REGION 5

Prevention Needs Assessment

East Bay
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Introduction

The State of Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) awarded the East Bay Region a grant to continue its Regional Substance Prevention Task Force efforts. The grant was awarded for one year but is expected to sustain this effort for a total of five years. Communities that receive the regional grants are tasked with the implementation of five of the six Center for Substance Abuse Prevention's (CSAP) primary prevention strategies. Implementation decisions are based on a comprehensive needs and resource assessment designed to identify the region's substance use prevention needs. The five CSAP prevention strategies include:

- Community Based Process
- Information Dissemination
- Merchant Education to prevent underage tobacco sales
- Environmental Change Strategies
- Alternatives

Utilizing the Strategic Prevention Framework, a comprehensive needs-based strategic plan with measurable objectives follows the community needs assessment. This document provides direction for a community-based approach to prevention. The strategic plan serves as a benchmark for ongoing monitoring of the process and outcomes. This approach creates transparency and shows areas where the implementation may require changes or adaptations to better meet the community's needs and ensure the plan's goals and objectives are met.

The East Bay region is comprised of four communities: Barrington, Bristol, East Providence, and Warren. While they share commonalities, the communities are uniquely different from each other as well. The needs assessment gathered community- and regional-level data wherever it was possible to identify factors that impact specific communities and the region as a whole.

Data Collection Methodology

The Region 5 needs assessment used a comprehensive approach to the needs assessment grounded in a mixed methods approach. This particular needs assessment best fits a sequential design. That is, our data comes from two distinct phases. The youth survey data and the social indicator data come from secondary data sources. The youth survey data was collected prior to the qualitative component of this study being initiated, prior to the R5 grant being funded, and prior to the needs assessment work beginning after the award was made. Other survey data, which included the Skills and Readiness assessments were collected simultaneously with the qualitative data. These two surveys were used to assess community capacity to implement the region's plan. Qualitative data were used to help explain and elaborate on the quantitative data and to get a current picture of substance use and mental health in the region.

Qualitative Component

The qualitative component of the needs assessment involved conducting key informant interviews and focus groups. Key informant interviews were conducted by the community coordinators, and the focus groups were conducted by Datacorp, with the exception of one parent focus group conducted in Warren by the town's DFC evaluator who graciously agreed to share his notes with Datacorp. These notes were incorporated for analysis with the rest of our focus group documentation after it was determined that they met the needs of this needs assessment.

The tables below document the interviews and focus groups that were conducted, their dates, the sector of the community for which they were reporting, and the number of participants in the focus groups.

Key Informant Interviews and Focus Groups

Interviews were conducted with local professionals who work with youth or work for agencies that address youth substance use issues, parents, and youth themselves.

Key Informant Interview and Focus Group Questions

Individuals who participated in the focus groups and interviews were asked a series of questions about substance misuse and mental health concerns. Key informant interview questions were slightly modified based on the individual's sector representation. Focus group questions were slightly modified for the youth focus groups to make the wording appropriate while still getting at the same issues that were discussed with adults and other key informants. At a high level the questions were designed to gather information on the following:

- Use and consequences
- Access
- Root causes
- Strategies to address
- Mental wellbeing
- Social norms and stigma
- Parental monitoring and enforcement

There was a total of 19 key informant interviews conducted between January 2022 and April 2022. The 5 focus groups were also conducted over this period. A copy of the focus group questions appears in Appendix A.

The next two tables describe interview participants, the dates they were interviewed or participated in the focus groups and the sectors they represent. A color-coded key appears before the tables as a reference guide to the sectors represented in the focus groups and interviews.

Key	
Youth	
Parents	
Youth Serving Organizations	

Key	
Education	
Community/family supports	
Safety	
Medical/Health	
Government	
Business	

Key Informant Interview Participation

Table 1. Key Informant Interview Conducted for the Needs Assessment

Representative	Agency	Community	Date	Sectors Represented
Patrick Notley	Pastor	Barrington	1/18/2022	
Kristin Beaulieu	Detective	Warren	1/19/2022	
Alondra Berrios	Student Assistance	Warren	1/19/2022	
Tara Thibadeau	Recreational Director; VP of Warren School Committee; Warren Juvenile Hearing Board Member	Warren	1/19/2022	
Michael Carbone	Retired Principal	Warren	1/19/2022	
Anthony Gibney	Acting Director for Bayside and Newman Family YMCA	Barrington	1/24/2022	
Bonnie Pansa	Middle School Teacher	Warren	1/25/2022	
Barbara Soares	Hairdresser, Owner	Warren	1/27/2022	
Michael Correia	Police Chief	Barrington	2/01/2022	
Phil Hervey	Town Manager	Barrington	2/09/2022	
Damian Ramos	Youth and Community Outreach Director, Boys and Girls Club	East Providence	2/11/2022	
Tayla Vincent	Student Assistance counselor	East Providence	2/15/2022	
Mary Jo Tavares	Business Leader	Bristol	2/16/2022	

Representative	Agency	Community	Date	Sectors Represented
Paul Bisbano	Religious Leader	Bristol	2/16/2022	
Amy Vieira	Healthcare Professional	Bristol	2/16/2022	
No Name Provided	Law Enforcement	Bristol	2/16/2022	
No Name Provided	Youth-Serving Group	Bristol	2/16/2022	
Laina Porro	Health Disparate/LGBTQ	East Providence	2/21/2022	
Christine Brown	Bradley Hospital/Lifespan	East Providence	2/24/2022	

Focus Group Participation

Table 2. Focus Groups Conducted for the Needs Assessment

Representative	Date	Number of Participants	Sectors Represented
Parents	2/17/2022	7	
Parents	2/22/2022	1	
Youth	4/12/2022	15	
Portuguese Community Members	4/20/2022	5	
Youth	4/28/2022	4	

Quantitative component

The quantitative component of the needs assessment relied on several different data sources gathered from a variety of sources. The needs assessment includes primary data collected on the skills and readiness assessments, and it includes social indicator data gathered from a variety of data archives, published documents, and secondary youth survey data.

Primary Data Collection

Primary data was collected using two survey instruments. A skills inventory was circulated among coalition members in each municipal coalition and among the regional coalition members. The readiness assessment was circulated by the coalitions' community coordinators who were instructed to disseminate the survey across the sectors represented in the coalition in order to garner a "readiness perspective" at a broader coalition level. Each survey is described in detail in the text that follows.

Skills Inventory

Region 5 opted to conduct a skills inventory of its coalition members as part of its capacity assessment. The Datacorp needs assessment team programmed the Coalition Member/Leader Inventory into a data collection system maintained by Datacorp. The

skills inventory was distributed at both the regional and municipal levels. If someone was on more than one coalition, the respondents were instructed to indicate this by "checking all that apply" in a question that listed each coalition and the regional coalition as membership choices. If a respondent belonged to more than one coalition, their results were counted toward each of the coalitions they belong to. Questions on the skills inventory asked respondents the following:

- Coalition membership
- Sector represented
- Personal attributes and degree to which they perceive they are developed
- Personal skills and the degree to which they perceive they are developed
- Top five personal strengths and skills
- Strengths and skills the respondent would like to develop
- Whether their skills are being utilized by the coalition
- How their skills could be better utilized by the coalition

Following best practices for electronic surveys the skills inventory survey was launched on a Tuesday morning and reminders were sent each Tuesday morning until it closed. The survey opened March 15, 2022 and closed April 8, 2022.

Community Readiness Assessment

Region 5 also chose to conduct a community readiness assessment. The Regional coordinator and the Datacorp needs assessment team decided that we would develop a modified version of the Tri-Ethnic Center's Community Readiness for Community Change Assessment. This decision was made based on the availability of resources and how labor intensive it is to implement the Tri-Ethnic readiness assessment.

A thorough review of the interview items and process was conducted to determine how we could streamline the assessment and the process while preserving the goal of the assessment. Dr. Minugh, the needs assessment lead, who has published on the stages of change and participated in clinical trials that have used modified stages of change instruments, reviewed the interview questions and selected items from the "required elements" that could be converted to Likert-type scales on each of the assessment's constructs. The questionnaire modification process resulted in an 8-construct questionnaire with a total of 29 items across all constructs. Constructs included the following:

- Overall Community Readiness (single item)
- Community Knowledge of Efforts
- Leadership
- Community Climate
- Knowledge About the Issue
- Resources for Efforts

Responses were coded to match the stages of changes. All but one scale/construct had multiple items, which were averaged to create a composition, which was then matched to the stage of change the average indicated.

Following data collection, we conducted correlations among the readiness scales and found that none of them were significantly correlated with each other. This finding would suggest that each scale is measuring a different aspect of readiness, which is a desired outcome.

The questionnaire was programmed into SurveyMonkey and we launched the electronic survey following best practice logistics. We launched the survey on Tuesday morning, April 5th and closed it April 29th. Reminders were sent each Tuesday morning until it closed. We received a total of 36 responses across the four communities (Barrington, N = 13; Bristol, N = 9; East Providence, N = 9; Warren, N = 5).

Respondents

The regional coalition director identified key community sectors of interest to complete the survey. This information was given to each municipal coordinator to use to disseminate the readiness assessment across sectors and populations of interest. The communities were instructed to send the survey link to 8 community members, one per sector, plus an additional targeted group such as Portuguese, LGBTQ, among others. In some cases, the coordinators distributed additional surveys to ensure proper representation.

Secondary Data Collection

Social Indictors

Social indicators are archival data typically collected by organizations for their own, internal purposes. These data also can be used by outside organizations for other purposes, such as needs assessments, outcome monitoring, and planning purposes. Social indicators describe populations of interest, the health and well-being of communities, and they are particularly useful when looking at the complex, interrelated needs of youth. We relied heavily on data made available through the US Census, statewide and local reports/publications, and through a variety of public archives such as PolicyMap. PolicyMap data was used to generate maps of data that is relevant to a behavioral health needs assessment. As a means for reference, the maps we present show the data for the state in one map for comparison purposes, then they are presented with the region enlarged and each of the regional communities, which include Barrington, Bristol, East Providence, and Warren, highlighted so that readers get a better sense of the regional level data.

Data sources that accounted for many measures in the needs assessment are listed individually in the next sections that follow. All data sources reported in the needs assessment appear in Table 3, which includes the construct, measure, unit of analysis for which we reported data, the source and years the data were available. The lower portion of the table includes a section entitled, "Additional Data" that includes relevant data but are in addition to the sources required for the regional needs assessments.

US Census

The US Census was used as a source for several data elements that appear in this report. Many of the Census data element that fall outside of the demographics category relied on the US Census' American Community Survey. These data are usually captured over

a period of 5 years to get a stable estimate. By using this method, the data can be reliably reported at the state, county, zip code and census tract level depending on the particular data element and the geographic area at which the estimate is made.

NSDUH

The National Survey on Drug Use and Health and is SAMHSA's flagship survey. It provides current information on a variety of substances, mental health, and other health-related issues. It is a face-to-face survey conducted in every state. Similar to the US Census, the NSDUH creates smaller geographical area estimates using data across multiple years to ensure stability in the estimates.

Youth Risk Behavior Survey

The Youth Risk Behavior Survey (YRBS) is a state-level survey designed to capture current data on a variety of behaviors including unintentional injury and violence, alcohol, tobacco, and other drug use, unhealthy dietary behavior and inadequate physical activity. It is conducted by the Center for Disease control in school-based format and is administered biannually in off years from the RISS (see below).

Rhode Island Student Survey

The Rhode Island Student Survey (RISS) sponsored by the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), and the Rhode Island Department of Health (RIDOH), and the Rhode Island Department of Education (RIDE). Historically. this biannual survey is administered in alternating years with the YRBS. The survey measures substance misuse and other behavioral health measures (e.g., bullying, depression, suicide, and violence) prevalence, including risk and protective factors associated with substance use.

Constructs and Measures Available for the Needs Assessment

Table 3 includes all measures from the original list provided by BHDDH *that were available* for this needs assessment. They are organized by construct. Within in each construct we list the measures we gathered, the unit of analysis we presented, the source from which they were obtained, and the years the data were available. We present data at the community, region, and state level whenever it is possible for comparison and planning purposes.

Additional Measures

The needs assessment team included several additional measures that have been appended to the end of the table. These include indices that are related to various aspects of behavioral health. These measures were available at the community, regional and state level and are most often presented as maps showing the dispersion and intensity of the measure of interest. Also included is data from the School Mental Health Report Card, which was available at the state level. They are as follows:

- Area Deprivation Index
- Social Vulnerability Index
- Distressed Communities Index
- School Mental Health Report Card
- Coalition Skills Inventory
- Community Readiness Assessment Survey

Unavailable Data

Using the data list in the guidance document, there were measures we were not able to locate. We have listed all required measures in the report and indicated where data were not available. The complete list of unavailable data appears in Appendix B.

Table 3. Constructs and Measures Available for the Needs Assessment

Construct	Measure	Unit of Analysis	Source	Years Available
Demographics	Age	City	US Census	2020
	Race & Ethnicity	City	US Census	2020
	Raw Population	City	US Census	2020
	% in Poverty	City	US Census & PolicyMap	2016-2020
		State	US Census & PolicyMap	2016-2020
Food Insecurity	% Food Insecure	County	Feeding American & PolicyMap	2019
Substance Use: Highway Safety	Impaired Driving: # DUI Charges	City	UCR	2015-2020
		Region	UCR	2015-2020
		State	UCR	2015-2020
	Motor Vehicle Crashes (synthetic estimate)	City/Town	Synthetic Estimate	2019
		Region	Synthetic Estimate	2019
		State	Synthetic Estimate	2019
		National	US DOT FARS	2019
	Motor Vehicle Injury & Mortality Underage Motor Vehicle Traffic Accident Deaths	Region	Synthetic Estimate	2019
		State	NHTSA	2019
		State	CDC	2020
Substance Use: State Law Violations	Tobacco: # Attempts to Purchase	City	State of RI SYNAR Report	2021
		Region	State of RI SYNAR Report	2021
Substance Use: Sales	Retailer Best Practices	City	East Bay Retailer Survey	2020
	Tobacco: # Active Licenses per Community	City & Region	East Bay Retailer Survey	2020
	Average Price of Cigarettes	State	World Population Review	2022
	Average Tax on Cigarettes	State	Sales Tax Handbook	2022
	Average Tax on Other Tobacco Products	State	Sales Tax Handbook	2022

Construct	Measure	Unit of Analysis	Source	Years Available
	RI Cannabis Sales Tax	State	Sales Tax Handbook	2022
Substance Use: School Data	Alcohol: Past 30-Day Use	City	RISS	2018 & 2020
		Region	NSDUH	2014 – 2016 2016 - 2018
		State	YRBS, RISS, NSDUH	YRBS: 2017 & 2019; RISS & NSDUH above
	Marijuana: Past 30-Day Use	City	RISS	2018 & 2020
		Region	NSDUH	2014 – 2016 2016 - 2018
		State	YRBS, RISS, NSDUH	YRBS: 2017 & 2019; RISS & NSDUH above
	Tobacco: Past 30-Day Cigarette Use	City & Region	RISS	2018 & 2020
	Tobacco: Past 30-Day Tobacco Product Use	Region & State	NSDUH	2014 – 2016 2016 - 2018
	Past 30-Day Cigarette Use	Region & State	NSDUH	2014 – 2016 2016 - 2018
	Past 30-Day Cigarette, Cigar, Smokeless Tobacco, & Shisha or Hookah Product Use	State	YRBS	2017 and 2019
	Past 30-Day Electronic Nicotine Devise Us	City	RISS	2018 & 2020
	Past 30-Day Electronic Vapor Product Accessibility	State	YRBS	2017 and 2019
	Past 30-Day Rx Use without a Prescription	City	RISS	2018 & 2020
	Past 30-Day Heroin Use	City	RISS	2018 & 2020
	School Policy on Alcohol Use	City	School Handbook Policy Review	2020
	Youth Access to Alcohol	City	RISS	2020
Substance Use: Criminal Justice Data	# Parties w/ Police Called Due to Use	City	Community Police Department	2020 - 2021

Construct	Measure	Unit of Analysis	Source	Years Available
Substance Use: Substance-Related Injuries and Deaths – Non-Motor Vehicle	# Overdoses Reversed by Naloxone	City	Center for EMS Annual Report	2020
Substance Use: Substance Abuse Treatment	Treatment Provider Locations	City/Town & Region	PolicyMap & SAMHSA	2019
	Unmet Treatment Need	Region & State	NSDUH	2018
	Beds Filled: All Ages, Youth, Pregnant Women	National	TEDS	2019
Substance Use: Prevention Initiatives	Alcohol-Related EBPs	Community	Community Prevention Scorecards	2021
Substance Use: Risk or Protection Factors	Adult Behavior and Attitude Toward Substance Use Survey	State	YRBS	2017 and 2019
Substance Use: Treatment	Location of East Bay Facilities	City & Region	PolicyMap & SAMHSA	2019
Substance Use: Prevention Interventions	Listing of initiatives	City/Region	Coalition records/community level tracking	2021
Depression: School Data	Students Reporting Staying Home from School Because Felt Unsafe	City	Survey Works	Spring 2017-Spring 2021
	Student Report of Being Bullied Online in the Past 12-Months	City	Survey Works	Spring 2017-Spring 2021
	Student Report of Being a Victim of Bullying on School Property in the Past 12-Months	City	Survey Works	Spring 2017-Spring 2021
	Student Reports of Having Been in a Physical Fight	City	Survey Works	Spring 2017-Spring 2021

Construct	Measure	Unit of Analysis	Source	Years Available
	Student Reports of Having Felt Very Sad or Hopeless	City	Survey Works	Spring 2017-Spring 2021
Depression: Treatment	Unmet need for mental health treatment	National	Mental Health America (MHA)	2019
Depression: Prevention Initiatives	Mental Health First Aid	Local	Training Data	2022
	Stronger Together	Local	Training Data	2022
	List or depression-related programs supported	Region	Regional coalition records	2021
Depression: Survey Data	Major Depressive Episode (Adults)	Region & State	NHSDUH	2016 - 2020
	Serious Mental Illness/Any Mental Illness (Adults)	Region & State	NHSDUH	2016 - 2020
Suicide: School Data	Students Who Considered, Planned or Attempted Suicide	State	YRBS	2017 & 2019
	Students Who Considered, Planned or Attempted Suicide	State	YRBS	2007 - 2019
	% Students Who Ever Contemplated Suicide	City	RISS	2018 & 2020
	% Students Who Contemplated & Made a Plan	City	RISS	2018 & 2020
	% Students Who Attempted Suicide	City	RISS	2018 & 2020
Suicide: Injuries & Deaths	% Students Who Attempted Suicide that Resulted in Injury, Poisoning, or Overdose	State	YRBS	2017
	% Students Who Attempted Suicide That Resulted in Injury, Poisoning, or Overdose Treated by a Doctor/Nurse	City	RISS	2020
Suicide: Mental Health Treatment	Location of Mental Health Treatment in Region 5	City & Region	PolicyMap & SAMHSA	2019

Construct	Measure	Unit of Analysis	Source	Years Available
Suicide: Prevention Initiatives	Various Initiatives	City/Region	Coalition records/community level tracking	2021
Suicide: Survey Data	Suicide Ideation	Region & State	NSDUH	2016 - 2020
	Suicide Plans or Attempts	Region & State	NSDUH	2016 - 2020
	Suicide Deaths	County & State	RI Violent Death Reporting System	2015 - 2019
Additional Data				
Additional Mental Health Data	School Mental Health	State	America's School Mental Health Report Card	2022
Socioeconomic Disadvantage	Area Deprivation Index	City, Region, State	Neighborhood Atlas	2019
External Stressor Impact	Social Vulnerability Index	City, Region, State	Center for Disease Control	2018
Economic Well-Being	Distressed Communities Index	City, Region, State	Economic Innovation Group	2020

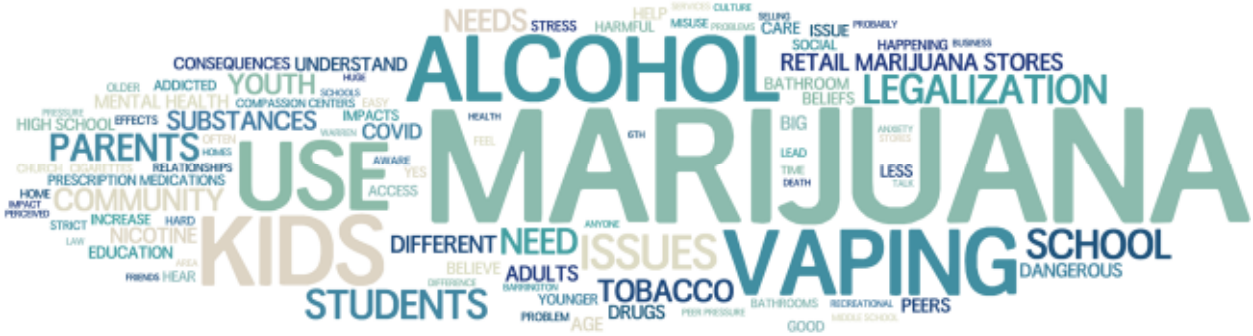
RESULTS: QUALITATIVE

Historically, key informant and focus group participants can easily express perceptions and identify problems associated with substance misuse. During this needs assessment, themes from participants suggest that mental health challenges took on more importance over the past few years and were exacerbated by the COVID-19 pandemic. That said, various substances were identified for problematic use including alcohol, marijuana, and vaping. Participants reported that marijuana and vaping were particularly concerning for youth in the East Bay region. Looming marijuana legalization and associated challenges were discussed at length across interviews and groups. Mental health challenges such as depression, anxiety, and self-harm were reported as more concerning and considered a contributing factor to substance misuse, perhaps even more so now than in the past.

The Region 5 needs assessment also included a Portuguese specific focus group. The goal of conducting this group was to identify specific mental health issues and recommendations for prevention efforts. The results for this group are reported separately.

Substance Abuse Prevalence & Norms

Overall, the focus groups and key informant interviews highlighted general concerns with marijuana, vaping, and alcohol. Among these three substances, vaping was of particular concern as participants were aware of the increased rates of use among youth. Participants reported similar concerns about marijuana and alcohol youth use citing lasting impacts and consequences. Marijuana legalization was also discussed as a primary problem.



- Vaping was of high concern in school settings, specifically with students vaping in school bathrooms. Youth expressed vaping devices were conspicuous due to the size of the devices and odorless nature compared to marijuana and traditional cigarettes. To address use in bathroom settings, some schools have started to enforce limited bathroom breaks and electronic monitoring devices.

> *They are addicted they do not care about in-school suspension. There is nothing happening to help the kids. These consequences are just punishment not helping the situation.*

- Youth participants noted knowledge about the harms and dangers of vaping. However, increased access and influential peer use were highlighted as facilitating factors to increased vaping. In general, youth vaping was talked about more in terms of physiological addiction than traditional cigarette use of the past.
- There was consensus among participants, that marijuana legalization should be a primary concern and will have long-lasting impacts on communities and youth. Reportedly, legalization will allow marijuana to be more readily available and send mixed messages to youth, suggesting that marijuana use is not dangerous. On the contrary, a few key informants highlighted the possible benefits of legalization such as economic incentives and reducing the allure of marijuana use among youth.
- Similar to marijuana, participants highlighted alcohol use to be prevalent among youth. However, perception of harm varied across groups. Some participants were opposed to youth consuming alcohol whereas others presented as ambivalent as long as youth were not abusing or engaging in risk-taking behaviors.
- Perceived ease of access was cited as a reason for the high prevalence of alcohol. Youth reported often obtaining alcohol at home without their parent's knowledge, from a peer, older siblings, or from another youth's home.
- Alcohol and marijuana were reported to be utilized for different reasons. For instance, alcohol was common in social settings and is commonly consumed on weekends. Whereas marijuana is consumed on a more daily basis for relaxation.
- Participants across groups reported concern about opiates and non-prescribed medication use. However, youth participants reported that there was minimal use of these substances in their age group.
- COVID-19 was highlighted as a risk factor because it exacerbated pre-existing mental health-related concerns such as isolation, feelings of loneliness, anxiety, and stress which in turn impacted substance misuse.

Access, Enforcement, & Monitoring

There was a general consensus that parents played a key role in the enforcement and monitoring of substance use among youth. Parents were perceived as both a risk and

protective factor. This was particularly the case with underage drinking. It was highlighted that lack of parental monitoring, perception of use, or lack of knowledge of substance use risk and harm impacted youth. Parental involvement or engagement was perceived to help mitigate youth substance misuse behaviors.

- Retail marijuana stores were perceived as a risk across community representatives due to potential monitoring and enforcement challenges. It was expressed that if marijuana retail stores were to exist, strict policies like those at Compassion Centers should be required. For instance, Compassion Centers were viewed as vigilant about checking identification to prevent underage use and maintain security personnel.
- Parental perception and norms of alcohol use varied across groups. It was expressed that some parents are understanding of youth using alcohol if they are responsible. On the other hand, some parents strictly oppose underage drinking and look down upon parents who allow underage drinking.
- Within the community, if youth were caught drinking, the norm was to alert and consult the parents first rather than getting the law enforcement involved. Key Informants from Barrington and Bristol expressed that despite Social Host Laws in Rhode Island, parents are still allowing parties in the home setting.

> *There are too many parents who social host alcohol for youth. There is a difference between parents trying to be their kid's "friend" versus their protector.*

- Counselors and teachers were considered to play a key role in monitoring and preventing substance use. Specifically, participants felt that counselors and teachers can help educate the youth on the harms and risks of substance use. Additionally, participants felt teachers and counselors can observe behavior changes among students due to prolonged presence in the student's life.
- Overall, participants highlighted the importance of community collaboration to support prevention efforts. Key Informants highlighted community partners such as faith centers, local businesses, YMCA, and coalitions playing a crucial role in addressing issues related to substance use and mental health. However, focus groups highlighted the lack of knowledge on resources available among community members (parents, caregivers, youth, etc.). Both Key Informants and Focus expressed

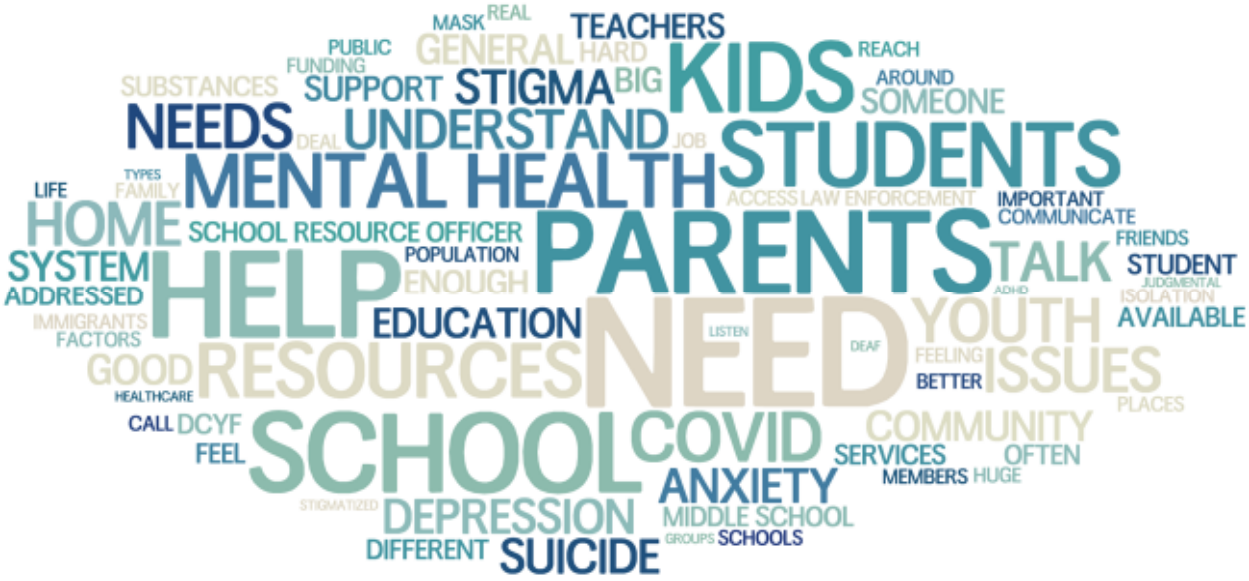
> *Prevention messaging should include anything that makes it feel relatable. We need to connect to real-life experiences.*

the need for additional law enforcement efforts such as Party Patrols and DUI Patrols.

- Police members and police departments were well respected among participants and were seen as a source of information. Particularly, participants were aware that police stations have drug disposal boxes.

Mental Health

Participants reported that mental health issues are highly prevalent in the region. Anxiety and depression were of the most concern among the youth. Participants were empathetic and cognizant of the stressors youth are currently combating including but not limited to peer pressure, familial stressors, identity issues, academic pressures, and challenging transitions.



- There was a consensus that COVID-19 exacerbated preexisting stressors. On one hand, COVID-19 has highlighted the importance of addressing barriers to combat mental health and substance use issues. Participants also expressed the uncertainty and challenges COVID-19 created. For example, feelings of isolation were mentioned repeatedly as well as difficulties with social settings and transitions.
- Parental involvement and communication between youth and parents were expressed to be a protective factor. The absence of parent involvement was considered to contribute to feelings of isolation, depression, and anxiety. Additionally, participants mentioned that some parents are also struggling themselves, which may have an impact on the youth's mental health.
- Participants discussed issues with how mental health challenges are seen by others. Stigma is perceived to be among the biggest barrier among parents and youth when increasing communication and accessing resources. Participants highlighted a lack of knowledge among parents on identifying signs of mental health issues and challenges engaging in conversations to address concerns. Other barriers discussed were cost, insurance, navigating the healthcare system, waitlist, and time.

- Despite the general stigma in accessing mental health services, youth participants reported it is becoming more acceptable to acknowledge mental health issues among their generation. Participants felt that teachers and counselors can also support wellness by providing students a safe space to communicate and encouraging youth to seek services. However, there was general agreement that both teachers and counselors had limited availability and were overworked.

> *It is becoming more acceptable to reach out for services, but many students and more parents are still scared due to a feeling of being stigmatized by others.*

- In addition, youth participants reported barriers to seeking resources or counseling in the school setting. Specifically, the youth stated that there is a lack of trust and fear that school staff would involve their parents if they were to engage in support services.

Resource Awareness, Access, & Recommendations

Resources and needs were discussed at length across focus groups and interviews. Overall, suggestions included increasing education for parents and students, decreasing the stigma for seeking services related to mental health and substance use, increasing awareness of available services, capitalizing on social media whenever possible, and supporting creating more positive school climates.

- Across communities more resources and education were discussed as primary needs for both youth and parents. Both prevention and education efforts were expressed to be especially helpful for parents who are balancing multiple roles. These resources can help parents identify when there is an issue and intervene by connecting youth to the proper resources.

> *A home support system is important, but that there is not adequate education for parents to understand what they can do to get help for themselves or for their children.*

- Participants felt similarly in that there are minimal efforts in educating youth and parents in identifying mental health risks and problematic substance use. A few participants expressed the importance of providing resources and services that incorporate cultural competency to target various communities.

> *There is now a big population in East Providence of middle easterners and Chinese natives that are coming to the YMCA. We got a Chinese interpreter so we could understand their needs.*

- Key informants felt that community resources play a key role in addressing mental

health and substance use issues. Examples of existing resources include: Prevention Coalitions, Youth Groups, Drug Disposal Boxes, Narcan (training and distribution), Boys and Girls Club, and Prescription Drug Take-Back Day. Participants also discussed additional needs in educating the community on the availability of these resources, specifically, resources outside of schools.

- Although community stakeholders are well versed in available resources, results from the focus groups suggest more work is needed to inform the general public. For instance, focus group participants were generally not aware of the resources available. When asked about what they would do if a youth was struggling with depression, anxiety, or contemplating suicide, most participants indicated they would suggest a suicide hotline, counseling, or getting them an evaluation.
- Youth reported that school settings contain the most widely known and accessed route to services. However, school personnel are often challenged with workloads and extensive needs for the youth. Participants also suggested the need for education programs to provide staff, teachers, and other members additional training on identifying risks among youth and connecting them to resources. Health class was viewed to be a resource for students and suggestions were made to expand the curriculum to incorporate substance abuse.

> *Most staff are excellent at identifying kids but assisting is when the fault lies. The numbers needing assistance far outnumber those who can handle the problem.*

- Overall, providing youth with safe spaces whether it is at home or at school was highlighted. Safe spaces were considered to encourage youth in engaging conversations and seek support.
- COVID-19 was highlighted as one of the key contributing factors to the depletion of resources and workers in institutions, businesses, and individuals. Key Informants expressed that businesses and healthcare systems were overworked due to staff shortages, which impacted the availability of resources. Additionally, they expressed underutilization of in-person services due to COVID-19 which resulted in scaling back of resources and services. Reportedly, institutions were unable to keep up with the demand while accounting for COVID-19 regulations (i.e., remote services, mask safety). However, many of the participants expressed the need for resources to be at their highest during COVID-19.

Portuguese Mental Health Focus Group

The Portuguese population faces greater stigma and difficulty acknowledging behavioral health challenges. Issues related to mental health are very prevalent within the Portuguese community. Depression and anxiety were reported to be most commonly observed. However, due to cultural norms, there is a large gap in addressing these mental health concerns which contribute to problems persisting. The key contributing factors mentioned were generational differences, stigma, resource costs, and gossip culture impacts.

- Reportedly, younger generations are more willing to accept mental health-related issues and are more likely to support individuals connecting to services. Whereas older generations are more comfortable with avoidance and denial. Generational differences and stigma contribute to individuals who experience issues of feeling isolated and ill-equipped to address their concerns.

> *Having more conversations and just talking about it alone would help; removing the taboo nature of mental health issues is a first step.*

- Participants expressed that family values and familial structure are very important within their community. Generally, families are patriarchal, in which a father figure or a male is the leader and authority figure. In times of trouble, whether it is health or financial, it is expected to keep it confined to the immediate family. If an individual were to seek services, others would think there is something wrong with them.

> *To go to a therapist, you would have to be really sick, not normal. It would be an extreme. Maybe that's why it is so taboo.*

- Gossip culture was defined as community members talking about other community members, often in judgment. This was viewed as toxic at the individual and community-level. Participants recognized individuals generally do not want others talking about them but still engage in gossip about others. This culture contributes to individuals not seeking support as they feel judged and not respected, which is perceived to reflect negatively on the family.

> *The culture promotes a primary focus to get married, provide basic needs, and procreate. As younger generations evolve, we learn to show affection, seek help, and learn information. But the older adults projected their stigma about mental health and then it became a cycle.*

- Participants expressed that self-care is not prioritized, which results in unaddressed mental health or even health issues. For instance, some participants highlighted individuals, especially older generations, are often neglectful in taking medications.
- Participants expressed that there is a gap in the knowledge of resources that exist. Participants considered information dissemination as the most helpful strategy for this community. Participants highlighted the need for resources to be relatable, relevant, and available in multiple languages. For younger generations, conversations about

seeking therapy and mental health services should start early and preferably in school. For older generations, because they are not as tech-savvy, the radio or television is the best means for disseminating information. Additionally, some participants expressed the Portuguese community enjoys comedy and suggested incorporating comedy with outreach events to bring awareness.

- Costs of services and lack of culturally competent information were considered to be a significant barrier if an individual reached a point where they were open to services. Members of the community are often working multiple jobs to make ends meet, so finding time was also identified as a barrier.
- The focus group also highlighted comorbidities with mental health and substance use due to self-prescribing and coping behavior. Portuguese participants reported consuming alcohol is part of the culture and starts at an early age. It is evident that many community members are misusing alcohol and there is confusion about what constitutes problematic alcohol use. Alcohol consumption is most common among males and it would be considered abnormal if one did not drink. Opiate use, specifically, heroin, was also mentioned by a few participants. They expressed concern over overdose incidents that had occurred in the community.
- Portuguese participants indicated having materials available in both English and Portuguese would be useful, especially for older Portuguese residents.
- Portuguese participants indicated the existence of cultural norms related to key contributing factors of mental illness and substance use, particularly alcohol, including generational differences, stigma, resource costs, and gossip culture impacts.
- Based on the focus group findings, there may be disparate need related to access to mental health resources, trainings, and care as a result of stigma, generational differences, and substance usage and perceptions.

Results: Social Indicator

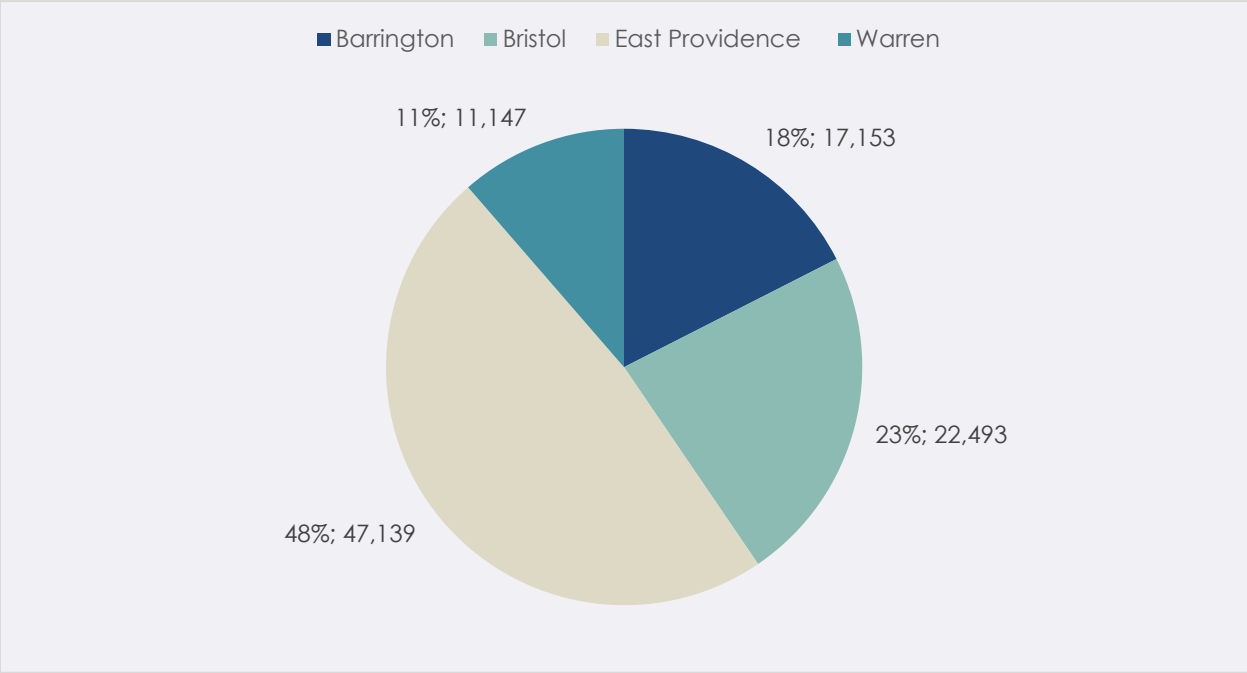
The comprehensive list of social indicators that guided the data collection provided the communities with a number of measures to consider as potential targets for their strategic plans. At a very high level, the results showed there are numerous mental health and substance use problems the communities and the region should consider addressing. High levels of alcohol, marijuana, and electronic vaping were reported among the substances we assessed. On the mental health side there were high rates of suicide ideation, along with student reports of feeling sad and hopeless. Each measure is presented with the results described in detail in the sections that follow. Each planning meeting with each community touched on these substances; however, there were differences among them based on what they chose as their priority problem.

Demographics

This section of the report reviews the most current population demographics for the Region 5 communities. In Figure 1 the population demographics show the proportion of the region that each community accounts for. Clearly, East Providence has the lion's share of the population, followed by Bristol, Barrington, and Warren. By comparison, the State of Rhode Island as a whole had a population of 1,097,379 according to the 2020 US Census.

Population

Figure 1. Barrington, Bristol, East Providence and Warren Population Estimates, 2020



Source: United States Census, 2020

Race & Ethnicity

A review of the subpopulation demographics shows that East Providence has the smallest white population; it also has the largest Black/African American, Hispanic, and multiracial populations. Barrington has the largest Asian population. All East Bay communities have a higher percentage of White (Non-Hispanic) than the RI population (table 4).

Table 4. Rhode Island, Barrington, Bristol, East Providence, & Warren Residents' Race/Ethnicity Breakdown

	Rhode Island	Barrington	Bristol	East Providence	Warren
White (Non-Hispanic)	71.40%	89.40%	91.50%	78.90%	94.30%
Black/African American	8.50%	0.50%	2.40%	6.40%	0.40%
American Indian & Alaska Native	1.10%	0.10%	0.10%	0.10%	0.00%
Asian	3.70%	3.70%	1.60%	2.90%	0.40%
Native Hawaiian & Other Pacific Islander	0.20%	0.00%	0.00%	0.10%	0.00%
Two or More Races	2.90%	2.70%	0.80%	5.20%	2.30%
Hispanic or Latino	16.30%	3.60%	2.90%	6.20%	2.50%

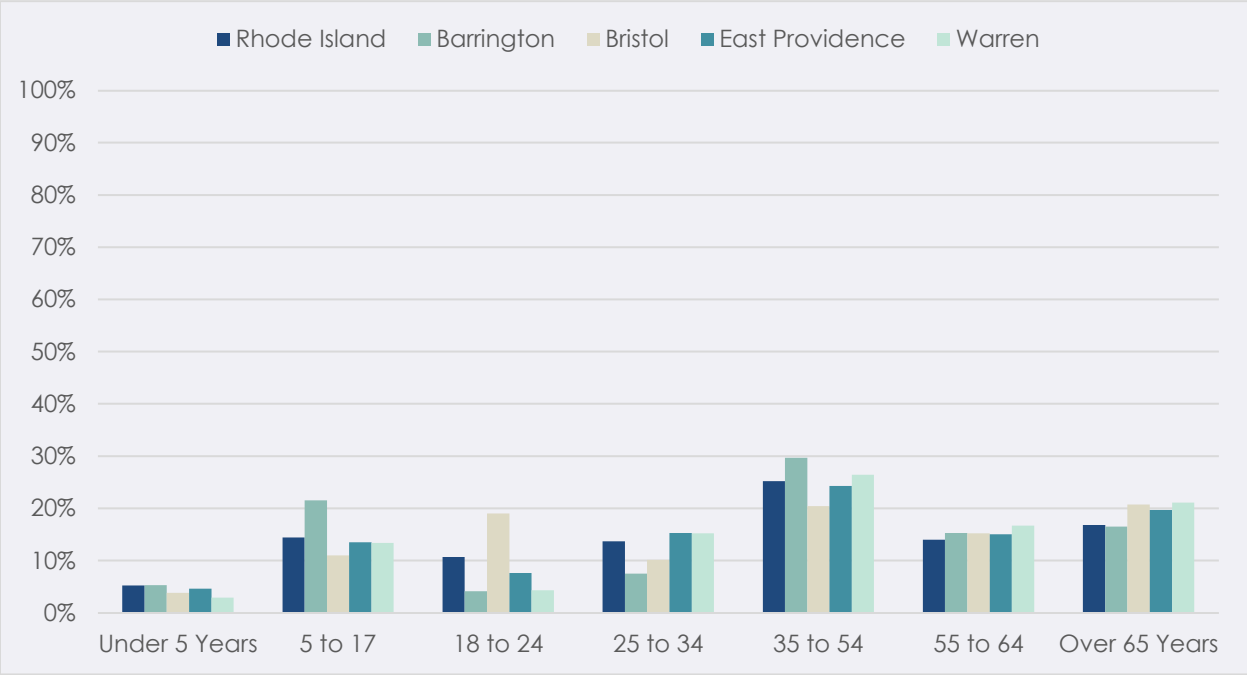
Source: United States Census, 2020

Age

While age is relatively evenly spread out among the four communities, in Region 5 there is some variation among the communities in the 5- to 17-year-old group (Barrington is over 20%, which is also much higher than in RI, overall) and among the 18- to 24-year-old group (Bristol is nearly at 20%, which is also much higher than in RI, overall). We underscore these differences as these two age groups are the focus of the majority of the prevention efforts. Compared with RI, Barrington also has a much higher percentage of 35-54 year-olds and lower percentage of 25-34 year-olds when compared with RI,

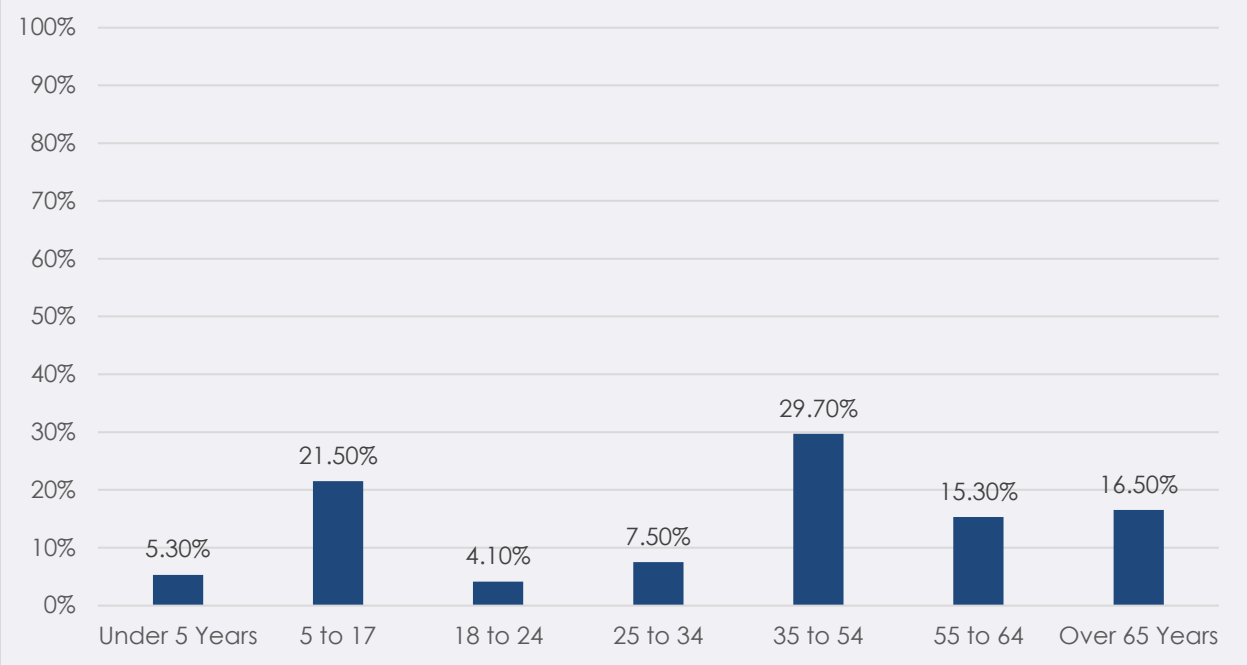
which likely reflects the parents of the 5-17 year-olds (figure 2).

