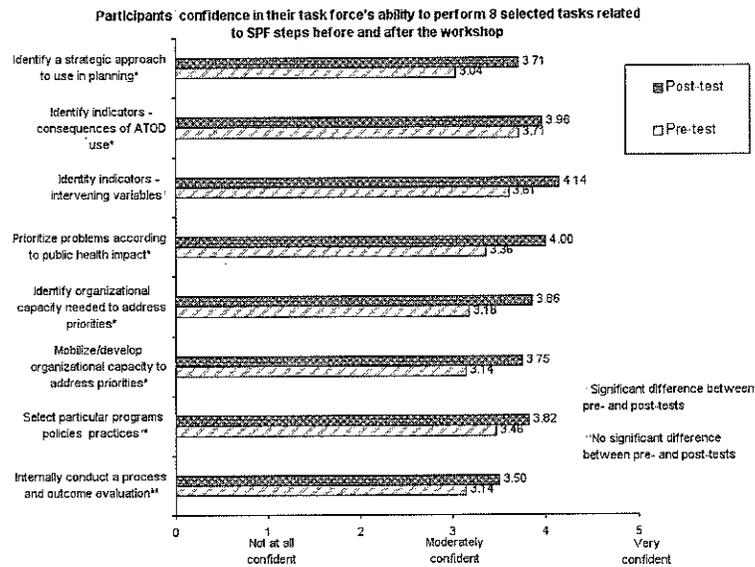
COMMUNITY LEVEL

Step #2: Capacity Building / Mobilization

- The evaluation questions for Step #2 at the community level were:
 - Did participants in SPF trainings report increases in their confidence to perform critical tasks associated with each of the SPF steps?

On June 27, 2006, the Northeast CAPI provided training entitled “What is the Strategic Prevention Framework?” Thirty-four participants from 29 Rhode Island task forces attended. Confidence levels on 14 different tasks related to the SPF were assessed on a five point scale (1 = not at all confident to 5 = very confident) before and after the workshop. Participants’ confidence in their task force’s ability to accomplish 12 tasks related to the SPF increased significantly at the conclusion of the workshop (average of 3.30 on pretest and 3.87 on posttest). Additionally, increased confidence was *not* reported for two tasks that were *not* addressed in the workshop, providing some evidence of post-test validity (that is, these items should *not* have changed) Pre-post scores for selected items (including items not expected to change) are displayed below:

Figure 4



At the beginning of the SPF, Environmental Strategies for substance abuse prevention were new to many prevention practitioners in the state, and therefore another arena for increased capacity. On November 19th, 2010, staff from the RIITARC presented a workshop on environmental strategies for 20 participants from the 14 sub-recipient communities who had received SPF-SIG funds. Participants’ confidence increased significantly on the five confidence items measured. Post-training confidence averaged 3.94 on a scale of 1-5 indicating that overall participants were very close to “confident” in their ability to implement learning at the end of the workshop. See Table 3 below:

Table 2

How confident are you in your ability to do each of the following:	Scale of 1 (not at all confident) to 5 (very confident)					
Consider both fit and evidence of effectiveness when selecting environmental strategies	2-4	3.05	3-5	3.95	< .001	Significant
Select a comprehensive and coherent set of strategies to impact a selected risk/protective/causal factor	2-5	3.10	2-5	3.90	< .001	Significant
Identify environmental policy categories	1-5	3.05	3-5	4.15	< .001	Significant
Identify the core activities in media advocacy	1-5	2.80	3-5	3.80	< .001	Significant
Identify the effective components of an enforcement strategy	1-4	2.79	3-5	3.89	< .001	Significant

(ii) Did the SPF build coalition / community capacity? And

(iii) Have coalitions increased their capacity to address sub-population differences at the community level?

Table 3 below summarizes for each community major capacity building efforts / accomplishments in both realms.

Table 3

Community	Coalition / Community Capacity Building	Capacity to address sub-population difference
Bristol	<ul style="list-style-type: none"> Task force member said “the SPF-SIG grant has allowed us to do many more programs and there is a more positive feeling that REAL accomplishments are being made ” Local evaluator observed “a once troubled task force has turned itself around and has begun to make a difference in Bristol ” 	<ul style="list-style-type: none"> Reached out to young adults by adding a new member from Roger Williams Univ Reached out to ethnic groups via faith-based, social and civic groups New members, including a police officer, harbormaster and student assistance counselor
Cranston	<ul style="list-style-type: none"> Local evaluator commented that the CSATF was able to significantly increase its influence with the local school administration and police department by improving outreach and communication and focusing on efforts led by law enforcement & the schools 	<ul style="list-style-type: none"> Brochures and flyers for media campaigns were translated into Spanish Recruited a new supporter from the Vietnamese community who has assisted task force and police in communicating with youth who are recruitment targets of local gangs.
East Providence	<ul style="list-style-type: none"> EPPC established a Board of Directors, with each community sector represented, which has administrative responsibilities EPPC is currently seeking non-profit (510c3) status, with the aim of diversifying funding 	<ul style="list-style-type: none"> EPPC has taken measures to address the needs of a large Portuguese community Measures include translating materials into Portuguese
Middletown	<ul style="list-style-type: none"> An expert consultant provided capacity-building assistance to strengthen Task Force functioning and operations Broader community-capacity building efforts included presentations, booths, displays, and other means of promoting interest in the problem of underage drinking. 	<ul style="list-style-type: none"> No major racial or ethnic sub-populations identified. Task Force began to collaborate more closely with military families (1/4 of students in public schools come from military families) and Salve Regina University (a number of students reside in Middletown).
Newport	<ul style="list-style-type: none"> An expert consultant facilitated a day long training for 26 task force and other community members focused on capacity-building and sustainability One outcome was the establishment of a Task Force committee to recruit new members 	<ul style="list-style-type: none"> The local evaluator observed “efforts to recruit and otherwise engage persons from different neighborhoods and from the Hispanic/Latino community ... were not fully accomplished.” However, SPF student surveys and parent passive consent forms were translated into Spanish.
North Kingstown	<ul style="list-style-type: none"> Results from a coalition member survey, completed by 15 members, suggested that there had been a moderate to high gain in knowledge about becoming a coalition and about substance abuse issues. The coalition increased its membership, adopted a committee structure that brought more members into decision-making roles and added a strong youth voice to the process 	<ul style="list-style-type: none"> Although racial and ethnic populations make up less than 5% of the population the task force took several steps to engage subpopulations including ... The task force held public forums .. with local residency councils in targeted low-income neighborhood and local schools. The task force made sure that sub-populations were represented on youth focus groups
North Providence	<ul style="list-style-type: none"> The Town Council was addressed by Coalition members and Tri-Town staff in November 2008 North Providence police attended networking session for police on enforcement strategies Research conducted on local ordinances helped build capacity in policy change. 	<ul style="list-style-type: none"> No specific sub-populations were identified

Pawtucket	<ul style="list-style-type: none"> • PPC has current membership representing 12 community sectors • PCC has maintained an active roster of youth members • PPC utilizes sub-committees effectively to promote specialized activities and involve non-task force members 	<ul style="list-style-type: none"> • PPC hired a cultural competency coordinator • Because PPC recognizes many community members do not speak English as their primary language, many materials have been translated into Spanish • PPC members have received cultural competency training from the cultural competency coordinator
Providence	<ul style="list-style-type: none"> • The Mayor's Substance Abuse Prevention Council (MSAPC) conducts a yearly self-evaluation to measure coalition effectiveness, identify areas of strength and determine potential areas for further development. • MSAPC conducts various trainings to educate its members and staff 	<ul style="list-style-type: none"> • MSAPC has broadened and diversified its membership during SPF-SIG • MSAPC has hired a bilingual staff member who is currently translating various materials into Spanish.
Smithfield	<ul style="list-style-type: none"> • Smithfield police and tri-town organized a networking session to build capacity to conduct enforcement strategies • Research conducted on local ordinances helped in building capacity for effecting policy change. 	<ul style="list-style-type: none"> • No specific sub-populations were identified
Warwick	<ul style="list-style-type: none"> • Results from a coalition member survey in 2009 were used to introduce a committee structure that involve more members and provided a greater sense of ownership. • Expert training was received from PIRE to enhance capacity. 	<ul style="list-style-type: none"> • Outreach to ethnic groups (6% of population) through schools and community service agencies. • Focus groups of student participants represented different ethnic, racial and socio-economic backgrounds.
West Warwick	<ul style="list-style-type: none"> • The local evaluator conducted semi-structured interviews in 2009 and 2010 and reported • "The SPF has led to an increase in individual member and member agency levels of collaborative activities facilitating communication across community sectors and leading to new opportunities for an exchange of information (e.g., between the Police Department and alcohol vendors)." 	<ul style="list-style-type: none"> • The coalition appears to have increased its capacity to address the sub-populations of youth who drink and their parents. • The local evaluator observed the Task Force intended to provide prevention materials in Spanish and to engage this community within the Task Force. However, it was not successful in either.
Westerly	<ul style="list-style-type: none"> • Membership has increased by five people, to twenty members, including a social worker, a school department staff person, an emergency medical technician, and parents of high school and middle school students • A youth committee was formed that has been very active on the task force, participating in media campaigns and establishing a Students Against Drunk Driving (SADD) chapter at the high school. 	<ul style="list-style-type: none"> • Westerly has limited racial / ethnic diversity, and access to data on other variables related to diversity - sexual orientation, individuals with disabilities, etc - is not readily available • However, the task force continues to seek out new members to represent specific sub-populations and key leaders in the community. • Concerted efforts have been made to reach out to specific ethnic groups through local churches, social clubs and civic groups.
Woonsocket	<ul style="list-style-type: none"> • The local evaluator noted "Since the SPF SIG, the influence and presence of the WPC in the city has noticeably expanded" • The structure has been expanded to include a Media Advisory Committee • The WPC has expanded its work with the police department and schools 	<ul style="list-style-type: none"> • The WPC has developed its strategies with a specific focus on sub-populations. • The Coalition's Executive Director has worked with the Housing Authority to address substance abuse issues in public housing. • A new member joined this past year who represents the faith-based Spanish community.