Figure 2. Rhode Island, Barrington, Bristol, East Providence, & Warren Residents' Age Breakdown



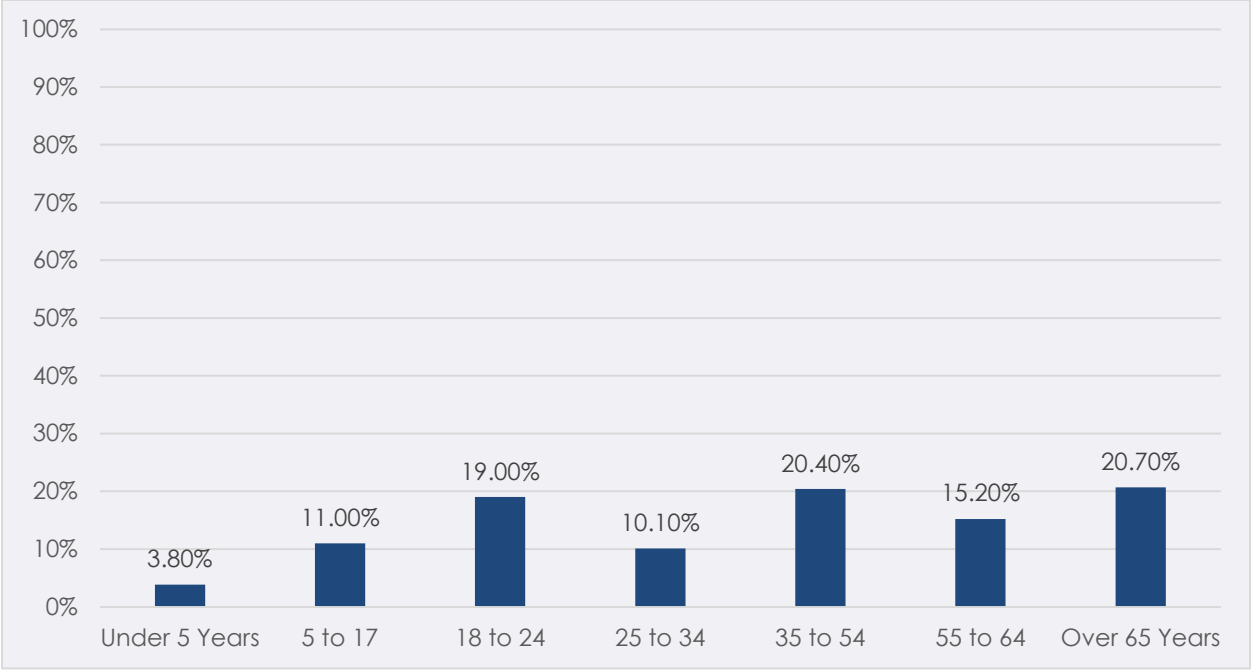
Source: United States Census, 2020

Figure 3. Barrington Residents' Age Breakdown – Barrington has the highest percentage of population in the 5-17 and 35-54 year-old age groups.



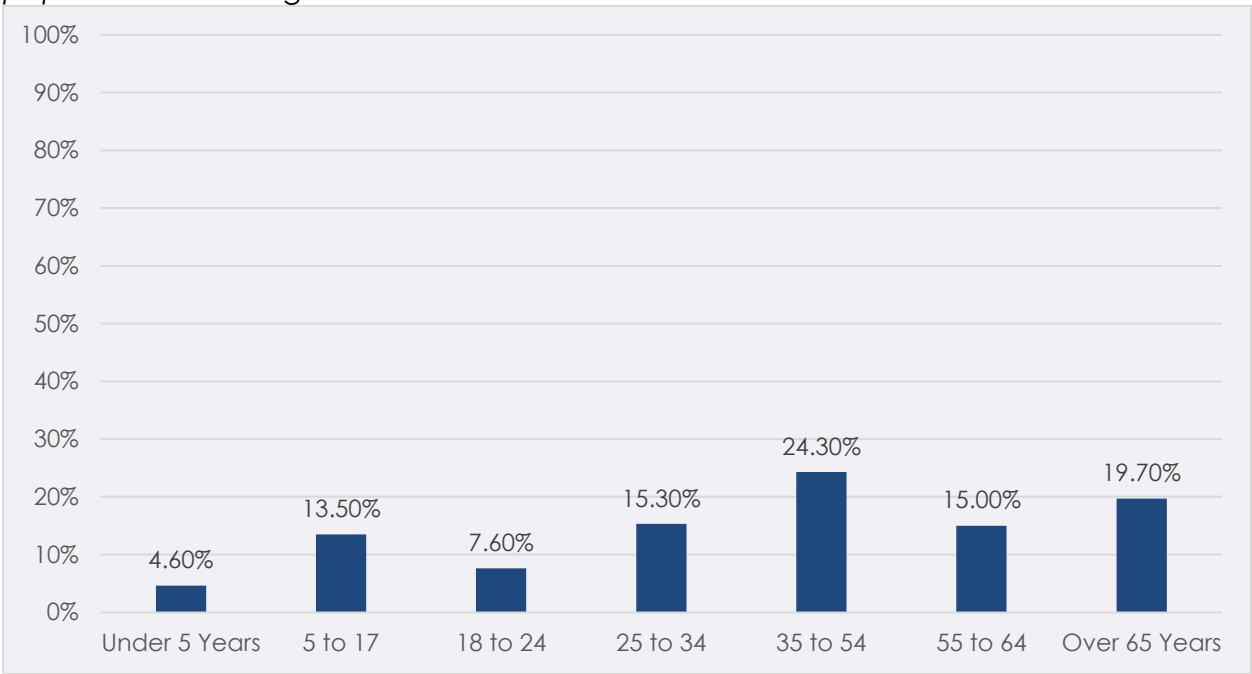
Source: United States Census, 2020

Figure 4. Bristol Residents' Age Breakdown – more of Bristol's population is above the age of 35 than is below that age.



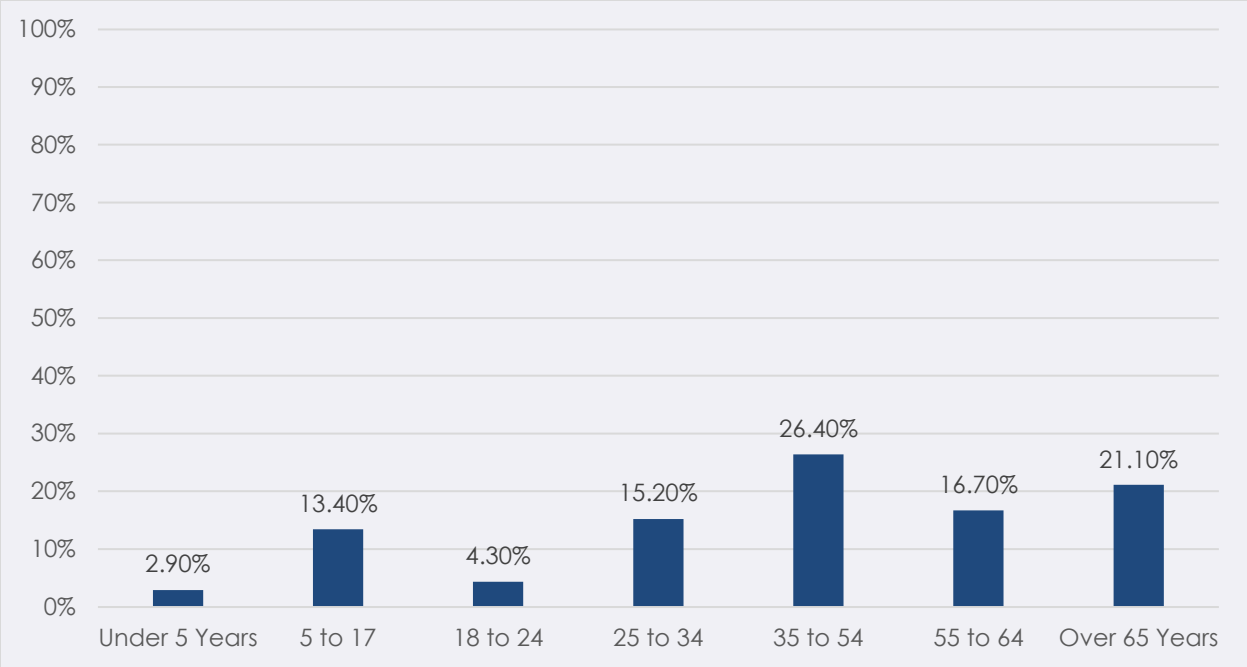
Source: United States Census, 2020

Figure 5. East Providence Residents' Age Breakdown – Nearly 60% of East Providence's population is over age 35.



Source: United States Census, 2020

Figure 6. Warren Residents' Age Breakdown – Of all four communities, Warren has the oldest population with 64% over age 35.



Source: United States Census, 2020

Poverty and Food Insecurity

The set of maps that follow show the percentage of families living in poverty in the East Bay Region, the percent of youth under 18 living in poverty, and the food insecurity rate among East Bay residents. We have maps that show the data for the state, and the East Bay region in which each town in the region is outlined in yellow. State data are presented at the zip code level and regional data are presented by town at the census tract level.

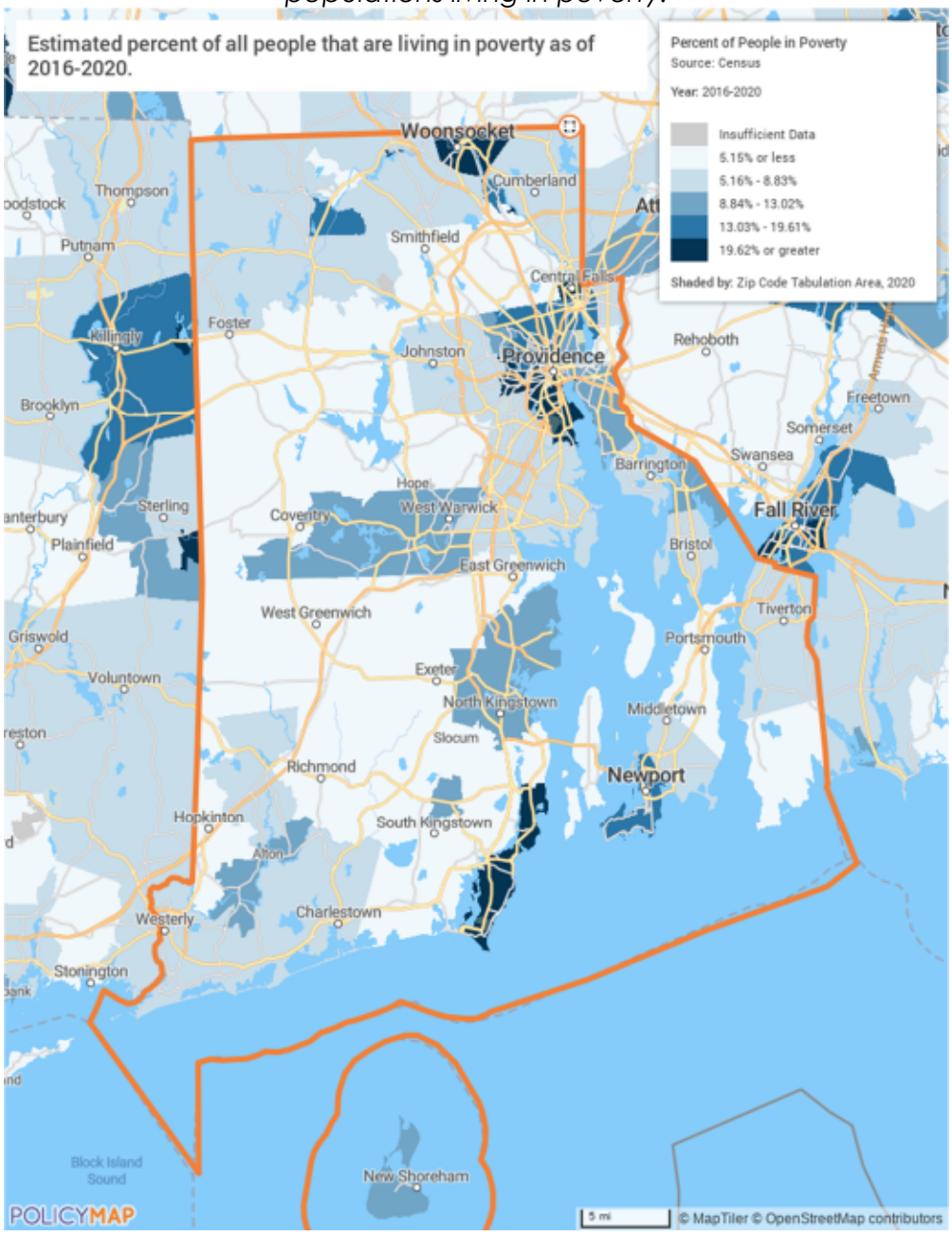
Food insecurity data are county-level. As East Providence is in Providence County and Barrington, Bristol and Warren are in Bristol County, the reader will notice there is only variation between East Providence and the other three communities (among which there is no variation due to data being reported at the county level). The data are presented to give the reader an idea of the level of food insecurity in each of the two counties that fall into the region. For this reason, firm conclusions cannot be drawn based on the county level data but it is a starting point for looking at food insecurity and can be explored in the context of the poverty data, which is presented at a smaller unit of analysis along with the additional index data we provided toward the end of the needs assessment.

Poverty Details

The poverty data shows that families and youth that live in poverty in the East Bay region is not evenly distributed throughout the region and within communities. None of the communities have poverty levels that are in the highest category; however, East Providence, Bristol, and Warren each have pockets where the levels run between 10.27% and 18.01%. This data taken with the food insecurity data give a good idea of the greatest areas of economic need, which often have substance use needs as well.

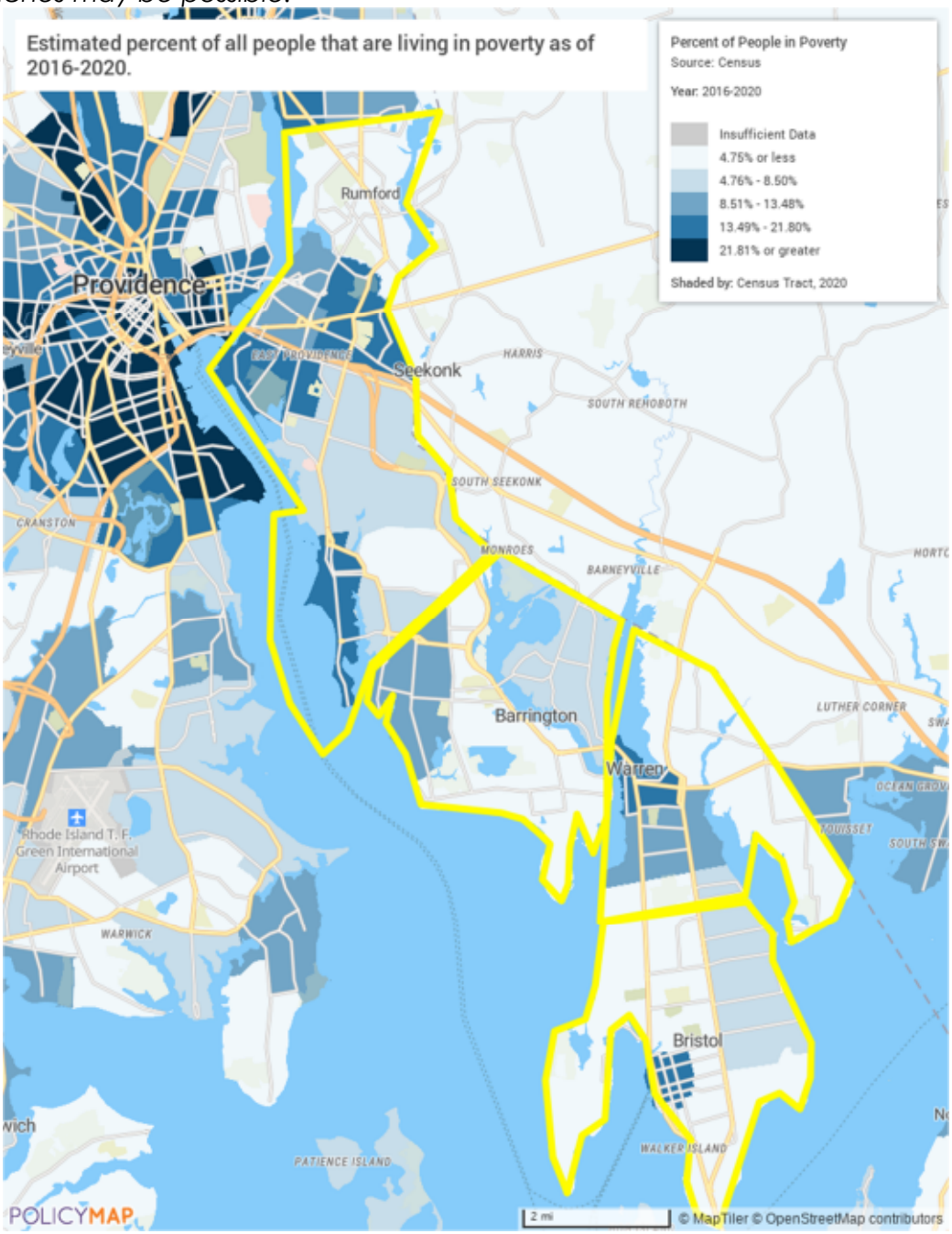
Compared to the rest of the state, there are distinct needs that can be observed.

Figure 7. Estimated Percent of All People in Rhode Island Living in Poverty – Barrington and Bristol have lower average rates of poverty in the 5.16-8.83% range, while Warren and East Providence are more impoverished with an average of 8.84-13.02% of their populations living in poverty.



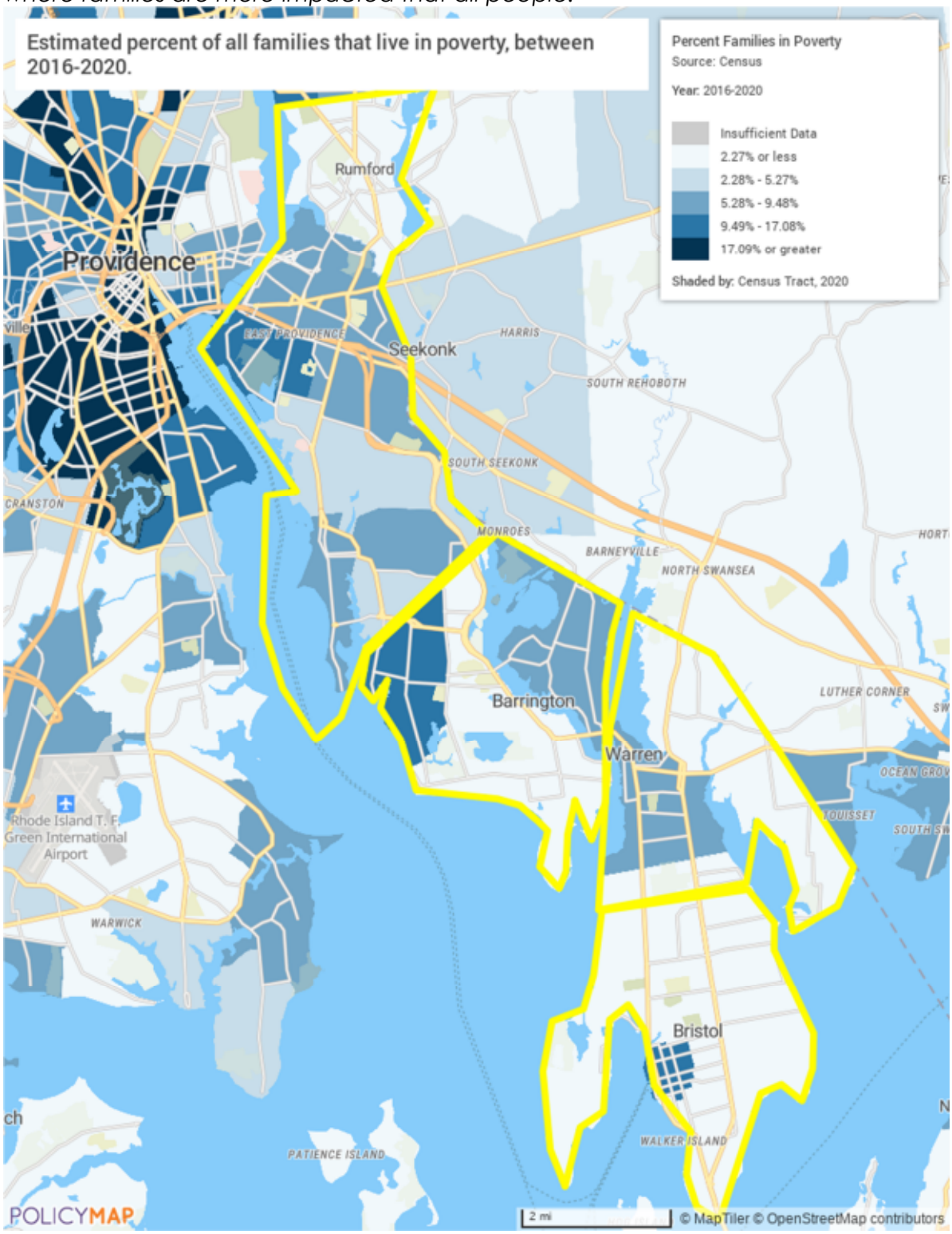
Source: US Census & Policy Map, 2016-2020 Estimates

Figure 8. Estimated Percent of All People Living in Poverty in the Region 5 – A more focused view shows the pockets of poverty within each community where targeted approaches may be possible.



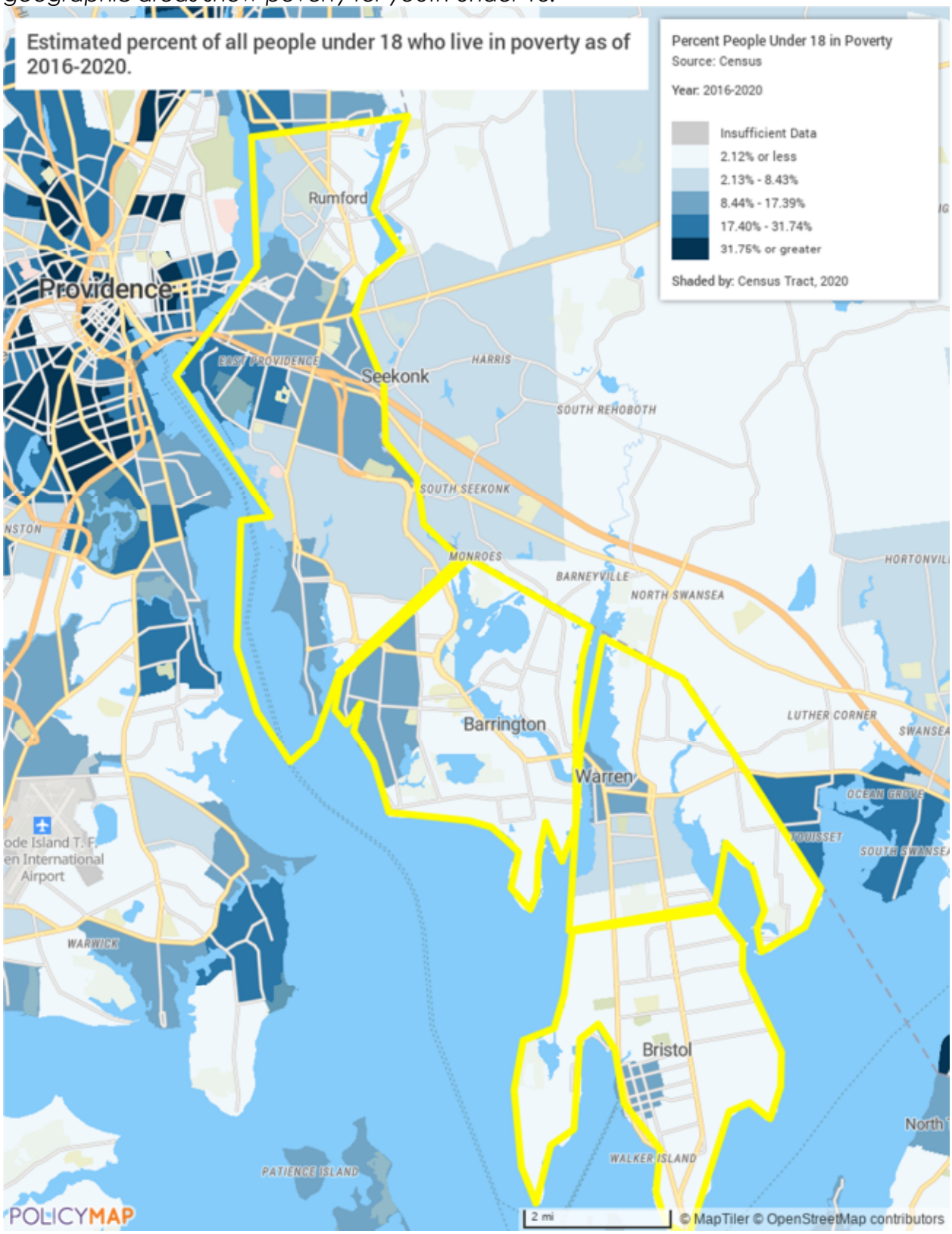
Source: US Census & Policy Map, 2016-2020 Estimates

Figure 9. Estimated Percent of Families Living in Poverty in the Region 5 – similar pockets of poverty exist for families within Eats Bay communities but show an rea in west Barrington where families are more impacted that all people.



Source: US Census & Policy Map, 2016-2020 Estimates

Figure 10. Estimated Percent of Youth Under 18 Living in Poverty in Region 5 – similar geographic areas show poverty for youth under 18.

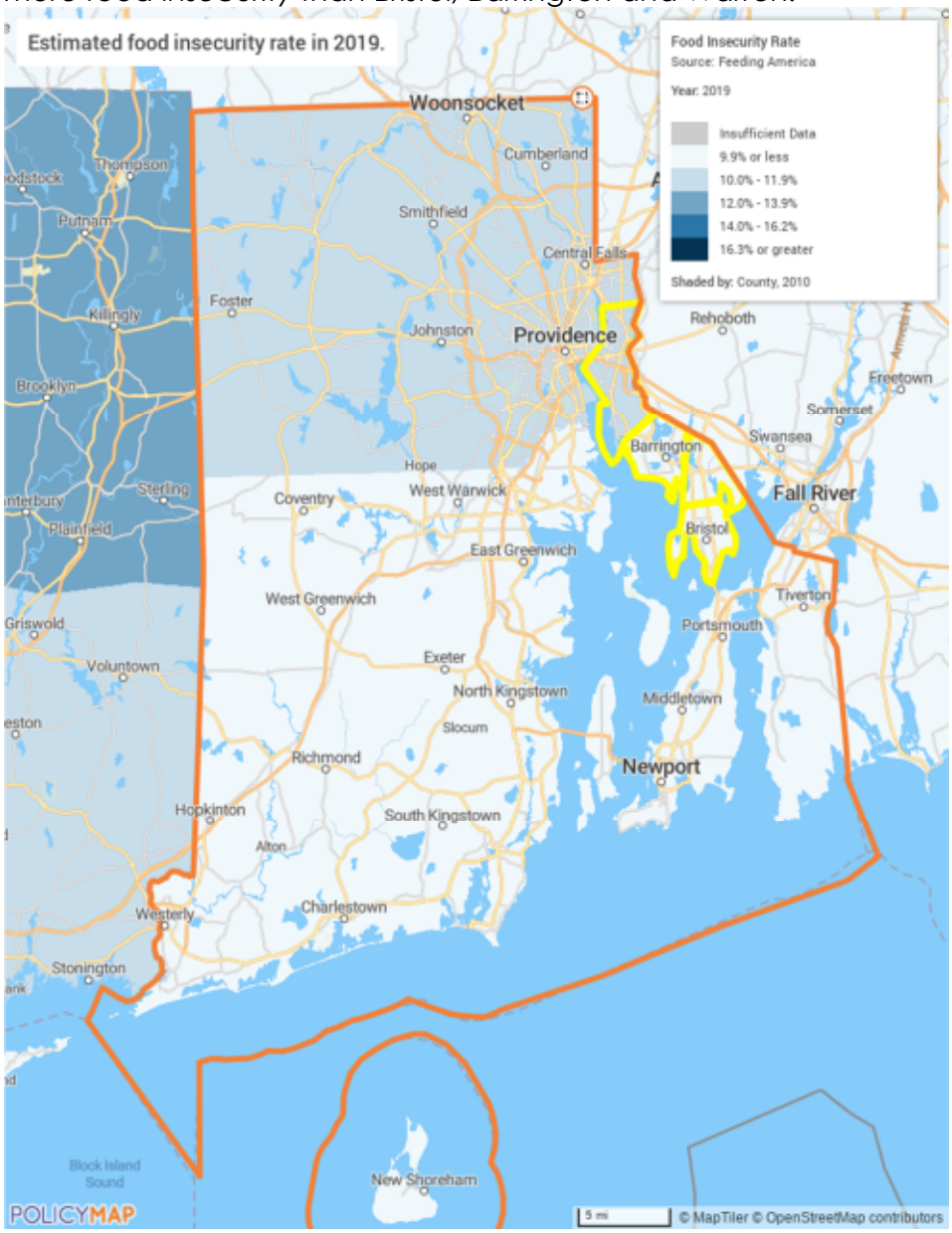


Source: US Census and Policy Map, 2016-2020 Estimates

Food Insecurity Details

While this data is only available at the county level, we are unable to draw specific conclusions about which neighborhoods may experience more or less food insecurity in Barrington, Bristol and Warren but East Providence being part of Providence County is expected to have higher levels of food insecurity. As previously mentioned, taken into account with the poverty levels observed there, the reader can most likely conclude there is need there, given the status of these two economic indicators. The range for East Providence falls into the 12.1% to 13.6% range, and the need for the other communities in the region falls into the 10.1% or less range.

Figure 11. Food Insecurity Rate in Rhode Island (Region Highlighted)- East Providence has more food insecurity than Bristol, Barrington and Warren.



Source: Feeding American and Policy Map, 2019

Substance Use Indicators

A. Highway Safety Data

Highway safety data are an excellent source of substance-related indicators as numerous individuals continue to drive after drinking and using other substances, and numerous automobile accidents, injuries, and deaths are substance-related.

1. Impaired Driving

Highway safety data on impaired driving was sourced from a number of archives and reports. DUI charges came from the UCR report for Rhode Island, crash data came from the Federal Highway Administration's *Highway Statistics* (2021) report and was used to create regional and city/town-level synthetic estimates, and fatal crashes were obtained for the state of Rhode Island from NHTSA and were also used to create a regional synthetic estimate (numbers were too small to create city/town synthetic estimates). Regional and city/town synthetic estimates were created with US Census population estimates using comparable years to match the years of the crash and fatality data.

Number of Underage OUI Arrests
No data available.

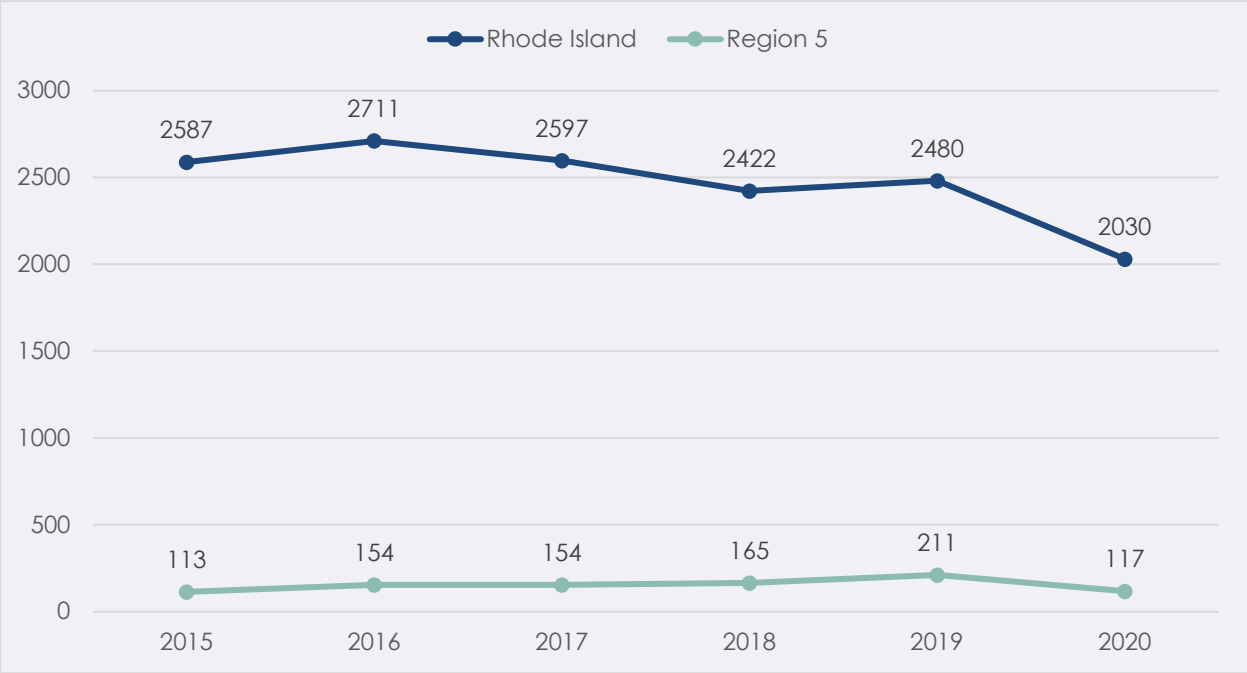
Number of Underage OUI Convictions
No data available.

Number of OUI Arrests
No data available.

Number of DUI Charges
We were not able to locate OUI convictions and have reported DUI Charges in its place. According to the Uniform Crime Report (UCR) for the years 2015 – 2020, the East Bay region is low in its number of DUI charges. It is well below the state totals and maintains relatively constant numbers that range between a low of 113 convictions in 2015 and high of 211 in 2019. The most recent year for which data are available, 2020, had 117 convictions recorded.

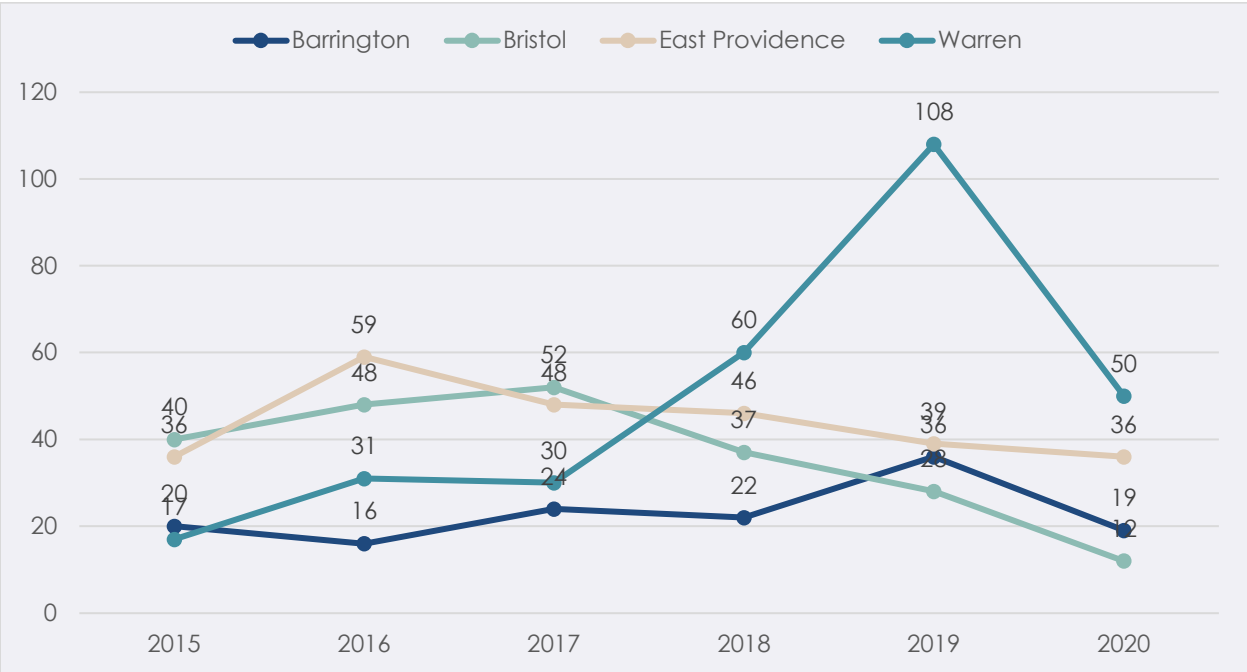
When the data are viewed by community, however, a slightly different pattern emerges. Most notable is the spike in the Warren data in 2019 for which there are 108 DUI charges; this is roughly double the year before 2019 and after it. Barrington tends to have the lowest rates but it is notable that Bristol, which had the some of the higher rates in the earlier years, has dropped to the lowest in 2020.

Figure 12. Number of DUI Charges in Rhode Island and Region 5, from 2015-2020 – East Bay has fairly consistent numbers of DUI charges while RI, overall, appears to be trending down.



Source: Uniform Crime Report, 2015-2020

Figure 13. Number of DUI Charges from 2015-2020 by Community – Warren has had the most marked increase in DUI charges of all four East Bay communities including a fairly steep spike in 2019.Bristol appears to be trending down since 2016, though is fairly flat since 2015.



Source: Uniform Crime Report, 2015-2020

Percent of Total Underage OUI Arrests
No data available.

Percent of Total Underage OUI Convictions
No data available.

Percent of Total OUI Arrests
No data available.

Percent of total OUI Convictions
No data available.

2. Motor Vehicle Crashes

Motor vehicle crash data was not available at the local level. We were able to find relatively recent state-level data, which is presented in the following table. In order to get a sense of how the East Bay region is affected by motor vehicle crashes, we created synthetic estimates based on the state-level rates and used population data to get a rough regional estimate and community estimates. Using this methodology, we were able to estimate fatal crashes and alcohol-related fatal crashes.

Table 5. Population Data Used to Create Synthetic Estimates of Fatal Motor Vehicle Crashes

Geographic Unit	Population	Year
Barrington	17,153	2020
Bristol	22,493	2020
East Providence	47,139	2020
Warren	11,147	2021
East Bay Region	97,932	2020-2021
State	1,095,610	2019

Note: Data are from US Census. RI data are from 2019 due to year crash data were gathered. The proportion of RI population that East Bay comprises = 97,932/1,095,610 = .08938582
Source: Federal Highway Administration, Highway Statistics (2021) via: https://www.iihs.org/topics/fatality-statistics/detail/state-by-state#:~:text=Posted%20March%202021.-,Fatal%20crash%20totals,per%20100%20million%20miles%20traveled

Fatal crash totals
As of 2020, there were approximately 228.2 million licensed drivers in the US. According to the US Department of Transportation's Fatal Analysis Reporting System (FARS), there were 33,244 fatal motor vehicle crashes in the United States in 2019 in which 36,096 deaths occurred. This resulted in 11 deaths per 100,000 people and 1.11 deaths per 100 million miles traveled.

The East Bay Region accounts for 9.24 percent of the Rhode Island population with a total of 97,932 individuals living in the region. Using this proportion, we estimated the East Bay region would account for roughly 5 of the fatal crashes and just over 5 of the deaths resulting from fatal crashes. At .5 deaths per 100,000, this is significantly lower than the state deaths per 100,000 of 5.4 (table 6).

Table 6. State and Regional Fatal Crashes and Deaths

Geographic Unit of Analysis	Population	Fatal Crashes	Deaths	Deaths per 100,000
Rhode Island	1,095,610	53	57	5.4
East Bay Region	97,932	5	5	.5

Note: Data for the state are for 2019. Synthetic estimates for the region used population data for 2020 for Barrington, and 2021 for Bristol and Warren, and 2020 for East Providence.

Number and Percent of Alcohol-Related Fatal Crashes

According to the National Highway Traffic Safety Administration (NHTSA), nationally there are 10,142 people who died in alcohol-impaired crashes (NHTSA, 2019). This figure accounts for 28% of all motor vehicle crash fatalities.

The data in the table below show the Rhode Island state data for the number of drivers killed, the number and percent of those killed with known BACs, and then the number and percent of those drivers killed whose BAC was greater than or equal to .08, the legal limit. It is interesting to note that half of the drivers killed were under the legal limit. East Bay has a much lower estimated percent of drivers killed with BAC's equal to or over .08 than the state (table 7).

Table 7. State Data and Regional Synthetic Estimates of the Number and Percent of Drivers Killed with Blood Alcohol Limits Over and Under the Legal Limit

Geographic Unit of Analysis	Population	# Drivers Killed	# Drivers Killed with Known BAC	% Drivers Killed with Known BAC	Estimated # Drivers Killed with BACs ≥ .08	Estimated % Drivers Killed with BACs ≥ .08
Rhode Island	1,095,610	25	20	80	10	39
East Bay Region	97,932	2	2	80	1	3

Note: Data for the state are for 2019. Synthetic estimates for the region used population data for 2020 for Barrington, and 2021 for Bristol and Warren, and 2020 for East Providence.
Source: https://www.iihs.org/topics/fatality-statistics/detail/state-by-state

Number of Underage/Minor Substance-Related Crashes

The NHTSA (2019) data show that 19% of the people who died in drunk driving crashes were children 14 years old and younger. Teens are three times more likely to be involved in fatal crashes than experienced drivers, even without alcohol involved (CDC, 2012). Among older youth and young adults (16-20-year-olds), the CDC estimates underage drivers are 17% more likely to be involved in fatal car crashes with positive blood alcohol levels, and more than one-third of all fatal crashes in this age group involve alcohol.

Number and Percent of Total Underage Crashes

The next table is a state level presentation of CDC data that shows the number of underage unintentional deaths that are motor-vehicle related at 5 (table 8).

Table 8. Rhode Island 2020 Underage Motor Vehicle Traffic Accidents Deaths Summary

Cause of death	# of deaths	% of deaths	Crude rate	Median age	Years of Life Lost
Unintentional Motor Vehicle, Traffic	5	7.2%	2.13	19	232

Source: Centers for Disease Control and Prevention. (n.d.). WISQARS Data Visualization. Centers for Disease Control and Prevention.

3. Motor Vehicle Injuries and Mortality

We were unable to locate local data for these measures but were able to determine from health.ri.gov that the Rhode Island motor vehicle fatality rate is lower than the national rate. It should also be noted the Rhode Island seatbelt usage rate is consistently less than the national average https://health.ri.gov/data/motorvehicleinjury/.

Number of Substance-Related Injuries

No data available.

Percent of Motor Vehicle Injuries

No data available.

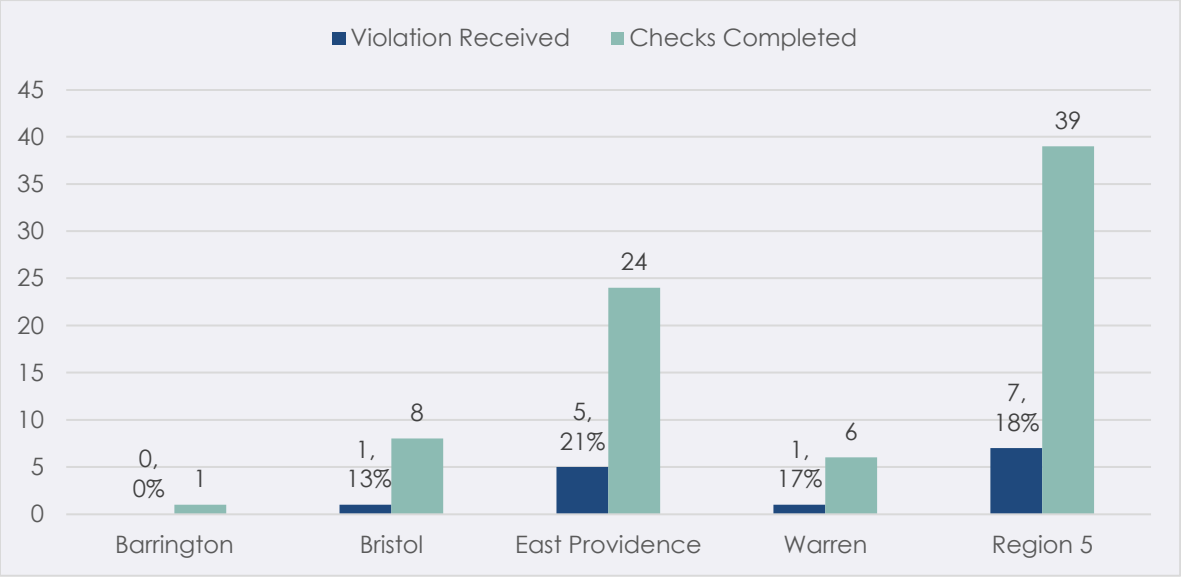
B. State Law Violations

The 2021 Synar report was used to document violations and compliance checks completed for tobacco product sales. The data show that East Providence had a 21% violation rate on its compliance checks as a result of failing 5 checks.

There was no "state law violation" data available that documents the number of youth obtaining products, the YRBS data do show the most common means for youth obtaining is to get it from someone who can legally buy it.

Number of Citations Underage Attempt to Purchase

Figure 14. Synar Check Violation Summary Region 5 2021 – This figure shows the required Synar compliance checks for tobacco sales to minors with the region having an 18% failure rate, with East Providence the highest at 21%.



Source: Synar Report, 2021

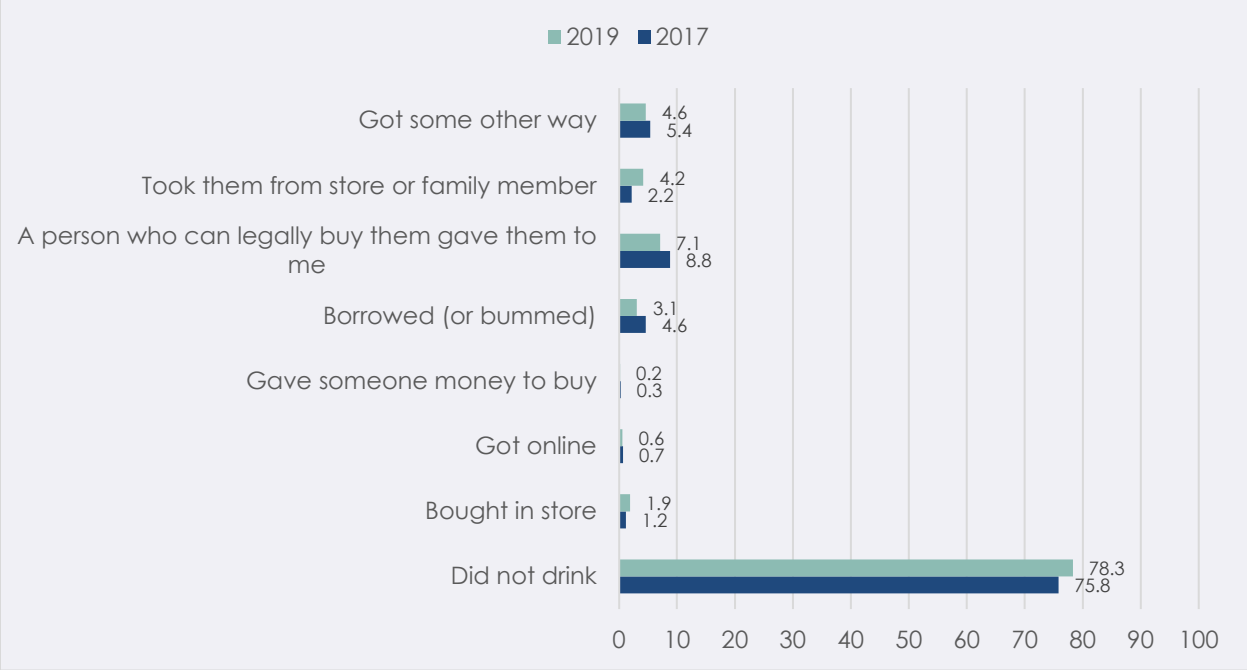
Number of Citations Underage Illicit Possession
No data available.

Number of Citations Underage Consumption
No data available.

Number of Citations Use of Fake ID
No data available.