(iv) *Have coalitions incorporated capacity building activities into ongoing operations?*

The Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (formerly Mental Health, Retardation and Hospitals) is requiring all task forces to utilize the SPF process in their ongoing local plans required by the state, including capacity building activities.

COMMUNITY LEVEL

Step #3: Strategic Planning

- The evaluation questions for step #3 at the community level are:

(i) *How well did communities adhere to the guidance for strategic planning supplied by the state?*

State appointed raters judged each community strategic plan against 32 different elements that had been specifically requested in the guidance document. Each element was judged against scoring anchors that rated the element “insufficient”, “meets requirements” or “exceeds requirements”. An example of the scoring anchors used to rate the content covered in the implementation plan is displayed below:

Table 4

SECTION OF STRATEGIC PLAN GUIDANCE DOCUMENT	INSUFFICIENT: fails to address the minimum required elements	MEETS REQUIREMENTS: addresses the minimum required elements	EXCEEDS REQUIREMENTS: addresses all elements including expanded or optional items
ii Content Covered by implementation plan (e.g., coverage of mobilization/capacity building, evidence-based practices, policies and programs)	The content covered by the implementation plan did not describe all of the components requested in the guidance document OR although the content is mentioned, the content is covered in a brief and vague way For example, no mobilization / capacity building activities are included in the implementation plan or a major environmental strategy is mentioned without any sequenced steps described to accomplish this.	The content covered by the implementation plan describes all of the components requested in the guidance document AND each content component provides describes a few steps toward its product or accomplishment For example, mobilization / capacity building activities are described for any of the content categories chosen (e.g., an evidence-based curriculum) and a social marketing campaign has three steps described	The content covered by the implementation plan describes all of the components in specific detail AND describes how the components products or accomplishment will interrelate in an overall comprehensive strategy. For example, several specific steps in a social marketing campaign targeting parents are described as leading to media advocacy effort for increased enforcement of retail and social host laws

Written feedback was provided concerning which element(s) of a community’s strategic plan met or exceeded requirements and which were insufficient. Communities then worked on the insufficient elements (sometimes with technical assistance from the SPF State Project Officer) and then re-submitted for approval until all 32 elements met or exceeded requirements.

(ii) *Is each community strategic plan ultimately approved?*

Yes. Although community level strategic plans were approved at different times (ranging from Mar 08 through June 08), all 14 community plans were ultimately approved.

(ii) *Do community plans specifically address sub-population needs?*

Addressing sub-population needs was one of the 32 elements that all plans had to meet or exceed.

(iii) *Do coalitions adopt / incorporate a SPF like plan into their ongoing operations?*

The Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (formerly Mental Health, Retardation and Hospitals) is requiring all task forces to utilize the SPF process in their local plans.

COMMUNITY LEVEL

Step #4: Implementation

- The evaluation questions for step #4 at the community level are:

(i) Are curricular programs implemented with fidelity, that is, at the planned dose strength and delivered to the number and kind of intended participants?

Three communities proposed to deliver curricular programs in their strategic plans (Bristol, Providence and Westerly). However, neither Providence nor Westerly actually delivered any curriculum, due to difficulties with integrating programs with the demands of the regular school curriculum. Bristol planned to deliver a curriculum at both the middle school and the high school but only the middle school curriculum was implemented. The local evaluator judged the implementation of the middle school curriculum to be of "low to moderate fidelity" to the original program developers model.

(ii) What particular array of environmental strategies are proposed?

The environmental strategies that were proposed by each community are listed here in Table 5:

Table 5

	Policy Strategies	Enforcement Strategies	
Bristol	1) Boating under the influence 2) High school AOD policy	1) Shoulder tap 2) Party patrol 3) Compliance checks	1) Just Say Know: Youth, Parents, Community
Cranston	1) School zero tolerance 2) Restrict avail. drug paraphernalia 3) Label prescription bottles 4) Civil Anti-drug	1) Party patrol 2) Citizen surveillance	1) Campaign re:presc. Drug & marijuana 2) How to talk to your children @ drugs
East Providence	1) Increase admin. penalties retail sales 2) Increase penalties adult purchasers 3) Increase admin. penalties RBS 4) Require vendor RBS at comm. events 5) High school zero tolerance	1) Shoulder tap 2) Compliance checks 3) RBS compliance 4) RBS compliance checks comm. events	1) 65% campaign 2) Project Sticker Shock
Middletown	1) Noise ordinance 2) Teen party 3) Class A RBS	1) Shoulder tap 2) Party patrol 3) Compliance checks	1) Media: awareness /capacity underage drinking
Newport	1) Schools zero tolerance 2) Researching other policies	1) Shoulder tap 2) Party patrol 3) Compliance checks	1) Social access, social norms
North Kingstown	1) Consent to search	1) Party patrol	1) social norms target youth 2) media re: enforcement/ policy strategies
North Providence	1) Class A RBS 2) Increase admin. penalties retail sales "standardize sanctions" 3) Tighten social host 4) Open house assembly	1) Party patrol 2) Compliance check 3) RBS compliance check	1) social norms
Pawtucket	1) Increase admin. penalties retail sales, educ. sanctions 2) Increase RBS 3) Mandatory use scanning devices	1) Compliance checks 2) Citizen surveillance	1) Not a Minor Problem (social/retail access) 2) Start Talking Before They Start Drinking
Providence	1) Class A RBS 2) Change admin. penalties retail sales to minors - mandatory 21 Proof 3) Increase RBS	1) Roving detail	1) Media & social marketing
Smithfield	1) Class A RBS 2) Increase admin. penalties retail sales "standardize sanctions" 3) Tighten social host 4) Open house assembly 5) Random breathalyzers school functions	1) Party patrol 2) Compliance check 3) RBS compliance check	1) social norms
Warwick	1) Class A RBS 2) Promote RBS 3) Promote social host	1) Party patrol 2) Compliance check	1) social norms campaign 2) media campaign
West Warwick	1) Class A RBS 2) Tie RBS to relicensure 3) Open house assembly	1) Party patrol 2) Compliance check 3) RBS compliance check	1) parents: social access
Westerly	1) Mandatory police station youth drinking incident 2) Increase penalties use fake ID	1) Party patrol 2) Compliance check	1) media
Woonsocket	1) High school AOD policy - possession 2) EPB in M.S. health classes	1) Party patrol 2) Stings	1) Social norms: perception risk/harm 2) Social marketing campaign

(iii) With what fidelity are the environmental strategies implemented?

Local evaluators used a CFAR scoring protocol to rate the fidelity of each environmental strategy. The local evaluator rated each strategy in three domains: preparation issues (Were key players involved? Was research on the policy conducted?), implementation issues (Were core content and activities included? and were they delivered by a qualified implementer?), and target issues (Were the number of intended target population reached? Did those reached have the characteristics intended and were they within the appropriate geographic area?). Seventy-two of seventy-nine (91%) environmental strategies were rated by the local evaluators as having been implemented with high fidelity.

(iv) How much effort was devoted to each of the environmental strategies and did this effort vary across communities?

A monthly environmental strategies interview (MESTI) was conducted to track how much effort each community devoted to each of the three environmental strategies. Local evaluators interviewed the SPF-SIG coordinator each month and then reported the results of this interview to the statewide evaluation team. MESTI data was gathered each month for 21 months and aggregated into quarters.

Media was the most frequently employed of the three environmental strategies (media, enforcement, policy), with the highest mean (57 hours per month) and median (51.5 hours per month). There was little variation across communities in the amount of effort devoted to this strategy. This might be because media efforts in each community are equivalent in that each community targets their one local newspaper and because for radio and TV media, communities often go to the same stations. Table 6 presents quarterly, total and average hours per month devoted to media efforts by each of the 14 communities:

Table 6

EFFORT (HOURS) MEDIA STRATEGY

	<u>2008-2009</u>				<u>2009-2010</u>				Totals
	Quarters				Quarters				
	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar		
BRISTOL	165	146	297	377	171	141	208	1505 <i>average 72 month</i>	
CRANSTON	115	96	71	91	100	46	38	557 <i>average 27 month</i>	
EAST PROVIDENCE	64	85	450	111	103	77	109	999 <i>average 48 month</i>	
MIDDLETOWN	131	366	73	333	69	106	53	1131 <i>average 54 month</i>	
NEWPORT	201	312	155	329	144	174	214	1529 <i>average 73 month</i>	
NORTH KINGSTOWN	211	139	325	175	79	124	63	1116 <i>average 53 month</i>	
NORTH PROVIDENCE	179	226	378	560	264	248	231	2086 <i>average 99 month</i>	
PAWTUCKET	47	66	156	125	278	133	142	947 <i>average 45 month</i>	
PROVIDENCE	48	43	133	96	96	102	142	660 <i>average 31 month</i>	
SMITHFIELD	179	229	508	544	391	377	363	2591 <i>average 123 month</i>	
WARWICK	121	171	299	316	99	323	118	1447 <i>average 69 month</i>	
WEST WARWICK	152	59	29	26	38	85	140	529 <i>average 25 month</i>	
WESTERLY	94	64	291	170	158	211	70	1058 <i>average 50 month</i>	
WOONSOCKET	140	83	39	83	53	35	83	516 <i>average 25 month</i>	

Note: Media Effort hours combine MESTI Media items 1, 7, 9, 10, 11:
 1=hours of research conducted to develop mass media campaign
 7=hours spent developing media materials (e.g., print ads, radio ads, promotional materials)
 9=hours spent updating media contact list
 10=hours spent monitoring local media
 11=hours spent preparing for and participating in interviews

Enforcement was used as an environmental strategy almost as much as media (mean-53 hours per month). However, there was much more variability across the communities (median-38.5 hour per month with a range of 6-128 hours per month) indicating large differences in the priority given to this strategy by communities. Enforcement is arguably the strategy where it is easiest to measure effort, because effort can be calculated primarily by simply counting the additional "hours" contracted to police for additional enforcement in a community.