Number of Youth Who Report Obtaining Products
We were not able to obtain state law data to ascertain the number of youth who report obtaining alcohol products. However, we were able to access similar data at the state level from the YRBS for 2017 and 2019. Youth were asked to report on alcohol accessibility. The figure below shows that youth have a variety of means for accessing alcohol most of which comes from people who are old enough to buy it and then give it to the youth.

Figure 15. Past 30-day Alcohol Accessibility, in Rhode Island – Most RI youth do not drink alcohol. Of those who obtain alcohol, more do so via a legal adult than any other means.



Source: Youth Risk Behavior Survey, 2017 and 2019

Number of Citations Adult Purchase for Minor
No data available

Number of Citations for Overseeing
No data available

Number Intent to Deliver Arrests
No data available

Number of Other Ordinance Violations
No data available

How Information Was Obtained

This needs assessment relied on data we were able to obtain from the State of Rhode Island Division of Taxation for tobacco. We also relied on SYNAR data for the communities that is collected by the state and provided through the state's SYNAR Report.

C. Sales

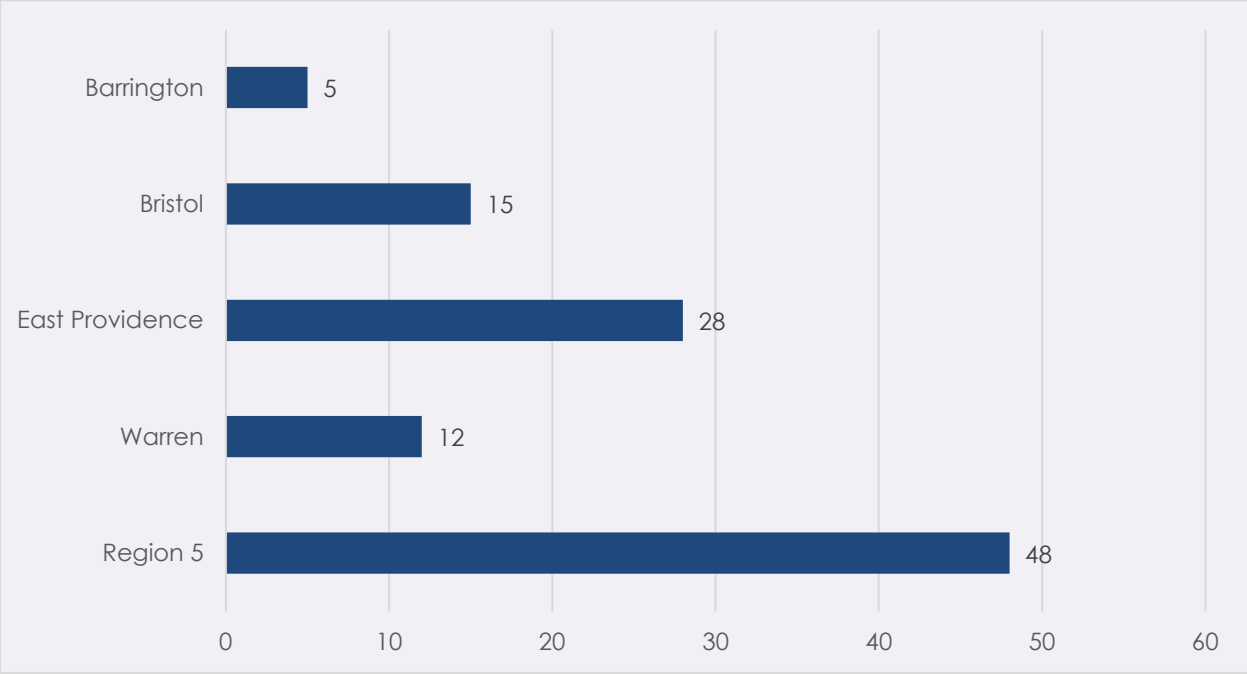
Our sales data section begins with active tobacco license data. The tobacco license data show there are 48 active tobacco licenses in the region. East Providence has the greatest number of licenses (N = 28) (figure 16). Other sales data we obtained shows the average prices for pack of cigarettes and the tax on cigarettes. We also present tax data for marijuana.

Other pricing data we obtained is from PolicyMap. It reflects the average amount of money spent per household on alcohol and prescription drugs. The data are from 2019 and were available at the census tract-level providing very detailed information as result. Barrington had the highest rates (shaded in deep blue) for what is spent on alcohol at the household level. Warren had a mix with one part of the community on the east side that was shaded dark blue.

We also have sales-related data that comes from an Alcohol Retailer Survey we conducted under our PFS award with R5. The survey was conducted in 2020. Twenty-seven retailers completed the survey. Survey questions inquired about retailer norms and best practices. The results are presented below by community. The results show in every community that some best practices were used but each community could improve substantially on its approach to preventing sales to minors.

Number of Retail Outlets

Figure 16. Number of Active Tobacco Licenses per Community



Source: Rhode Island Department of Taxation, 2021

Number of Sales to Minors

No data available

Number of License Suspensions Sales to Minors
No data available

Number of License Revocations Sales to Minors
No data available

Number of Local Sales Cigarettes, E-Cigs, Smokeless, Other
No data available

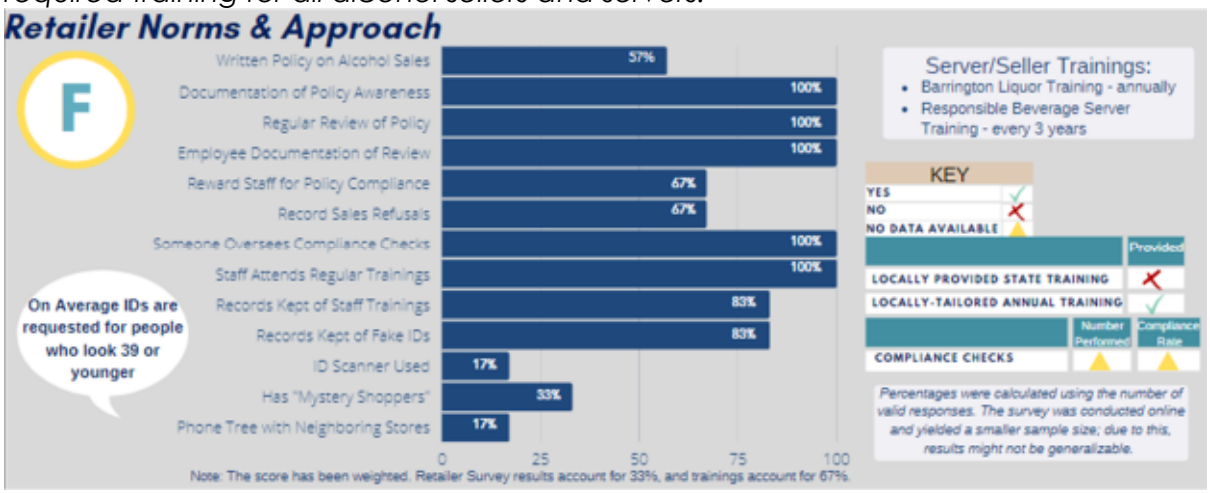
Average Price of Each Product
Data that reflects pricing was obtained by accessing data from the Internet that is reported by www.worldpopulatioreview.com which tracks cigarette prices by state. We also accessed data from the www.salestaxhandbook.com for Rhode Island. For cigarettes, 2022, Rhode Island had the second highest rate in US, coming in at $11.71/pack. US average=$8.00/pack
https://worldpopulationreview.com/state-rankings/cigarette-prices-by-state

Average Tax on Cigarettes
According to the website the SalesTaxHandbook, "In Rhode Island, cigarettes are subject to a state excise tax of $3.75 per pack of 20. Cigarettes are also subject to Rhode Island sales tax of approximately $0.58 per pack, which adds up to a total tax per pack of $4.33."
https://www.salestaxhandbook.com/rhode-island/tobacco#:~:text=In%20Rhode%20Island%2C%20cigarettes%20are,tax%20per%20pack%20of%20%244.33.

Average Tax on Other Tobacco Products
In Rhode Island, according to the SalesTaxHandbook website, ". . . other tobacco products are subject to a state excise tax of 80% / wholesale price as well as federal excise taxes"
https://www.salestaxhandbook.com/rhode-island/tobacco#:~:text=In%20Rhode%20Island%2C%20cigarettes%20are,tax%20per%20pack%20of%20%244.33.

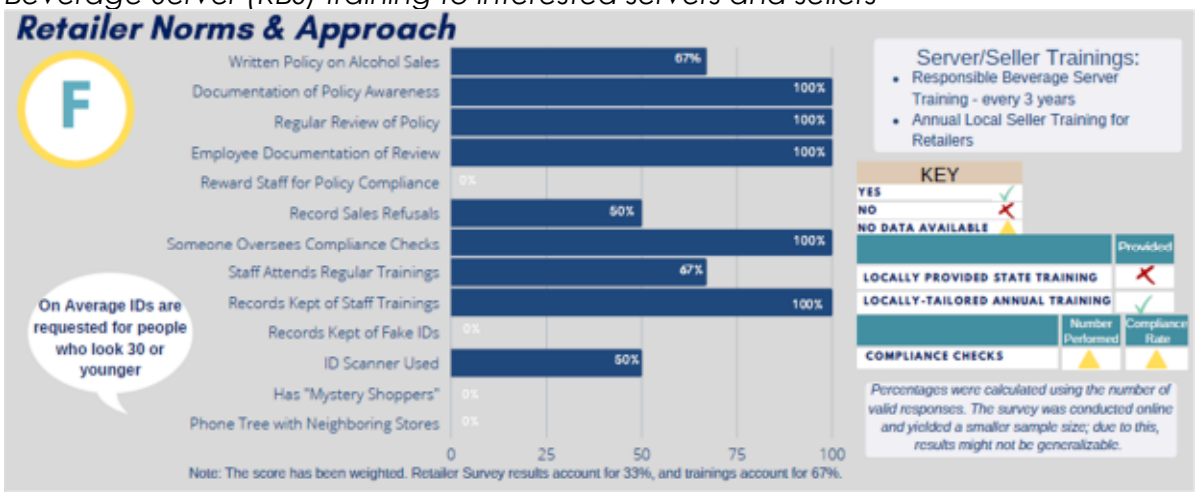
Medical marijuana is legal in Rhode Island, and is subject to state taxes. There are no federal excise taxes collected on marijuana, since it is still seen as illegal under Federal laws. Currently, medical marijuana is subject to a Rhode Island cannabis sales tax of 7.00%. There is no state excise tax on medical marijuana paid by the consumer.
https://www.salestaxhandbook.com/rhode-island/tobacco#:~:text=In%20Rhode%20Island%2C%20cigarettes%20are,tax%20per%20pack%20of%20%244.33.

Figure 17. Barrington: Retailer Survey Results 2020 – Barrington provides an annually required training for all alcohol sellers and servers.



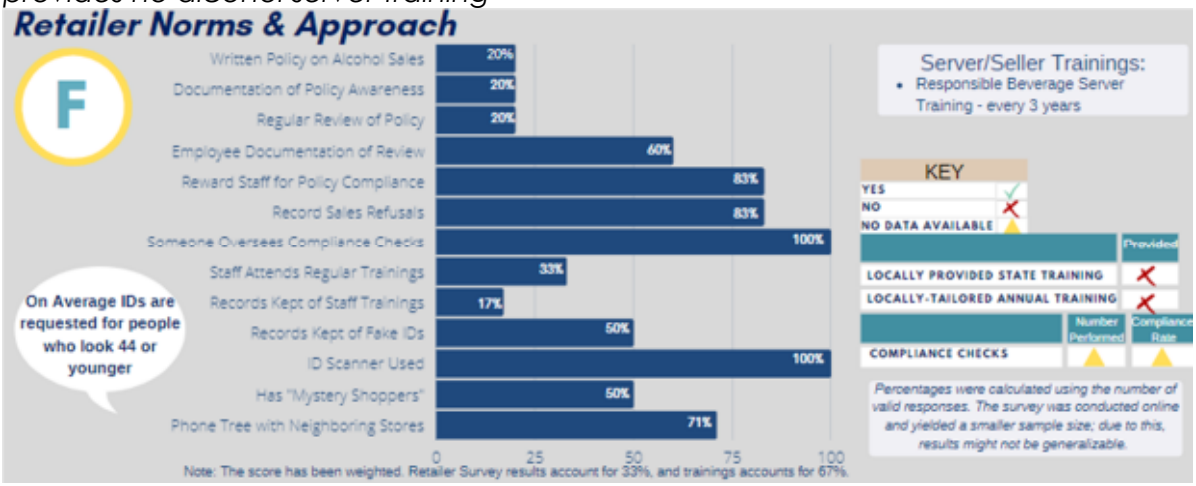
Source: Retailer Survey

Figure 18. Bristol: Retailer Survey Results 2020 – Bristol provides a state Responsible Beverage Server (RBS) training to interested servers and sellers



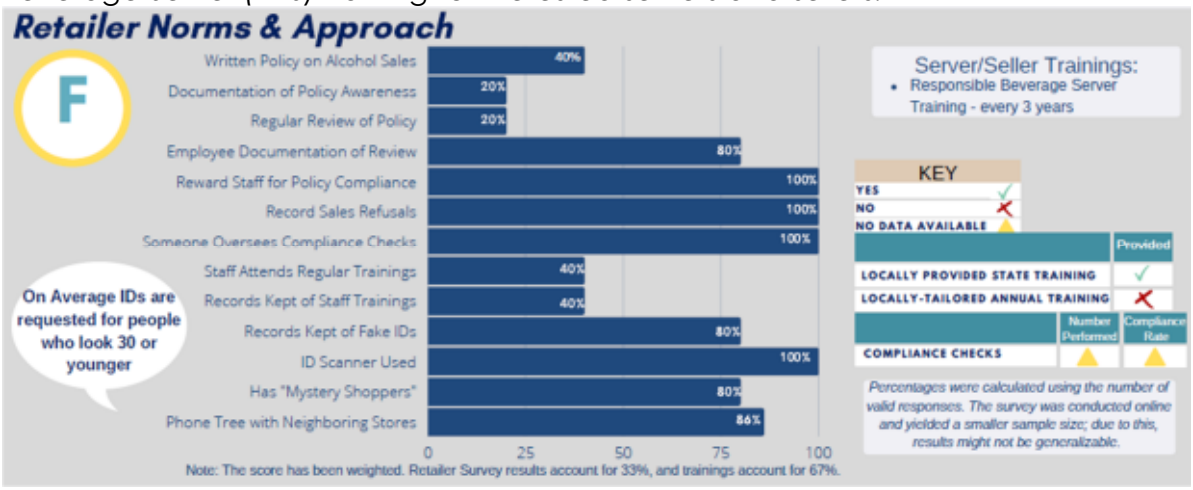
Source: Retailer Survey

Figure 19. East Providence: Retailer Survey Results 2020 – East Providence currently provides no alcohol server training



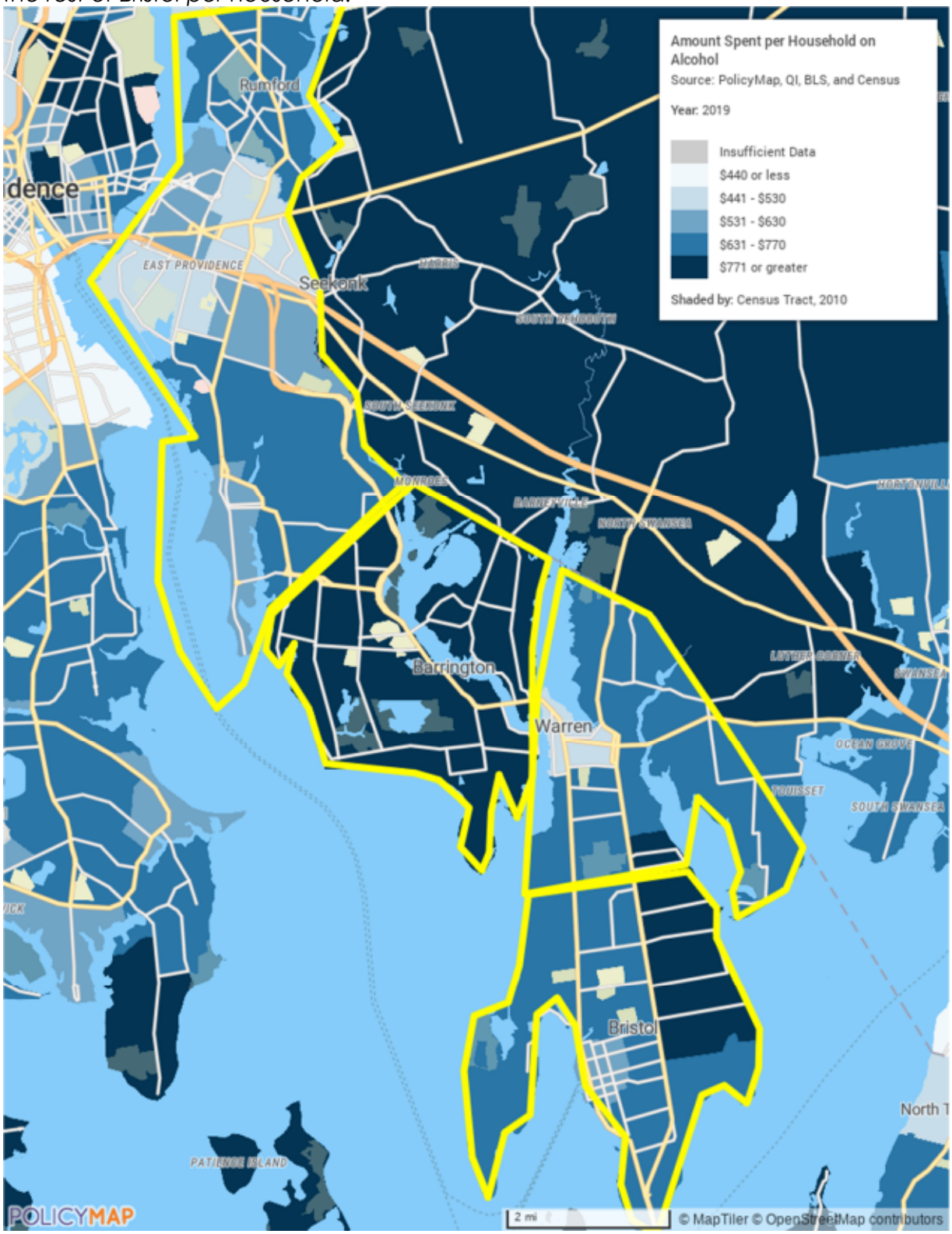
Source: Retailer Survey

Figure 20. Warren: Retailer Survey Results 2020 – Warren provides a state Responsible Beverage Server (RBS) training to interested servers and sellers.



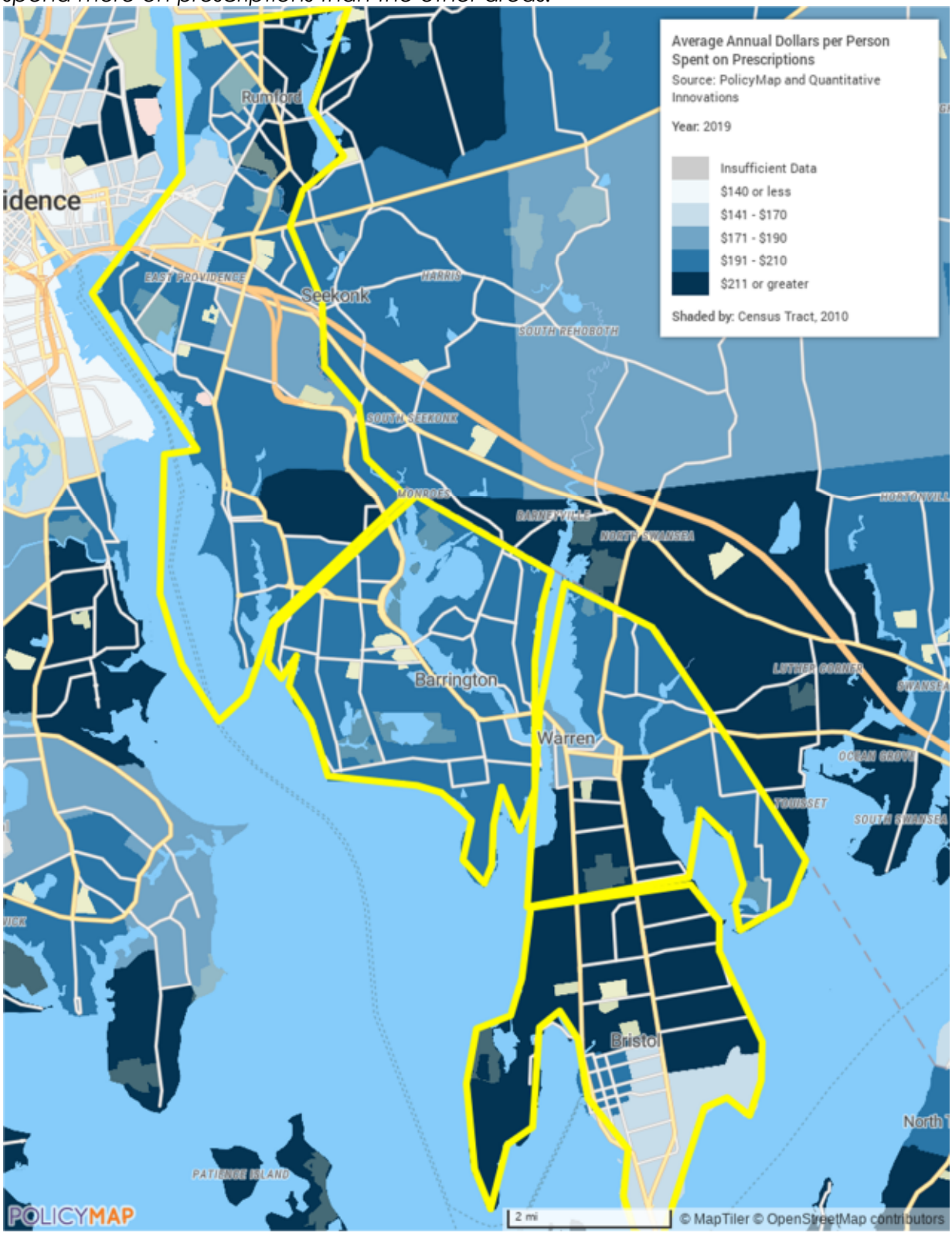
Source: Retailer Survey

Figure 21. Average Amount Spent on Alcohol per Household – Most of Barrington and eastern Bristol spend considerably more on alcohol than East Providence, Warren and the rest of Bristol per household.



Source: Policy Map, 2019

Figure 22. Average Annual Amount Spent on Prescription Drugs per Person – Significant parts of Bristol, the southern half of Warren along with a small pocket of East Providence spend more on prescriptions than the other areas.



Source: Policy Map, 2019

D. School Data

School survey data for the communities in the East Bay region are from 2018 and 2020 on the RISS, and 2017 and 2019 on the YRBS. We also included youth data from the National Survey on Drug Use and Health (NSDUH), which is not a school survey but has reliable data for the region on youth ages 12 – 17 as well as young adults ages 18 -25.

Finally, we added data from scorecards prepared by Datacorp in 2021. One of the items we were scored on was our schools' alcohol policies. The data for each community are presented, which show the measures we were scored on:

- Whether the schools had an alcohol policy
- Whether the policy was current
- Whether the policy listed consequences
- Whether schools had a monitoring system
- Whether schools conduct policy reviews

The resulting scores are presented for each community for middle schools and high schools. The policy review data show that all schools had policies but there was room for improvement, particularly on reviewing and updating them.

The scorecards also include school data on access, which shows that the top ways youth continue to access alcohol are basically the same in each community. Youth usually get alcohol from family or friend, often for free, although in some cases, they have older adults purchase it for them. Each community scored a "D" on this measure and could improve their access prevention efforts. Bristol-Warren is a combined school district.

Figure 23. Barrington: Alcohol School Policy – The Barrington policies were available and generally thorough but were undated online for BHS making it difficult to know when they had been last reviewed

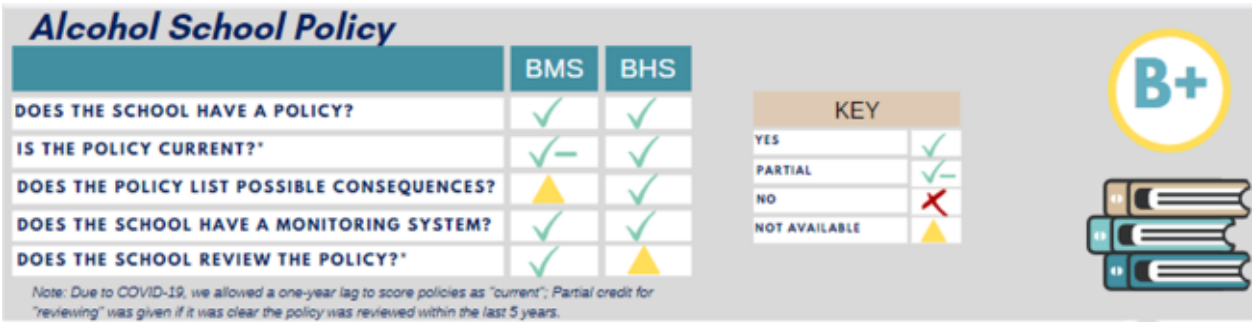


Figure 24. Bristol: Alcohol School Policy – The policy at Roger Williams University was available online and contained all the evaluated items. The Bristol/Warren Regional School District had missing elements and an outdated policy.

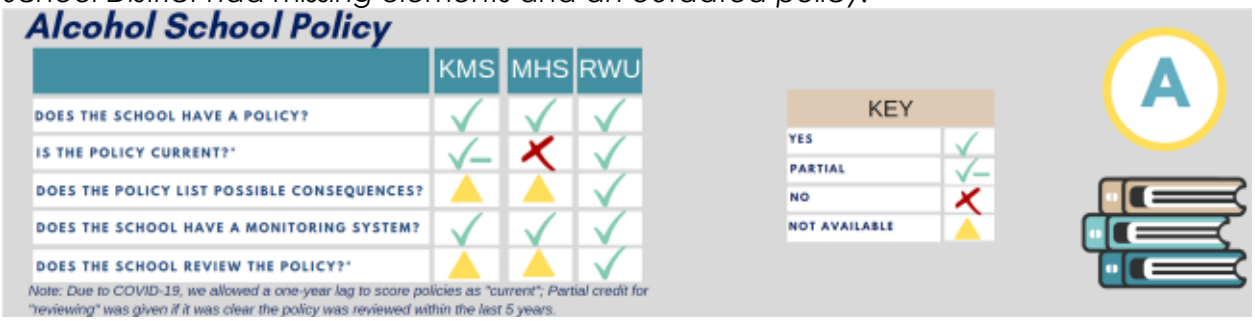


Figure 25. East Providence: Alcohol School Policy – The East Providence policies were outdated and failed to clearly describe consequences for alcohol use by students.

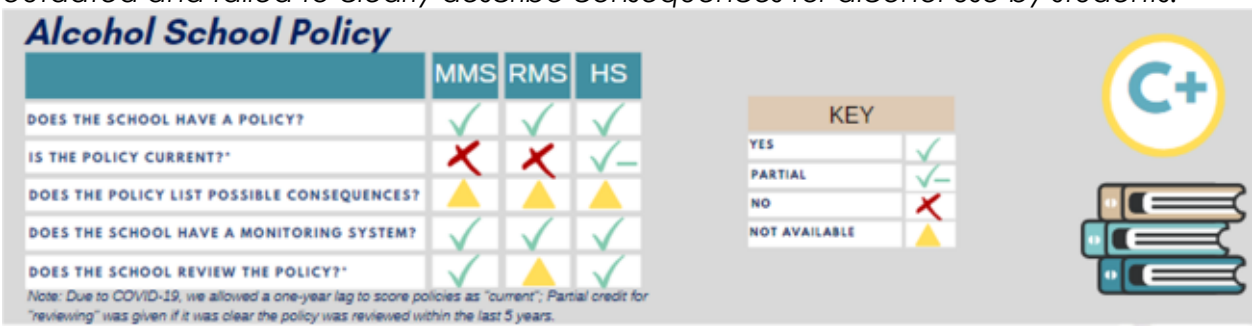


Figure 26. Warren: Alcohol School Policy - The Bristol/Warren Regional School District had missing elements and an outdated policy.

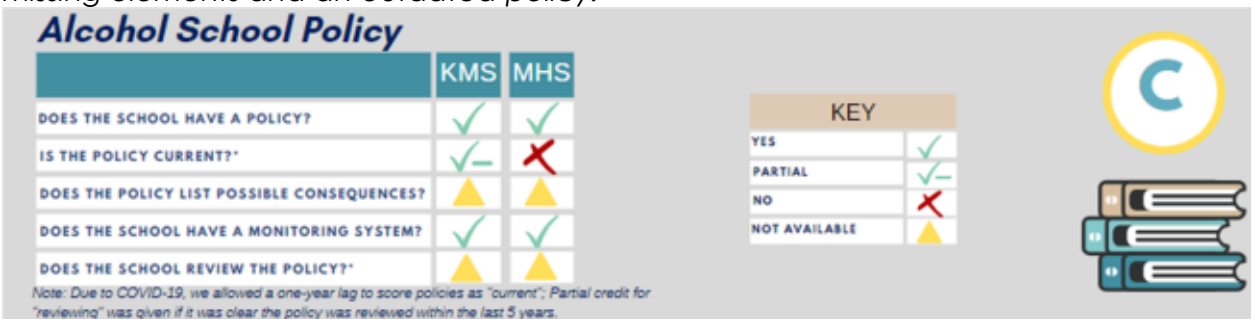
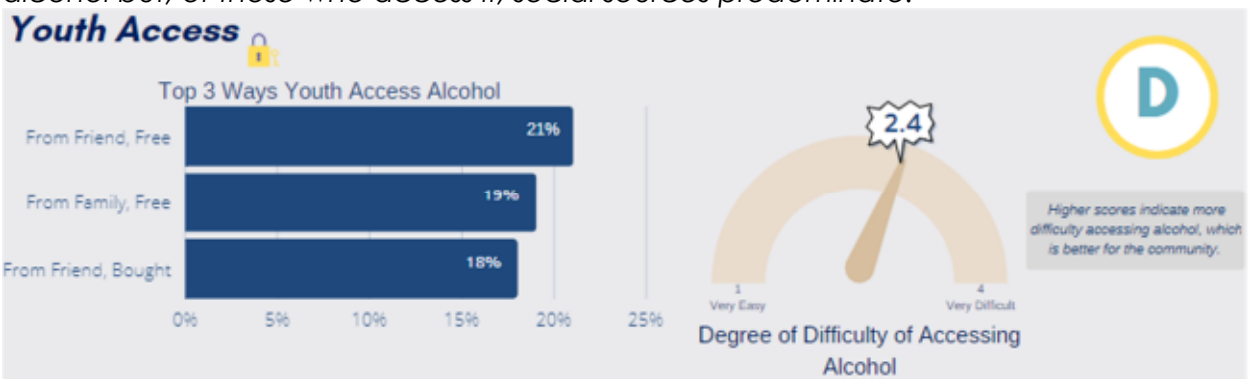
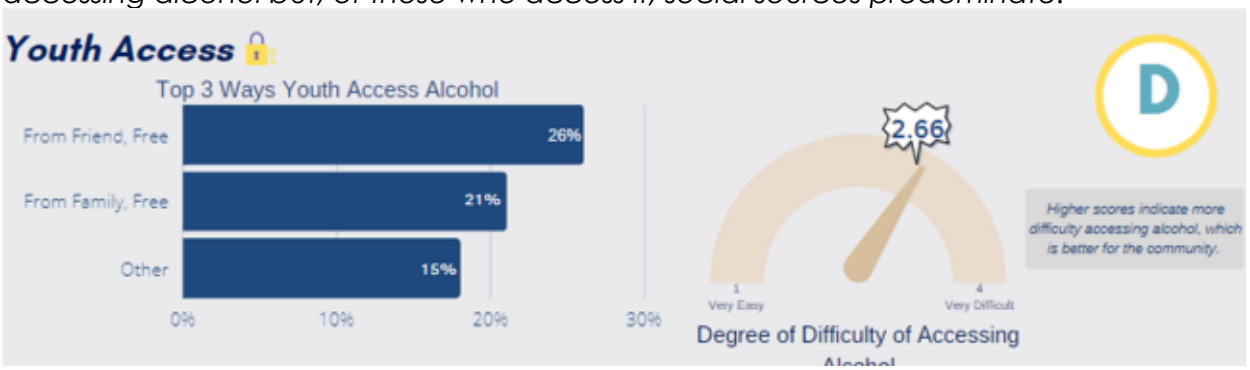


Figure 27. Barrington: Youth Alcohol Access – The top three ways youth access alcohol are shown in the bar chart below. Barrington youth report some difficulty in accessing alcohol but, of those who access it, social sources predominate.



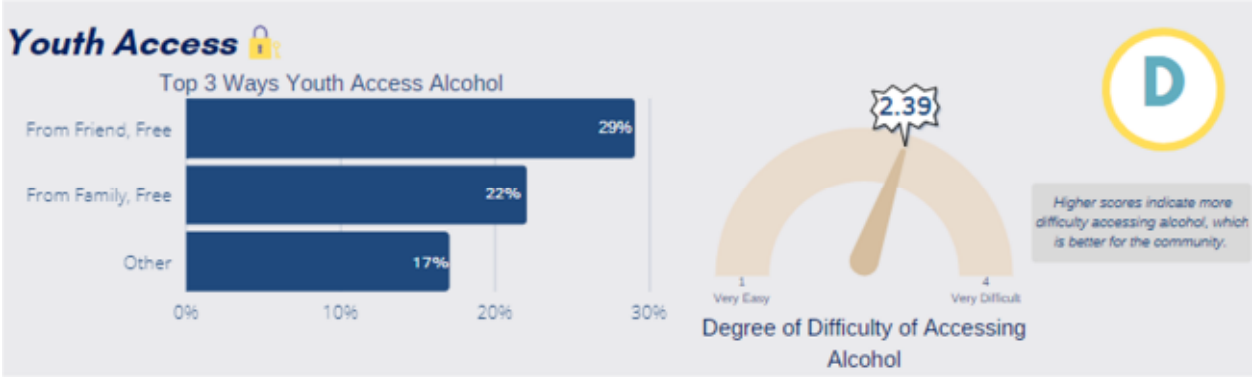
Source: Rhode Island Student Survey, 2020

Figure 28. East Providence: Youth Alcohol Access - The top three ways youth access alcohol are shown in the bar chart below. East Providence youth report some difficulty in accessing alcohol but, of those who access it, social sources predominate.



Source: Rhode Island Student Survey, 2020

Figure 29. Bristol/Warren: Youth Alcohol Access - The top three ways youth access alcohol are shown in the bar chart below. Bristol/Warren youth report some difficulty in accessing alcohol but of those who access it, social sources predominate.



Source: Rhode Island Student Survey, 2020

Number of Substance Related Expulsions

No data available.

Number of Substance Related Incidents Vandalism, Disruptions

According to the 2022 Kids Count Factbook, Rhode Island School Districts had a total of 178 alcohol/drug/tobacco offenses leading to out-of-school suspensions. These offenses make up 14% of out-of-school suspensions.

Student Past 30-Day Use

Past-30-day use was available for alcohol, marijuana, tobacco products, vaping, and opiates. A summary of the results for each substance follows.

Alcohol

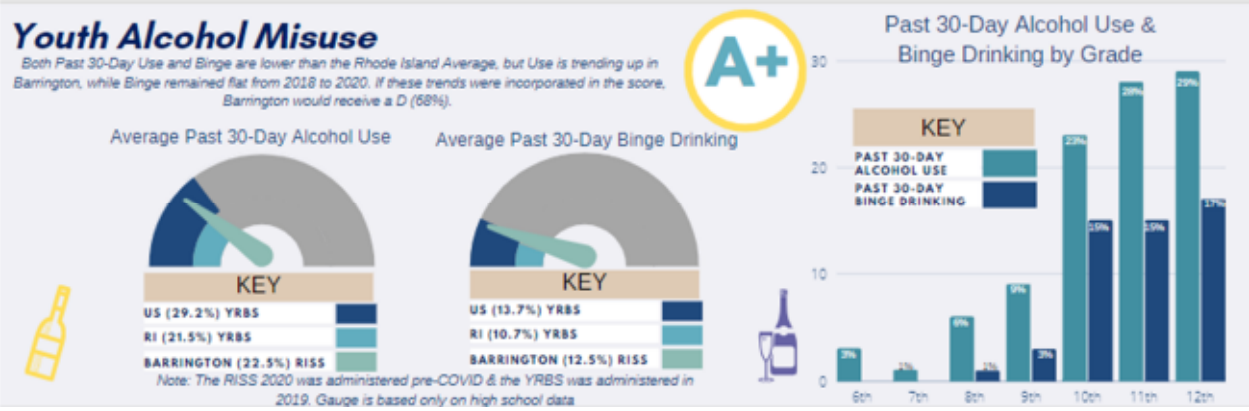
The RISS data show that Barrington had the highest past 30-day alcohol use rates across the two years for which data are available. In Barrington in 2020, 24.6% of youth reported past 30-day use. Bristol-Warren had the lowest rate and also the biggest decrease. The rates went from 22.1% in 2018 to 16.3% in 2020. The rates in East Providence also went up from 13.9% to 16.2% across the two reporting periods. Compared to the state the difference observed between Barrington and the rest of the state is greatest with Barrington having a rate that is roughly 8% higher than the state.

Rates observed in the NSDUH are similar across both ages in the East Bay region as they are in the state. These results show the value of having community level data. The YRBS data are only available at the state level. They are slightly higher for youth than they are in the NSDUH, which is not completely surprising given that two different survey modes are used: the YRBS is a school survey and the NSDUH is a face-to-face survey, which usually has slightly lower rates.

Our community level scorecards included a segment on misuse. All three scorecards (Bristol/Warrant past 30-day use and binge drinking are combined), scored an A+.

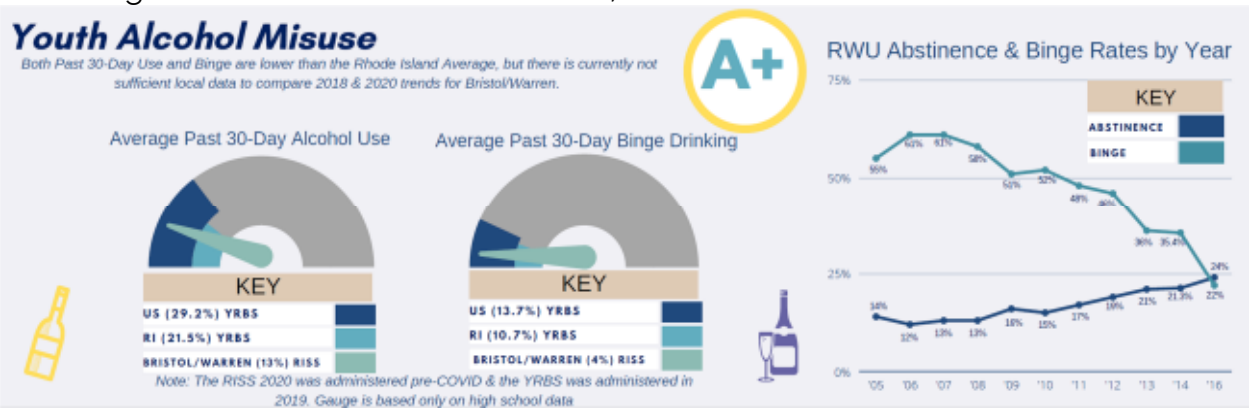
The RISS data show an increase in past 30-day use in Barrington and decreases in Bristol/Warren and East Providence. The reader should be cautious when interpreting this data as the data are not weighted and are, therefore, may not be comparable across communities and possibly even with in a community from year-to-year.

Figure 30. Barrington: Past 30-Day Alcohol Use Comparison – The figure below shows alcohol use data for Barrington youth compared to US and RI youth. Barrington youth report lower 30-day use and binge drinking than US peers but slightly more than RI peers. Both types of consumption increase by school grade with the largest increases seen between grades nine and ten.



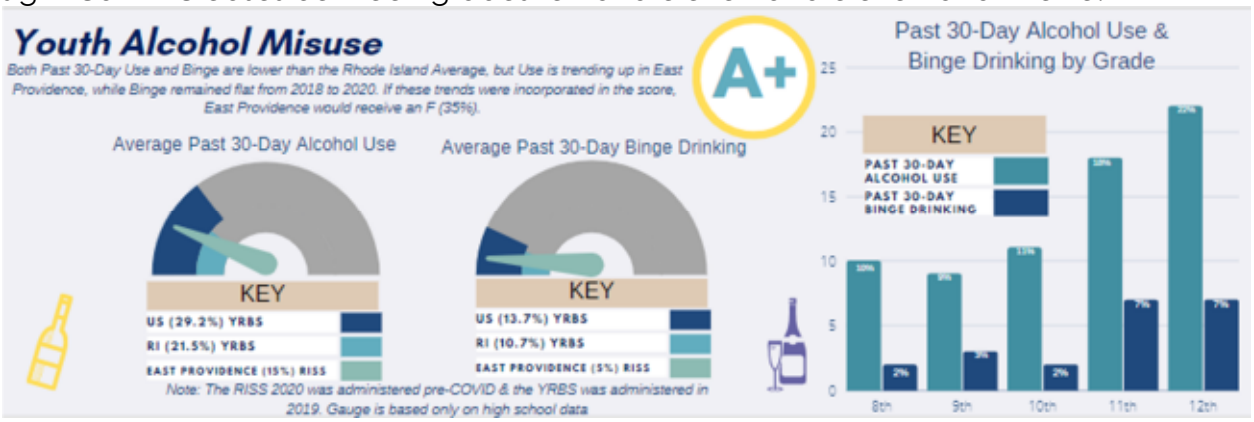
Source: YRBS (2019) and RISS (2020)

Figure 31. Bristol: Past 30-Day Alcohol Use Comparison – The figure below shows Bristol/Warren students report much lower 30-day and binge alcohol use than US and RI peers. Roger Williams University has made positive progress in lowering binge and increasing abstinence rates from 2005-2016, when the data was last available.



Source: YRBS (2019), RISS (2020), and RWU (2015-2016)

Figure 32. East Providence: Past 30-Day Alcohol Use Comparison – The figure below shows East Providence students report much lower 30-day and binge alcohol use than their US and RI peers. Both types of use generally increase by school grade with the most significant increases between grades ten and eleven and eleven and twelve.

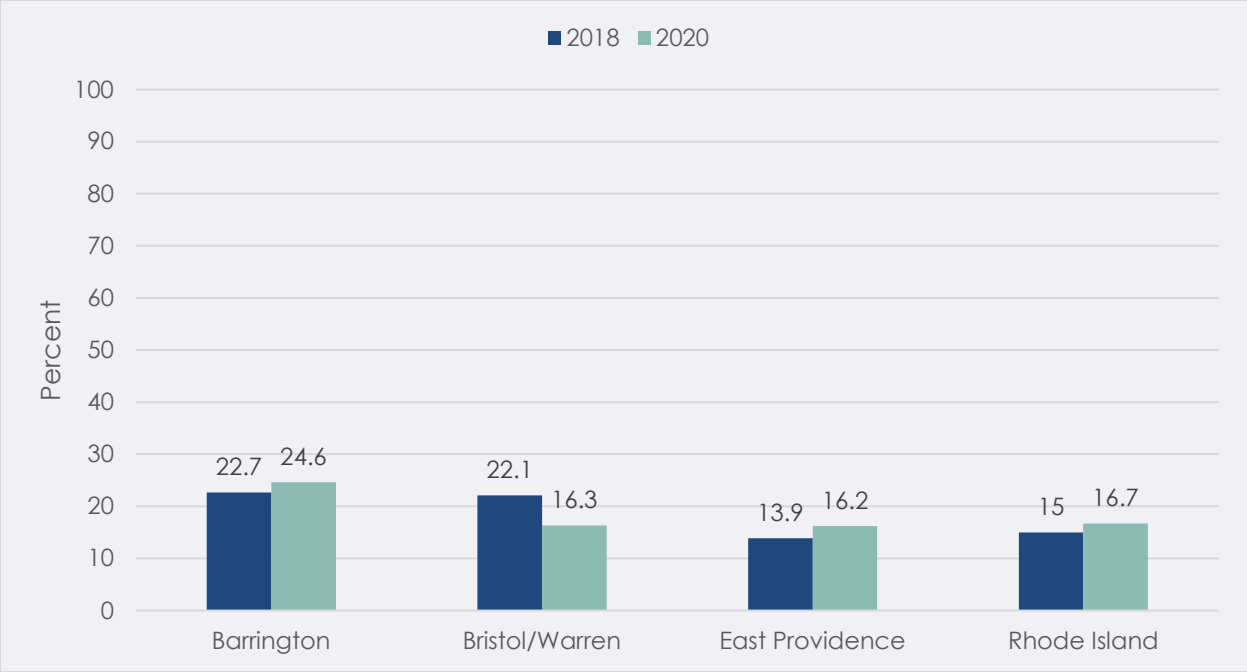


Source: YRBS (2019) and RISS (2020)

Figure 33. Warren: Past 30-Day Alcohol Use Comparison - The figure below shows Bristol/Warren students report much lower 30-day and binge alcohol use than US and RI peers.Both types of consumption increase from 9th to 12th grades with binge drinking nearly doubling from 11th to twelfth grades.

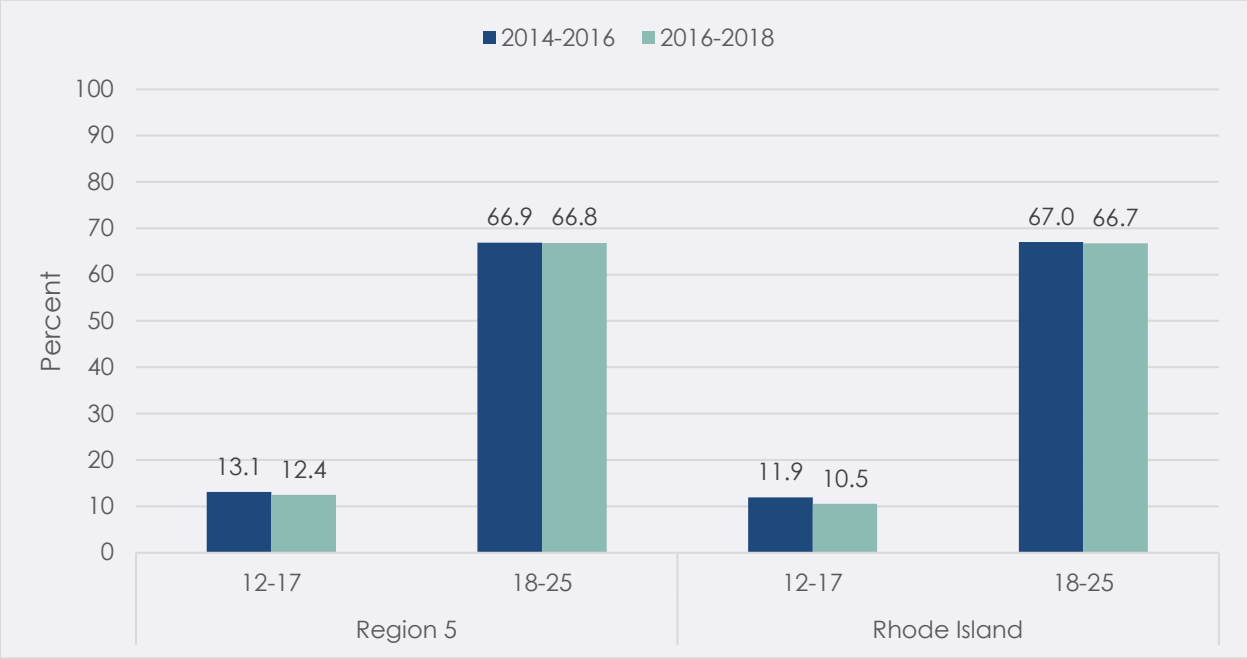
Source: YRBS (2019) and RISS (2020)

Figure 34. Past 30-Day Alcohol Use, by Community – Bristol/Warren had lower youth use from 2018-2020 while the other communities were higher or slightly higher.