Table 7 presents quarterly, total and average hours per month devoted to enforcement efforts by each of the 14 communities:

Table 7

	EFFORT (HOURS) ENFORCEMENT STRATEGY							
	2008-2009				2009-2010			
	Quarters				Quarters			
	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	TOTALS
BRISTOL	104	110	25	37	2	96	107	481 <i>average 23 month</i>
CRANSTON	65	116	94	104	106	77	45	607 <i>average 29 month</i>
EAST PROVIDENCE	36	17	307	141	101	87	89	778 <i>average 37 month</i>
MIDDLETOWN	350	256	202	511	29	67	58	1473 <i>average 70 month</i>
NEWPORT	218	220	193	290	274	556	372	2123 <i>average 101 month</i>
NORTH KINGSTOWN	215	231	217	242	178	187	30	1300 <i>average 62 month</i>
NORTH PROVIDENCE	542	335	366	106	118	138	30	1635 <i>average 78 month</i>
PAWTUCKET	39	0	0	10	0	41	35	125 <i>average 6 month</i>
PROVIDENCE	64	0	34	160	143	33	31	465 <i>average 22 month</i>
SMITHFIELD	393	351	309	388	268	268	109	2086 <i>average 99 month</i>
WARWICK	196	22	65	156	108	84	12	616 <i>average 29 month</i>
WEST WARWICK	153	148	108	42	41	83	266	841 <i>average 40 month</i>
WESTERLY	134	16	0	0	69	60	0	279 <i>average 13 month</i>
WOONSOCKET	419	504	559	123	446	271	334	2696 <i>average 128 month</i>

Note: Enforcement hours combine MESTII ENFORCEMENT items 2,4,6:
 2=hours spent meeting key stakeholders
 4=hours spent planning and implementing education sessions (related to enforcement)
 6=hours of enforcement attributable to SPF-SIG efforts

Policy was the least used environmental strategy. It had the lowest mean (24.1 hours per month), which was less than half the effort that was devoted to media and enforcement. It also had the greatest variability across the 14 communities, with a median of 13 hours per month and a range

of 4-93 hours. The low use of policy as an environmental strategy relative to the use of media and enforcement may be due to substantive reasons (e.g., its unfamiliarity and the lack of community capacity to mount policy change efforts) or measurement issues (e.g., it's harder to track hours devoted to policy change) or a combination of both.

Table 8 presents quarterly, total and average hours per month devoted to enforcement efforts by each of the 14 communities:

Table 8
EFFORT (HOURS) POLICY STRATEGY

	2008-2009				2009-2010			
	Quarters				Quarters			
	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	TOTALS
BRISTOL	0	5	55	77	3	11	0	151 <i>average 7 month</i>
CRANSTON	3	5	8	6	3	3	0	28 <i>average 1 month</i>
EAST PROVIDENCE	29	8	52	331	104	32	54	610 <i>average 29 month</i>
MIDDLETOWN	27	10	21	83	88	85	44	358 <i>average 17 month</i>
NEWPORT	4	61	64	73	19	21	16	261 <i>average 12 month</i>
NORTH KINGSTOWN	13	15	43	105	44	3	12	235 <i>average 11 month</i>
NORTH PROVIDENCE	336	140	172	199	115	260	115	1337 <i>average 64 month</i>
PAWTUCKET	12	8	136	152	85	77	122	642 <i>average 31 month</i>
PROVIDENCE	1	62	135	215	158	114	221	906 <i>average 43 month</i>
SMITHFIELD	272	93	469	228	28	422	440	1952 <i>average 93 month</i>
WARWICK	29	24	36	26	6	36	0	157 <i>average 8 month</i>
WEST WARWICK	2	7	0	0	0	0	0	9 <i>average 4 month</i>
WESTERLY	14	13	123	126	15	0	0	291 <i>average 7 month</i>
WOONSOCKET	13	12	15	10	4	10	10	74 <i>average 14 month</i>

Note: Policy hours combine MESTII POLICY items 3 AND 10:
3=hours spent drafting policy (includes research, meeting time, etc)
10=total hours spent with key stakeholders to build support

(v) *Are any programs or policies incorporated into the community after SPF funding?*

Once a policy is adopted, it continues to influence the community population. That is, policy changes are sustained unless and until the policy is rescinded. See next section for a list of such policies.

COMMUNITY LEVEL

Step #5: Evaluation

- The evaluation questions for step #5 at the community level are:
 - Do environmental strategy activities impact community level risk / protective factors?

Policy Change: Once a policy is adopted, it continues to influence the community population. That is, policy changes are sustained unless and until the policy is rescinded. Table 9 below presents the policies targeted by each community in their strategic plans and displays which were passed and what barriers were encountered when policy proposals failed. Seventy percent of the policies targeted by the communities were passed. These will continue to impact community populations through establishing norms, imposing sanctions and documenting impacts.

Table 9

Community	Policies Targeted	Policies Passed <ul style="list-style-type: none"> Approved Not passed: Barriers identified
Burrillville	<ul style="list-style-type: none"> Drinking while boating School Chemical Health Policy 	<ul style="list-style-type: none"> Passed by school board May 2009 Passed by school board with a 5-0 vote
Canton	<ul style="list-style-type: none"> Zero Tolerance in School Repealing State of Drug Paraphernalia Warning Labels on Prescription Bottles 	<ul style="list-style-type: none"> Not passed: changes in school leadership Not passed: No champion identified Not passed: pharmacists did not cooperate
East Providence	<ul style="list-style-type: none"> Alcohol License Holder Penalty Policy 	<ul style="list-style-type: none"> Passed by school board June 2009
Middletown	<ul style="list-style-type: none"> Class A (liquor stores) RBS Certification Social Host Ordinance 23rd in state Chemical Health and Student Safety Policy Two Inland police precincts maintaining underage drinking 	<ul style="list-style-type: none"> Passed by town council 2009 Passed by town council 2000 Passed by school board with a 5-0 vote Development of RBS policy department 2009
Newport	<ul style="list-style-type: none"> Class A (liquor stores) RBS Training Enhanced consumption policy under 21 from public to private 	<ul style="list-style-type: none"> Voluntary by vendors Passed by school board 2000
North Kingstown	<ul style="list-style-type: none"> School Chemical Health Policy Consent to Search Policy (house when parents away) 	<ul style="list-style-type: none"> Passed by school board April 2009 Development of Chemical Health department 2009
North Providence	<ul style="list-style-type: none"> Youth survey to replace the SAIL survey Substance abuse training for student athletes and parents - fully enforced for first time with mandatory training Ordinance to make license holder more responsible for RBS compliance 	<ul style="list-style-type: none"> Passed by school board with a 5-0 vote April 2009 Enforced at school with parent consent Passed by town council May 2009
Pawtucket	<ul style="list-style-type: none"> RBS translated all RBS materials into Spanish and Portuguese Policy that all bars/vendors hang sign explaining laws and policies related to underage drinking Ordinance Mandating RBS Training before first day of work (state law mandates within 60 days) 	<ul style="list-style-type: none"> Passed by Providence Coalition 2009 Passed by town council 2009 Passed by town council 2009 However, because of a number of complaints from the community, the RBS has agreed to only do a one-time training for all vendors at the time of opening for a business, but to do a refresher training for all vendors at the time of opening for a business.

Providence	<ul style="list-style-type: none"> • City ordinances to change fines for public drinking • Ordinances to require business mailing • Suggested hours ordinance allowing clubs to stay open one hour later while they may serve food and non-alcoholic beverages • Pre-hearings for liquor violations 	<ul style="list-style-type: none"> • Passed by City Council 2009 • Passed by City Council 2009 • Passed by City Council 2009 • Passed by the Board of Liquor Licenses
Smithfield	<ul style="list-style-type: none"> • Youth survey to replace the SALT survey data • School policy that a full page of the Student Planners distributed to all students would be devoted each year for Coalition's purpose • Ordinance to make license holder more responsible for RBS compliance 	<ul style="list-style-type: none"> • Passed by the Department of Schools and the RI Dept of Education 2009 • Passed by the High School Principal 2009 • Passed by town council May 2009
Warwick	<ul style="list-style-type: none"> • Chemical Health Policy for the schools • Mandate RBS training for alcohol vendors 	<ul style="list-style-type: none"> • Passed by school committee June 2009 • Passed by city council 2009
West Warwick	<ul style="list-style-type: none"> • Class A liquor license (RBS) mailing • Liquor license renewal tied to RBS certification by all license holders etc • An Open House Assembly ordinance to complement and strengthen the state's Social Host Law 	<p>Not passed: down budgetary problems occupied much town council time delaying consideration of these policies</p>
Westerly	<ul style="list-style-type: none"> • Policy about police contacting parents of youth who were arrested or involved in underage drinking • Local Social Host Liability • Responsible beverage server mailing requirement 	<ul style="list-style-type: none"> • Not submitted to policy council Apr 2009 • Passed by town council June 2009 • Passed by town council
Wrentham	<ul style="list-style-type: none"> • School policy (chemical health model) • Sale of drug related paraphernalia by city businesses 	<ul style="list-style-type: none"> • Not passed: changes in school leadership • Not passed: changes in leadership, no champion identified

(ii) *Do trends in consumption patterns decrease within the group of SPF communities compared to a comparison group of non-SPF communities?*

This statewide evaluation of Rhode Island's SPF-SIG contained a design to compare the group of SPF communities against a comparison group of non-SPF communities. The SALT data, at that time mandated to be collected by all school districts, would have served as comparable trend data. State budget cuts eliminated the SALT at precisely the time it was needed to complete this evaluation. The disappointment over this turn of events reverberated beyond Rhode Island. The following is a quote from the Phase I Final Report of the National Cross-site evaluation of SPF-SIG conducted by Westat:

“State budget cuts triggered interruption of data collection, negatively impacting designs. In one State, an elegant multivariate matching designing was ruined when the annual State school survey providing the longitudinal outcome observations was cancelled for at least two years.”

(iii) *Do consumption patterns decrease within selected SPF communities?*

After the SALT was cancelled, many SPF-SIG task forces and their local evaluators put into place plans to administer an alternative school survey. Some adopted standardized and widely used surveys such as

the Communities that Care (CTC) survey. Others developed local surveys that contained many questions comparable to the previous SALT questions. In all cases, the local task force and local evaluators obtained permission from the Rhode Island Department of Education as well as from local school boards and even school level principals. This process was neither brief nor without considerable challenge and all those who undertook it are to be commended. In some cases new surveys were able to be fielded in a way that provided baseline as well as follow-up data. In other cases, data from a new, locally developed survey was compared with previous SALT data. Below Table 10 indicates, for each sub-recipient community, the measure employed, sample drawn and primary consumption result. The third column provides a judgment of the degree of confidence that might be placed in the primary consumption result, based upon the comparability of instruments, questions, time frames and equivalent sample sizes.