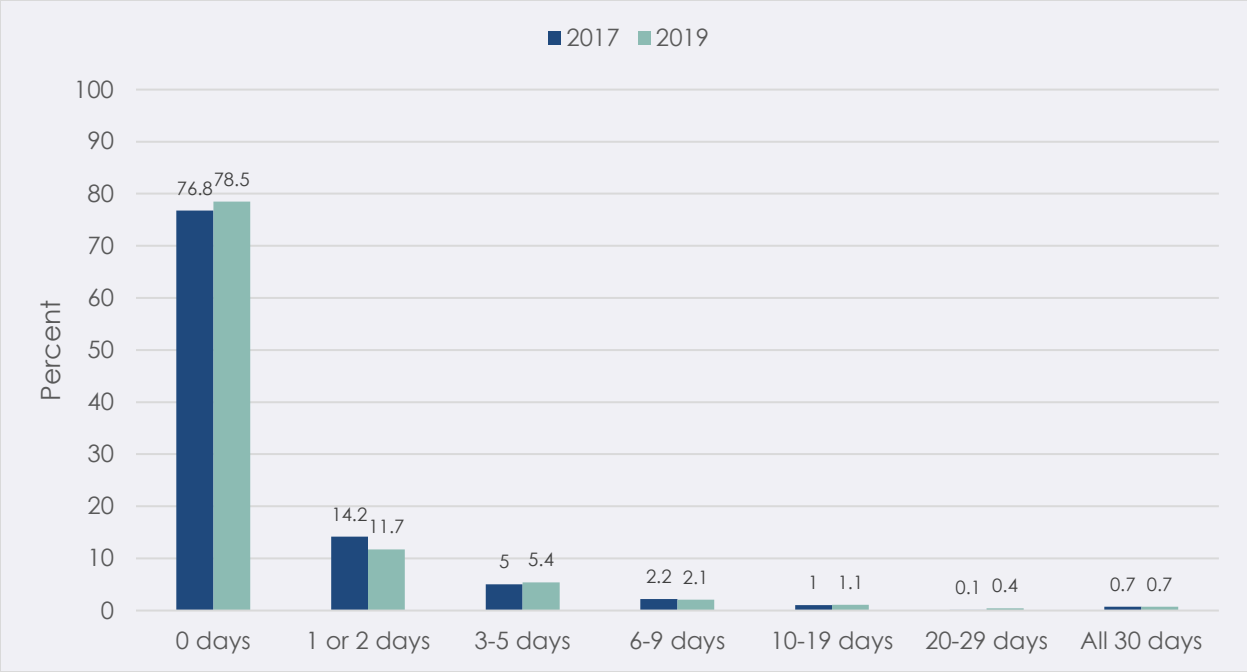
Source: Rhode Island Student Survey, 2018 and 2020

Figure 35. Past 30-Day Alcohol Use, in Region 5 and Rhode Island – rates have remained similar for 12-17 and 18-25 year olds



Source: National Survey on Drug Use and Health, 2014-2016 and 2016-2018 Estimates

Figure 36. Past 30-Day Alcohol Use, in Rhode Island – alcohol use in the YRBS shows slight decreases for RI from 2017-2019



Source: Youth Risk Behavior Survey, 2017 and 2019

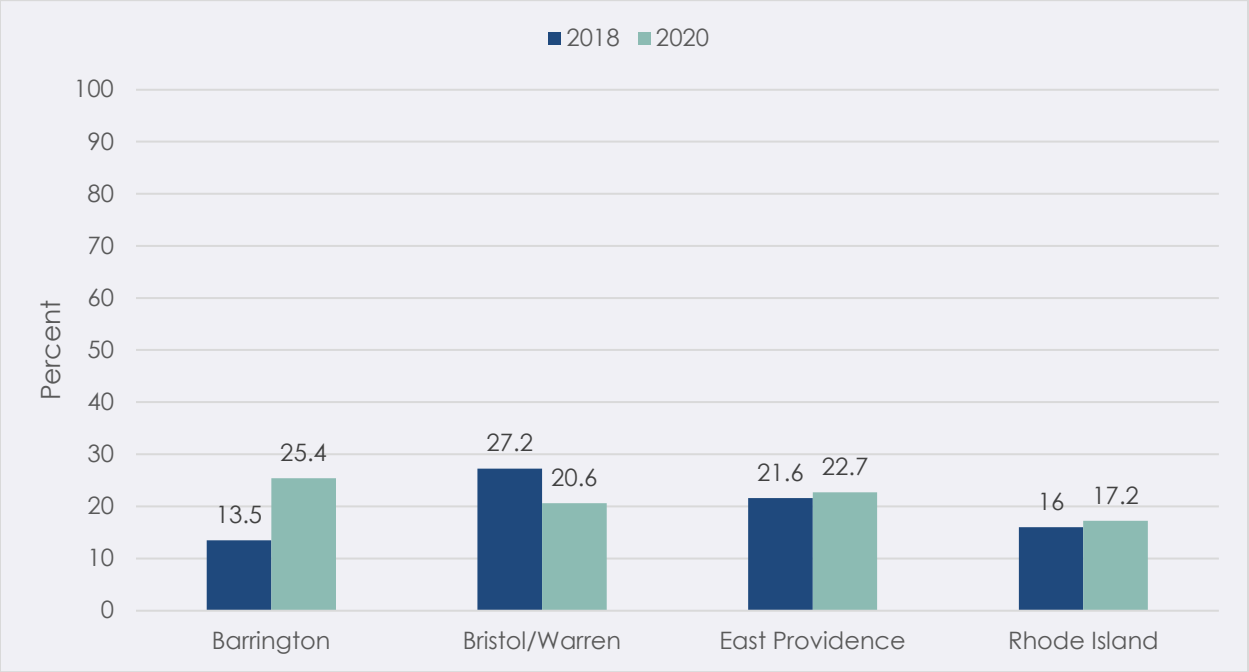
Marijuana

Past 30-day marijuana use jumped up considerably in Barrington. It had the lowest rates in 2018 according to the RISS data and had the highest rate in the region (25.4%) in 2020. Similar to alcohol, Bristol-Warren showed a drop (6.6%), and East Providence increased by 1.1%. Here again, the reader should be cautious when interpreting this data as the data are not weighted and, therefore, may not be comparable across communities and possibly even with in a community from year-to-year (figure 37).

The NSDUH shows a drop among 12- to 17-year-olds of nearly 3% but the data are more conservative and slightly older. However, given that there is a drop, and we saw the big drop in the RISS in Bristol-Warren, the observed drop is most likely being driven by Bristol-Warren here as well. Despite the difference in survey mode, it is always reassuring when the data patterns bear similarities (figure 38).

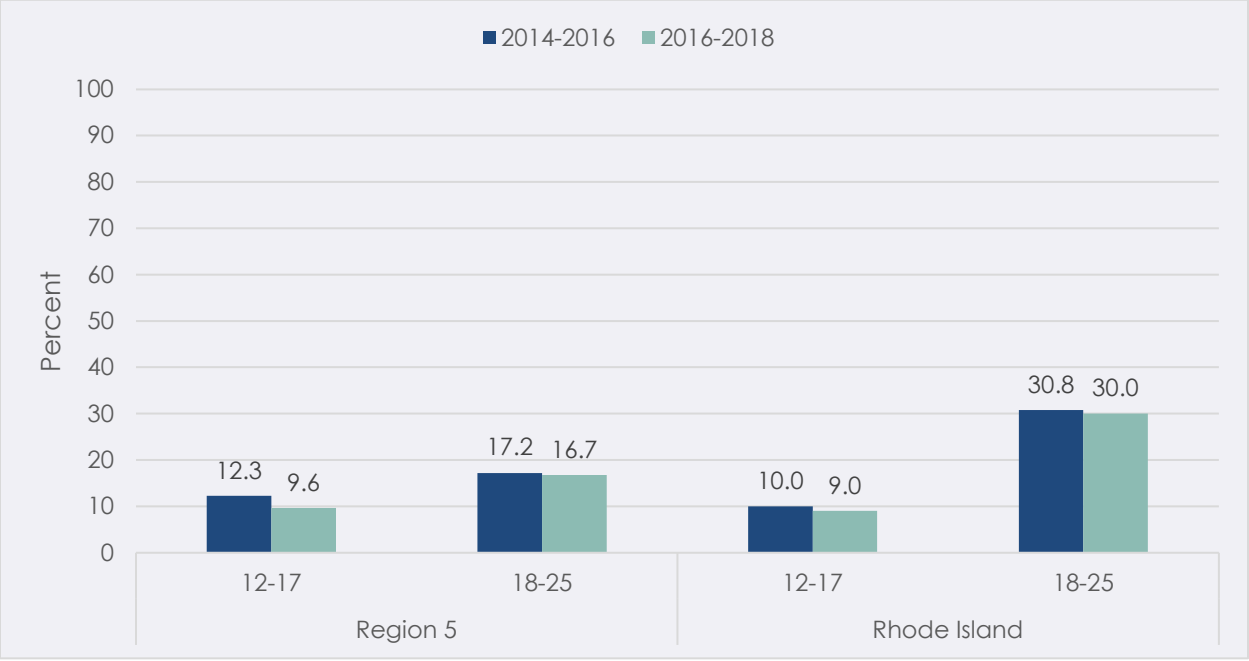
The YRBS data show higher rates for the region, which is being driven by a large increase in Barrington. It will be important to monitor the marijuana data regularly as recreational marijuana became legal while this needs assessment was being conducted (figure 39).

Figure 37. Past 30-Day Marijuana Use, by Community



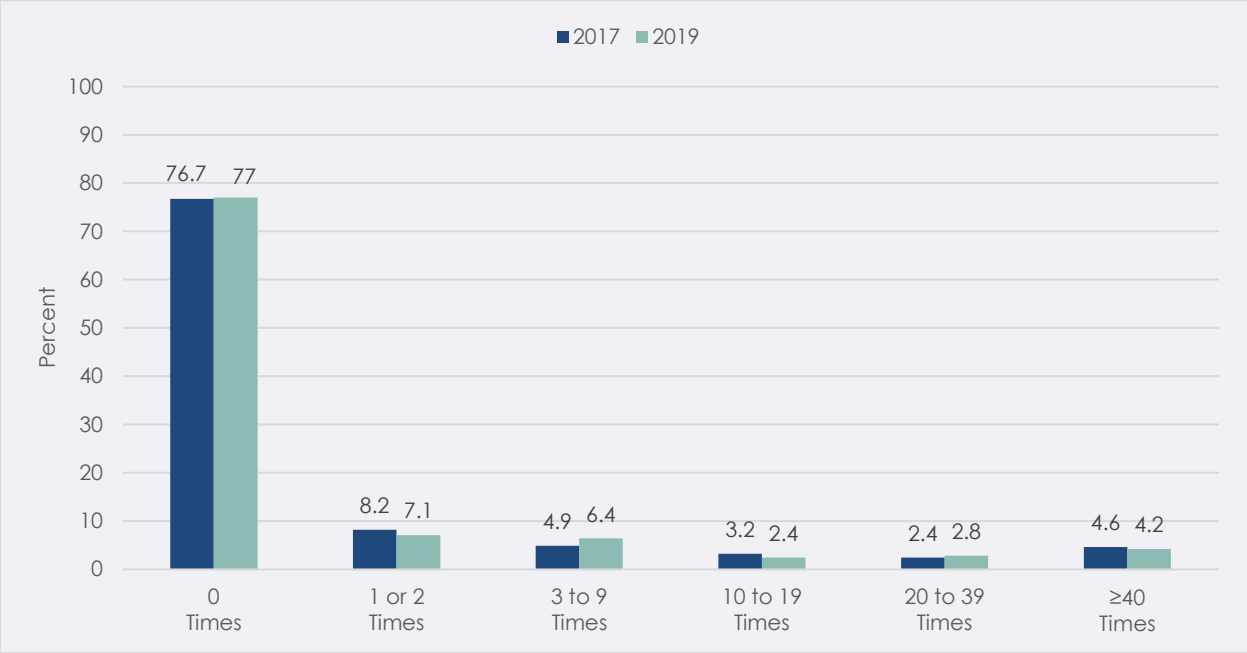
Source: Rhode Island Student Survey, 2018 and 2020

Figure 38. Past 30-Day Marijuana Use, in Region 5 and Rhode Island



Source: National Survey on Drug Use and Health, 2014-2016 and 2016-2018 Estimates

Figure 39. Past 30-Day Marijuana Use, in Rhode Island

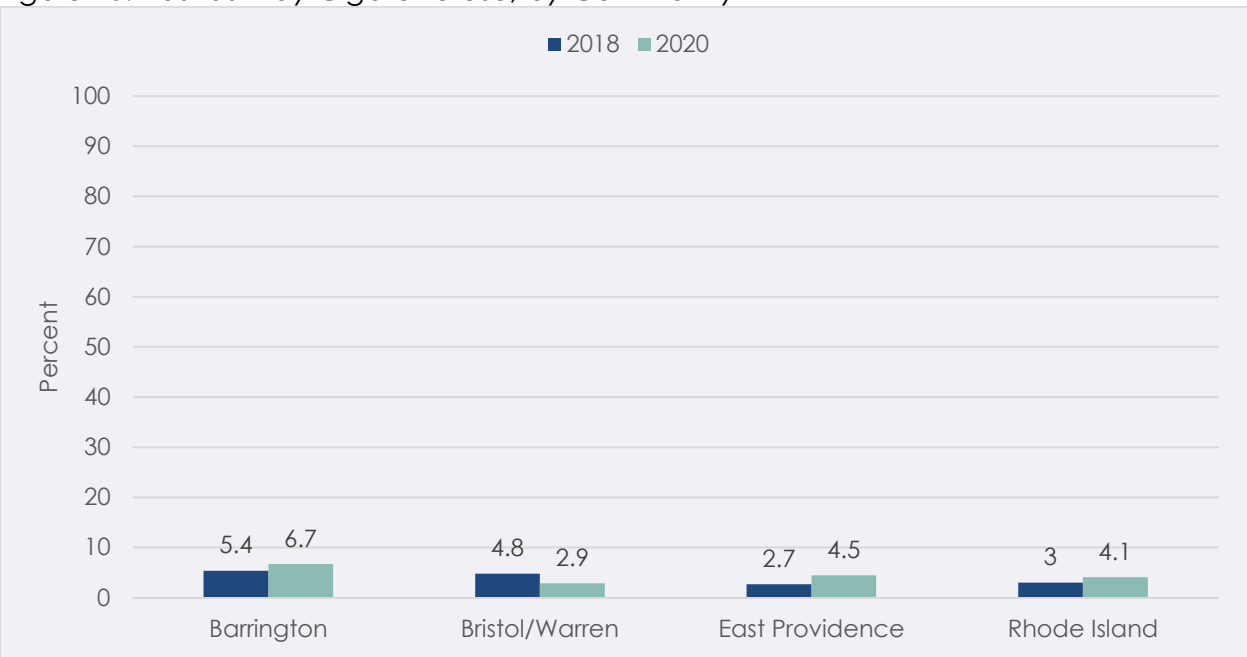


Source: Youth Risk Behavior Survey, 2017 and 2019

Tobacco

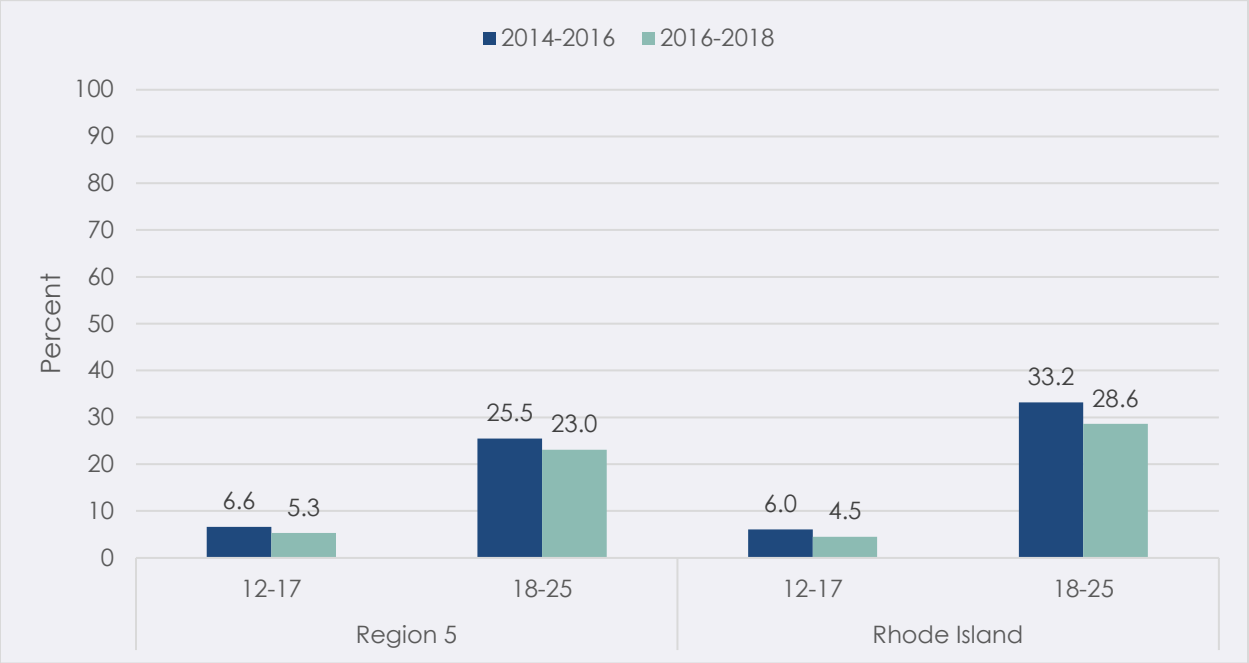
Tobacco use is very low in every community across all three data sources. Barrington's rates are higher than the state's and they went up between 2018 and 2020, according to the RISS. Bristol-Warren showed nearly a 2% drop; while East Providence increased just under 2%. Barrington and East Providence came in higher than the state in 2020, according to the RISS (figures 40-43).

Figure 40. Past 30-Day Cigarette Use, by Community



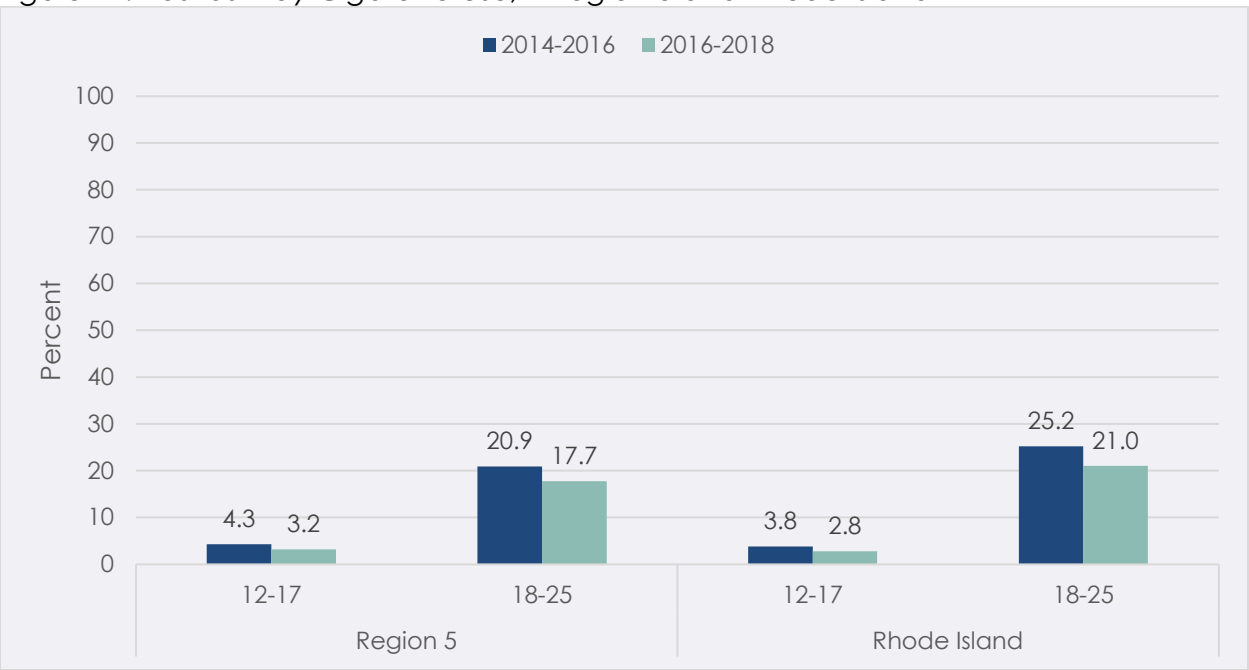
Source: Rhode Island Student Survey, 2018 and 2020

Figure 41. Past 30-Day Tobacco Product Use, in Region 5 and Rhode Island



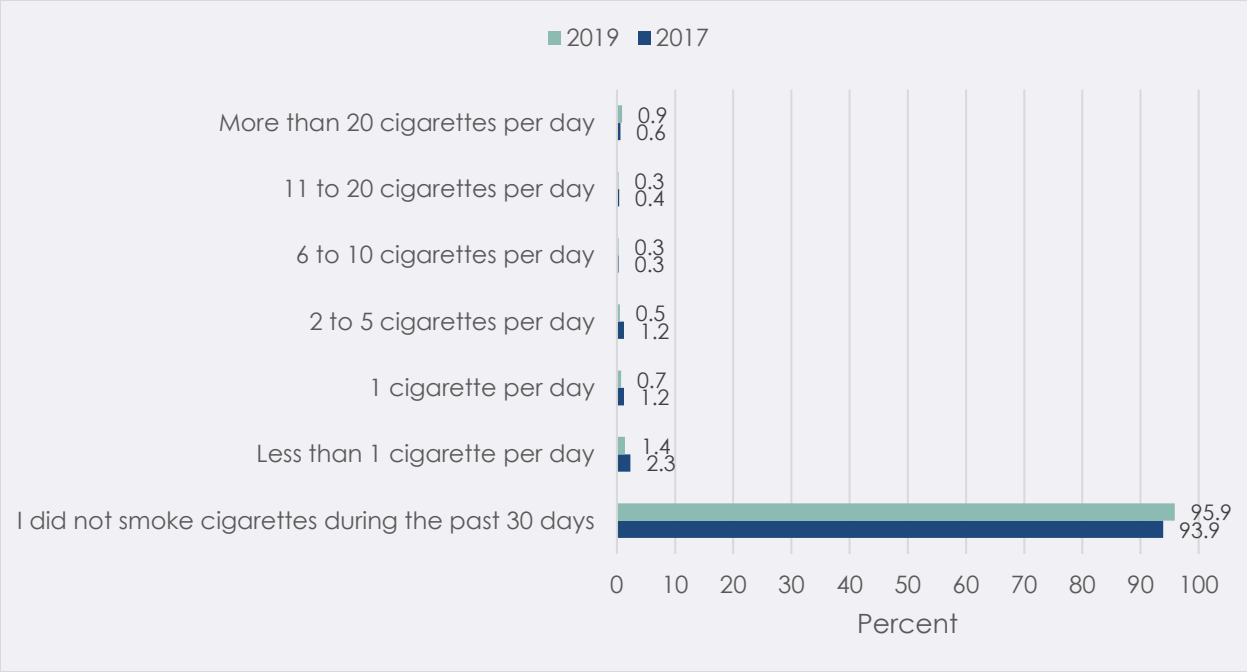
Source: National Survey on Drug Use and Health, 2014-2016 and 2016-2018 Estimates

Figure 42. Past 30-Day Cigarette Use, in region 5 and Rhode Island



Source: National Survey on Drug Use and Health, 2014-2016 and 2016-2018 Estimates

Figure 43. Past 30-Day Cigarette, Cigar, Smokeless Tobacco, and Shisha or Hookah Product Use, in Rhode Island



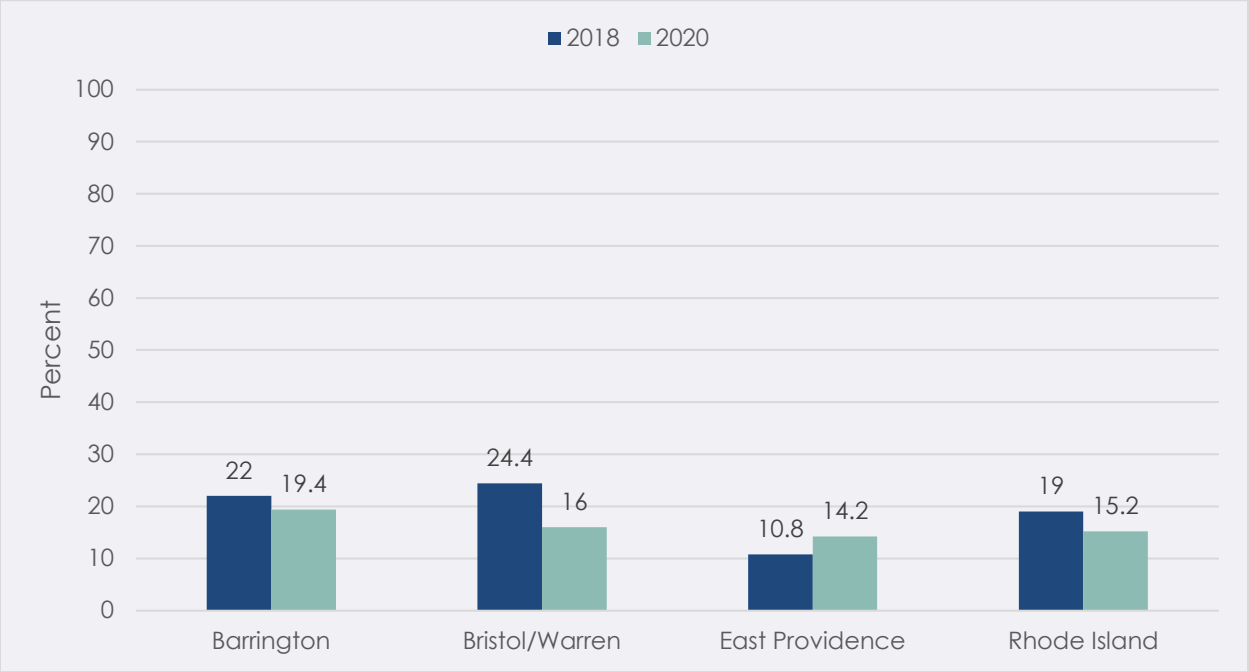
Source: Youth Risk Behavior Survey, 2017 and 2019

Vaping

According to the RISS, Barrington and Bristol-Warren saw a decrease in vaping. In Barrington it dropped 2.6%, and in Bristol-Warren it went down 8.4%. In East Providence the rate went up 3.4%. A decrease in vaping was also observed at the state level in the RISS data.

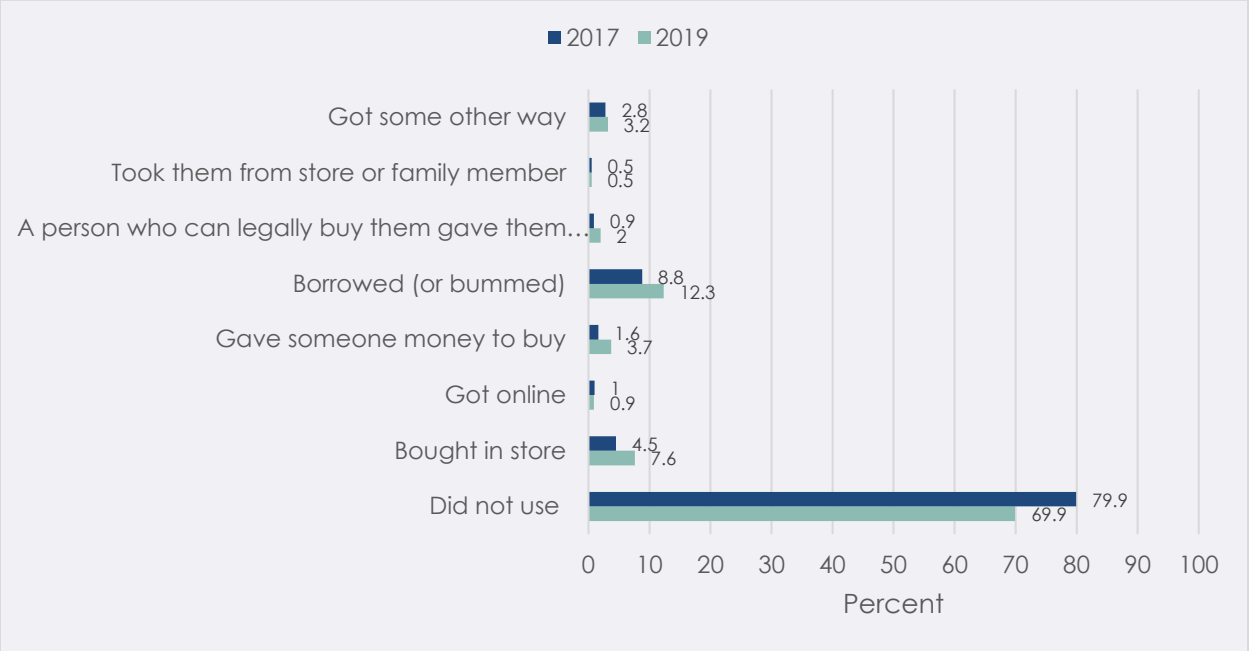
A decrease is also observed in the YRBS data between 2017 – 2019 in accessibility of vapor products. This is especially encouraging and can hopefully be tied to decrease that was observed in some of the use rates. It is believed the changes in this data may be COVID related as it may have had an impact on both access and reports of in-school use. There is also a serious lung condition known as EVALI wherein the lungs become damaged from the substances contained in tobacco and vaping products that was widely publicized. It is thought that this had an impact on the observed rates in the latest round of data collected on vaping. In addition, there was a temporary ban placed on flavored e-cigarettes in September of 2019, which may have impacted rates observed in the 2020 data (figures 44-45).

Figure 44. Past 30-Day Electronic Nicotine Devise Use, by Community



Source: Rhode Island Student Survey, 2018 and 2020

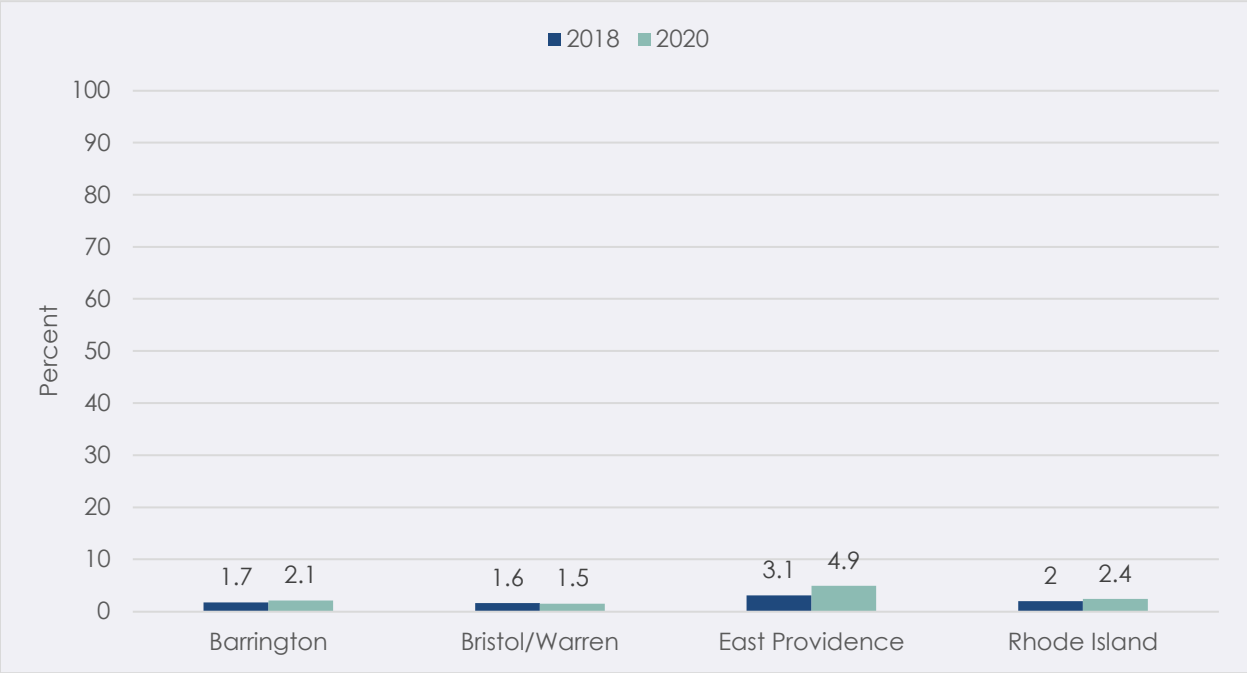
Figure 45. Past 30-Day Electronic Vapor Product Accessibility, in Rhode Island – the most often cited source of vapes is borrowed or bummed



Source: Youth Risk Behavior Survey, 2017 and 2019

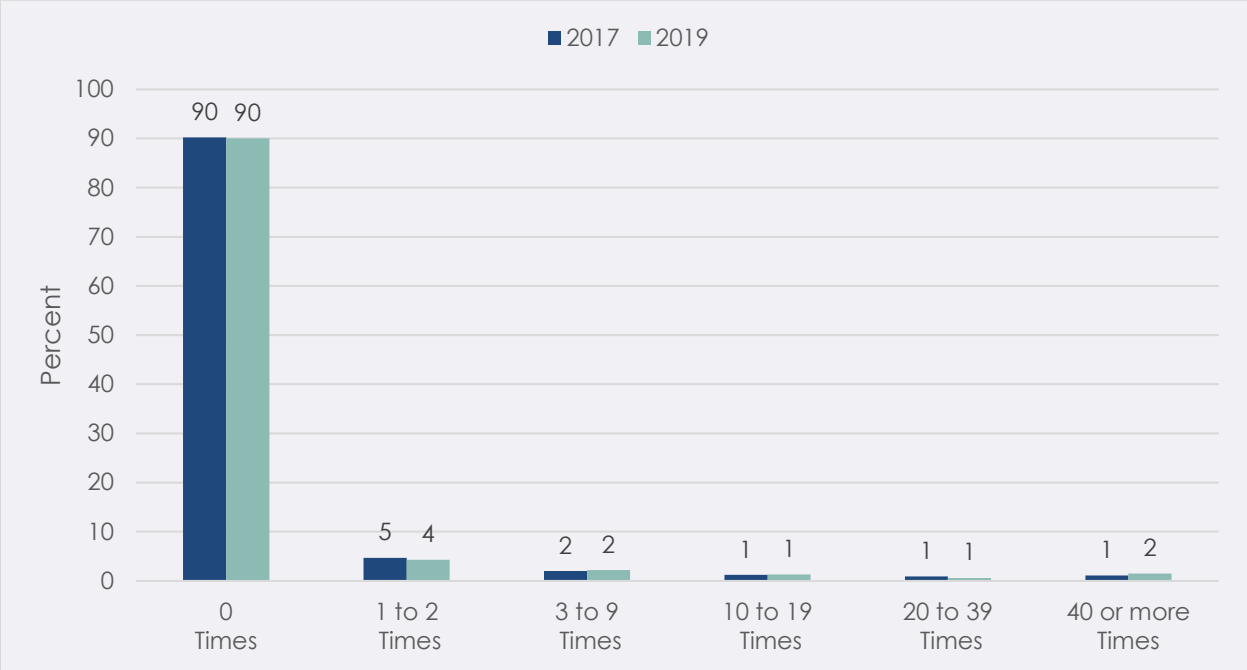
Prescriptions

Figure 46. Past 30-Day Rx Use without a Prescription, by Community shows East Providence as the highest which is nearly double the RI rate.



Source: Rhode Island Student Survey, 2018 and 2020

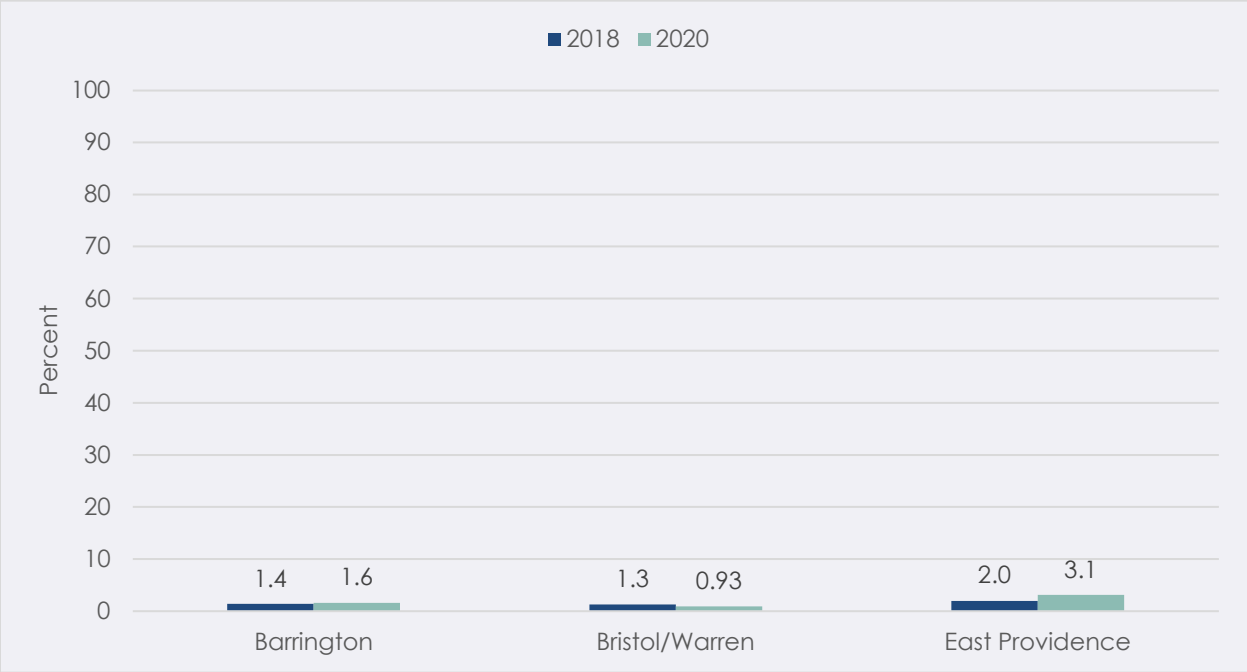
Figure 47. Past 30-Day Prescription Rx Use, in Rhode Island changed little from 2017 to 2019



Source: Youth Risk Behavior Survey, 2017 and 2019

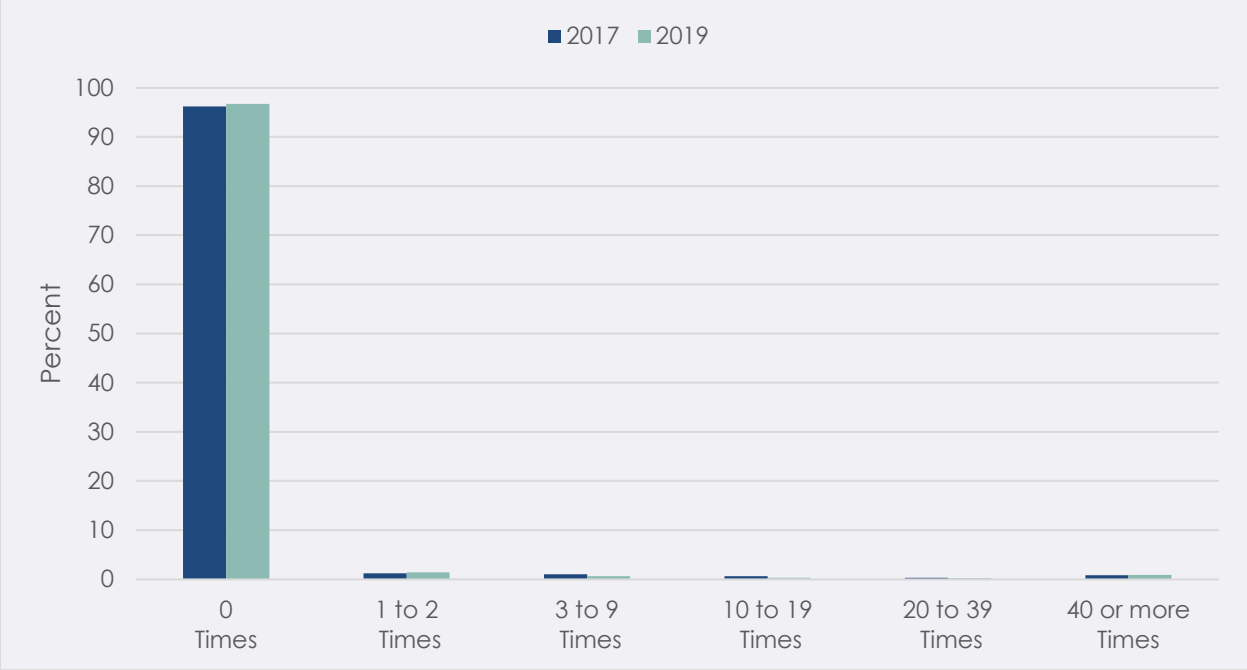
Opiates

Figure 48. Past 30-Day Heroin Use, by Community increased slightly in East Providence



Source: Rhode Island Student Survey, 2018 and 2020

Figure 49. Past 30-Day Heroin Use, in Rhode Island changed little from 2017-2019



Source: Youth Risk Behavior Survey, 2017 and 2019

Student Report of Use at School

No data available.

E. Criminal Justice Data

Criminal justice data presented in the needs assessment includes limited party patrol data and complete disorderly conduct data.

Number of Parties Police Called Due to Use

There were eight Party Patrol dates conducted in Bristol between September 2020 and July 2021. Only one patrol resulted in violations, which totaled four in number. Notes with violations indicated the following, "During Party patrol, the officers went to one large house party everyone was of age. They did charge 2 individuals coming out of a liquor store with underage possession and later in the evening 2 for having open containers." There is no data for party patrols from the other communities.

Number of Citations for Disorderly Conduct

The following data represent citations for disorderly conduct (the brighter blue line in each graphic, see key). Data were available for each community in the region. Disorderly conduct was up in Barrington and Bristol/Warren and remained steady in East Providence(figures 50-53).

Figure 50. Barrington: Disorderly Conduct, DUI and Liquor Law Violations

Source: UCR, 2015-2019

Figure 51. Bristol: Disorderly Conduct, DUI and Liquor Law Violations

Source: UCR, 2015-2019

Figure 52. East Providence: Disorderly Conduct, DUI and Liquor Law Violations

Source: UCR, 2015-2019

Figure 53. Warren: Disorderly Conduct, DUI and Liquor Law Violations

Source: UCR, 2015-2019

Number Underage Substance Involvement in Vandalism, Property Damage, Rape, Robbery, Assault, Murder, Other Crimes
No data available

F. Substance-Related Injuries and Deaths – Non-Motor Vehicle

Number Substance-Related ED Admissions
No data available.

Number of Substance-Related EMS Runs
No data available.

Number of Adult Substance-Related ED Admissions
No data available.

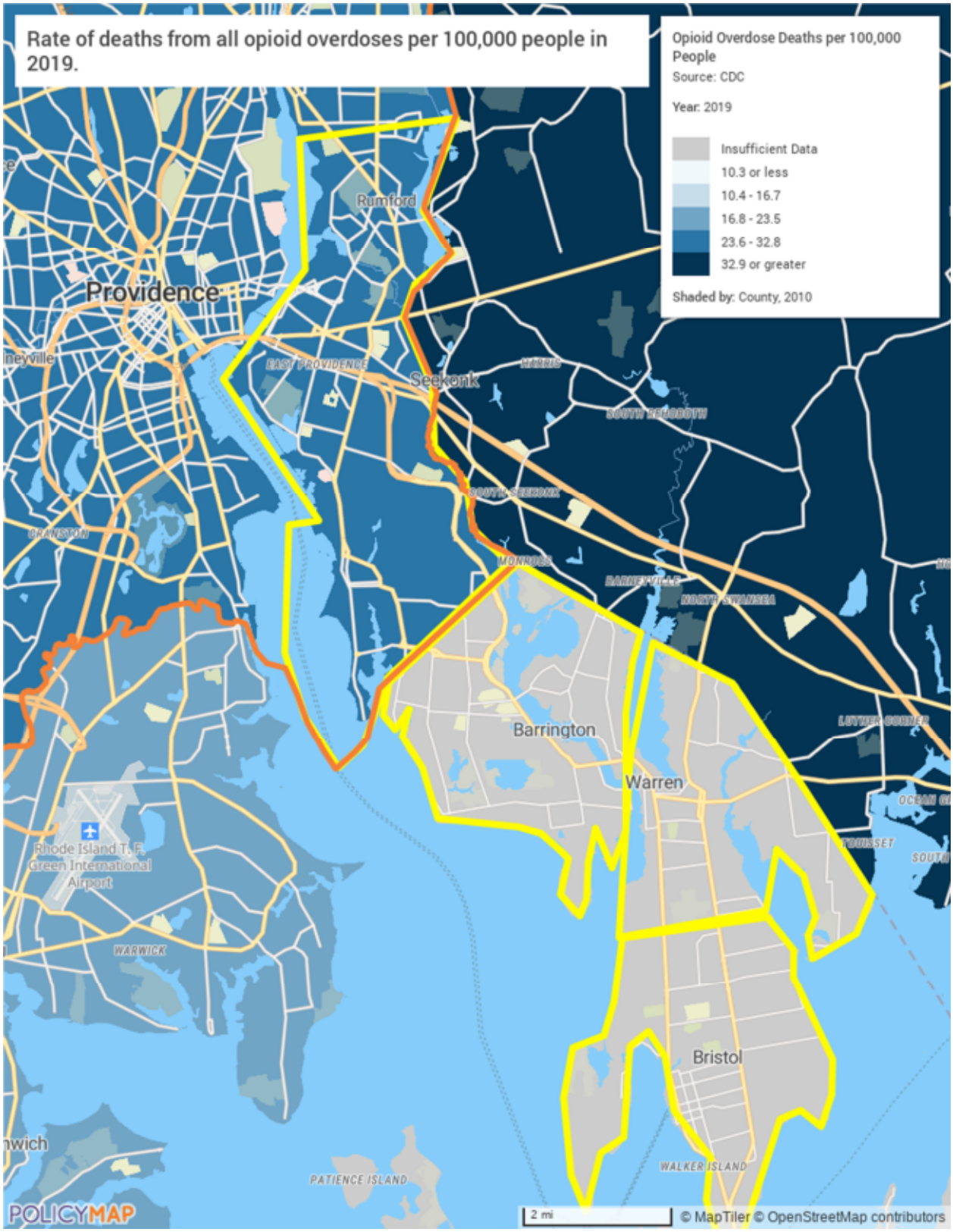
Number of Adult Substance-Related EMS Runs
No data available.

Number of Substance-Related Poisonings or Overdose (Non-Fatal)
No data available.

Number of Substance-Related Fatal Overdoses – figures 54-56
Deaths from opioid overdoses are presented at the county level. As previously mentioned, East Providence is part of Providence County while Barrington, Bristol and Warren are part of Bristol County. East Providence fell in the second-highest range being part of Providence County while the data were insufficient to create estimates for Bristol County. For synthetic opioids, East Providence was in the middle range, and again, the data was insufficient for Bristol County.

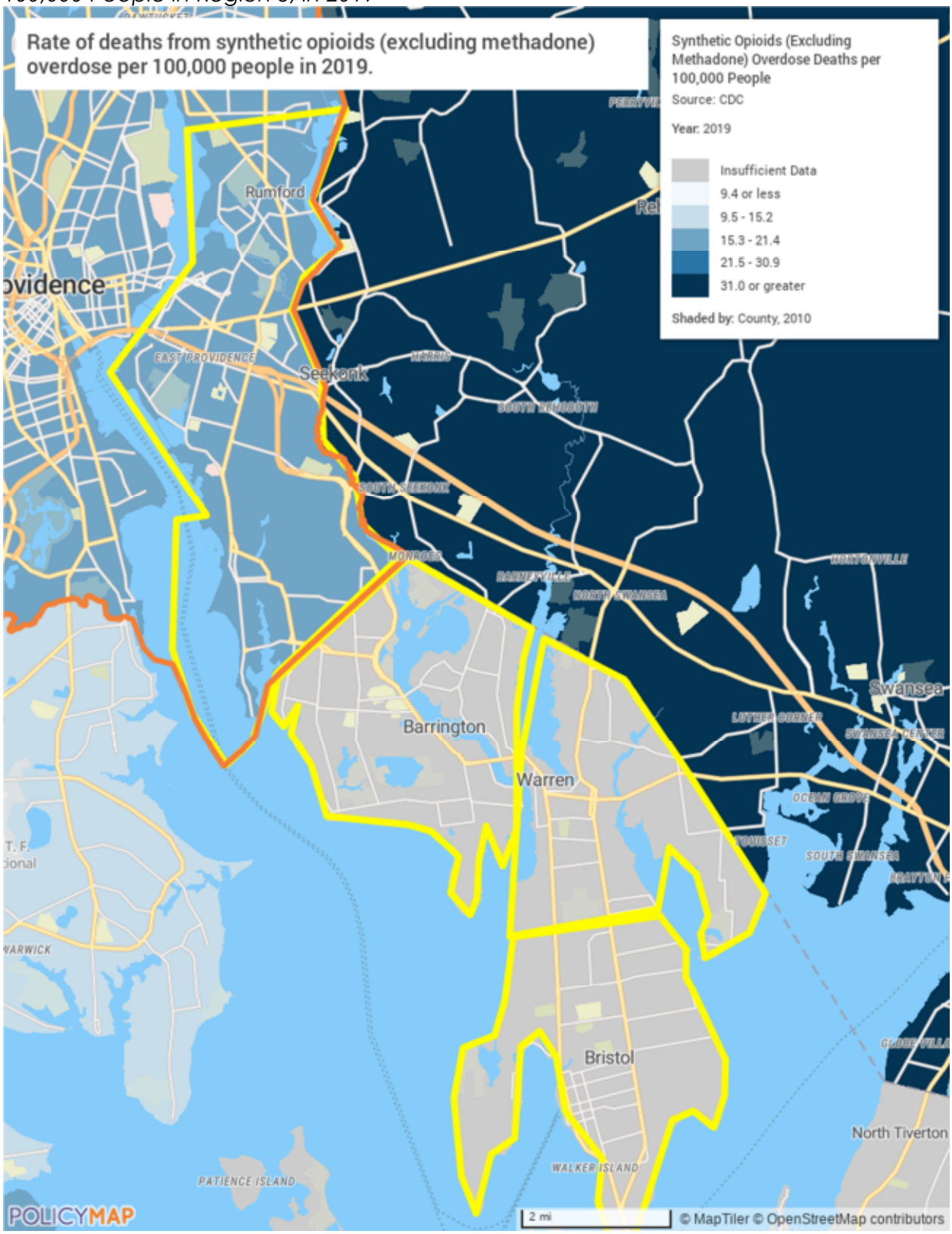
Region 5 is currently working at the regional level with the Rhode Island Department of Transportation (RIDOH) to look more deeply into the characteristics of overdoses in the region, especially in East Providence, where the numbers are greater. East Providence was recently identified as an emerging overdose hotspot by the governor's Overdose Task Force. RIDOH will be providing a presentation to the region in its July meeting.

Figure 54. Rate of Deaths from All Opioid Overdoses per 100,000 People in Region 5, in 2019



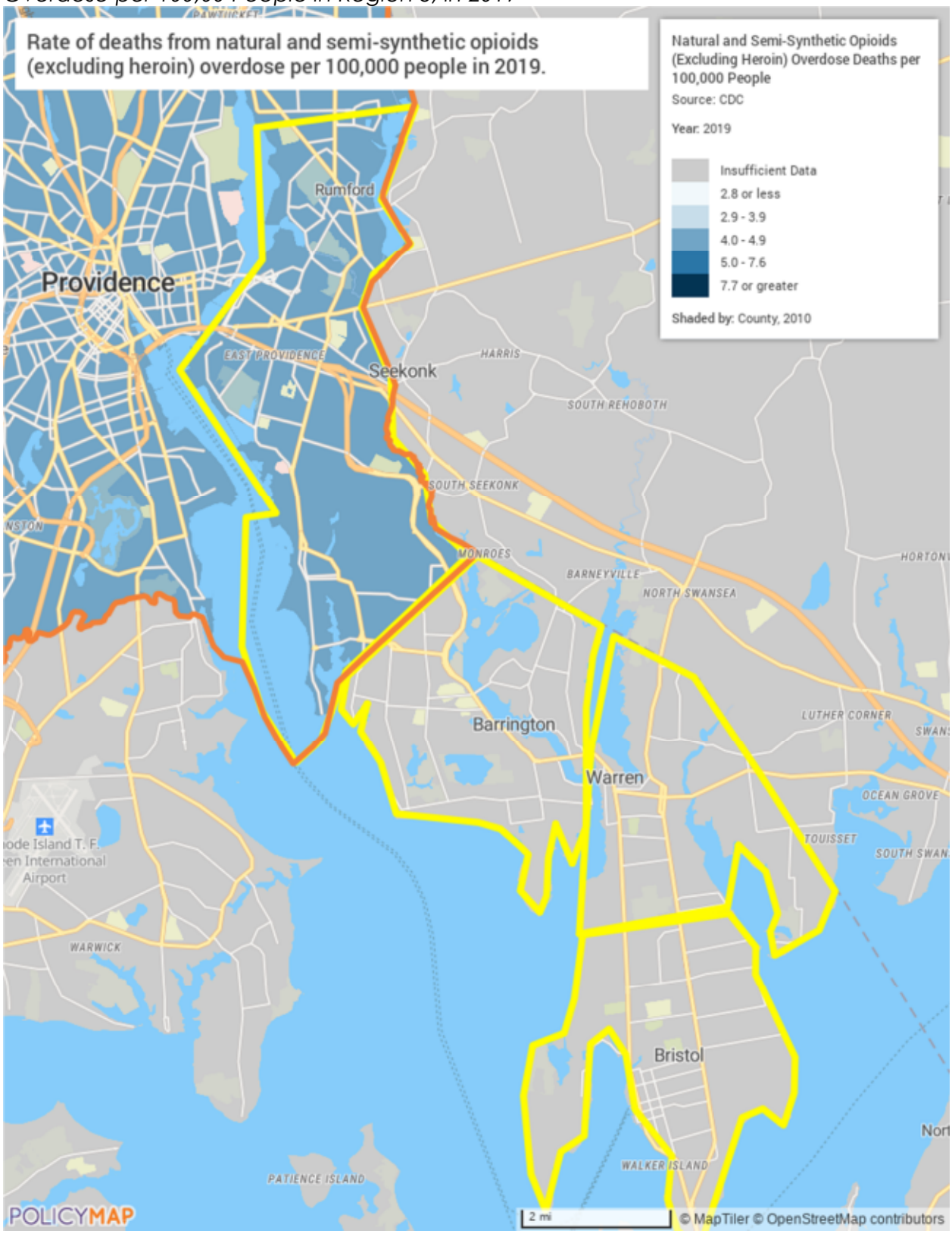
Source: Policy Map, 2019

Figure 55. Rate of Deaths from Synthetic Opioids (Excluding Methadone) Overdose per 100,000 People in Region 5, in 2019



Source: Policy Map, 2019

Figure 56. Rate of Deaths from Natural and Semi-Synthetic Opioids (Excluding Heroin) Overdose per 100,00 People in Region 5, in 2019



Source: Policy Map, 2019

Number of Fentanyl Overdoses

We were not able to locate an exact number of fentanyl overdoses; however, according to the medical examiner's data for Bristol County for 2021 75% of drug overdose fatalities by substances contributing to the cause of death involved opioids and fentanyl (https://ridoh-drug-overdose-surveillance-osmedashboard-rihealth.hub.arcgis.com/). Sixty-three percent were among males and fewer than 5 females experienced an overdose fatality.

Number of Overdoses Reversed by Naloxone

Table 9. Naloxone Distribution in Region 5 from 10/1/2019-9/30/2020 shows East Providence having the highest naloxone events and 4mg doses administered followed by Bristol and Warren. Barrington reports none.

Law Enforcement Agency	# of Administration Events	# of 4mg IN Doses Administered	# of EMS Transport
Barrington Police Department	0	0	0
Bristol Police Department	7	11	3
East Providence Police Department	18	21	16
Warren Police Department	3	4	3

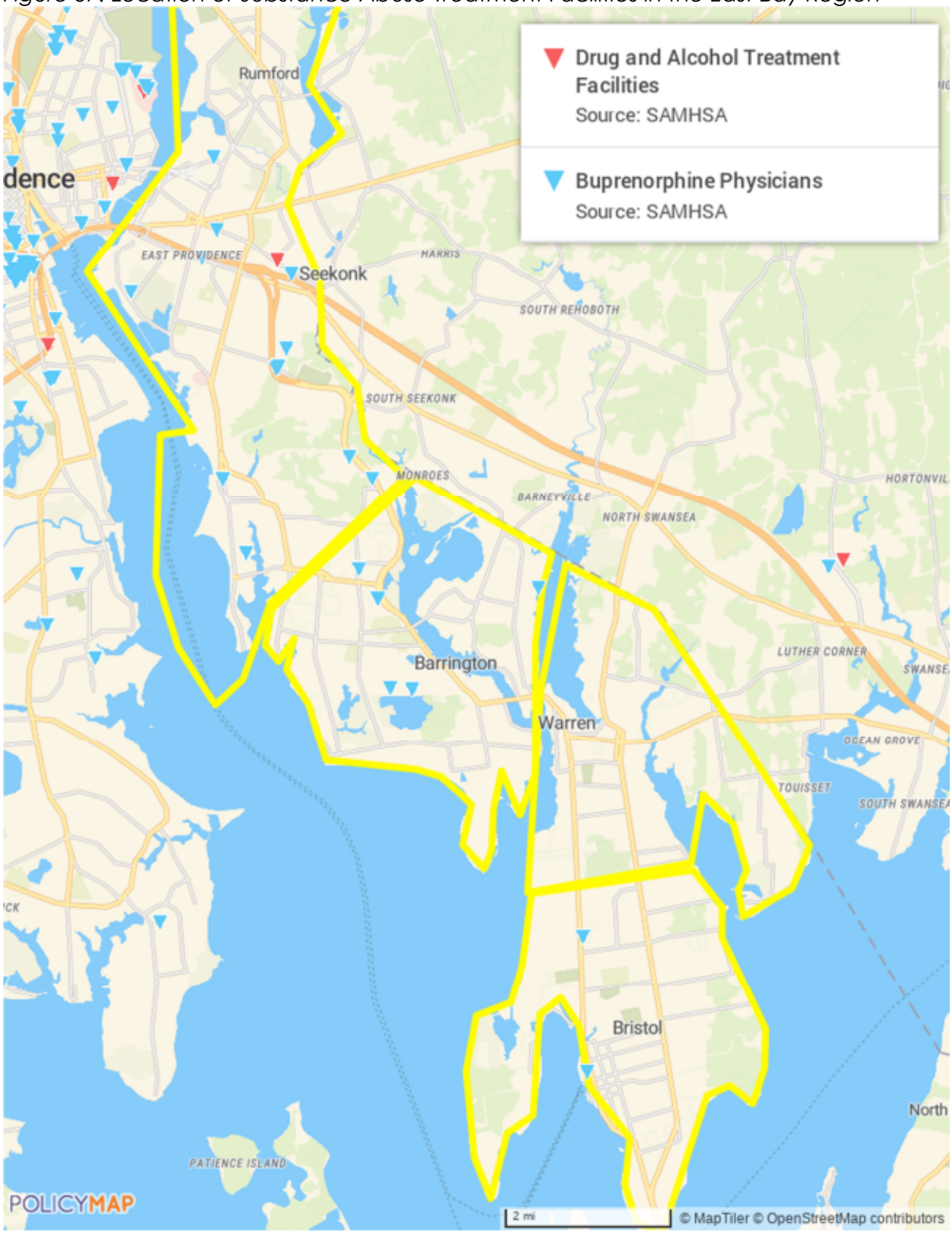
Source: 2020 Center for EMS Annual Report, 2020

G. Substance Abuse Treatment – figures 57-59

There are few substance abuse treatment providers in the East Bay region. The majority are buprenorphine providers, which are fairly dispersed throughout the region. As far as unmet treatment need goes, the East Bay region is very similar to the state, according to the NSDUH. National TEDS data is presented to show the number of admissions and discharges for all ages, young adults/youth, and pregnant women. The young adult/youth data show that the greatest number of admissions and discharges is among young adults ages 18 – 20, which is what would be expected, developmentally.

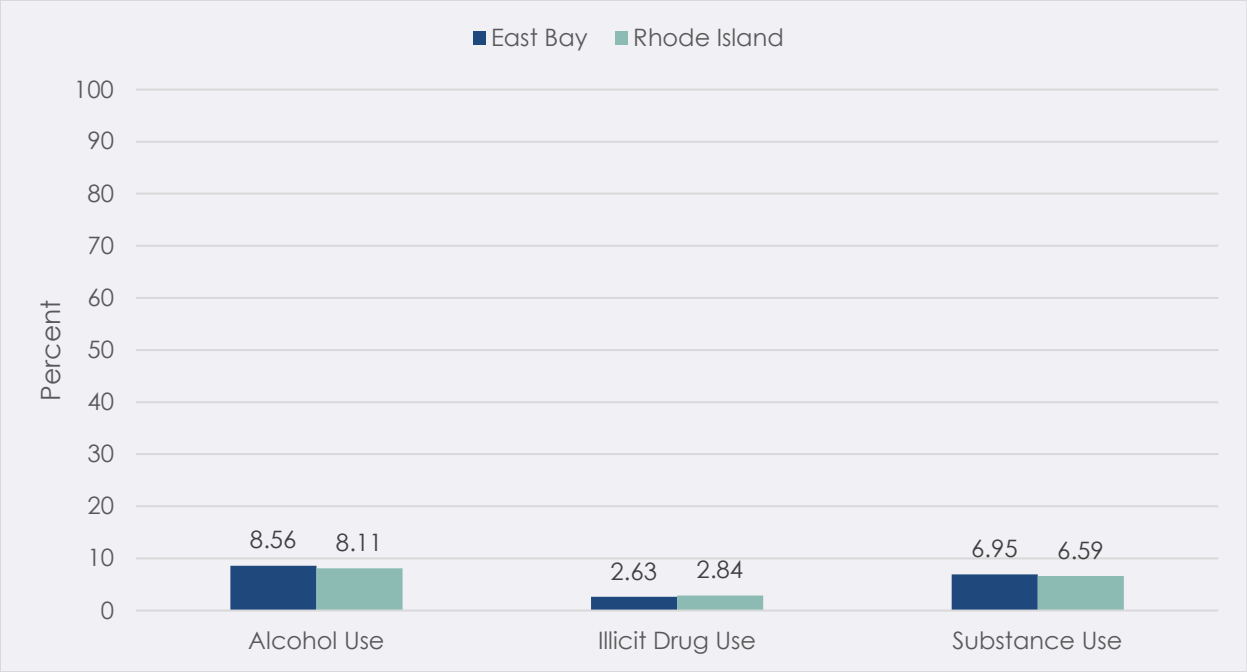
East Providence is also home to BH Link. BH Link is a behavior health facility designed to provide immediate assistance to a person in crisis. The BH Link crisis intervention model uses innovative crisis intervention services in its goal to connect people to ongoing treatment and care.

Figure 57. Location of Substance Abuse Treatment Facilities in the East Bay Region



Source: Policy Map and SAMHSA, 2019

Figure 58. Percent of Adults (18+) who Reported Needing but not Receiving Treatment at a Specialty Facility for Alcohol Use, Illicit Drug Use or Substance Use in the Past Year



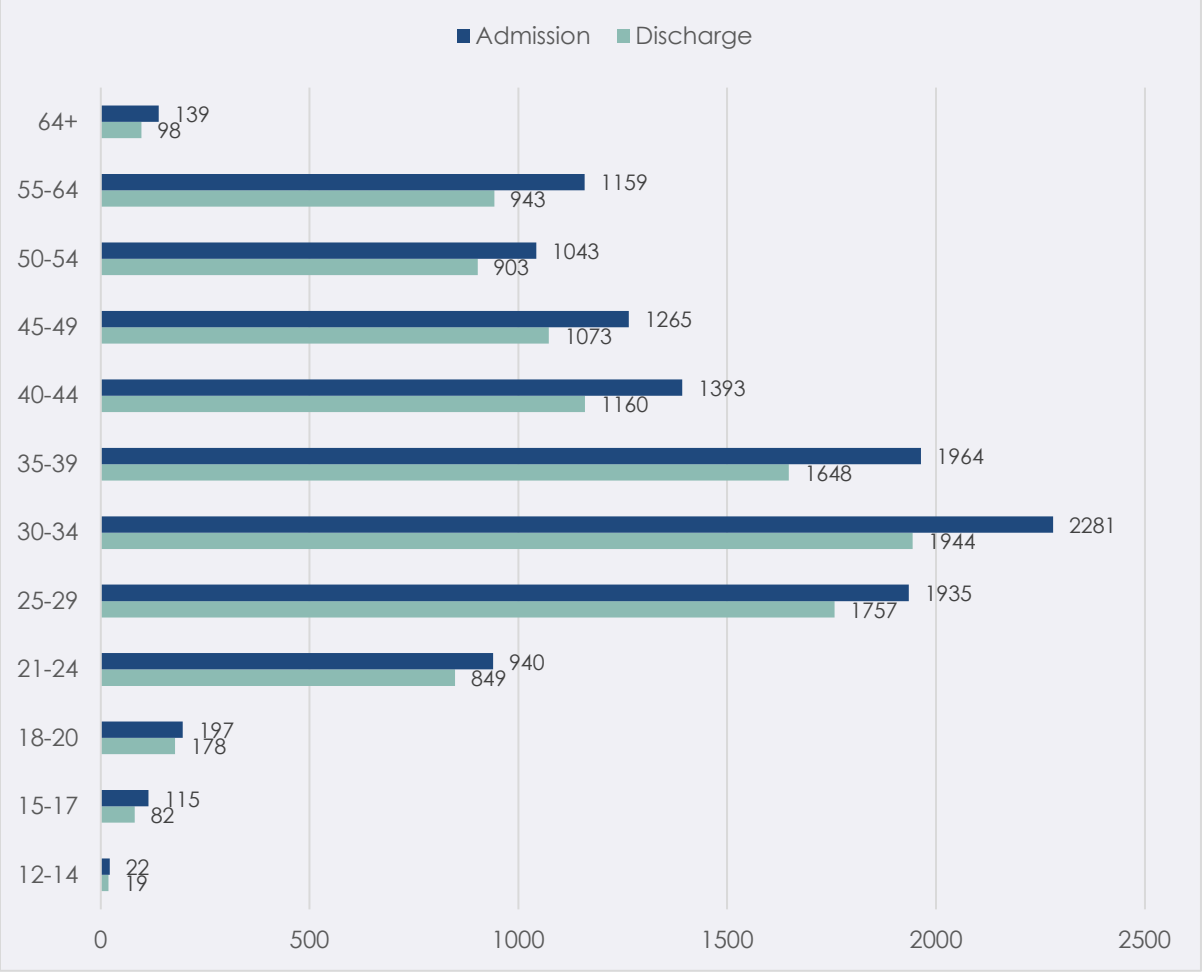
Source: National Survey on Drug Use and Health, 2018

Number of Available Treatment Beds, All Ages

No data available.

Number of Beds Filled, All Ages

Figure 59. Treatment Admission and Discharge Age Breakdown in Rhode Island in 2019



Source: TEDS, 2019

Number of Beds for Pregnant Women.

The Stanley Street Treatment and Resources (SSTAR) runs a long-term residential substance abuse treatment program that serves pregnant, postpartum, and parenting women. The comprehensive treatment program uses a holistic approach to treating women that is intended to heal body, mind, and spirit. It is a six-month program that has the capacity to serve up to 12 women and 24 children.

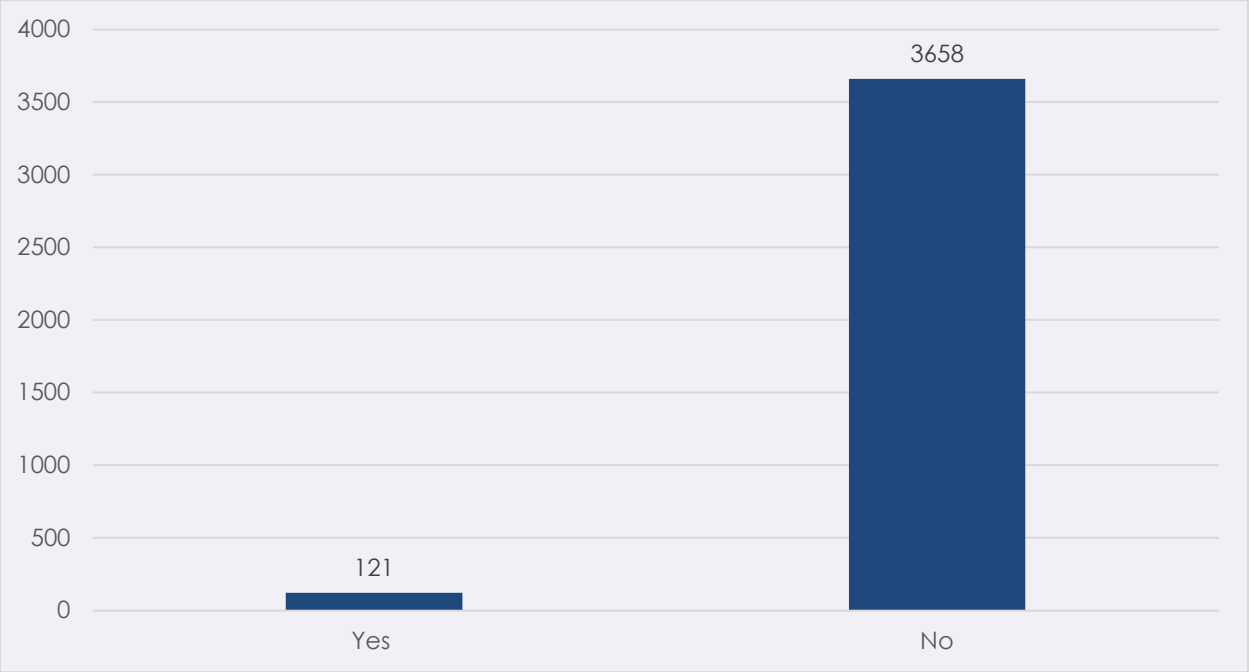
It is located in Cranston, Rhode Island and serves Bristol County, MA; Bristol County, RI, Kent County, RI; Newport County, RI, Providence County, RI, and Washington County, RI.

We were not able to locate other data on programs that serve pregnant women.

Number of Beds Filled by Pregnant Women – Figure 60

We were not able to locate other data on programs that serve pregnant women. Of all programs that serve women, however, there were 121 pregnant women admitted to treatment in 2019.

Figure 60. Number of Women Pregnant at Admission in Rhode Island in 2019



Source: TEDS, 2019

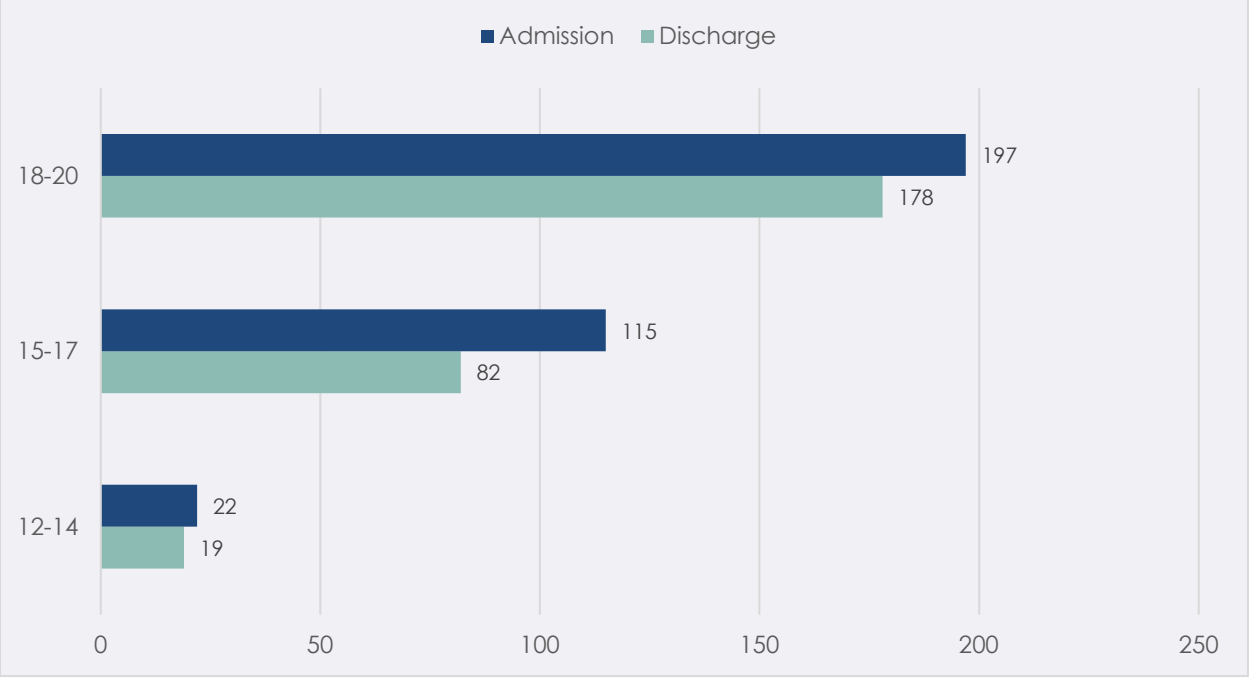
Number of Beds for Underage Youth

No data available.

Number of Beds Filled by Underage Youth – figure 61

The next figure shows youth admissions and discharges and has data broken down by age. The data show the greatest number of admissions and discharges were among young adults.

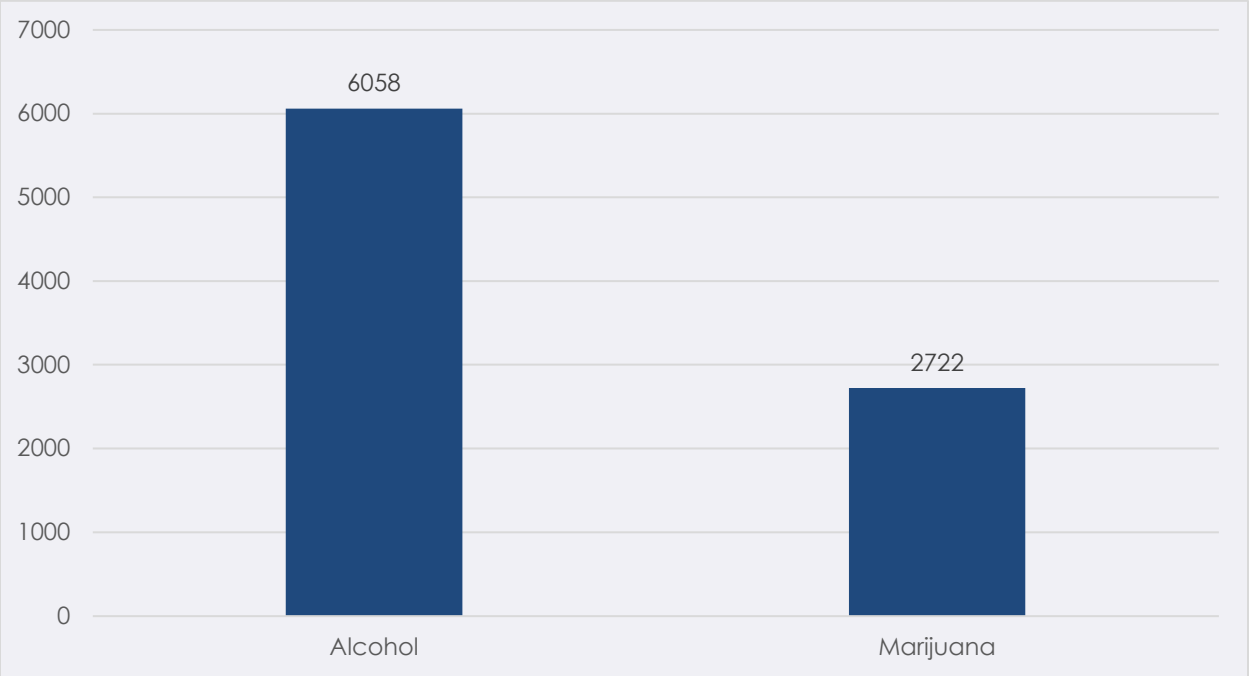
Figure 61. Number of Youth Admissions and Discharges in Rhode Island in 2019



Source: TEDS, 2019

Number of Admissions by Substance of Choice

Figure 62. Number of Admissions by Alcohol and/or Marijuana Reported at Admission in Rhode Island shows alcohol admissions are more than double marijuana admissions.



Source: TEDS, 2019

Number of Underage People on Waiting List for Admission

No data available.

Number of Local Tobacco Session Programs (AND VAPING)

No data available.

Number of Participants in Tobacco Cessation Programs (AND VAPING)

No data available.

Number of Youth Who Attempted to Quit Tobacco (AND VAPING)

No data available.

Number of Adults Who Attempted to Quit Tobacco (AND VAPING)

No data available.

H. Prevention Initiatives

In this section once again, we use our scorecard data to show training data and evidence-based practices provided in each community.

Table 10. Alcohol Vendor Trainings – two types of trainings are possible – some communities offer a version of the State RBS trainings while others offer locally tailored programs.

	Locally Provided State Training	Locally-Tailored Annual Training
Barrington	✗	✓
Bristol	✗	✓
East Providence	✗	✗
Warren	✓	✗

Figures 63-66 identify which communities have curriculums and local policy and enforcement. Barrington scored higher than the other three communities on these measures.

Figure 63. Barrington: Evidence-Based Practices

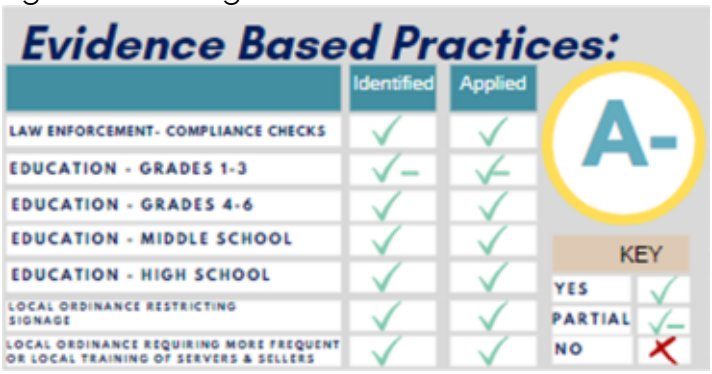


Figure 64. Bristol: Evidence-Based Practices

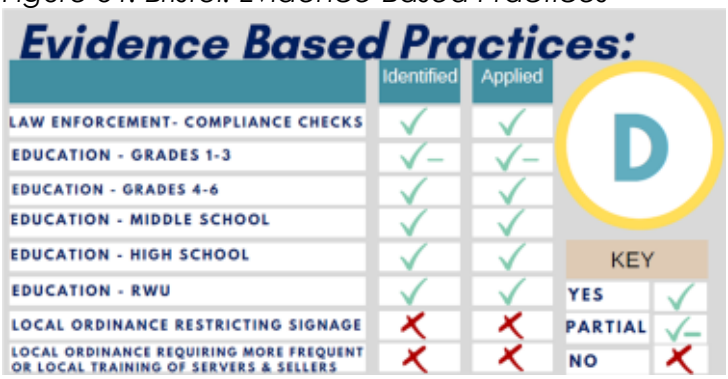


Figure 65. East Providence: Evidence-Based Practices

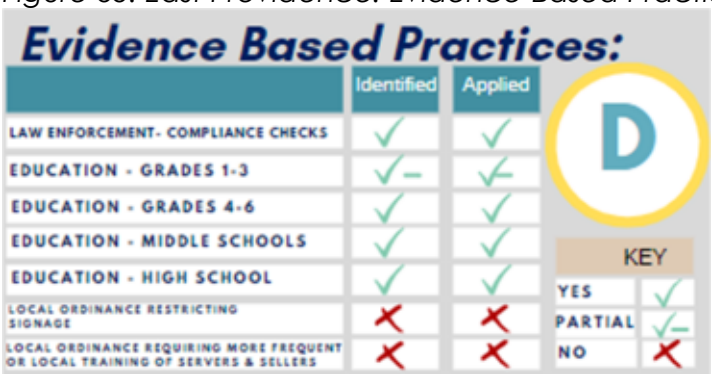
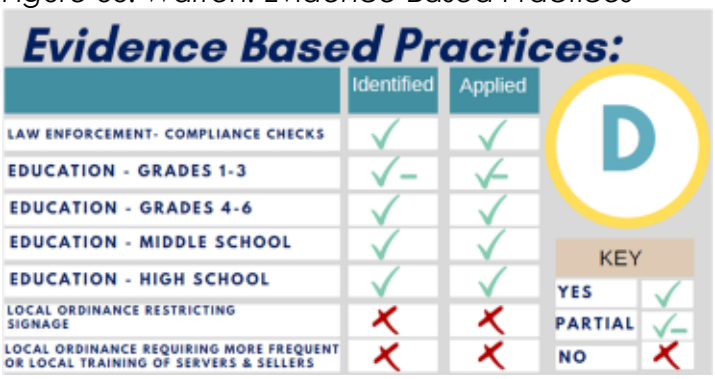


Figure 66. Warren: Evidence-Based Practices



R5 East Bay Regional Grant

The East Bay Regional Coalition supports and runs a number of prevention efforts across a variety of programs.

- Mental Health
  - RULER - Social/Emotional Learning
  - CHOICES Youth Group
  - Bristol Mt. Hope Bridge Signs of Suicide
  - Student Assistance Counselors
  - HOPE Club Youth Group
  - Chain Reaction
  - Mental Health First Aid (MHFA)
  - Stronger Together
  - It's Time We Talk
  - Mental Health Signage
  - Day of Caring Events
  - Coffee and Chat
- Substance Use
  - Compliance Checks
  - Party Patrols
  - Class A and B Servers/Sellers Annual Training
  - Youth Awareness Class
  - Protecting You/Protecting Me
  - Project Alert
  - STAAND Group (Students Taking Action Against Negative Decisions)
  - Project SUCCESS
  - CHOICES - Youth Group
  - Project Northland
  - SBIRT
  - Student Assistance Counselors
  - VAASA group (Varsity Athletes Against Substance Abuse)
  - Delta 9
  - Class Action
  - 3rd Millennium Classrooms
  - HOPE Club Youth Group

- Chain Reaction
- Life of an Athlete
- Local Responsible Beverage Training
- Server Trainings
- School Policy
- Local Ordinances
- Life Skills
- Media Ready
- Sticker Shock Campaigns
- Alternative Activities
- Merchant Education
- STARS Retail Surveys
- East Bay Regional Youth Council
- Drug Take Back Efforts
- Education Campaigns
- Count It, Lock It, Drop It Campaigns
- Support for Collaborating Organizations

Number of Parent Programs
Prevention initiatives that address parents include the following:

- Active Social Media Messaging Education
- Radio and TV campaigns
- Hidden In Plain Sight
- Parent Resources Distributed at Schools and Open Houses
- It's Time We Talk
- Overdose Awareness Events
- Recovery Support
- Substance Use Support Groups
- Day of Caring
- Volunteer Opportunities

Number of Substance-Free Programs/Activities for Youth
There are currently 19 substance-free programs that address activities and prevention initiatives for youth.

Number of Substance Abuse Prevention Organizations
Barrington has more than 23 prevention organizations that it works with in its prevention efforts.

Barrington:

- Bayside Family YMCA
- Barrington School District
- Health and Wellness Committee
- Town Council School Committee
- School Administration
- Police Department
- Barrington Public Library

- Barrington Senior Center
- Age Friendly
- Barrington Recreation Department
- Arts Alive!
- Faith community
- TAPIN Food Pantry
- Business Association
- Liquor Retailers
- Plus: Barrington Human Resources Department
- Barrington Wellness Committee
- Atria Senior Living
- TFRI
- Community Support Coalition & Other East Bay Coalitions
- Tobacco Retailers
- Cumulus
- East Bay Media Group

Town of Bristol

The town of Bristol works with more than 18 organizations in its prevention efforts.

- Bristol Police Department
- Bristol Fire & Rescue
- Bristol Parks & Recreation
- Bristol Rotary
- East Bay Recovery Center
- St. Mary's Church
- Bristol Warren School Department
- STAAND
- Youth Driven
- MADD RI
- Bristol Elks Club
- Franklin Court Assisted Living
- Bristol Health Equity Zone
- Tobacco Free Rhode Island
- Roger Williams University
- VFW
- Our other East Bay Coalitions
- Alcohol and Tobacco Retailers

East Providence

The city of East Providence works with more than 18 other organizations in its prevention efforts.

- EP Health Equity Zone
- East Bay Recovery Center

- East Bay Regional Coalition
- City of EP
- East Providence Public Library
- East Providence Jr. Townies
- Boys &Girls Club
- Bradley Hospital
- East Providence School Department
- Trinity Tabernacle
- East Providence Police Department
- East Providence Recreation Department
- Senior Center
- Good Neighbors
- Newman YMCA
- Our other East Bay coalitions
- Alcohol and Tobacco retailers
- Cumulus

Town of Warren

The town of Warren works with more than 17 organizations in its prevention efforts.

- Warren Police Department
- Warren Fire Department
- EBCAP
- East Bay Center
- East Bay Recovery Center
- Chamber of Commerce
- Rotary Club
- Lyons Club
- St. Mary's of the Bay Church
- Bristol-Warren Regional School District
- Bristol Prevention Coalition
- Hope and Cope
- Hope and Main
- Warren HEZ
- Warren Recreation Department
- Our other East Bay Coalitions
- Alcohol and tobacco retailers

Number of Responsible Beverage Server Trainings

There are currently three opportunities in the East Bay region for responsible beverage server trainings. The East Providence and Warren prevention coalitions facilitate locally provided state trainings. The Barrington prevention coalition promotes and facilitates a locally tailored annual training.

I. Risk or Protection Factors

Figure 67. Perception of Disapproval of Alcohol in Barrington – Perceived parent disapproval remained high and fairly consistent while perceived peer disapproval decreased as the school grade increased.

Source: Rhode Island Student Survey, 2020

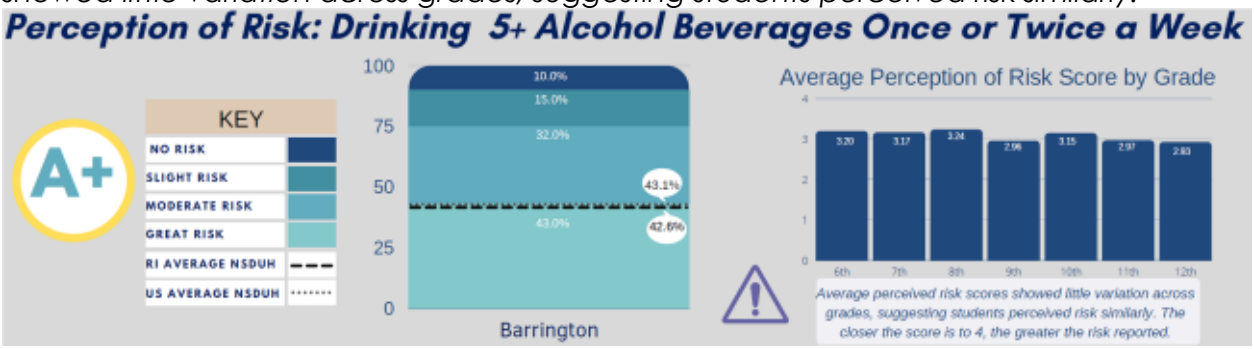
Figure 68. Perception of Disapproval of Alcohol in East Providence – Perceived parent disapproval remained high and fairly consistent while perceived peer disapproval decreased as the school grade increased.

Source: Rhode Island Student Survey, 2020

Figure 69. Perception of Disapproval of Alcohol in Bristol/Warren – Perceived parent disapproval remained high and fairly consistent. Perceived peer disapproval decreased noticeably between 9th and 10th grades.

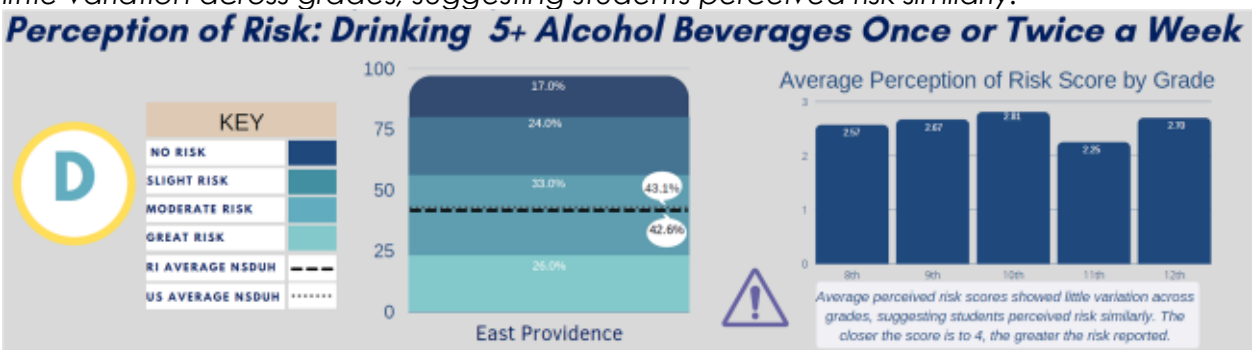
Source: Rhode Island Student Survey, 2020

Figure 70. Perception of Risk of Alcohol in Barrington- Average perceived risk scores showed little variation across grades, suggesting students perceived risk similarly.



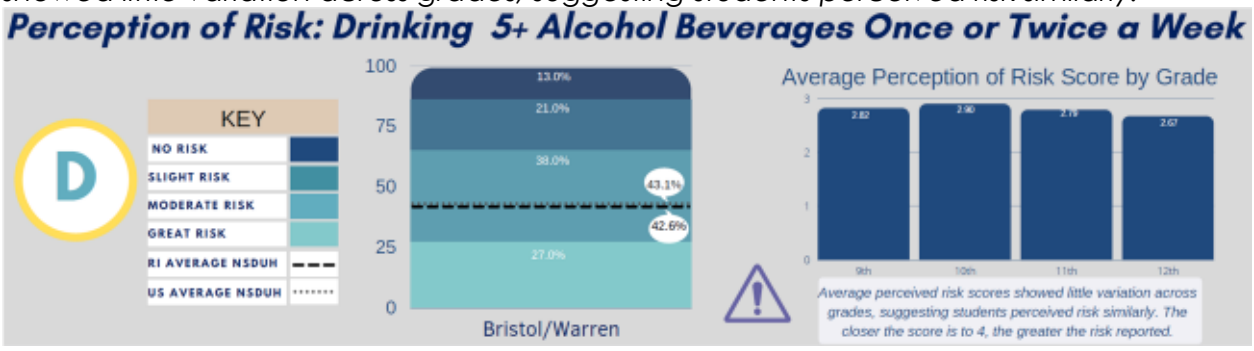
Source: Rhode Island Student Survey, 2020

Figure 71. Perception of Risk of Alcohol in East Providence – Average perceived risk shoed little variation across grades, suggesting students perceived risk similarly.



Source: Rhode Island Student Survey, 2020

Figure 72. Perception of Risk of Alcohol in Bristol/Warren – Average perceived risk scores showed little variation across grades, suggesting students perceived risk similarly.

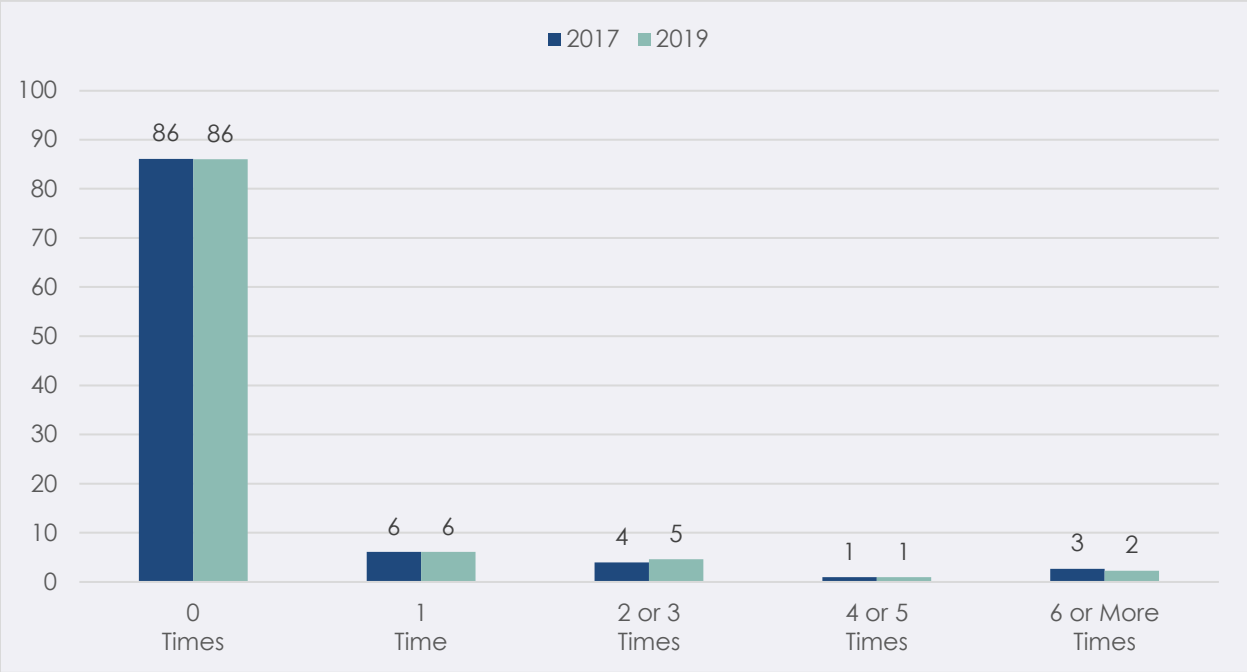


Source: Rhode Island Student Survey, 2020

Youth Risk Behavior Survey

The YRBS does not ask the typical SPF model risk and protective factor-type questions. However, it does ask about getting in a car with an impaired driver, which we have included here. The data show that 14% of youth reported they had gotten in a car driven by someone who had been drinking. The majority (6%) had done it only once but the rest had done it multiple times with 2% reporting they had gotten in a car driven by someone who had been drinking at least 6 or more times.