Table 10

Community	Measure(s) used / Comparability	Sample Drawn	Overall Confidence for Comparison / Plausible attribution to SPF-SIG Used same instrument? Baseline-follow-up in timeframe? Administered same time of year? Identical consumption question? Adequate sample?	Primary Consumption Results
Bristol	<ul style="list-style-type: none"> Communities that Care (CTC) Survey administered Dec 2009 and Dec 2010 	<ul style="list-style-type: none"> Census Survey of middle (approx 700) and high school (approx 850) 	<ul style="list-style-type: none"> High 	<ul style="list-style-type: none"> ↓ 22% to 16% reporting drinking in middle school ↓ 23% to 19% reporting drinking in high school
Cranston	<ul style="list-style-type: none"> Health and Wellness Survey developed by local evaluator administered April 2009 mid-Feb 2010 	<ul style="list-style-type: none"> Census Survey of 3 middle and 2 high schools (total 3,849 students) 	<ul style="list-style-type: none"> Moderate because surveys were administered at different time of year 	<ul style="list-style-type: none"> ↔ stable 9%, and 7% marijuana use reported in middle school ↑ 23% to 35% marijuana use across high schools
East Providence	<ul style="list-style-type: none"> School accountability for learning and teaching (SALT) 2007-2008; Communities that Care (CTC) May 2009 	<ul style="list-style-type: none"> SALT attempted Census Survey, CTC sample size unreported 	<ul style="list-style-type: none"> Low because different questions, times of administration Local evaluators advise "extreme caution in interpretation" 	<ul style="list-style-type: none"> ↓ 32% to 26% reporting drinking among 9th graders ↔ stable 31% and 30% among 10th graders ↑ 29% to 36% among 11th graders reporting drinking and 38% to 43% among 12th graders
Middletown	<ul style="list-style-type: none"> Strategic Prevention Framework (SPF) survey developed by local evaluator administered 2009 and 2010 	<ul style="list-style-type: none"> 91% and 81% for 8th graders in 2009 and 2010 52% and 63% for 10th graders 62% and 83% for 12th graders 	<ul style="list-style-type: none"> High for 8th graders Low for 10th and 12th graders (changes potentially due to samples rather than changes in behavior across cohorts) 	<ul style="list-style-type: none"> ↓ of 7.1% among eighth graders reporting drinking ↓ of 7.4% among 10th graders reporting drinking ↑ of 2.4% among 12th reporting drinking
Newport	<ul style="list-style-type: none"> Strategic Prevention Framework (SPF) survey developed by local evaluator administered 2009 and 2010 	<ul style="list-style-type: none"> 89% for 8th graders in 2009 85% for 8th graders in 2010 43% and 83% for 10th graders 57% and 94% 	<ul style="list-style-type: none"> High for 8th graders (samples for 10th and 12th graders low and therefore problematic) Low for 10th and 12th graders (changes 	<ul style="list-style-type: none"> ↓ of 16.7% among eighth graders reporting drinking ↑ of 10% and 36% respectively for 10th and 12th graders in reported drinking