Figure 73. Percent of Students who Reported Riding in a Car or Other Vehicle Driven by Someone who had Been Drinking Alcohol – Most students do not report this behavior



Source: Youth Risk Behavior Survey, 2017 and 2019

Youth Behavior and Attitude Toward Substance Use Survey

Not able to locate this survey.

Adult Risk Behavior Survey

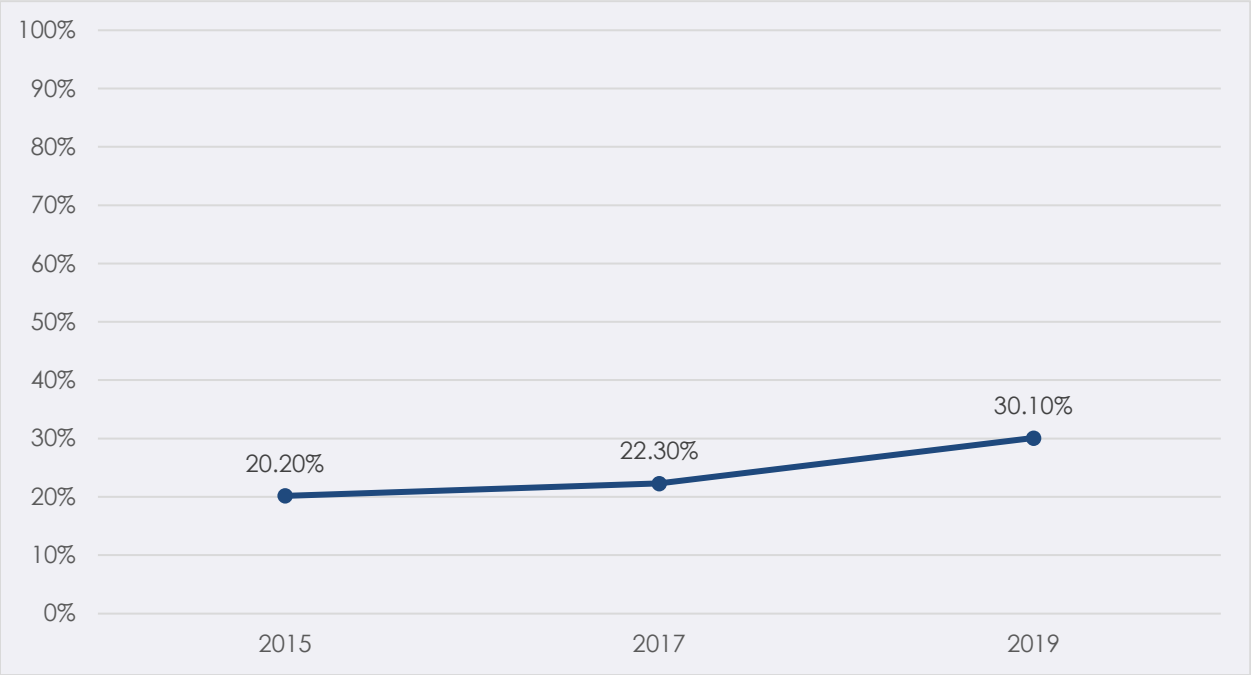
According to the 2020 Behavioral Risk Factor Surveillance System, in the Providence-Warwick area, 15% of adults reported binge drinking and 6% met criteria for heavy drinking. Two percent of respondents reported driving after having too much to drink. The reader should note that this data is only available at the "metro" area and therefore does not necessarily mirror binge drinking, heavy drinking and driving after drinking too much in the East Bay area.

Adult Behavior and Attitude Toward Substance Use Survey

We were not able to locate the Adult Behavior and Attitude Toward Substance Use Survey. We present cigarette use data from the YRBS as a substitute for this measure.

Number of Current Cigarette Use Among Students

Figure 74. Percent of Current Cigarette Use Among Students, in Rhode Island has increased from 2015-2019



Source: Youth Risk Behavior Survey, 2015-2019

Number of Current Cigarette Use Among Adults

According to the Behavioral Risk Factor Surveillance Survey (BRFSS), in 2015 15.5% of Rhode Island Respondents reported currently smoking cigarettes compared to 13.5% who reported smoking cigarettes in 2020.

Number of Current Cigar Use Among Students

Figure 75. Percent of Current Cigar Use Among Students, in Rhode Island decreased considerably from 2017-2019, and since 2007.

Source: Youth Risk Behavior Survey, 2007-2019

Number of Current Cigar Use Among Adults

No data available.

Number of Current Smokeless Tobacco Use Among Students

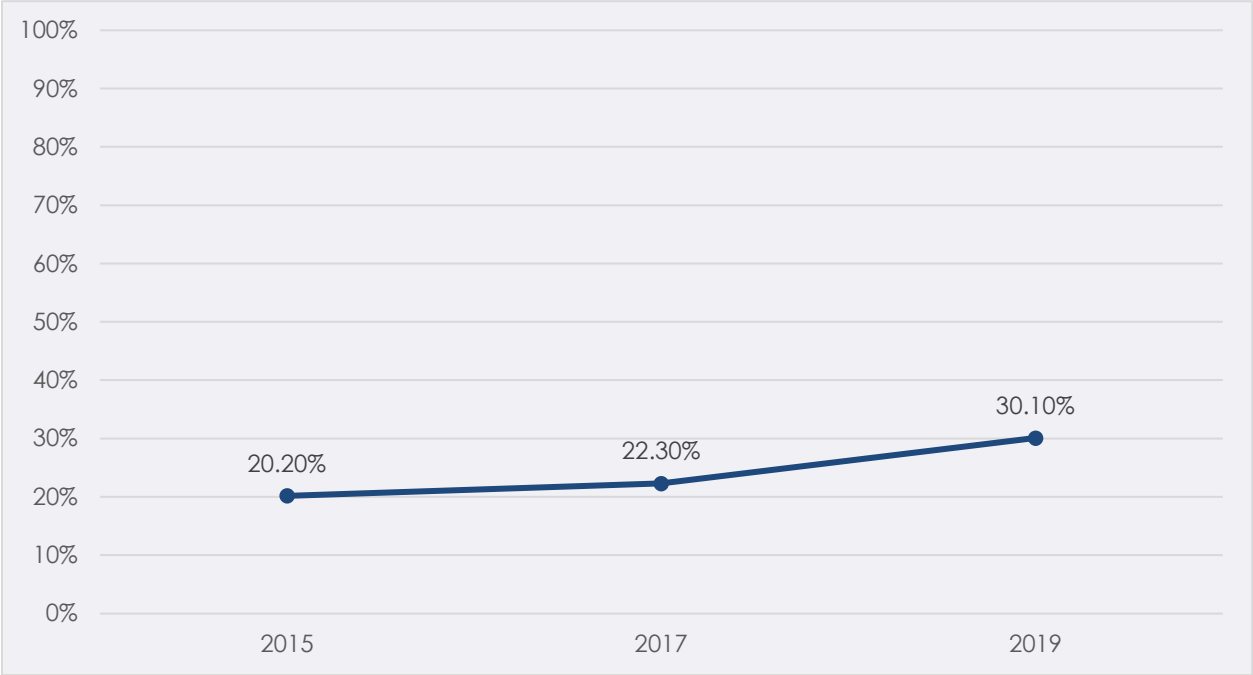
No data available.

Number of Current Smokeless Tobacco Use Among Adults

According to the Behavioral Risk Factor Surveillance Survey (BRFSS), in 2018, 1.8% of adults in Rhode Island used smokeless tobacco. In 2020, <1.0% (n=50) of respondents reported using smokeless tobacco.

Number of Current E-Cigarette Use Among Students

Figure 76. Percent of Current E-Cigarette Use Among Students, in Rhode Island has increased from 2015-2019



Source: Youth Risk Behavior Survey, 2015-2019

Number of Current E-Cigarette Use Among Adults

According to the 2017 BRFSS, 4.9% of Rhode Island adults used e-cigarettes some days or every day in 2017.

Depression Data Indicators

The needs assessment has shown a marked increase in mental health conditions. Unfortunately, the majority of the data available predate the pandemic, which worsened these conditions but has brought them into a brighter light in this round of the needs assessment. The planning meetings focused on mental health issues quite a bit and showed overwhelming just how much this is so. This was especially true among school staff and safety workers that attended the planning meetings.

A. School Data

We were able to identify a number of school data indicators to document depression-based need on the required indicator list.

1. Safety

The numbers are small and lower than the state numbers but a small percentage (roughly 5%) of students report they stayed home from school because they felt unsafe. The data were obtained from the Survey Works Survey administered by RIDE. This rate mirrors the state rates and is fairly consistent across years. YRBS data provide information statewide on youth who reported staying home because they do not feel safe going to or coming home from school.

The latest Kids Count Factbook data for 2022 showed that 4% of high school youth and 19% of middle school youth reported carrying a weapon to school. The percentages are

much smaller but the YRBS data show a slight uptick in the percentage of youth who reported bringing a weapon to school.

Students Reporting Feeling Safe at School
No data available.

Students Reporting Feeling Safe Going to and From School
No data available.

Students Reporting Feeling Safe at Home
No data available.

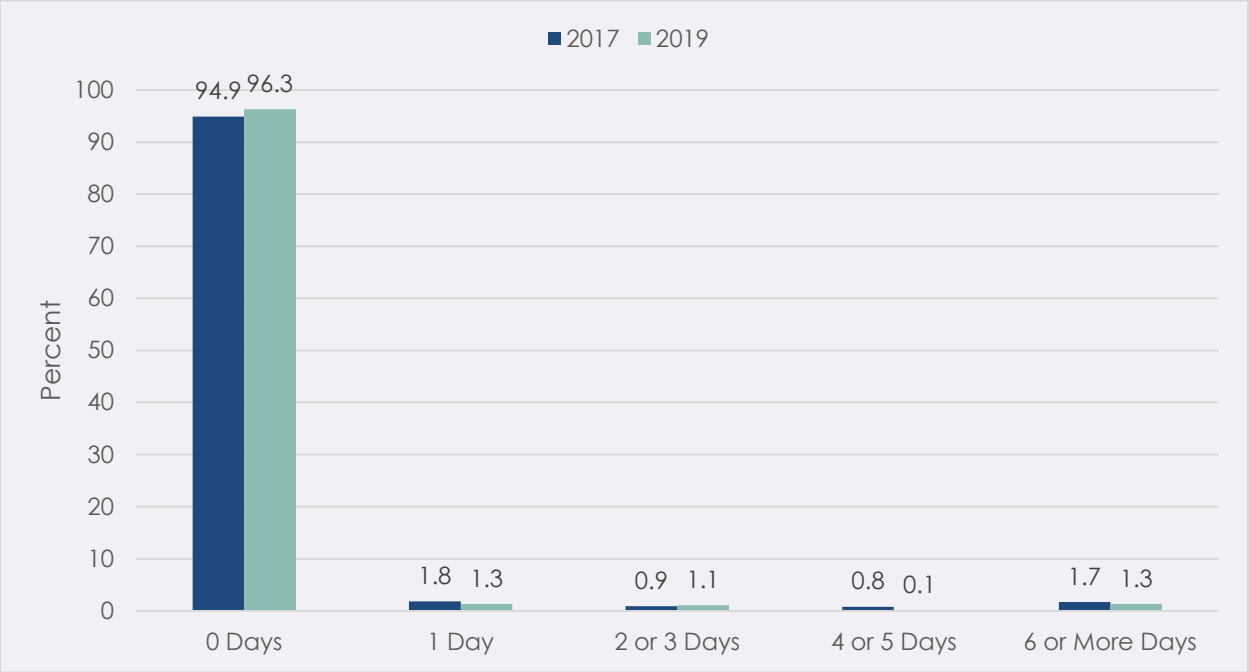
Students Reporting Bringing a Weapon to School
According the Rhode Island Kids Count Factbook, 2022, "Nationally and in Rhode Island, male students report higher rates of weapon carrying on school property and gun carrying than females."

Table 11. Percent of Students who Reported Carrying a Weapon in Rhode Island in 2019

	Females	Males	Total
High School Students (Past 30-Days)	3%	4%	4%
Middle School Students (Lifetime)	11%	26%	19%

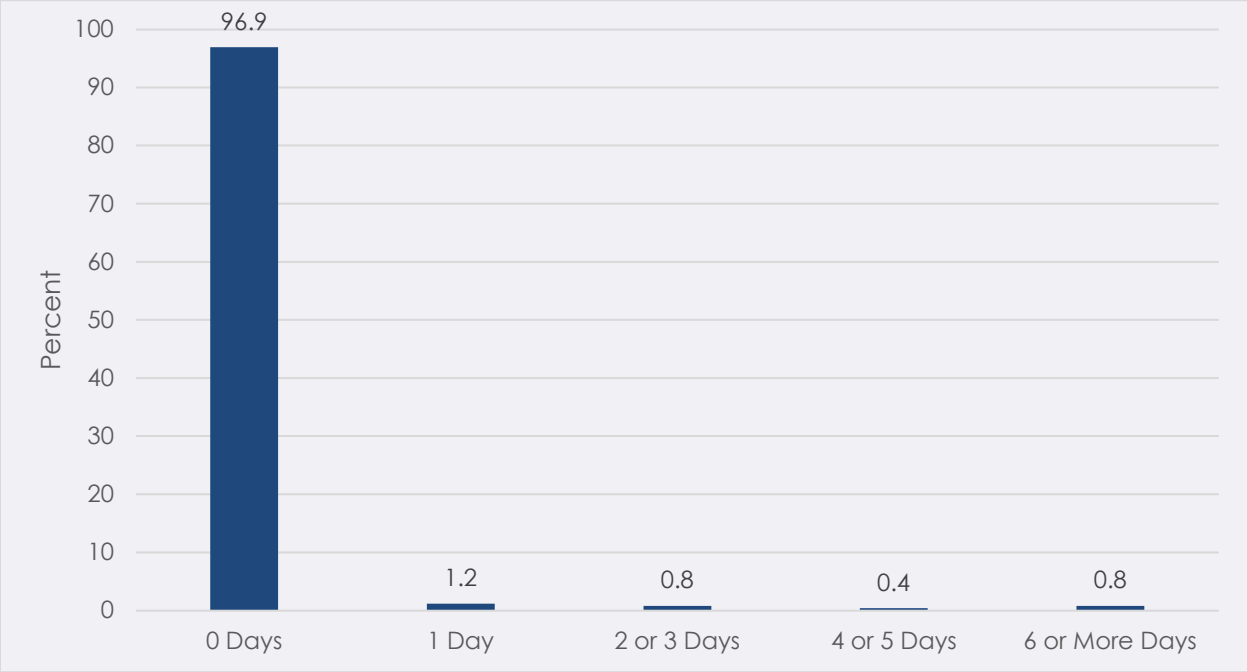
Source: RI Kids Count Factbook, 2022

Figure 77. Past 30-Day Percent of Students who Reported Bringing a Weapon to School in Rhode Island slightly decreased from 2017-2019



Source: Youth Risk Behavior Survey, 2017 and 2019

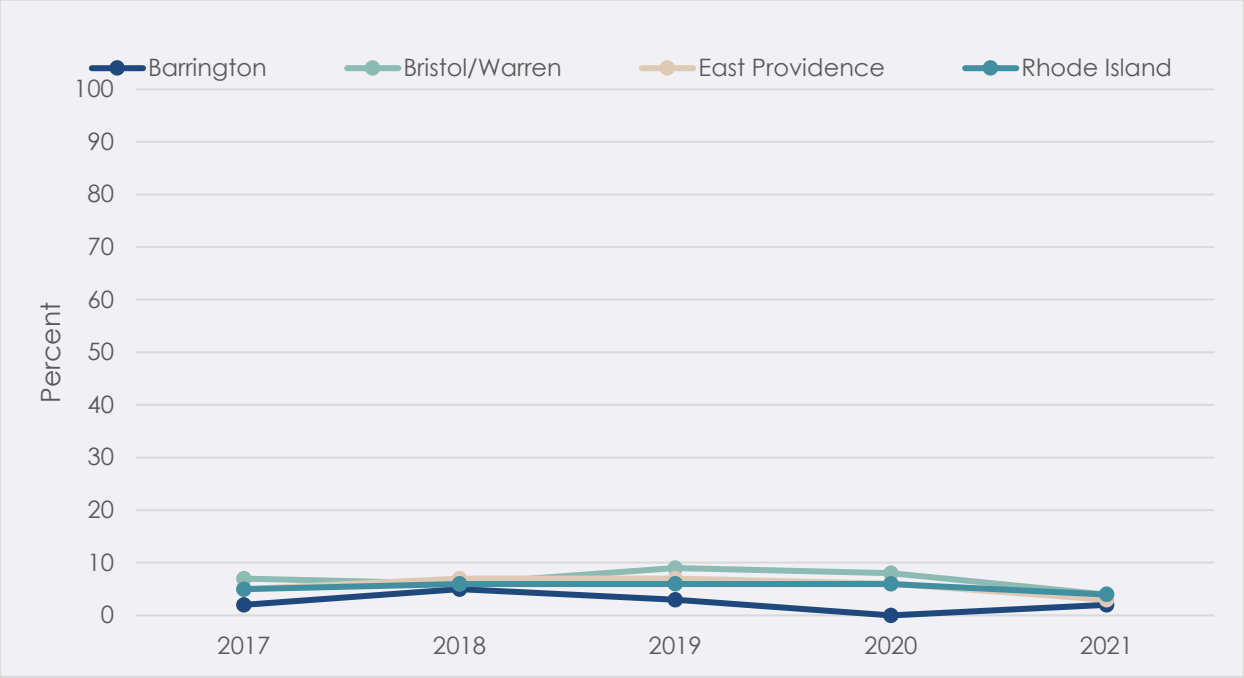
Figure 78. Past 30-Day Percent of Students who Reported Carrying a Gun in Rhode Island



Source: Youth Risk Behavior Survey, 2017

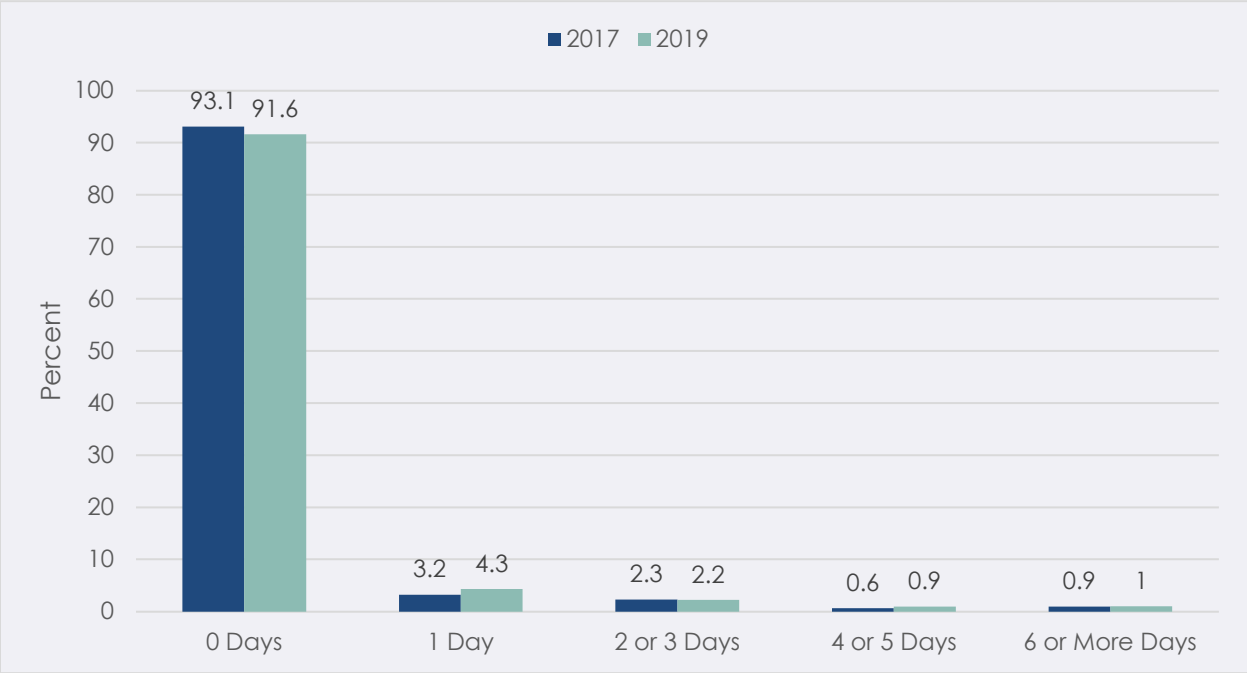
Students Reporting Staying Home from School Because Felt Unsafe

Figure 79. Students Reporting Staying Home from School Because They Felt Unsafe – all regional schools were under 10% with Barrington having the lowest percentage of students staying home due to feeling unsafe.



Source: Survey Works, Spring 2017-Spring 2021 Results

Figure 80. Percent of Students who Reported not Going to School because they Felt Unsafe at School or on Their Way to or From School in Rhode Island slightly increased from 2017-2019



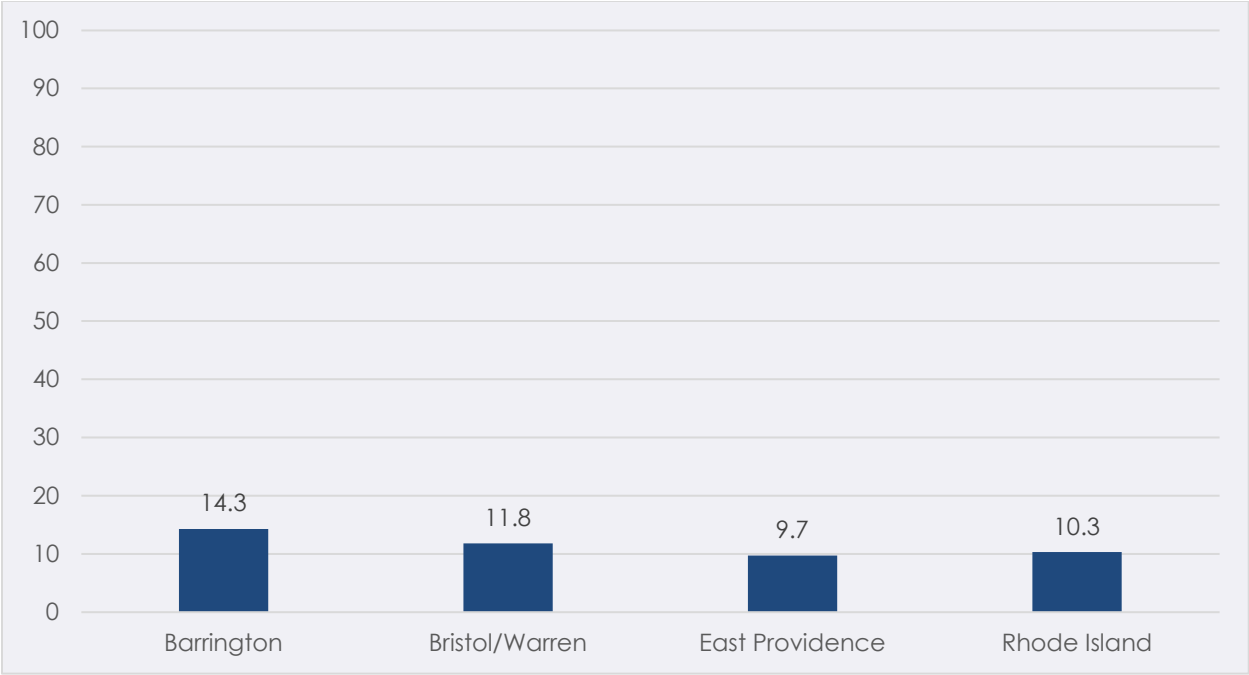
Source: Youth Risk Behavior Survey, 2017 and 2019

2. Bullying

Barrington had the highest rate (14.3%) for the percentage of students who reported ever spreading rumors or lies. Bristol-Warren fell in the middle and East Providence was slightly lower than the state rate on this measure. The cyber-bullying rates in the East Bay region are in line with the state rates, except in Bristol-Warren where they are slightly higher. The percentages of students who reported being victims of bullying dropped substantially. This may be an artifact of the impact COVID has had on school attendance, however as a similar trend can be seen in the state as whole.

Student Reports of Spreading Rumors or Lies

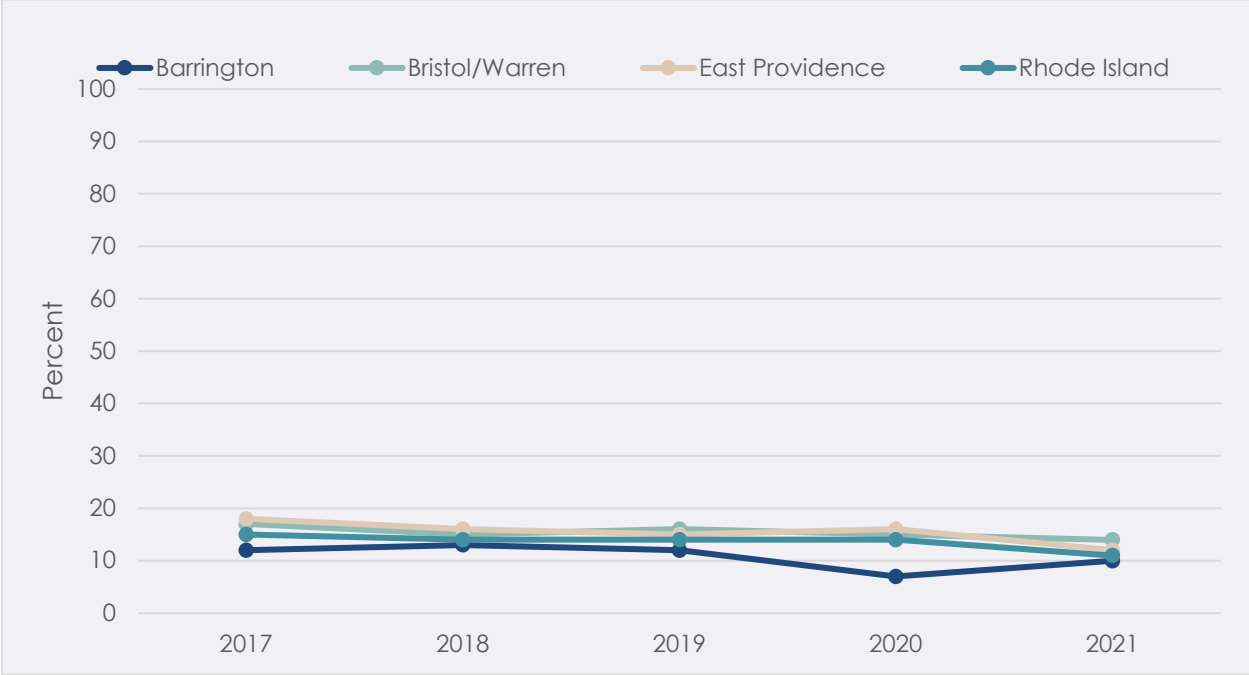
Figure 81. Percent of Students who Reported Ever Spreading Rumor or Lies – Barrington and Bristol/Warren were higher than the state average, while East Providence was slightly lower than RI overall.



Source: Rhode Island Student Survey, 2020

Student Reports of Cyber-Bullying or Social Media Harassment

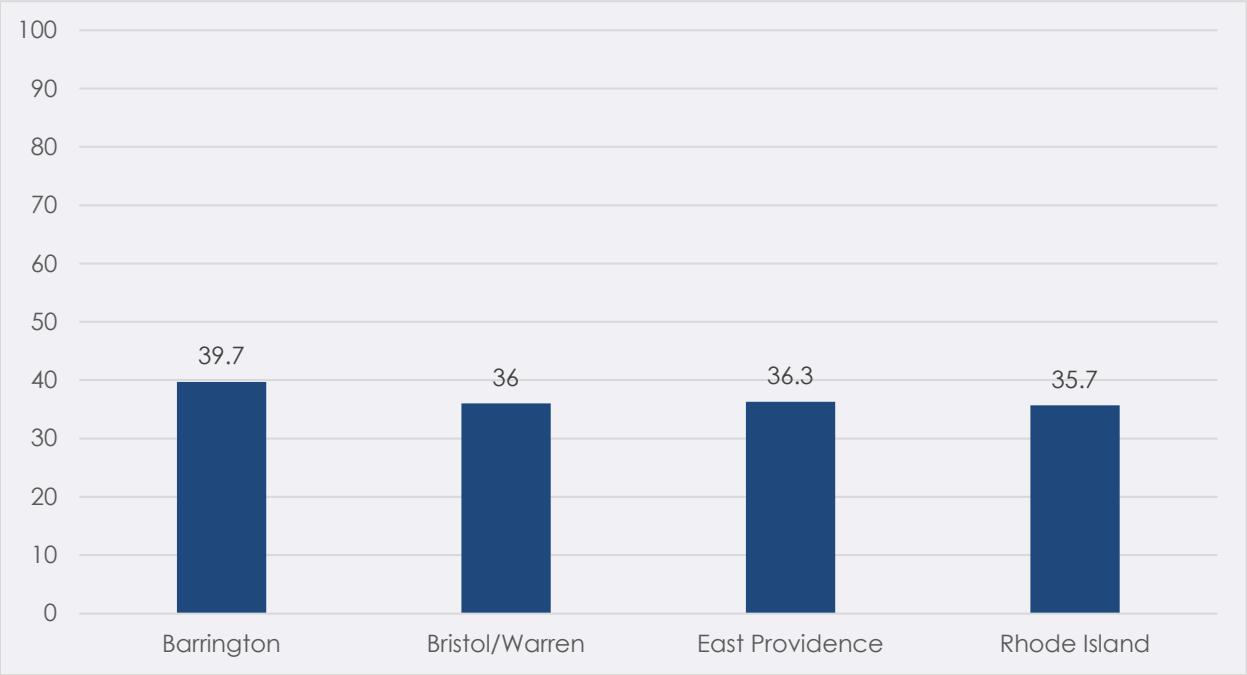
Figure 82. Student Report of Being Bullied Online in the Past 12-Months – Between 10-20% of students reported being bullied online with Bristol/Warren the highest and Barrington the lowest in 2021.



Source: Survey Works, Spring 2017-Spring 2021 Results

Student Reports of Having Been Made Fun of at School

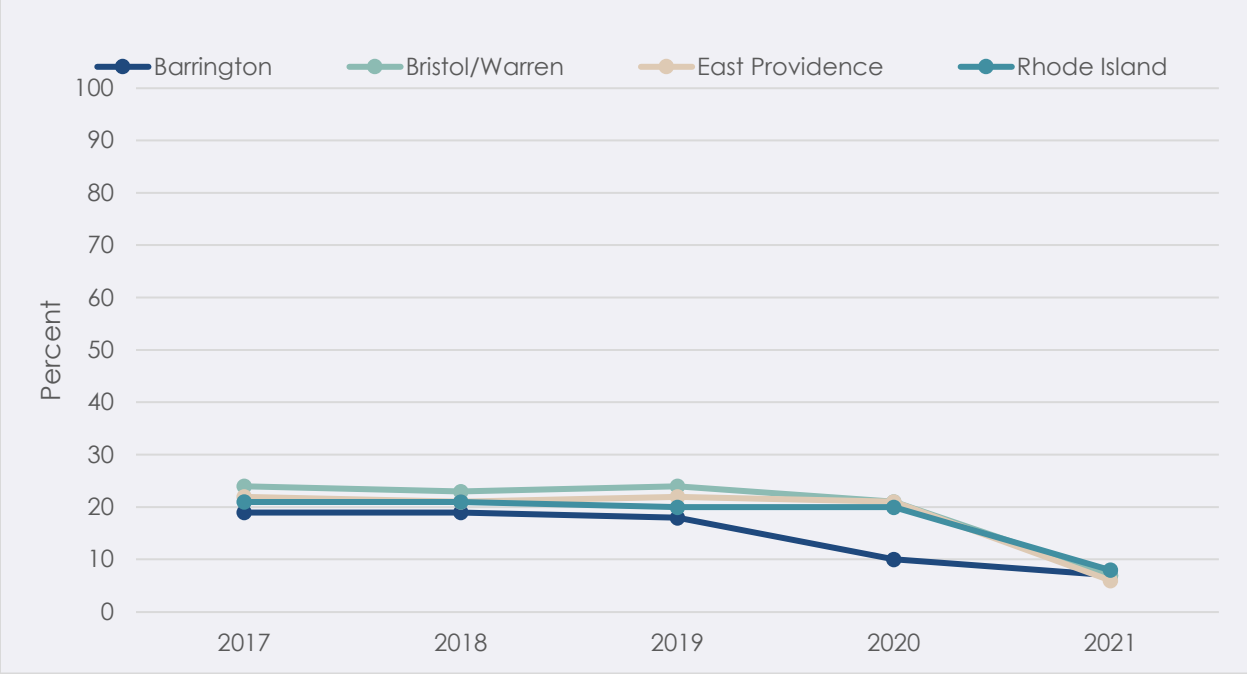
Figure 83. Percent of Students who Reported Making Fun of Someone – East Bay schools all reported a slightly higher percentage than RI overall.



Source: Rhode Island Student Survey, 2020

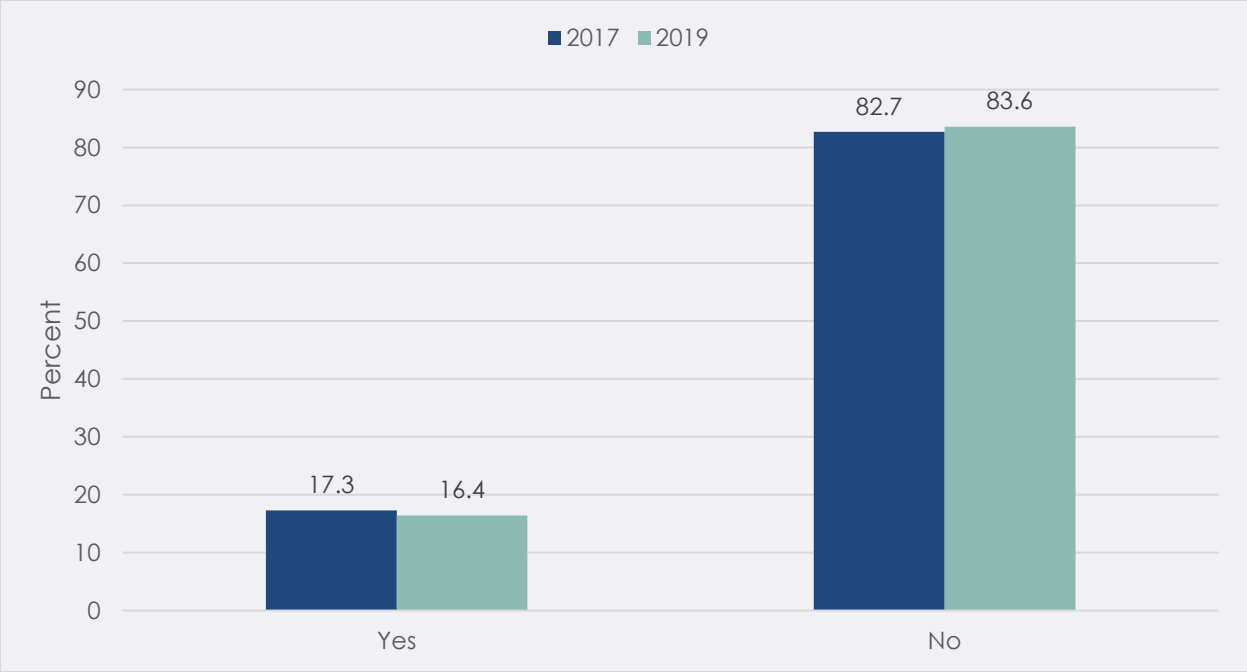
Student Reports of Having Been a Victim of Bullying

Figure 84. Student Report of Being a Victim of Bullying on School Property in the Past 12-Months – while some slight variation between the towns occurred in previous years, in 2021, all decreased and were similar to the RI percent.



Source: Survey Works, Spring 2017-Spring 2021 Results

Figure 85. During the Past 12-Months, Percent of Students who Reported Being Bullied on School Property in Rhode Island slightly decreased from 2017-2019.



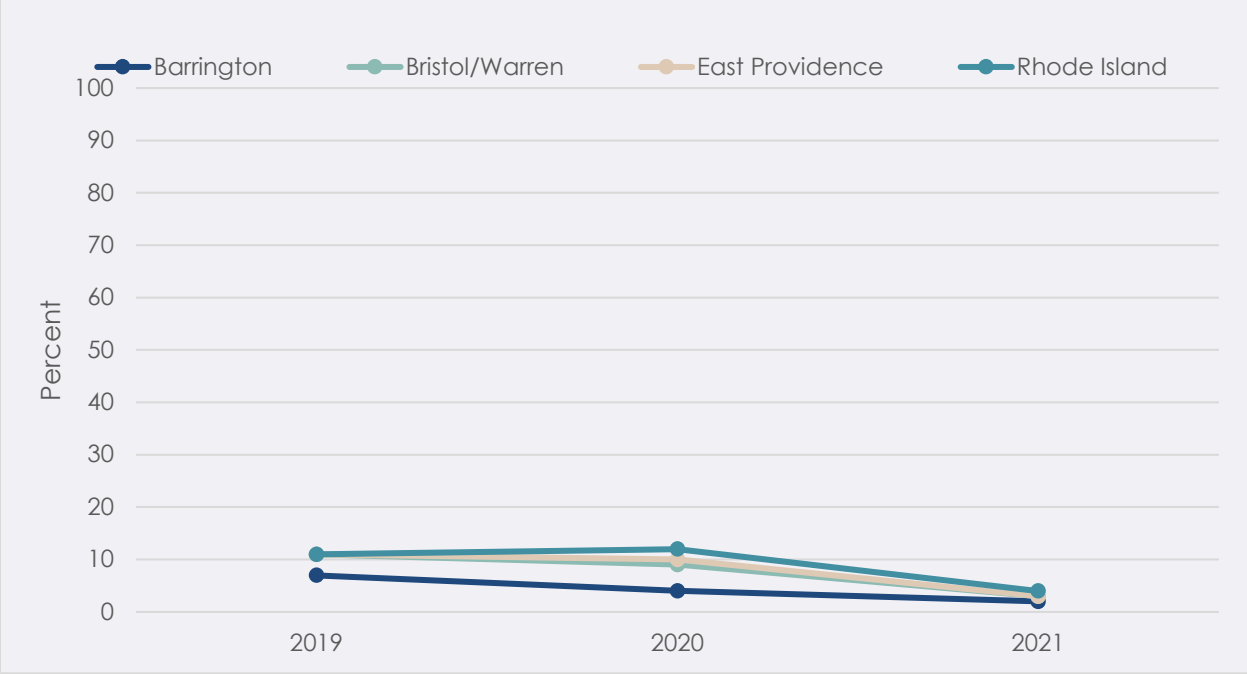
Source: Youth Risk Behavior Survey, 2017 and 2019

Student Reports of Having Been Threatened with a Weapon

No data available.

Student Reports of Having Been in a Physical Fight

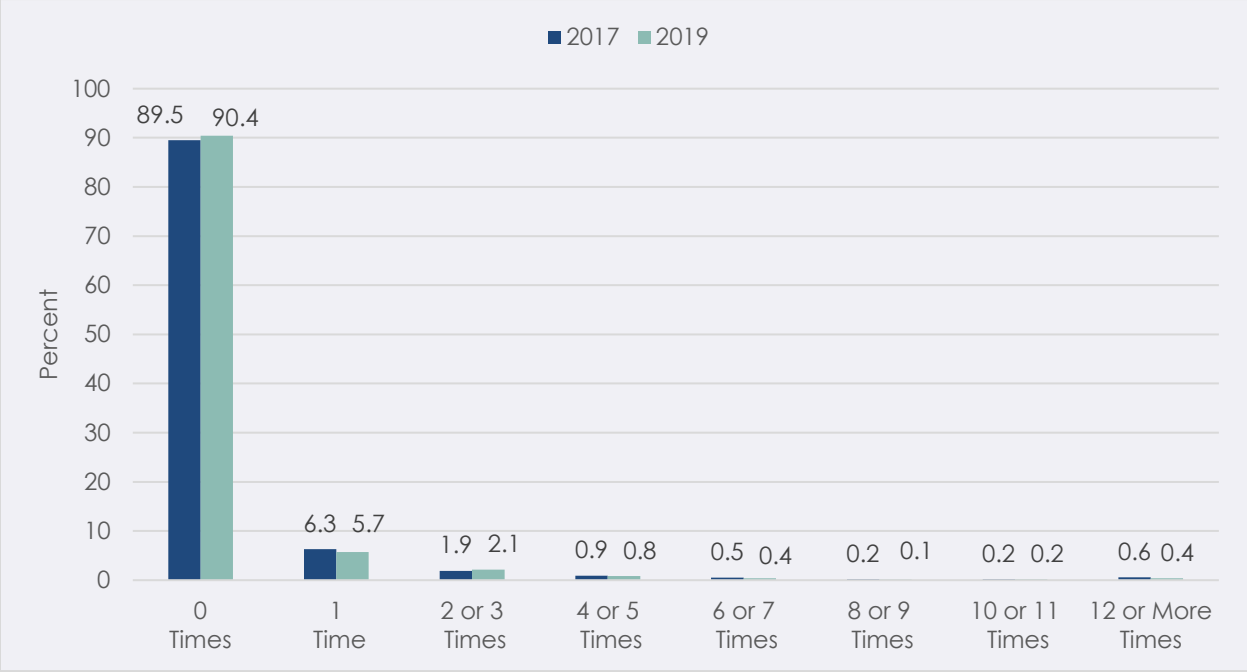
Figure 86. Student Report Having Been in a Physical Fight, in the Past 12-Months decreased for all East Bay schools.



Source: Survey Works, Spring 2019-Spring 2021 Results

**Note: Question regarding having been in a physical fight was added to the survey in the spring of 2019*

Figure 87. During the Past 12-Months, Percent of Students who Have Reported Being in a Physical Fight on School Property in Rhode Island also decreased slightly between 2017-2019.



Source: Youth Risk Behavior Survey, 2017 and 2019

Students Disciplined for Bullying

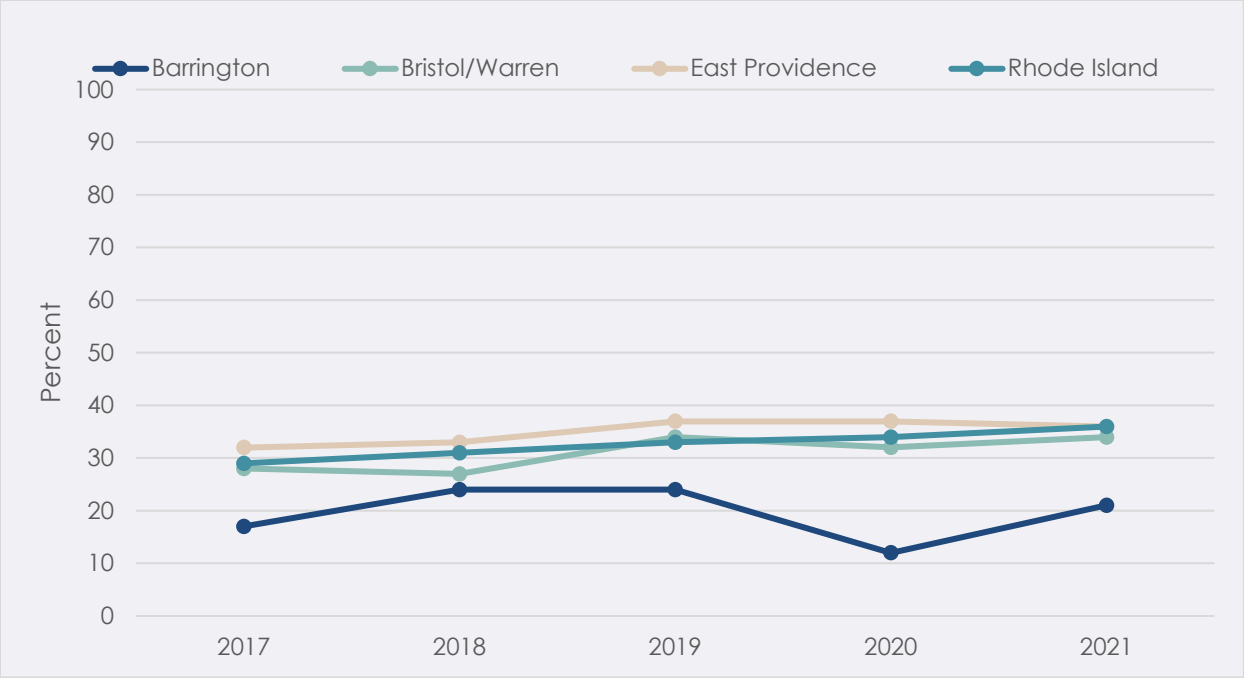
No data available.

3. Mental Health

Mental health school data from the Survey Works survey show that there has been an increase in the percentage of youth reporting they felt sad or hopeless in the past 12 months (figure 88).

Student Reports of Having Felt Very Sad or Hopeless

Figure 88. Student Reports of Having Felt Very Sad or Hopeless, in the Past 12 Months



Source: Survey Works, Spring 2017-Spring 2021 Results

Student Reports of Having Felt Very Grouchy or Irritable

No data available.

Student Reports of Sleep or Appetite Changes

No data available.

Student Reports of Missing Class Due to Mood Issues

No data available.

Student Reports of Self-Harm

No data available.

Student Reports of Contemplating or Attempting Suicide

See data presented in the Suicide Indicator section below.

Student Visits to Nurses, Counselors, or Others for Guidance

No data available.

Adult Reports of Feeling Down, Depressed, or Hopeless

As this is the school data section of the Depression indicators (Depression, A. School Data), we reported this data for adults in the Suicide section under E. Survey Data (Suicide, E. Survey Data).

Adult Reports of Having Little Interest or Pleasure in Doing Things

As this is the school data section of the Depression indicators (Depression, A. School Data), we reported this data for adults in the Suicide section under E. Survey Data (Suicide, E. Survey Data).

Adult Reports Ever Told They Have Anxiety or Depressive Disorder by Doctor

As this is the school data section of the Depression indicators (Depression, A. School

Data), we reported this data for adults in the Suicide section under E. Survey Data (Suicide, E. Survey Data).

B. Suicide Ideation and Self-Harm

Hospitalizations or ED Visits for Self-Harm

No data available.

Hospitalizations of ED Visits for Suicide Attempts

No data available.