		for 12 th graders	potentially due to samples rather than changes in behavior across cohorts)	
North Kingstown	<ul style="list-style-type: none"> Health and Wellness Survey developed by local evaluator administered January 2009, February 2010 	<ul style="list-style-type: none"> Census Survey of high school (total 1,274 students) 	<ul style="list-style-type: none"> High 	<ul style="list-style-type: none"> ↓ 14% among 9-12th graders reporting drinking
North Providence	<ul style="list-style-type: none"> School accountability for learning and teaching (SAL T) 2005-2006; SPF-SIG Youth Survey May 2009 	<ul style="list-style-type: none"> Census survey for SALT; 795 high school students participated in SPF-SIG Youth Survey in May 2009 (66% sample) 	<ul style="list-style-type: none"> Moderate because of changes in sample size and extended time frame from baseline to follow-up 	<ul style="list-style-type: none"> ↓ 22% to 17% from baseline (2005-2006) among 9-12 graders reporting having six or more drinks over past 30 days ↓ 30% from baseline (2005-2006) among 9-12th graders reporting heavy alcohol consumption (drinking 20 or more times in past 30 days)
Pawtucket	<ul style="list-style-type: none"> School accountability for learning and teaching (SAL T) 2007-2008; Communities that Care (CTC) 2009-2010 	<ul style="list-style-type: none"> Census survey for SALT; 795 high school students participated in SPF-SIG Youth Survey in May 2009 (66% sample) 	<ul style="list-style-type: none"> Moderate because of changes in sample size and extended time frame from baseline to follow-up 	<ul style="list-style-type: none"> ↓ 22% to 17% from baseline (2005-2006) among 9-12 graders reporting drinking six or more times in past 30 days (moderate drinking) ↓ 30% from baseline (2005-2006) among 9-12th graders reporting heavy alcohol consumption (drinking 20 or more times in past 30 days)
Providence	<ul style="list-style-type: none"> School accountability for learning and teaching (SAL T) 2007-2008; Providence After School Alliance (PASA) survey developed by local evaluator 	<ul style="list-style-type: none"> SALT census survey for 6th – 8th graders; PASA administered to all 6th – 8th graders participating in Providence After School Alliance 	<ul style="list-style-type: none"> Low because of different questions and samples (e.g. census on SAL T and only after school children on PASA) Local evaluators advise “extreme caution in interpretation” 	<ul style="list-style-type: none"> ↓ 20% to 7.5% reporting drinking alcohol in past 30 days among 6th – 8th graders from baseline (2007-2008) SALT to PSAA (2009-2010)
Smithfield	<ul style="list-style-type: none"> School accountability for learning and teaching (SAL T) 2007-2008; SPF-SIG Youth Survey April 2009 	<ul style="list-style-type: none"> Census survey for SALT; 689 students for SPF-SIG Youth Survey in April 2009 (86% sample) 	<ul style="list-style-type: none"> High 	<ul style="list-style-type: none"> ↓ 24% to 11% from baseline (2007-2008) among 9-12 graders reporting drinking six or more times over past 30 days (moderate drinking) ↓ 15% to 4% from baseline (2007-2008) among 9-12th graders reporting heavy alcohol consumption (drinking 20 or more times in past 30 days)
Warwick	<ul style="list-style-type: none"> Health and Wellness Survey developed by local evaluator administered Feb 2009 and Feb 2010 	<ul style="list-style-type: none"> Census Survey of 3 high schools (total 2,326 students) 	<ul style="list-style-type: none"> High 	<ul style="list-style-type: none"> ↓ 63% to 55% reported drinking across all grades and all schools combined ↑ 43% to 55% reporting being non-drinkers at Veterans High School
West Warwick	<ul style="list-style-type: none"> West Warwick High School Youth Survey administered spring of 2009 and 2010 	<ul style="list-style-type: none"> 488 students (9-11th graders) in 2009 and 503 students in 2010 	<ul style="list-style-type: none"> High 	<ul style="list-style-type: none"> ↓ 22% to 18.5% 30-day alcohol prevalence among 9th graders ↓ 25% to 16.8% 30-day alcohol prevalence among 10th graders ↔ stable 26% and 26.6% 30-day

				alcohol prevalence among 11 th graders
Westerly	<ul style="list-style-type: none"> Health and Wellness Survey developed by local evaluator administered at High School April 2009 but not repeated. SALT survey conducted June 2010 but data not available for comparison 	<ul style="list-style-type: none"> 670 from student population of 1100 (61% response rate) 	<ul style="list-style-type: none"> Low (no comparison) 	<ul style="list-style-type: none"> Local evaluator's report on 2009 "presented only as baseline data"
Woonsocket	<ul style="list-style-type: none"> Communities that Care (CTC) survey administered in high school spring 2009; no 2010 data available for comparison but CTC will be used every two years 	<ul style="list-style-type: none"> Census Survey of high schools (total 1,165 students) 	<ul style="list-style-type: none"> Low (no comparison or comparison to previous SALT data with different question and sample) 	<ul style="list-style-type: none"> Local evaluator's report on 2009 presented as baseline, plausible attributions to SPF-SIG await follow-up data

(iv) *Do trends in consequence patterns decrease within the group of SPF communities compared to a comparison group of non-SPF communities?*

Substance Abuse treatment admissions to public facilities, grouped by city or town in which the patient lives, are available for each fiscal year. While limited because it is restricted to public facilities, trends in this data can be analyzed comparing the group of SPF communities against the group of non-SPF communities (after adjustments for population sizes).

Given an SPF-SIG starting date of July 08, any impact on admissions by 2009 is highly improbable. However, this indicator should be tracked over the next several years (2010-2013), which is a reasonable time frame within which any plausible SPF-SIG impacts might appear.

Name of Applicant

NAME		POSITION TITLE	
EDUCATION/TRAINING (<i>Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.</i>)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY

A. Positions and Honors.
Positions and Employment

Other Experience and Professional Memberships

B. Selected peer-reviewed publications (in chronological order).

C. Research Support

Ongoing Research Support

Completed Research Support

**RI DEPARTMENT OF BEHAVIORAL HEALTHCARE,
DEVELOPMENTAL DISABILITIES & HOSPITALS**

BUDGET TEMPLATE

NAME OF AGENCY: _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____

ADDRESS: _____

CITY/TOWN: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX: _____

EXECUTIVE DIRECTOR: _____

TIME OF PERFORMANCE: FROM _____ TO _____

BUDGET SUMMARY

COST CATEGORY

AMOUNT

1. Personnel

2. Consultant and Contract Services

3. Travel

4. Equipment (Rental lease or Purchase)

5. Consumable Supplies

6. Rental, Lease, or Purchase of Equipment

7. Other Costs

8. Indirect Costs

TOTAL FUNDS REQUESTED:

\$ -