C. Treatment

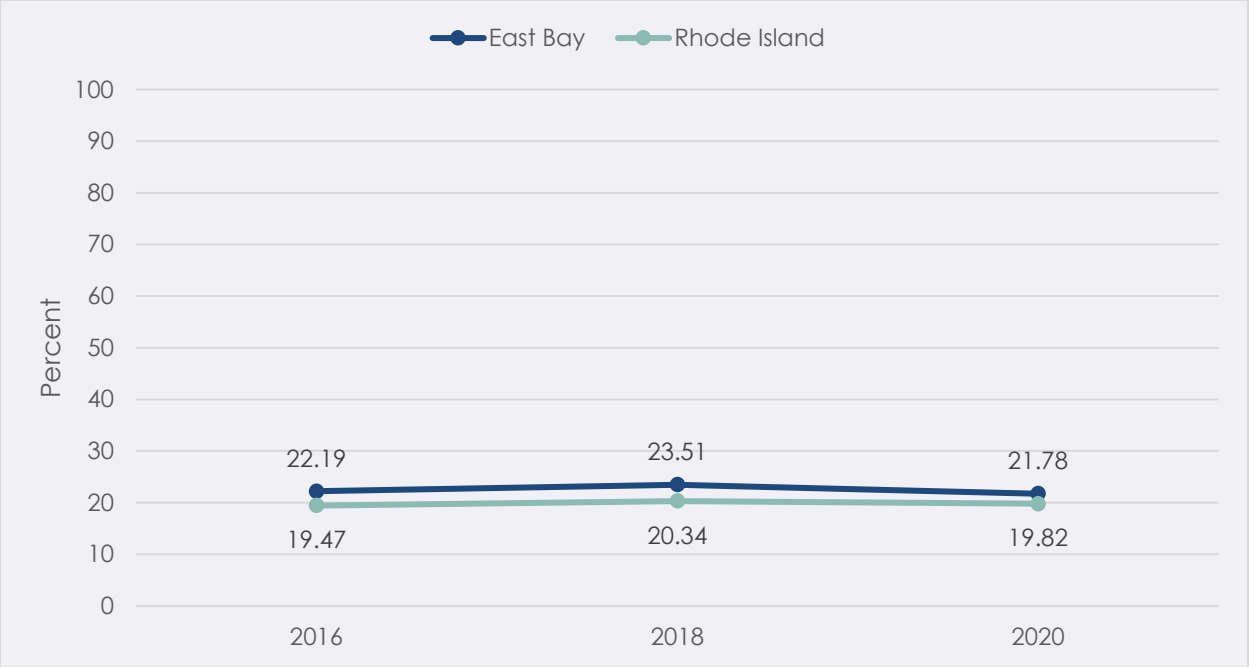
We were not able to locate specific Rhode Island and specific East Bay treatment data. Our guidance resource indicates that BHDDH will provide this data for the communities.

We were able to locate national data that speak to the magnitude of mental health wellness, the unmet need for treatment, and the insurance status of those in need of treatment. According to the data collected in 2019 by Mental Health America (MHA) for its report "The State of Mental Health in America," out of the over 50 million Americans living with mental illness, 24.7% have an unmet need for treatment. More than half of adults with a mental illness do not receive treatment. Only 27% of youth with severe depression who receive some treatment receive constant care. Roughly eight percent of children had private insurance that did not cover mental health services. Just over 11% of Americans with a mental illness are uninsured. Well over 10% of youth (10.6%) in the U.S. have severe major depression. This rate is higher, 14.5% compared to 10.6%, among youth who identify as more than one race.

Figure 89. Location of the three Mental Health Treatment Facilities in the East Bay Region

Source: Policy Map and SAMHSA, 2019

Figure 90. Percent of Adults (18+) who Received Mental Health Services in the Past Year is slightly higher in the East Bay versus RI.



Source: National Survey on Drug Use and Health, 2016-2020

Number of Beds Available, All Ages
No data available.

Number of Beds Filled, All Ages
No data available.

Number of Beds Available, Pregnant Women
No data available.

Number of Beds Filled, Pregnant Women
No data available.

Number of Beds Available, Post-Partum Women
No data available.

Number of Beds Filled, Post-Partum Women
No data available.

Number of Beds Available, Underage Youth
No data available.

Number of Beds Filled, Underage Youth

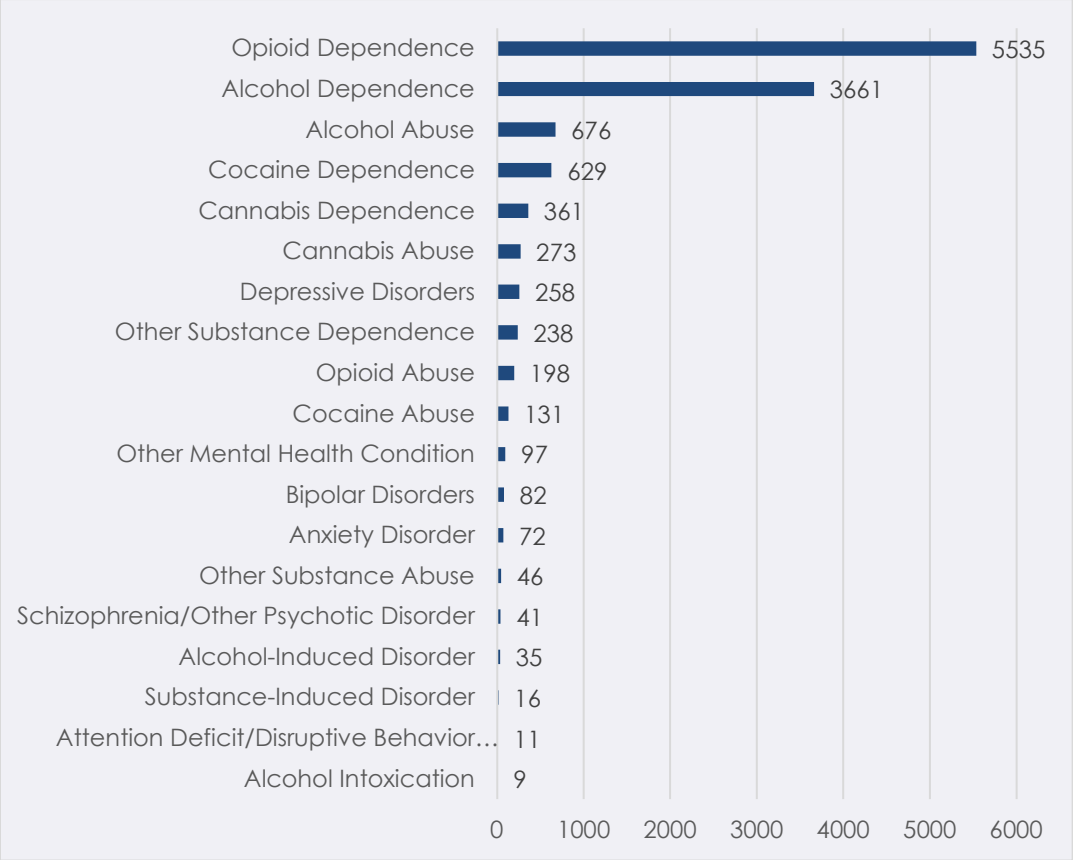
Table 12. Number of Youth (<18 Years Old) Treated at RI Psychiatric Hospitals from October 2020-September 2021, including at Bradley Hospital, located in the East Bay.

	Bradley Hospital				Butler Hospital	
	General Psychiatric Services		Developmental Disabilities Program		Adolescent Psychiatric Services	
	# Treated	Average Length of Stay	# Treated	Average Length of Stay	# Treated	Average Length of Stay
Inpatient	607	27 days	100	55 days	606	9 days
Residential	225	49 days	36	4.7 years	--	--
Partial Hospitalization	600	36 visits	140	36 visits	758	6 visits
Home-Based	0	NA	21	15 visits	--	--
Other	1156	Not Available	29	Not Available	251	NA

Source: RI Kids Count Factbook, 2022

Number of Depression-Related Admissions

Figure 91. Number of Treatment Admissions in Rhode Island in 2019 by Diagnosis shows opioid dependence is the leading cause followed by alcohol dependence.



Source: TEDS, 2019

Number on Waitlist for Admission

No data available.

D. Prevention Initiatives

The East Bay Regional Coalition supports and runs a number of mental health prevention efforts that support depression-related initiatives across a variety of programs, including:

- RULER - Social/Emotional Learning
- CHOICES Youth Group
- Bristol Mt. Hope Bridge Signs of Suicide
- Student Assistance Counselors
- HOPE Club Youth Group
- Chain Reaction
- MHFA
- Stronger Together
- Coffee and Chat
- It's Time We Talk
- Mental Health Signage
- Community Resource Brochures

Number of Parent Programs

There are currently no depression-based parent programs at this time.

Number of Bullying Prevention Organizations

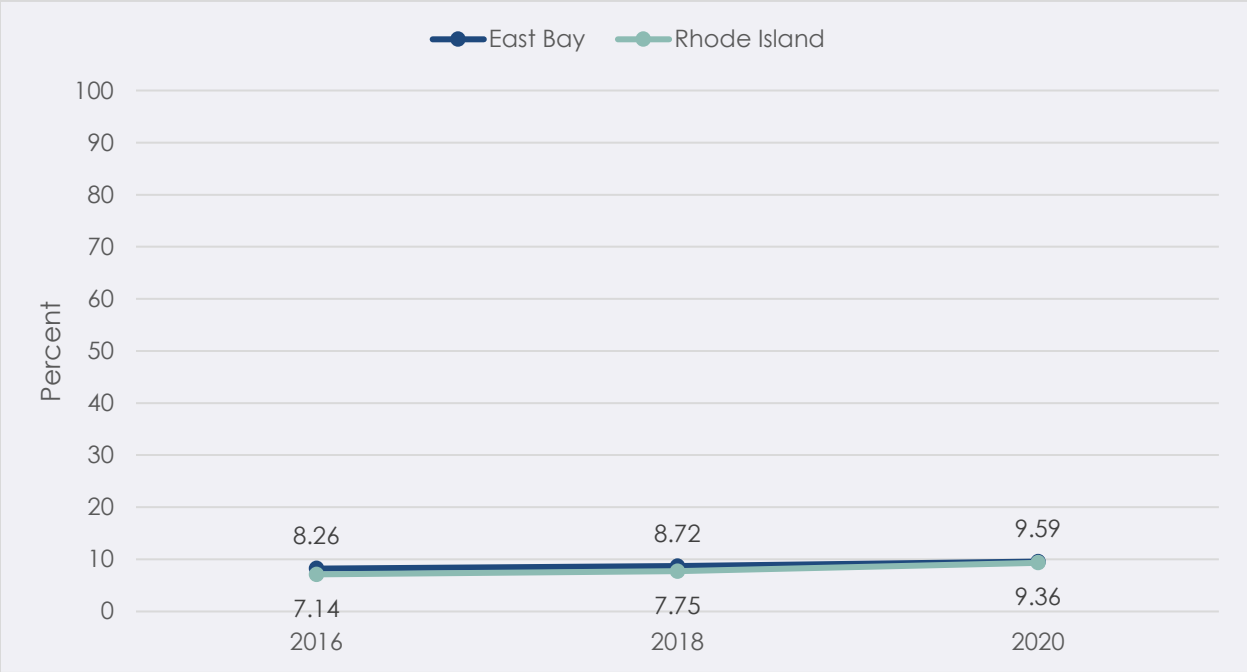
There are currently two programs that address bullying: CHOICES and RULER.

Number of Depression Awareness Programs

There are currently two programs that address depression awareness: MHFA and Stronger Together. Additionally, there are six programs that address depression-related issues: RULER, CHOICES, Signs of Suicide, Student Assistance Counselors, HOPE Club, and Chain Reaction.

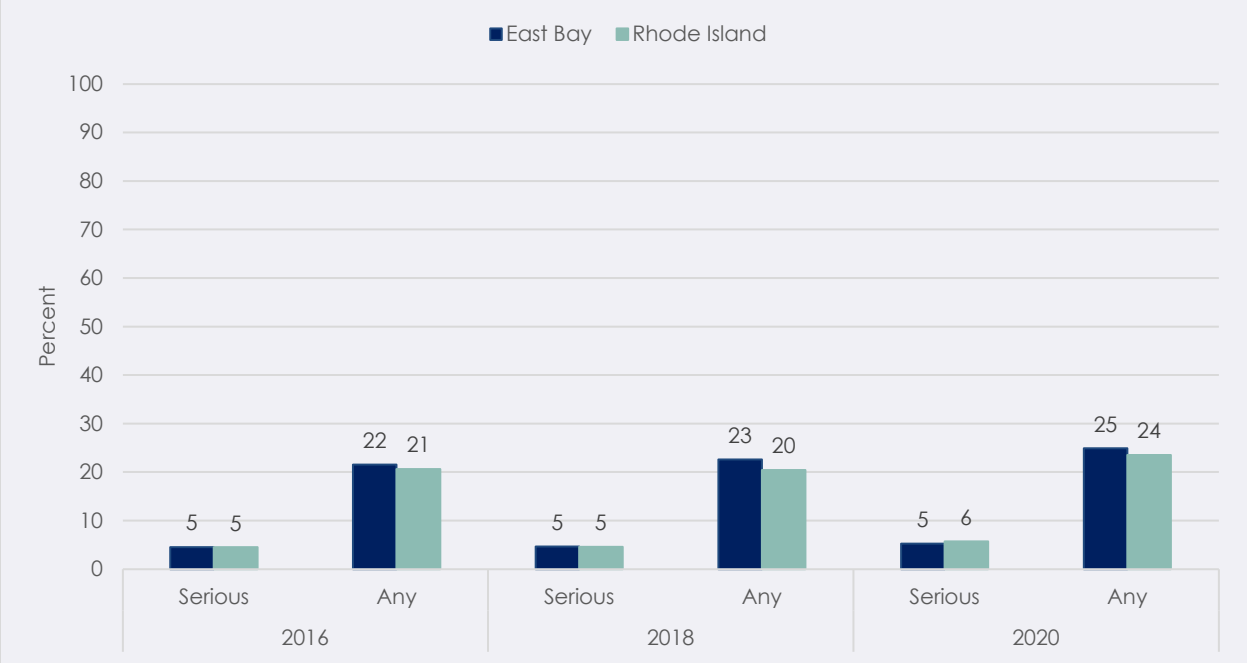
E. Survey Data

Figure 92. Percent of Adults (18+) who Reported a Major Depressive Episode in Past Year shows East Bay is slightly higher than RI



Source: National Survey on Drug Use and Health, 2016-2020

Figure 93. Percent of Adults (18+) who Reported Having Serious and/or Any Mental Illness in the Past Year shows East Bay is slightly higher than RI.



Source: National Survey on Drug Use and Health, 2016-2020

Suicide Data Indicators

We were able to locate suicide data from a few different resources, and data were available at various levels that included national, state, and local data.
According to the American Foundation for Suicide Prevention: Rhode Island State Facts, (2022), the 2020 document noted that 32% of all suicides in RI were death by firearms, and 56% of firearm deaths were suicides.

A. School Data

The school data we obtained on suicide-related measures show a rather substantial increase in the percentage of youth who reported they attempted suicide. According to the YRBS, in 2017 (statewide) 10.5% of youth reported they had attempted suicide. In 2019, 14.7% of youth reported they had attempted to commit suicide. The trend data also show this pattern over a longer period of time, i.e., the attempt rate was highest in the most recent year than it was over all years observed. This is extremely concerning. Overall, it has been documented that the pandemic, which occurred after this data was reported, lead to increased mental health issues. Thus, it is likely the rates are even higher now than they were when this data was collected. While attempts were up, the rates reported for making plans and contemplating suicide dropped slightly.

The RISS data show slight drops in contemplating suicide similar to the YRBS. In Barrington, 9% of students reported contemplating suicide in 2020. Of that 9%, 29% actually attempted and 25% resulted in injury, poison, or overdose. In Bristol/Warren, 11% of students reported contemplating suicide in 2020. Of that 11%, 26% actually attempted and 6% resulted in injury, poison, or overdose. In East Providence, 14% of students reported contemplating suicide in 2020. Of that 14%, 44% actually attempted and 24% resulted in injury, poison, or overdose. The percentage of those who had contemplated and made plans to commit suicide were lower in the state and all of the East Bay Regional communities, except Bristol-Warren where reports of making a plan increased by 6%. However, Bristol-Warren had the lowest attempt rates among those who had contemplated suicide. The attempt rates were highest in East Providence (44%), and this was higher than the state rate of 37%. Nevertheless, these rates are all concerning and numerous planning meeting participants attested to the rise in mental health issues among students.

Number of School Incidents Related to Suicide or Attempts

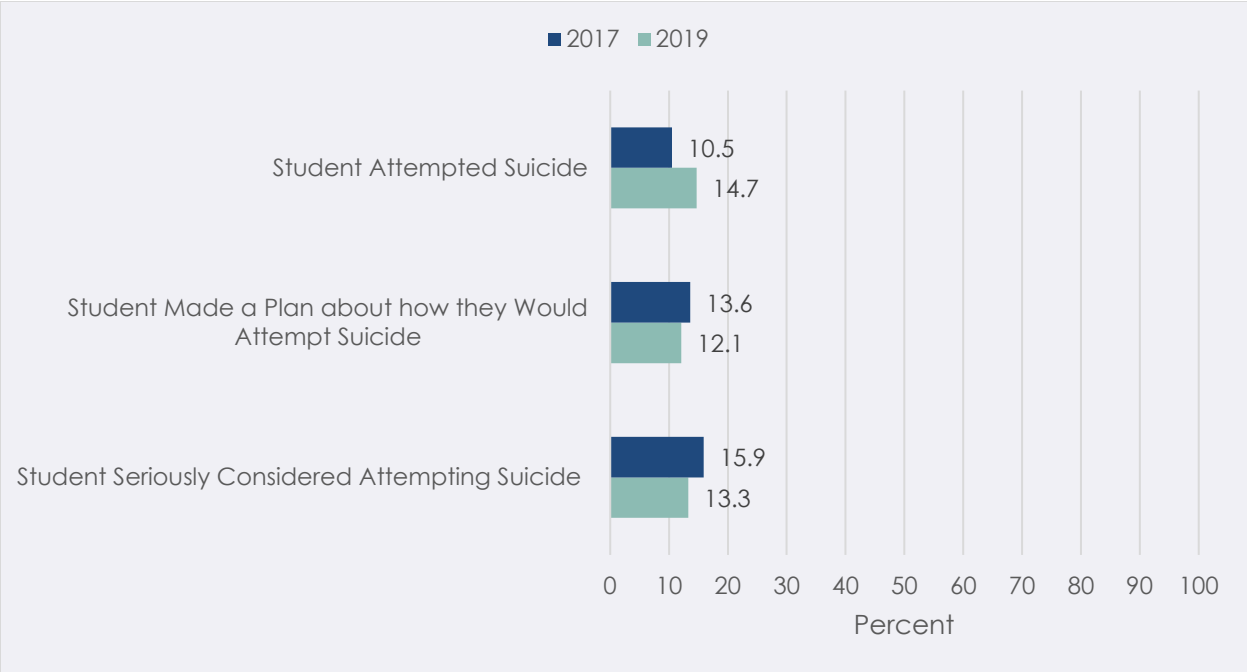
No data available.

Number of Students Seeking Care from Counselors

No data available.

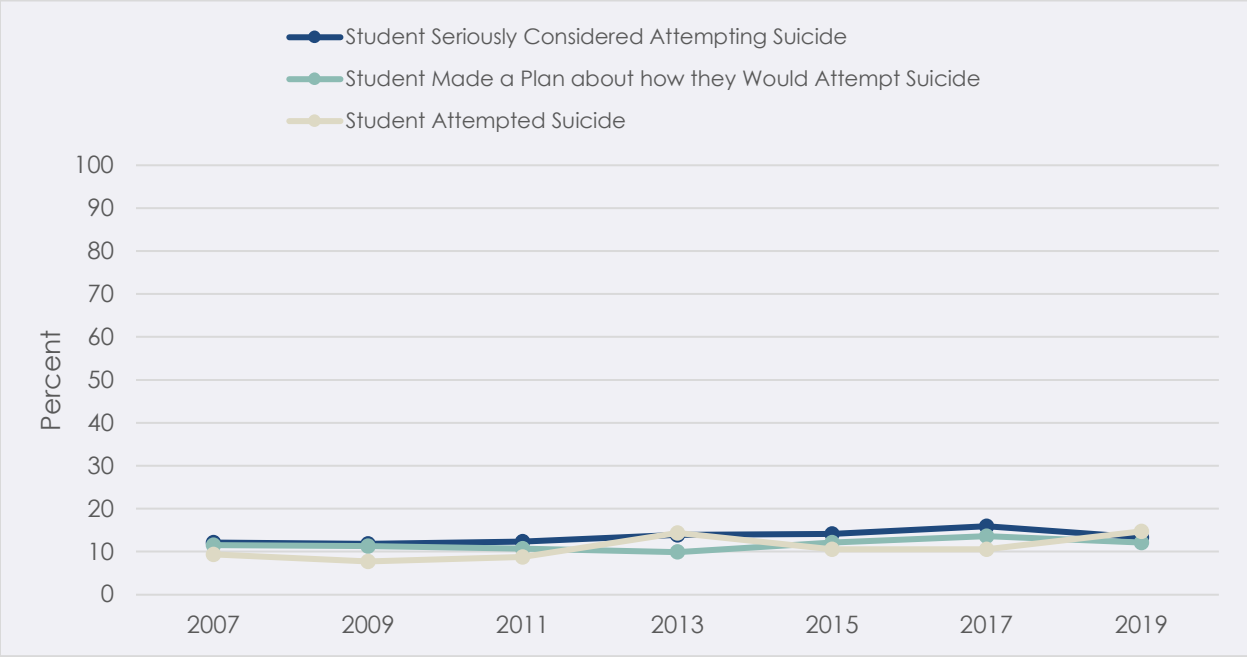
Number of Students Contemplating Suicide and Students who Made a Suicide Plan

Figure 94. Percent of Students who Reported Considering, Planning or Attempting Suicide, in Rhode Island shows reported attempts were up from 2017-2019 but making a plan and serious attempts decreased.



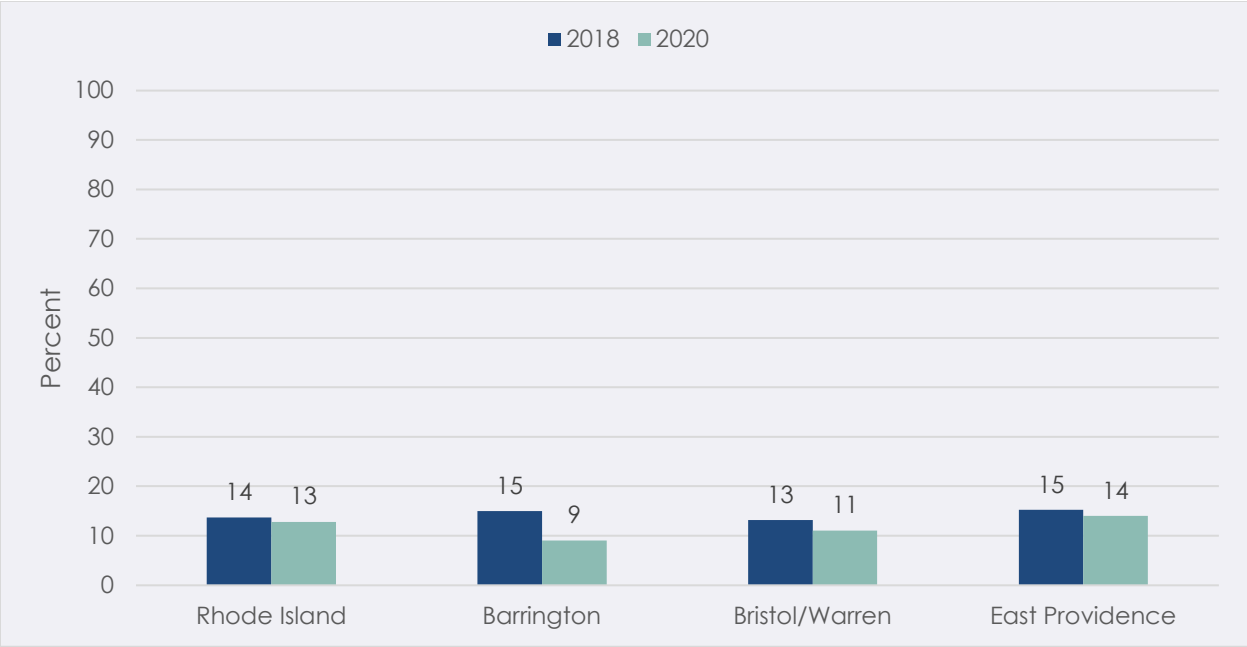
Source: Youth Risk Behavior Survey, 2017 and 2019

Figure 95. Students who Reported Considering, Planning or Attempting Suicide from 2007-2019 – shows attempts have slightly increased over time.



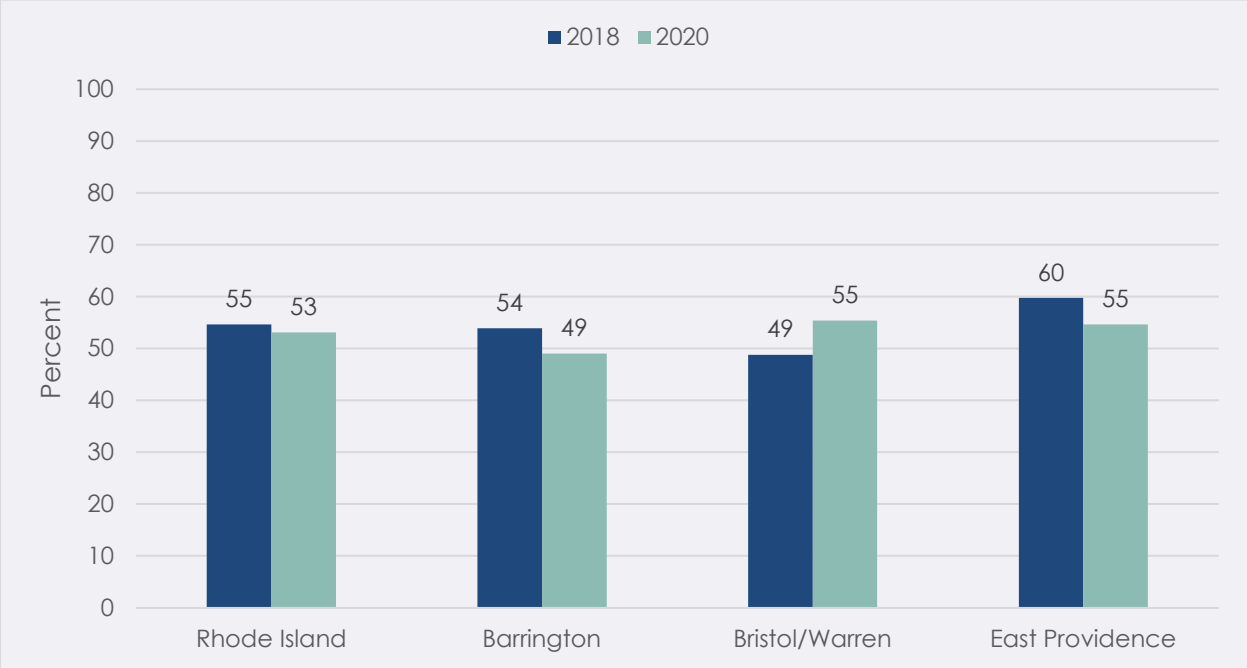
Source: Youth Risk Behavior Survey, 2007-2019

Figure 96. Percent of Students who have Ever Contemplated Suicide decreased the most for Barrington followed by Bristol/Warren and only dropped by one for East Providence and RI.



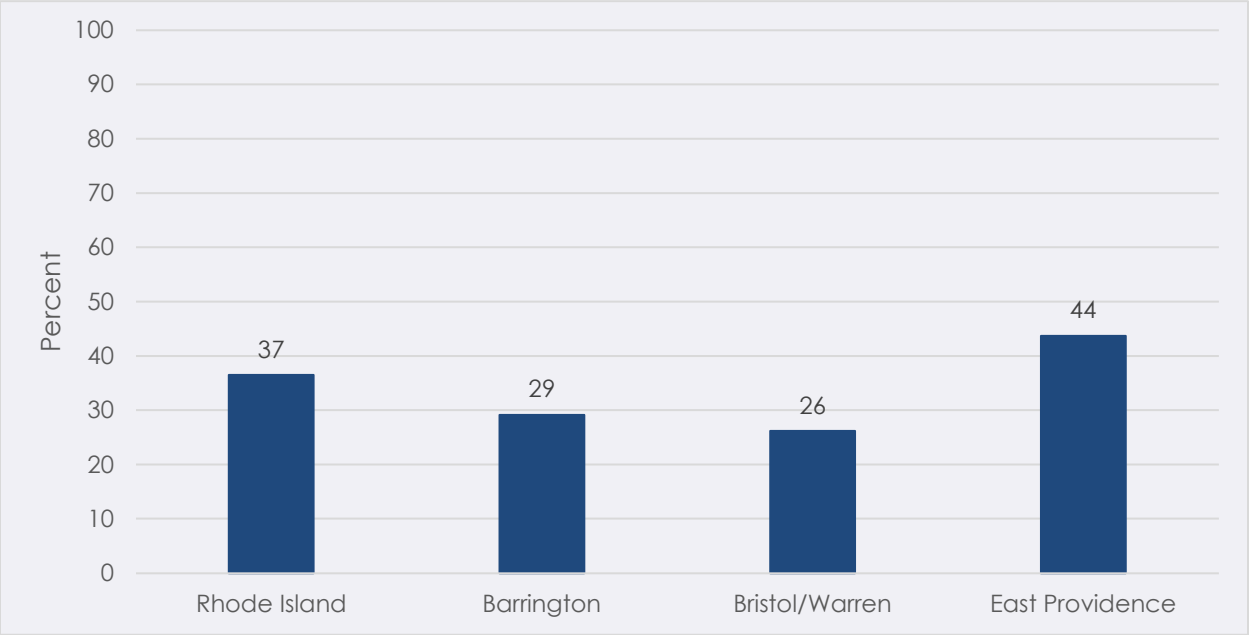
Source: Rhode Island Student Survey, 2018 and 2020

Figure 97. Percent of Students Who Ever Contemplated Suicide Who Made a Plan About how they Would Attempt Suicide – Bristol/Warren shows an increase while the other towns and RI decreased slightly



Source: Rhode Island Student Survey, 2018 and 2020

Figure 98. Percent of Students Who Have Ever Attempted Suicide in 2020 out of those who Contemplated Suicide shows East Providence with a much higher percent than the other East Bay students or RI.



Source: Rhode Island Student Survey, 2020

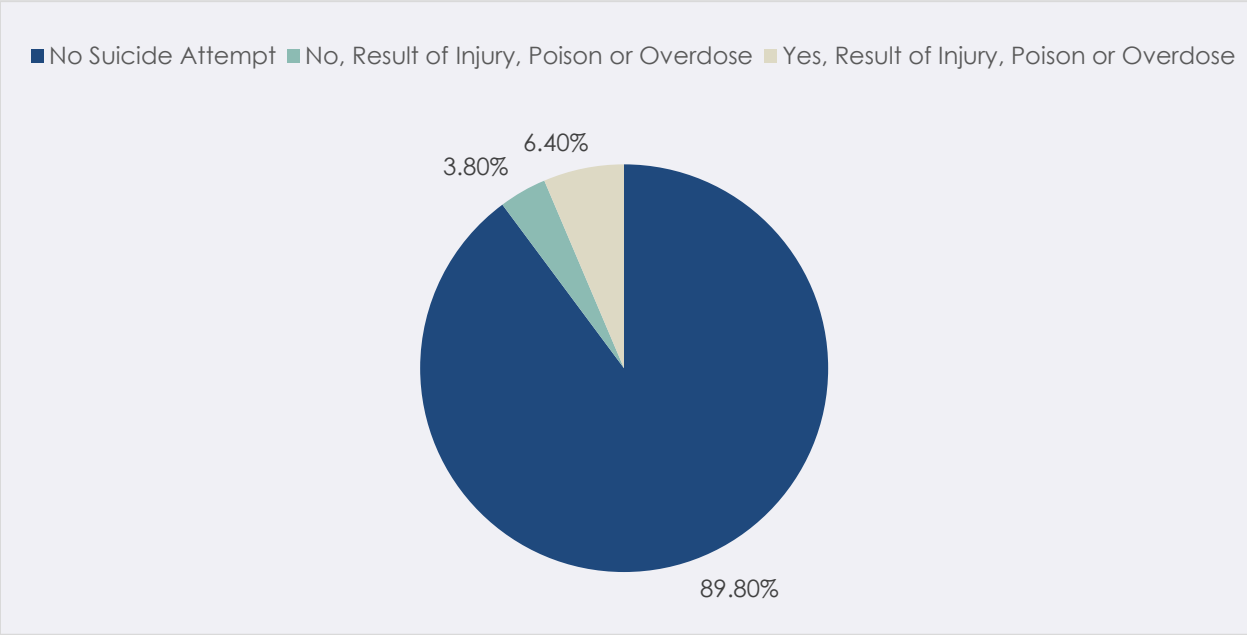
B. Injuries and Deaths

Number of Youth Suicide-Related ED Admissions
No data available.

Number of Youth Suicide-Related EMS Runs
No data available.

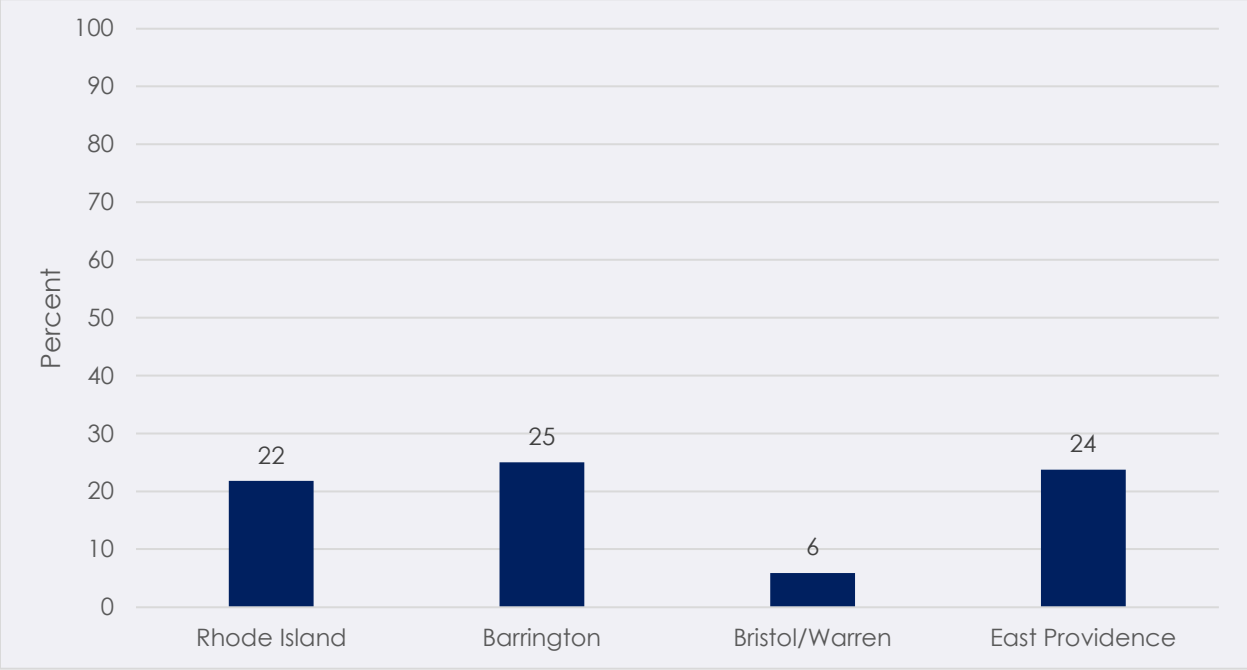
Number of Attempts Resulting in Injury, Poisoning, or Overdose

Figure 99. Just over 6% of Students Reported Suicide Attempt Resulting in Injury, Poison, or Overdose



Source: Youth Risk Behavior Survey, 2017

Figure 100. Percent of Students who Reported Suicide Attempts Resulting in Injury, Poison or Overdose that had to be Treated by a Doctor/Nurse out of those who Contemplated Suicide – Barrington and East Providence had higher percentages than RI and Bristol/Warren was much lower than any.



Source: Rhode Island Student Survey, 2020

C. Mental Health Treatment

Number of Beds Available, All Ages
No data available.

Number of Beds Filled, All Ages
No data available.

Number of Beds for Underage Youth, Available
No data available.

Number of Beds for Underage Youth, Filled
No data available.

Number of Suicide-Related Admissions
No data available.

Number on Waiting List for Admission
No data available.

D. Prevention Initiatives

The East Bay Regional Coalition supports and runs a number of mental health prevention efforts that support suicide-related initiatives across a variety of programs, including:

- RULER - Social/Emotional Learning
- CHOICES Youth Group
- Bristol Mt. Hope Bridge Signs of Suicide
- Student Assistance Counselors
- HOPE Club Youth Group
- Chain Reaction
- MHFA
- Stronger Together
- Change Direction

Number of Programs Targeting Parents
There are currently no suicide-based parent programs at this time.

Number of Prevention Organizations
While some organizations support overall wellness, there are currently no suicide-specific prevention organizations engaged at this time.

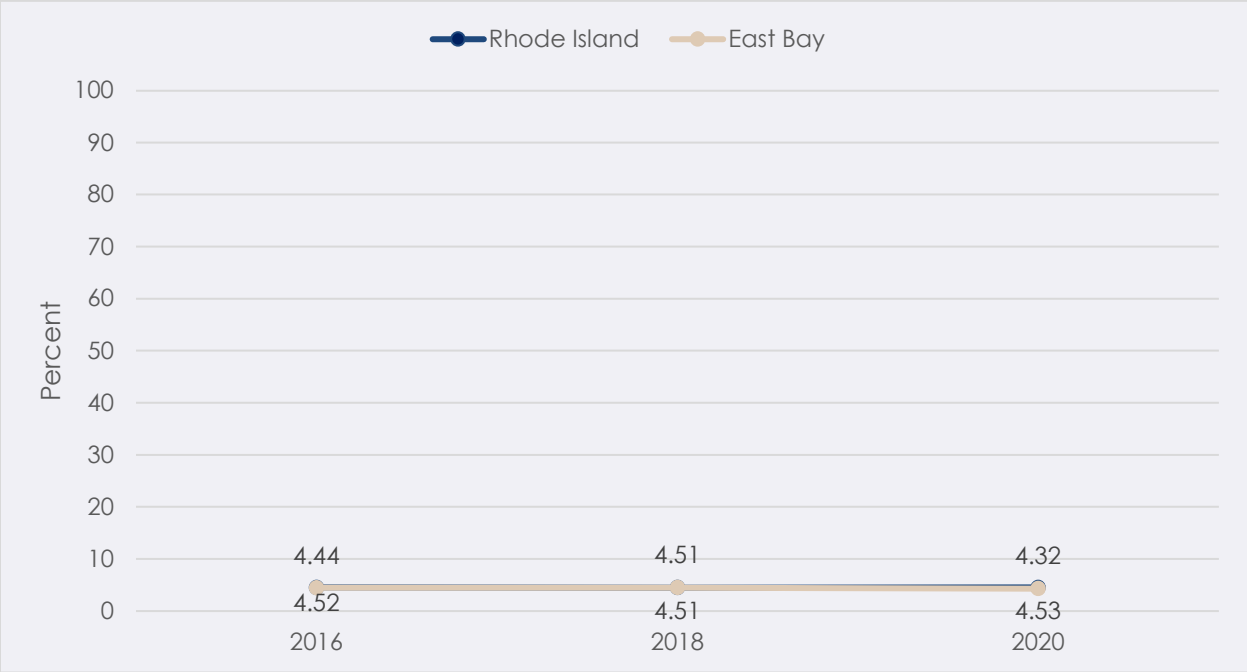
E. Survey Data

Among adults responding to the NSDUH, the suicide ideation rates have stayed relatively steady. However, while the difference is small, the last reporting period was actually the lowest for the East Bay Region dropping from 4.51% in 2018 to 4.32% in 2020.

Unfortunately, Bristol County (Barrington, Bristol, Warren) has the highest suicide death rate per 100,000 people, while Providence County (East Providence) had the lowest. According to the Rhode Island Violent Death Reporting System (2015 – 2019), "In general, the proportion of suicide deaths reported by county of residence was consistent with the distribution of the Rhode Island population (Source: 2010 Census). This means that there are no places in Rhode Island where there are significantly more suicides than we would expect to see, based on the percent of the population that lives there. Most people in

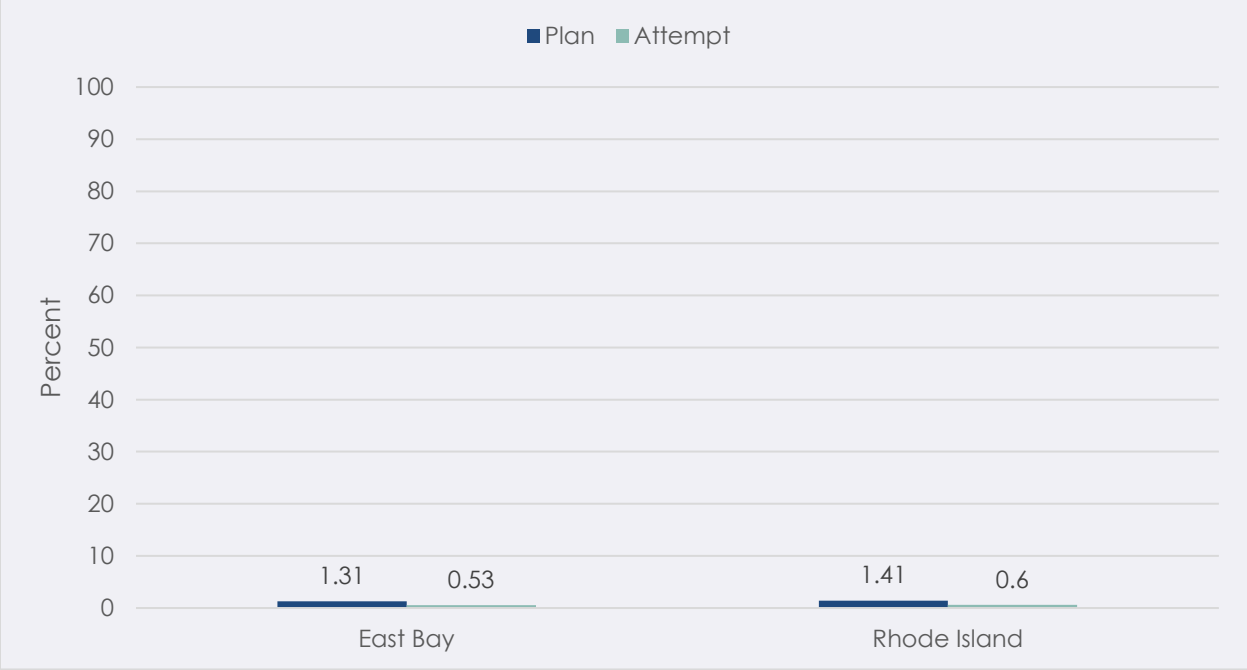
Rhode Island live in Providence County, and the percent of suicides is highest there. However, the rate per 100,000 is similar across all Rhode Island counties."

Figure 101. Percent of Adults (18+) Report Serious Thoughts of Suicide in Past Year was very similar for the East Bay versus RI overall.



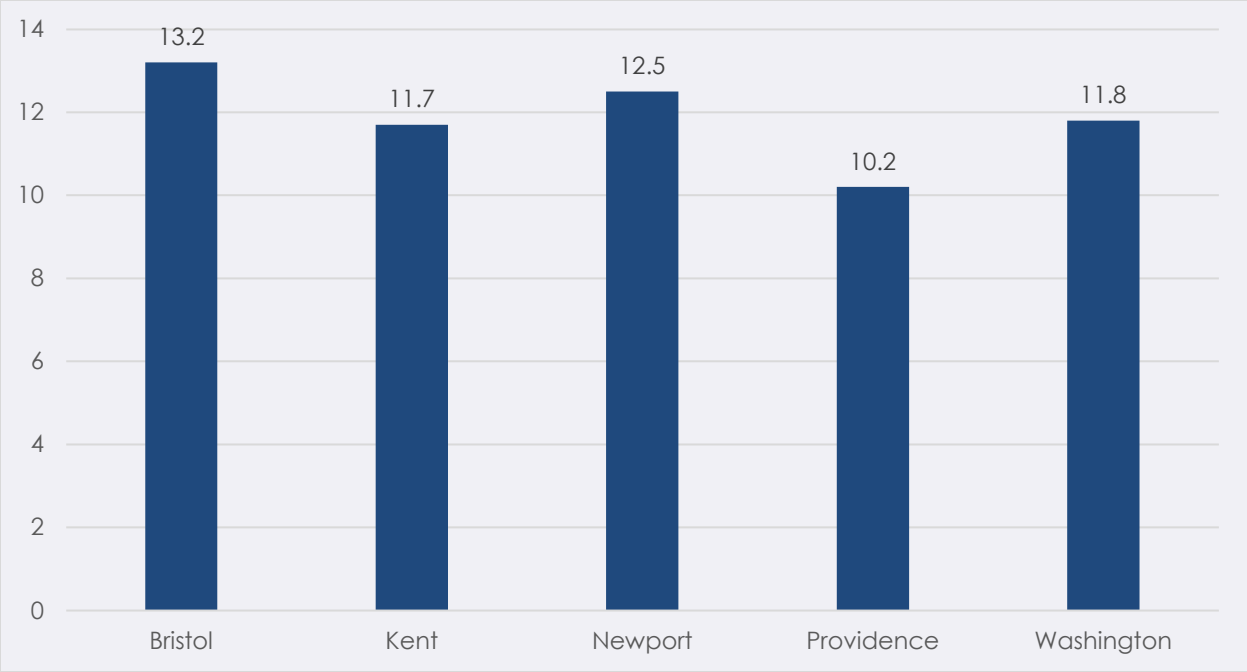
Source: National Survey on Drug Use and Health, 2016-2020

Figure 102. Percent of Adults (18+) who Reported Making any Suicide Plans and/or Suicide Attempts in Past Year – was similar for East Bay versus RI overall



Source: National Survey on Drug Use and Health, 2020

Figure 103. Suicide Death Rate per 100,000 by County in Rhode Island – three of the four East Bay communities are in the county with the highest suicide death rate



Source: Rhode Island Violent Death Reporting System, 2015-2019

Youth Risk Behavior Survey
Data included in "School Data" Section

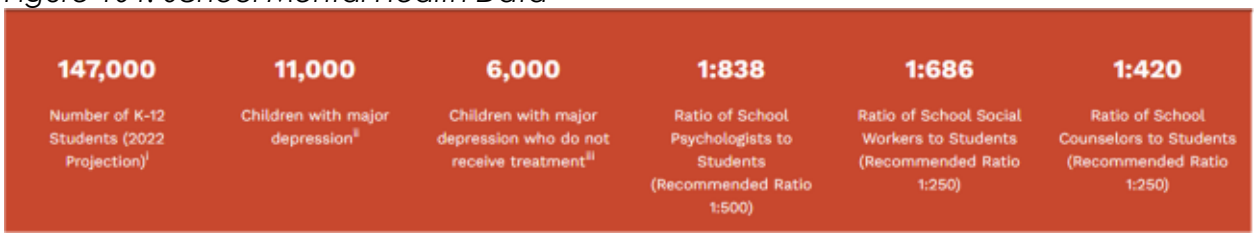
Adult Risk Behavior Survey
No data available.

Additional Mental Health Data

Region 5 opted to include additional mental health data. The data below were sourced from *American's Mental Health Report Card*. The data were only available at the state level and are best used to supplement other mental health, stakeholder, and focus group information we gathered. The data from the report cards provide information on a variety of measures that gauge a state's response to behavioral health and how well schools address mental health. They show there are approximately 11,000 children with major depression and over half of them receive no treatment. The state ranked highest (best) on its school-family-community partnership efforts and its education efforts.

Another area the report documented was trends across time. For instance, the number of youth with at least one major depressive episode has increased over the last four years for which data were reported. This finding coincides with our interviews and focus groups and is validating as the most recent year reported in the report card was for 2022.

Figure 104. School Mental Health Data



Source: America's School Mental Health Report Card, 2022

Figure 105. State School Mental Health Policies

Source: America's School Mental Health Report Card, 2022

Figure 106. Rhode Island Trend Data 2015, 2020, 2021 and 2022

HOW RHODE ISLAND COMPARES State Rankings from Mental Health America [iv]	2015	2020	2021	2022
Overall State Rank for Youth Mental Health	24	4	7	15
Youth with At Least One Major Depressive Episode in the Past Year	7,000 / 9.00%	10,000 / 13.3%	10,000 / 13.4%	11,000 / 14.64%
Youth with Major Depressive Episodes in the Past Year Who Did Not Receive Treatment	Not Asked	4,000 / 39.5%	5,000 / 53.4%	6,000 / 64.9%
Youth with Major Severe Depressive Episodes in the Past Year	Not Asked	7,000 / 10.2%	7,000 / 9.5%	6,000 / 8.3%
Youth with Severe Major Depressive Episodes Who Received Some Consistent Treatment	Not Asked	3,000 / 48.3%	3,000 / 41.2%	1,000 / 20.4%
Students Identified with Emotional Disturbance for an Individualized Education Program	2,024 / 15.48%	1,618 / 12.49%	1,600 / 12.38%	1,610 / 12.34%
Youth with Private Insurance That Did Not Cover Mental or Emotional Problems	4,712 / 33.6%	2,000 / 5.8%	2,000 / 5.3%	1,000 / 3.8%
Youth with Substance Use Disorder in the Past Year	5,000 / 6.89%	3,000 / 4.69%	3,000 / 4.05%	3,000 / 4.58%

Source: America's School Mental Health Report Card, 2022

Additional Data

We have included additional data sources that document challenges faced by East Bay residents, particularly among those who are economically disadvantaged, and how these challenges are spread throughout the city. The scores on these measures are not evenly distributed throughout the region, and therefore, show "pockets" where life is particularly challenging for East Bay residents.

Area Deprivation Index

First, is the Area Deprivation Index (ADI). Scores on this index range from 1 – 10 with higher scores indicating geographic areas that face the greatest challenges. Specifically, the ADI "allows for rankings of neighborhoods by socioeconomic disadvantage in a region of interest (e.g., at the state or national level). It includes factors for the theoretical domains of income, education, employment, and housing quality. It can be used to inform health delivery and policy, especially for the most disadvantaged neighborhood groups." The data in the map show that there are numerous pockets in the city of East Providence that score high on this index and one small pocket in Warren where the scores were high on the index.

Figure 107. Area Deprivation Index Key

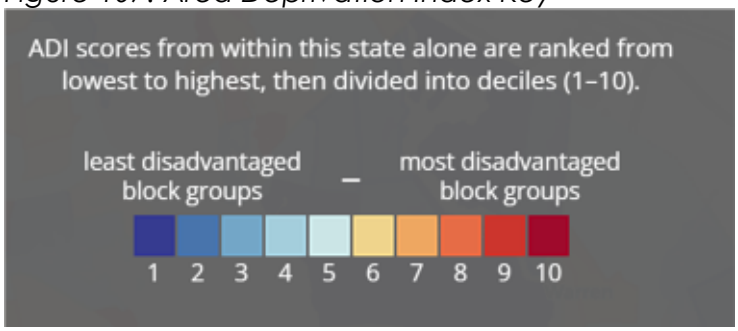
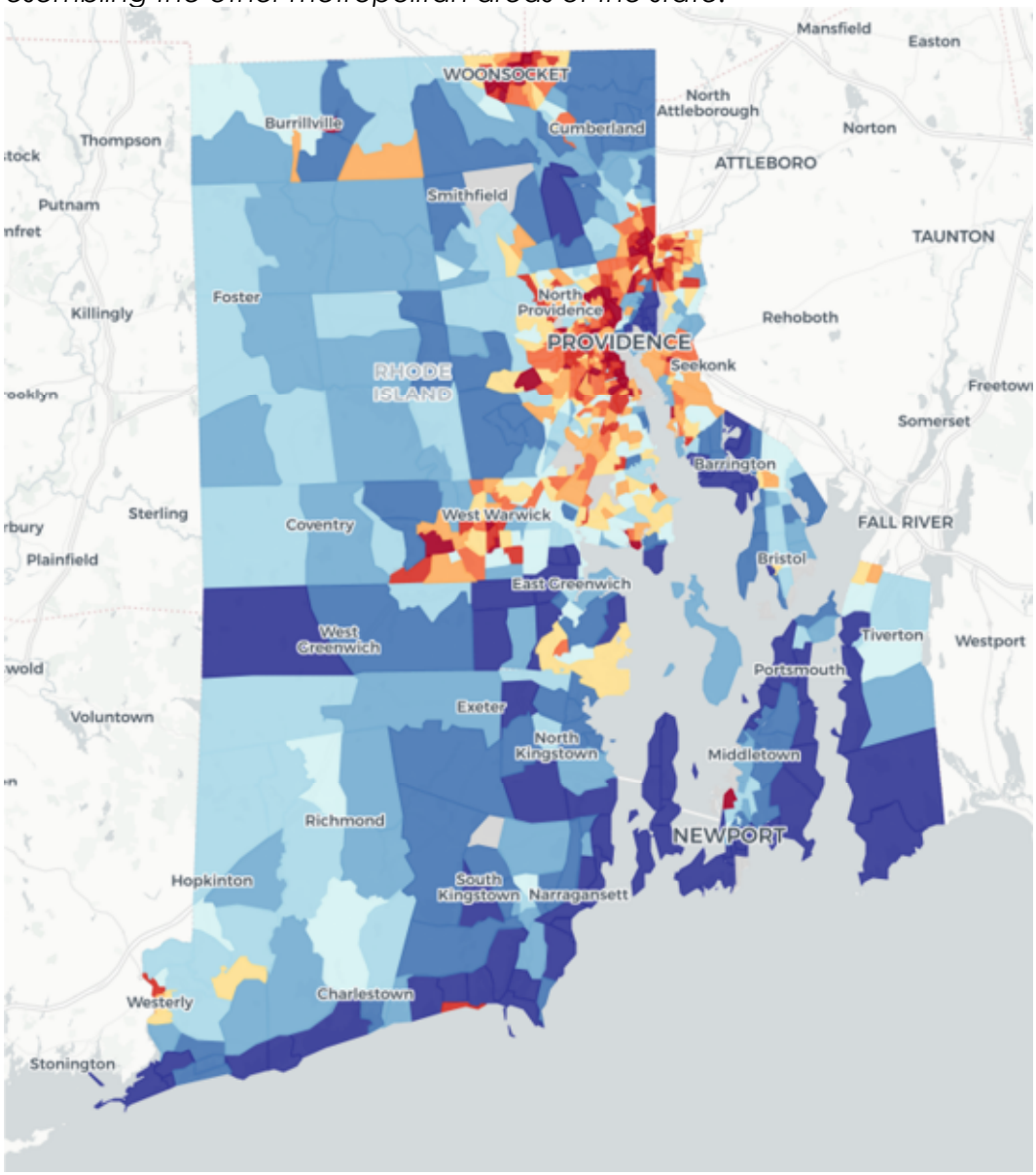
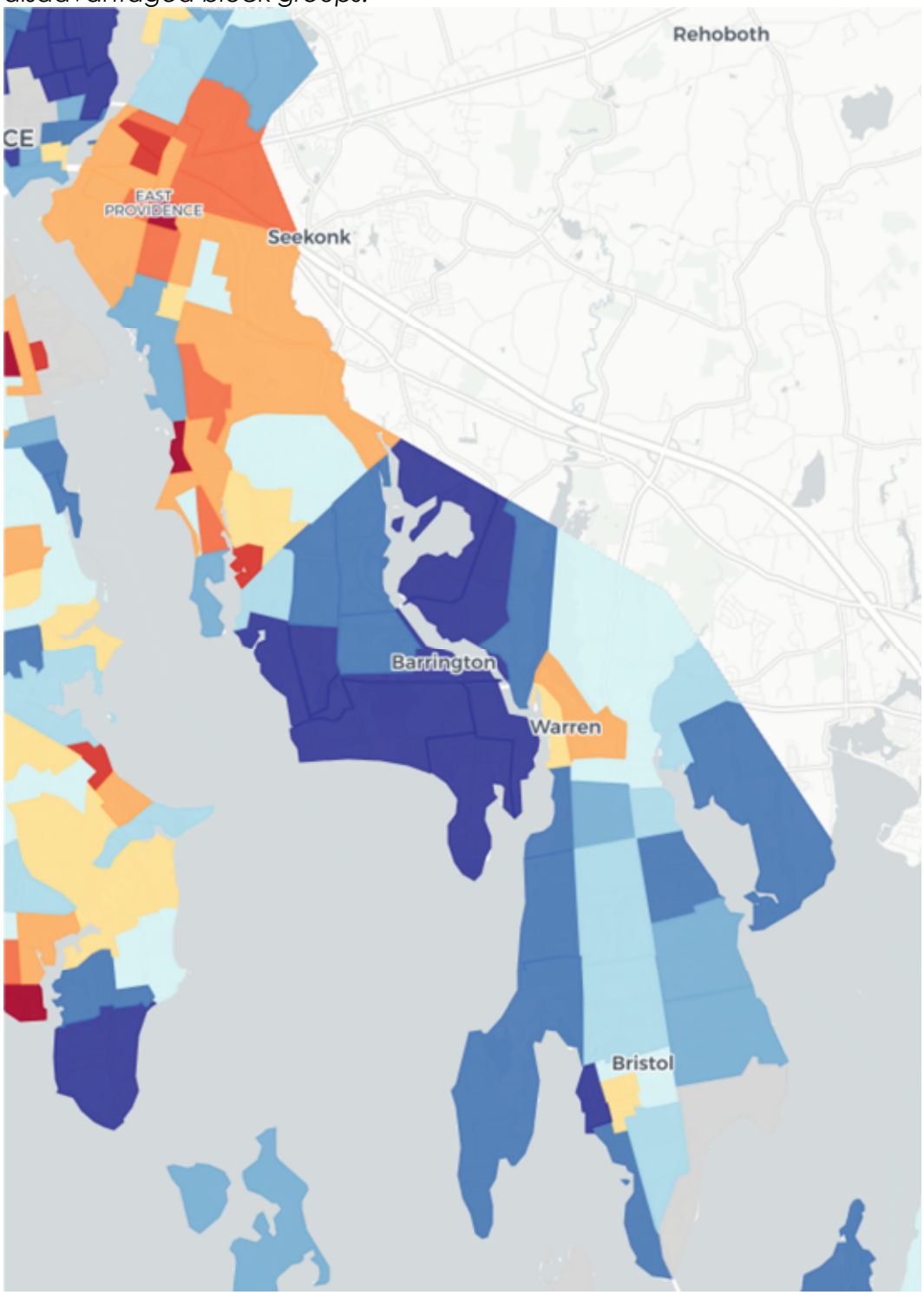


Figure 108. Area Deprivation Index for Rhode Island shows areas in Bristol and Warren and most of East Providence have disadvantaged block groups with East Providence resembling the other metropolitan areas of the state.



Source: Neighborhood Atlas

Figure 109. Area Deprivation Index for Region 5 shows East Providence with some major disadvantaged block groups.



Source: Neighborhood Atlas

Social Vulnerability Index

Similar to the Area Deprivation Index, the Social Vulnerability Index is tracked by the CDC. This index identifies geographic areas where "the potential negative effects on communities caused by external stresses [have an impact] on human health. Such stresses include natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss." Here again, East Providence has pockets in the city where the index ranks are in the highest, second highest, and middle category suggesting numerous residents' health may be affected by stressors. Warren includes an area in second highest and middle categories vulnerability categories, and Bristol has a large area in the middle vulnerability category.

Figure 110. Social Vulnerability Index Map Legend

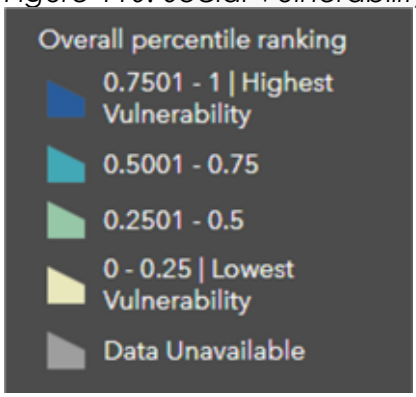
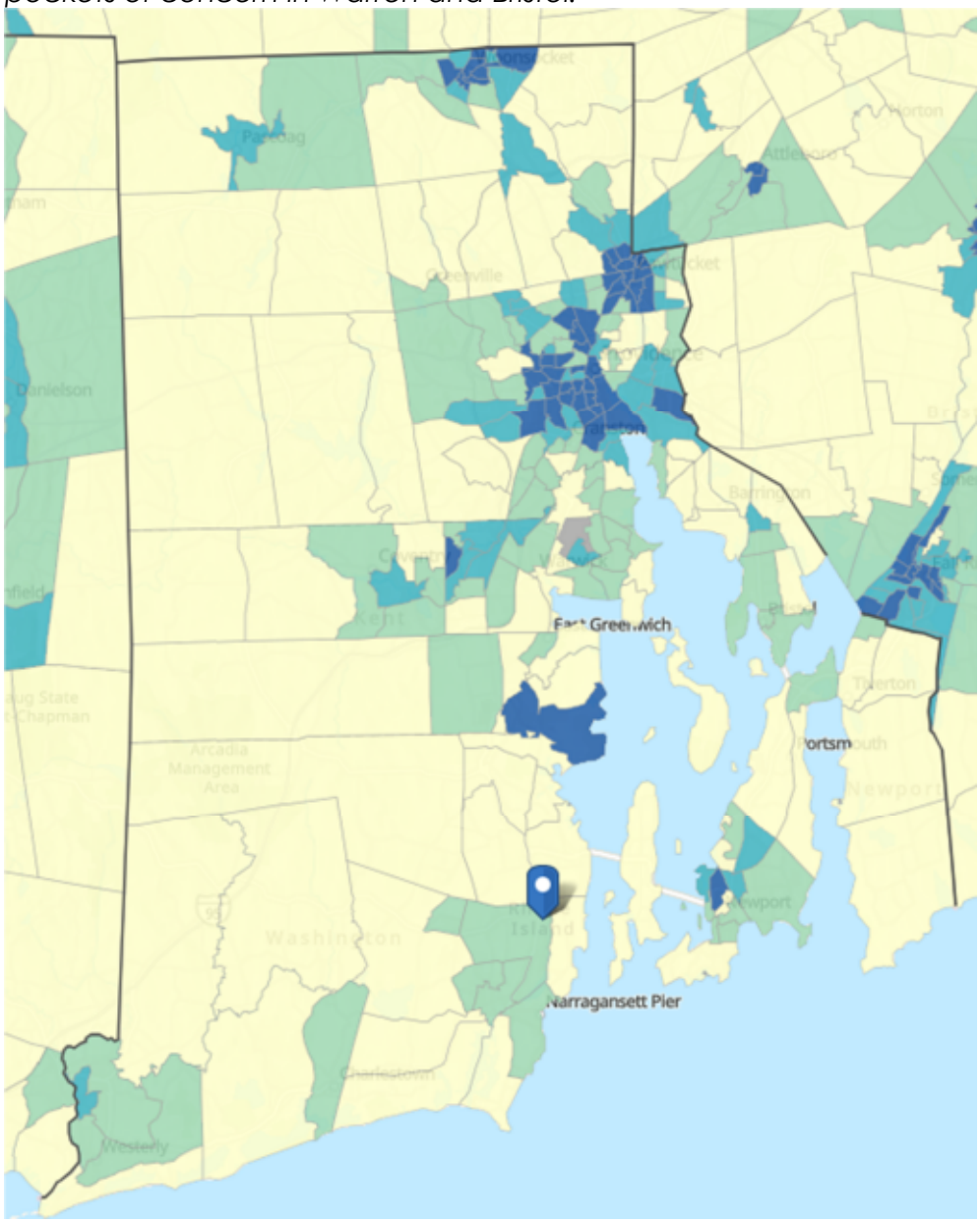
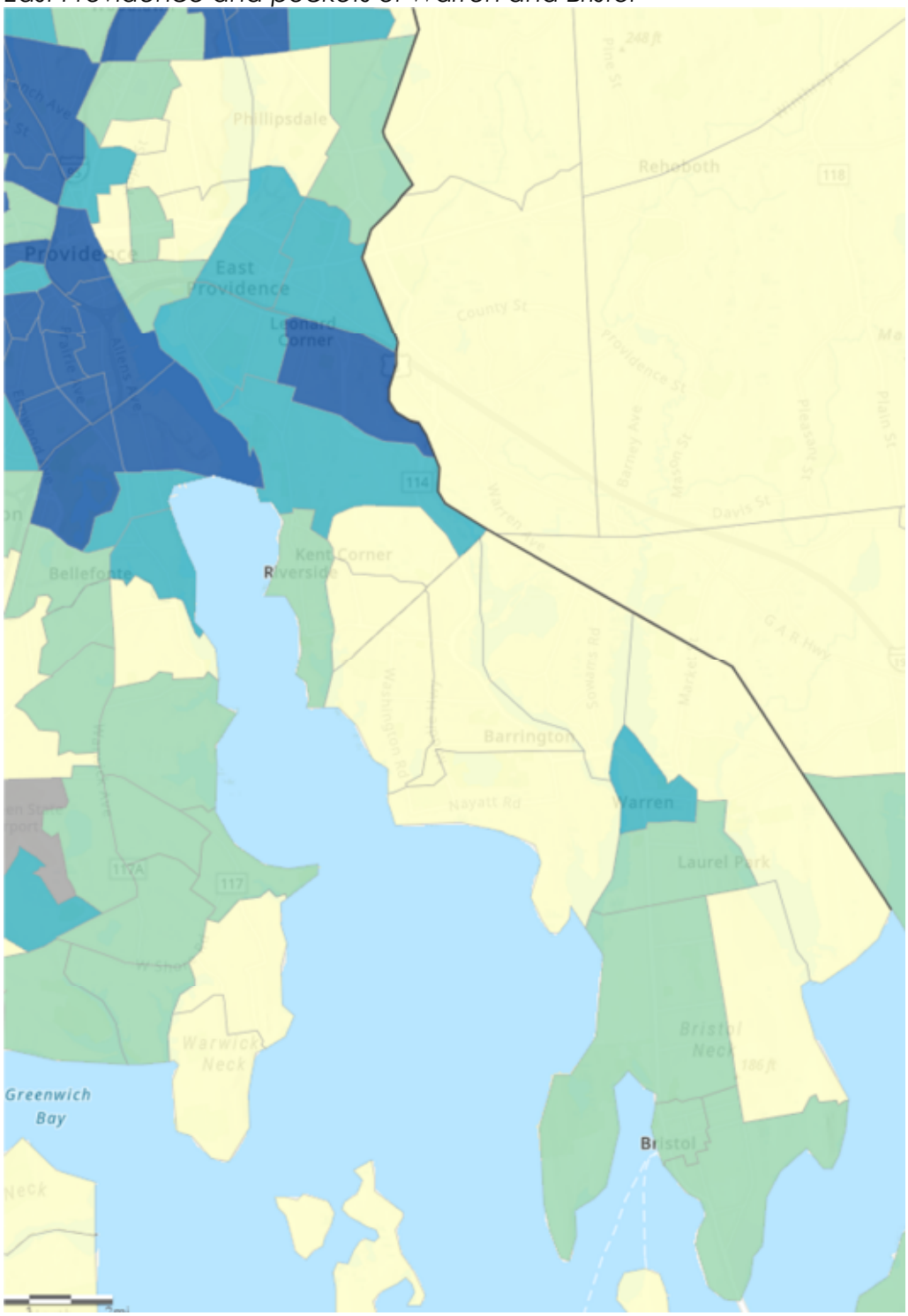


Figure 111. Social Vulnerability Index in Rhode Island in 2018 shows East Providence with the highest social vulnerability of the East Bay towns and RI, as a whole, but additional pockets of concern in Warren and Bristol.



Source: Center for Disease Control, 2018

Figure 112. Social Vulnerability Index in Region 5 in 2018 – shows the higher vulnerability in East Providence and pockets of Warren and Bristol

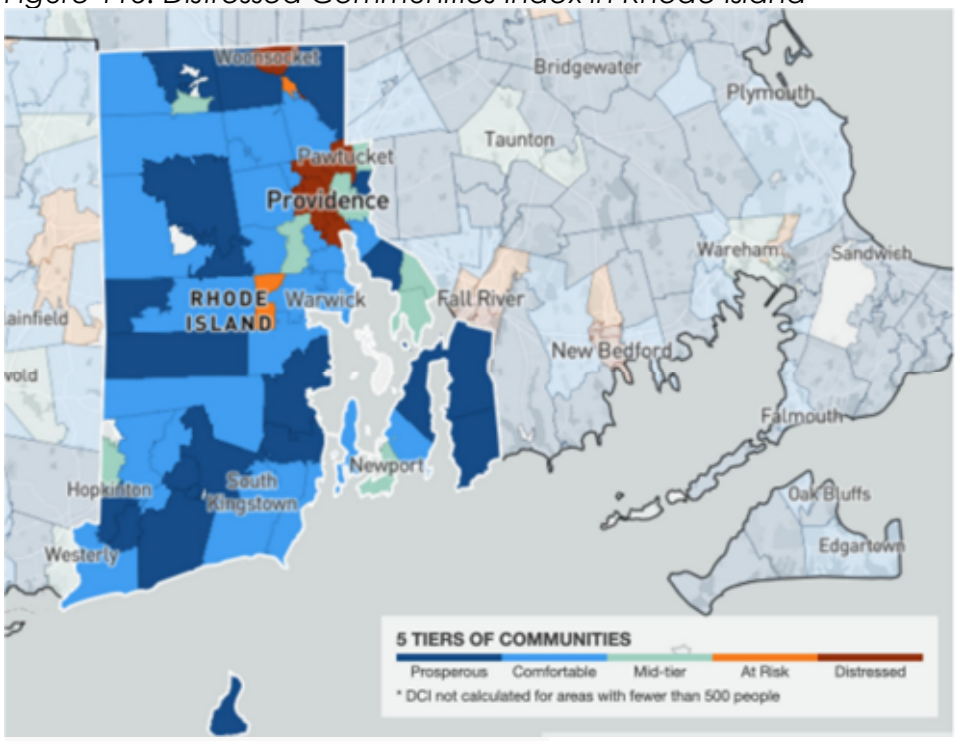


Source: Center for Disease Control, 2018

Distressed Communities Index

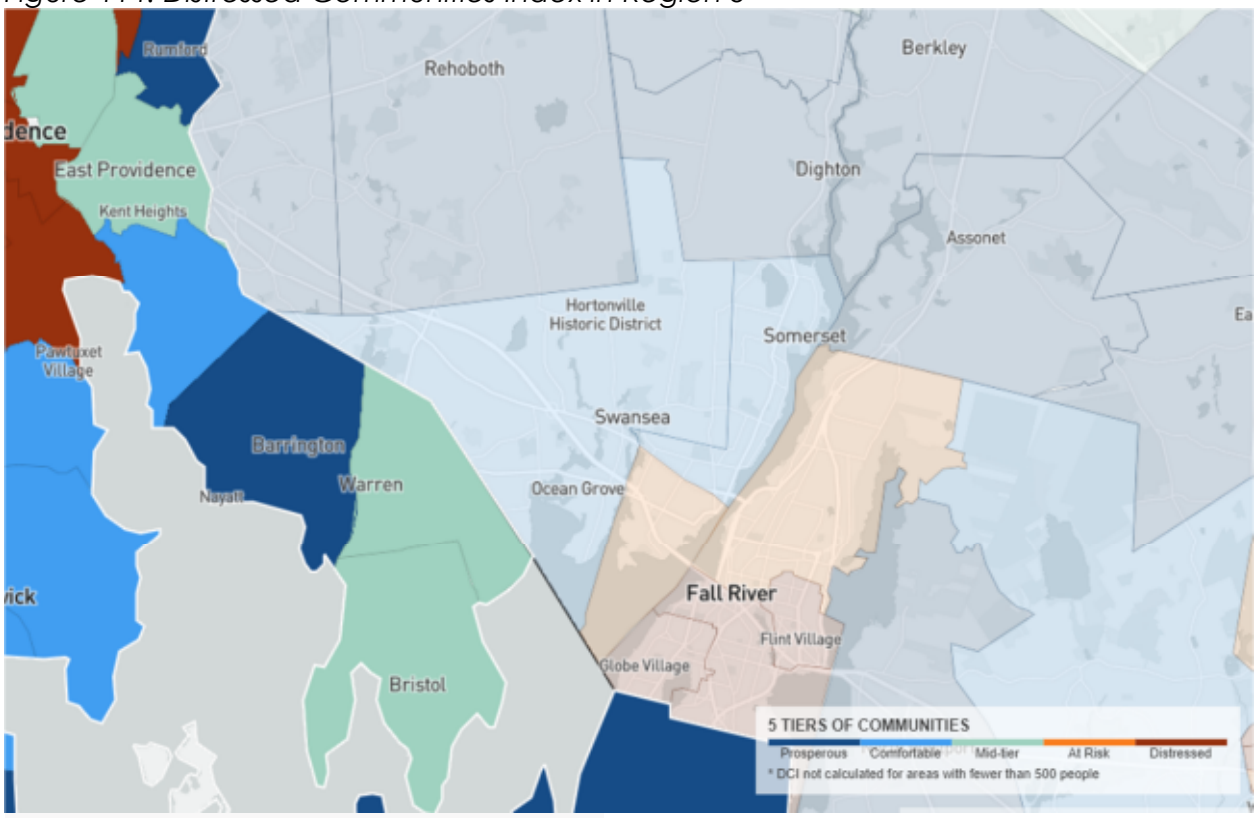
Our final additional social indicator data measure is the Distressed Communities Index (DCI), which hails from the Economic Innovation Group. The data are for 2020. This index marks ". . . an attempt to understand the spatial distribution of U.S. economic well-being. The index combines seven distinct and complementary socioeconomic indicators into a single score that depicts how economic well-being in a community compares to its peers. The DCI is calculated at four different levels of geography, each scale revealing its own insights about the U.S. economy: zip codes, counties, cities, and congressional districts. Within each level, places are sorted into quintiles based on their performance on the index: prosperous, comfortable, mid-tier, at risk, and distressed." None of the communities fell into the "at risk or distressed" levels on this measure as shown in figures 113 and 114. The majority were either mid-tier (Warren and Bristol), mid-tier (East Providence), or prosperous (Barrington).

Figure 113. Distressed Communities Index in Rhode Island



Source: Economic Innovation Group, 2020

Figure 114. Distressed Communities Index in Region 5



Source: Economic Innovation Group, 2020

Skills Inventory Results

Another additional measure the region opted to do was the Skill Inventory to assess the skills and resources possessed by coalition members. The data are reported at the community level. The reader should bear in mind that the numbers are based on the percentage of members who took the survey and don't necessarily reflect the entire membership. Figures 115-119

Fifty-three members participated in the survey representing each of the four municipal coalitions as well as some who identified as regional coalition members. This was 59% of the total coalition members who attended meetings during the assessment year.

Table: Human Resources

Human Resources East Bay Region					
Sector	Warren	Bristol	E Providence	Barrington	Regional, not also attending a local coaliiton
Education	1	4	2	3	2
Youth/Community serving	5	5	6	3	1
Government	4	3	3	3	2
Safety	3	3	3	2	0
Health	3	3	3	3	2

Business	2	2	2	1	0
Youth	2	2	3	2	2
	20	**22**	**22**	**17**	**9**

At the local level, of those who took the survey, there was a fair amount of variation among professionals that sit on the community and regional coalition(s). For example, East Providence had the most members from youth serving organizations, while the regional coalition had substantial representation for state and local agencies and schools. Barrington had the greatest number of parents who took the survey. All of the coalitions had health care professionals with Warren having the greatest percentage among those who took the survey.

On attributes, Warren came in the highest on being self-starters, having patience, being goal oriented and flexible, having high energy and delegating, making decisions, constancy and competitiveness. It tied with Barrington on self-knowledge and perseverance. The others fell just below these. Taken together, all of the communities have multiple positive attributes that can be tapped by the coalition leadership. On skills Barrington and Bristol reported the greatest number of members with the particular skills that were assessed.
Finally, when asked if their skills were being utilized, Bristol, East Providence, and Warren reported at the 100% level that their skills were being utilized. In Barrington, 23% reported that their skills were not being fully utilized, and 17% of the regional members reported that their skills were not being fully utilized.

Figure 115. Breakdown of Respondents by Prevention Coalition Membership shows there was fairly equitable response from all coalitions

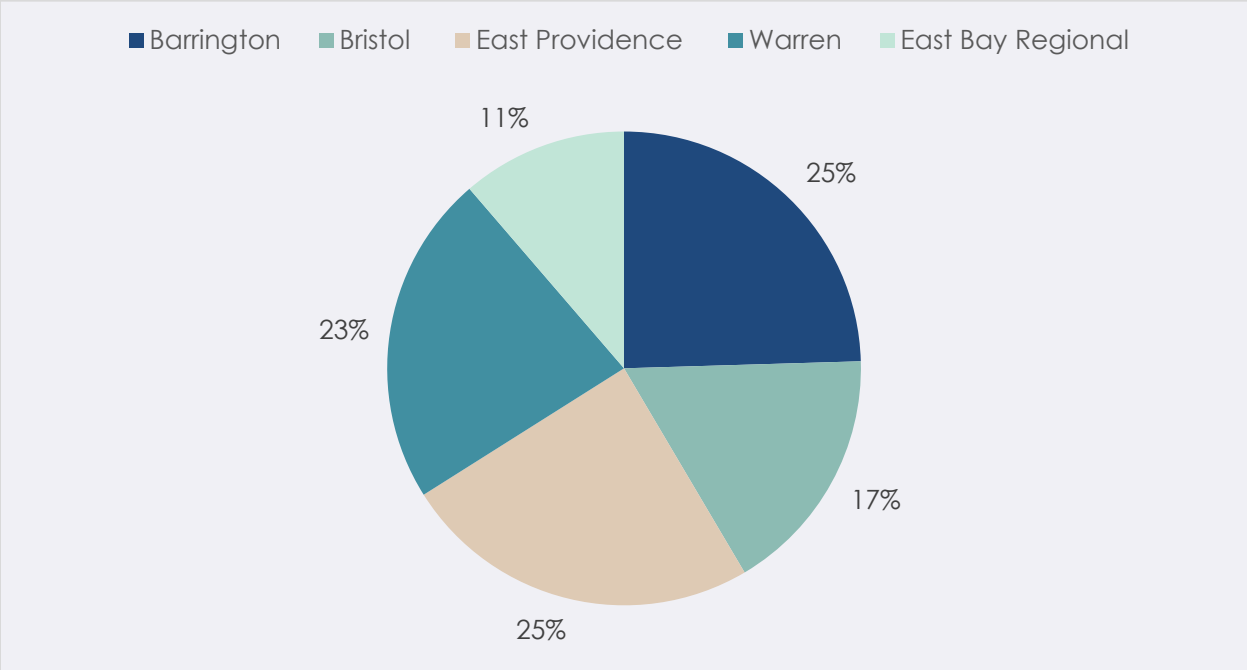


Figure 116. Sector Representation by Coalition

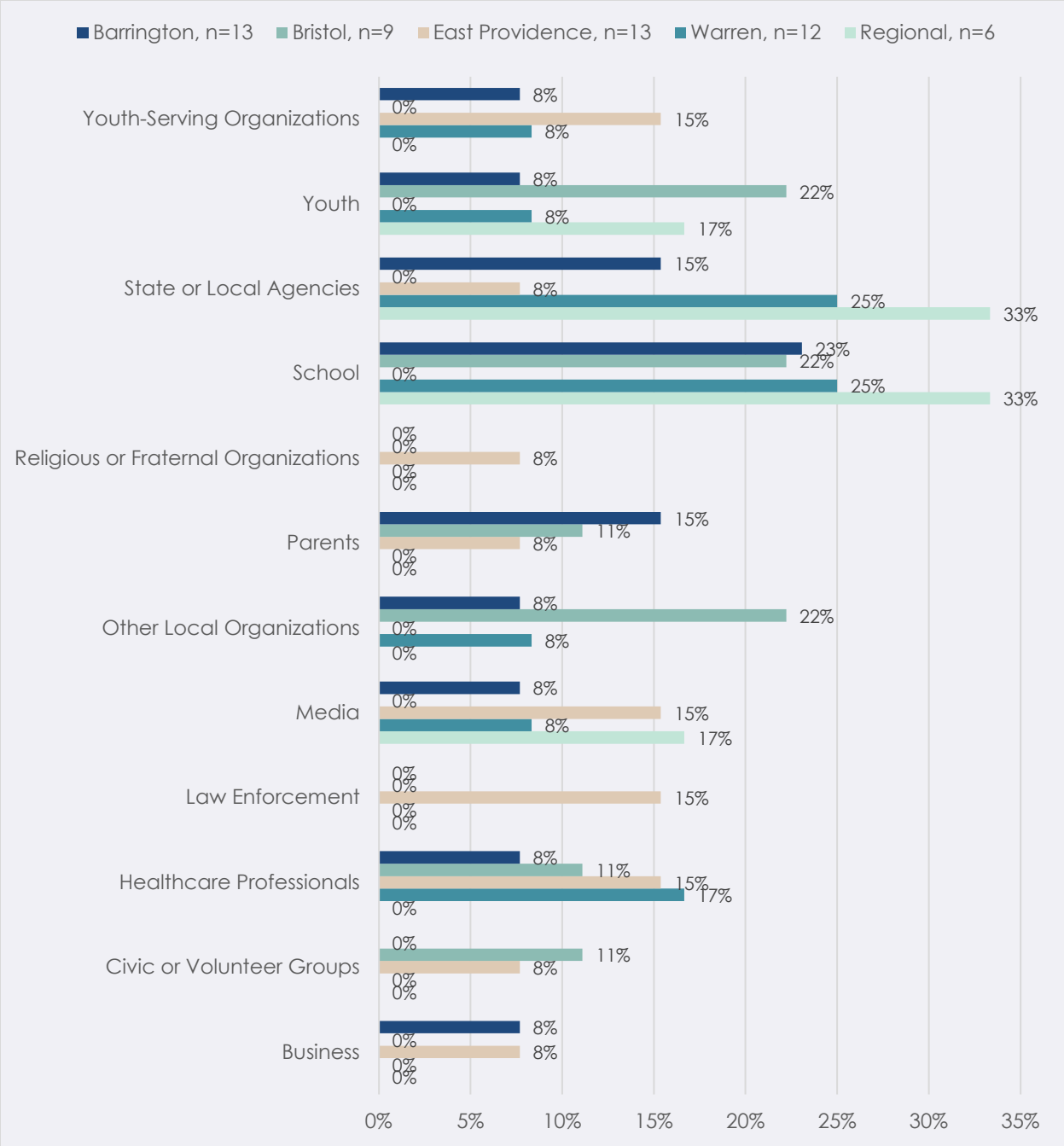


Figure 117. Number of Respondents per Coalition who Reported being "Above Average"

at Each Personal Attribute

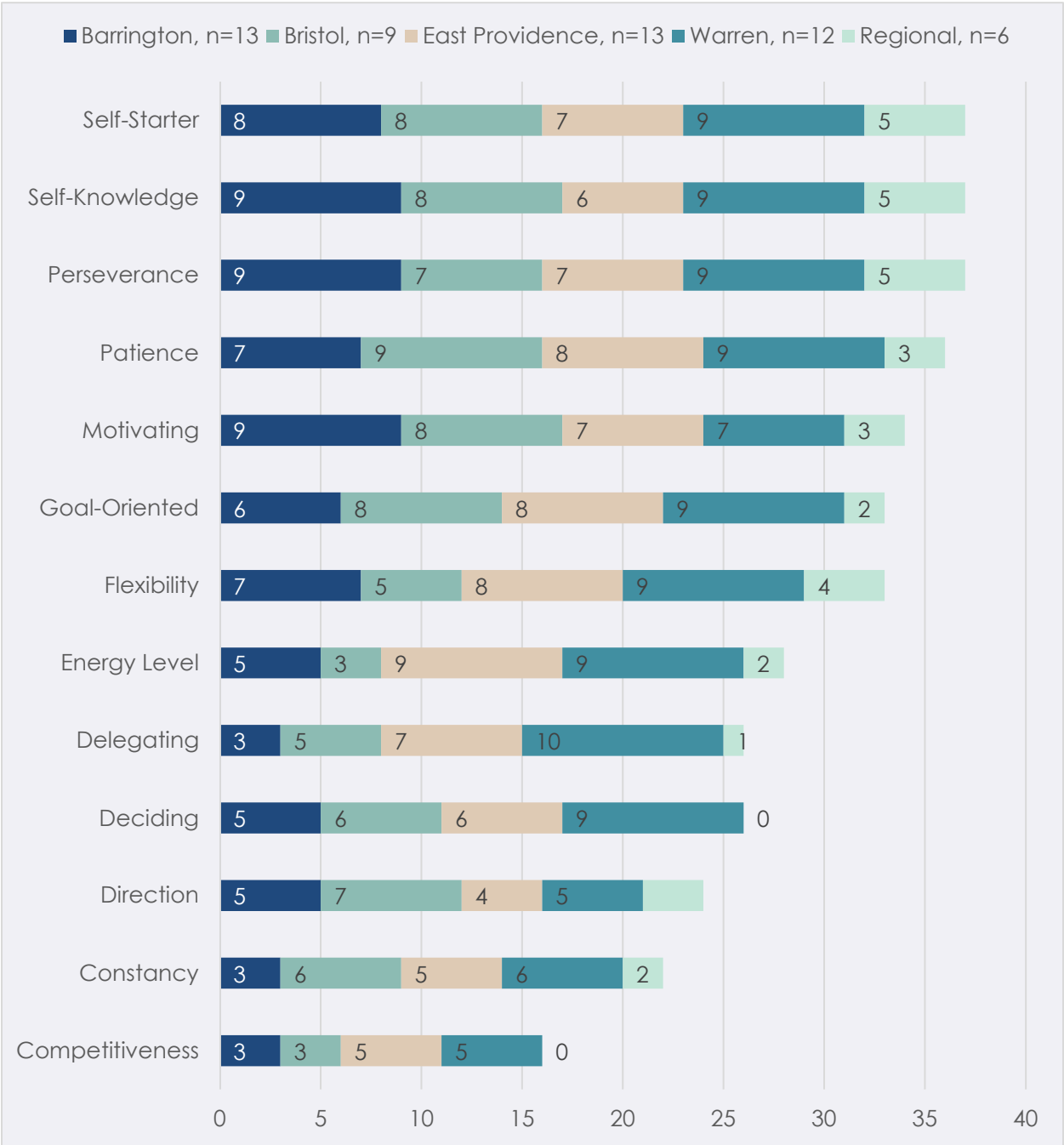


Figure 118. Number of Respondents per Coalition who Reported Being "Above Average"

at Each Personal Skill

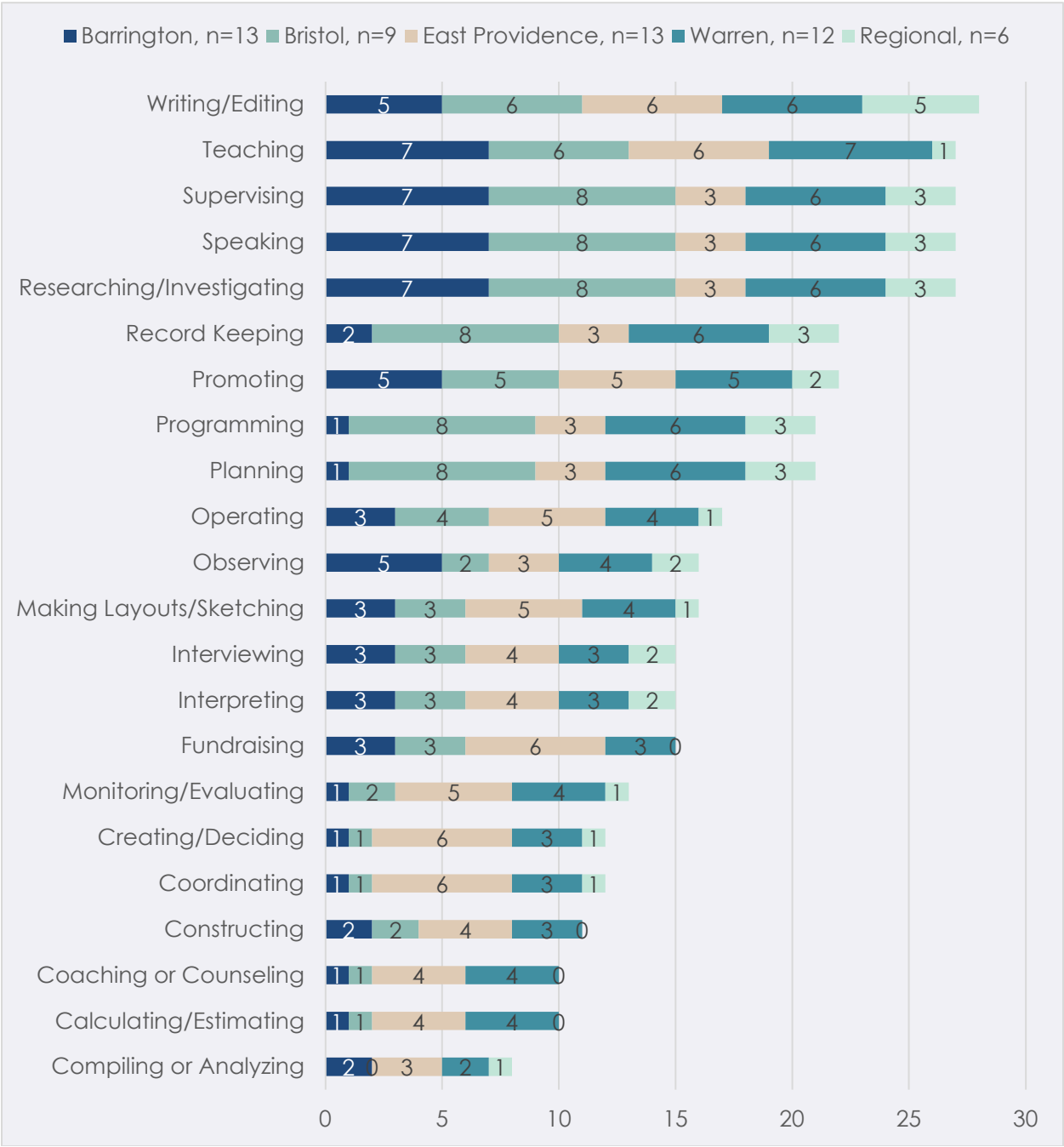
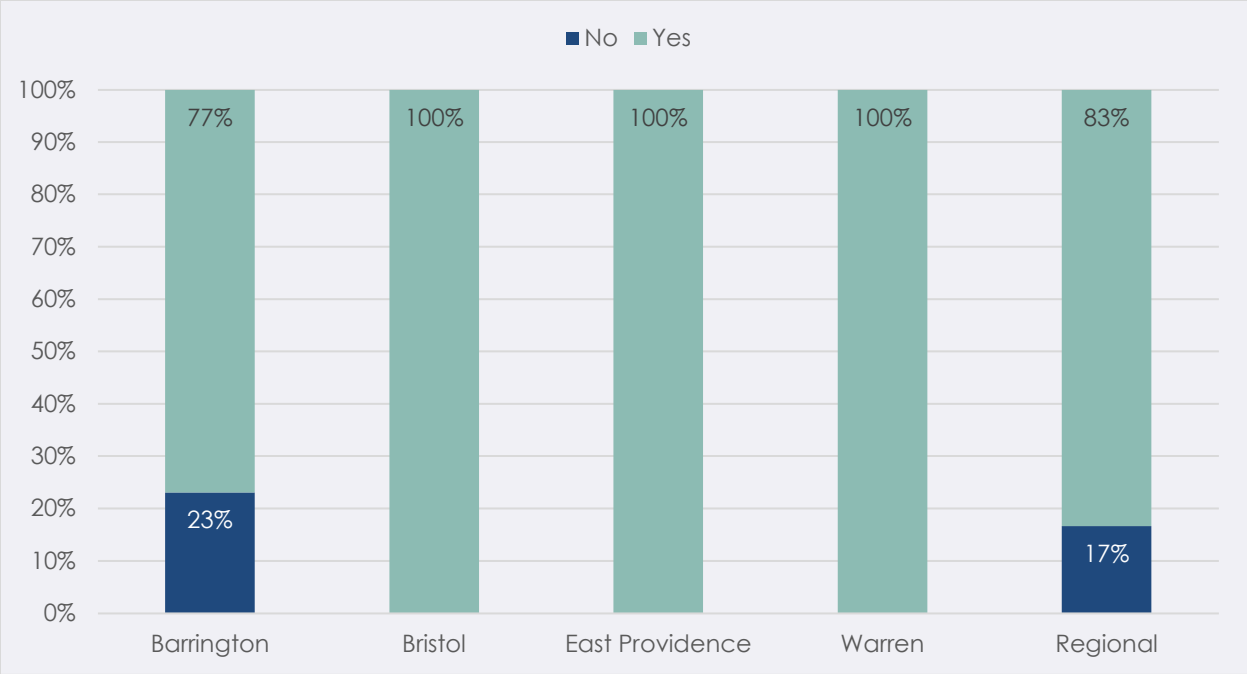


Figure 119. Percent of Respondents who Feel their Skills are Being Utilized by the Coalition



Community Readiness Survey – Figures 120-121 and Appendix C

Our community readiness assessment showed that on overall readiness, while the variation was slight, Barrington was the lowest coming in just above the Preparation stage, and Bristol was the highest coming in in the Action phase with Warren right behind them and East Providence in the middle between the Preparation and Action stages.

The individual constructs on community readiness assessment showed the coalitions believe their communities are basically in the preparation stage on each group of the specific measures assessed on the instrument, with leadership coming in the highest for Barrington and Resources for Efforts coming in the highest for Bristol and Warren.

While the data suggest that the coalitions could work on making their prevention efforts more visible and well known, they also suggest that there is an opportunity for capacity building, especially in Barrington.

It is somewhat surprising that Bristol rated itself so highly on overall readiness—they put themselves in the action phase—when they ranked themselves lower on the individual constructs. While overall readiness reflects the respondents' impression of the communities "overall readiness" to address substance prevention, given the question was first on the questionnaire, it's possible they thought about it more deeply when assessing themselves on the questions that followed. The latter questions were more detailed as each construct had multiple questions. This result suggests it would be worthwhile for the coalition to spend some effort discussing their capacity in this regard.

Figure 120. Community Readiness to Change Overall Readiness Summary

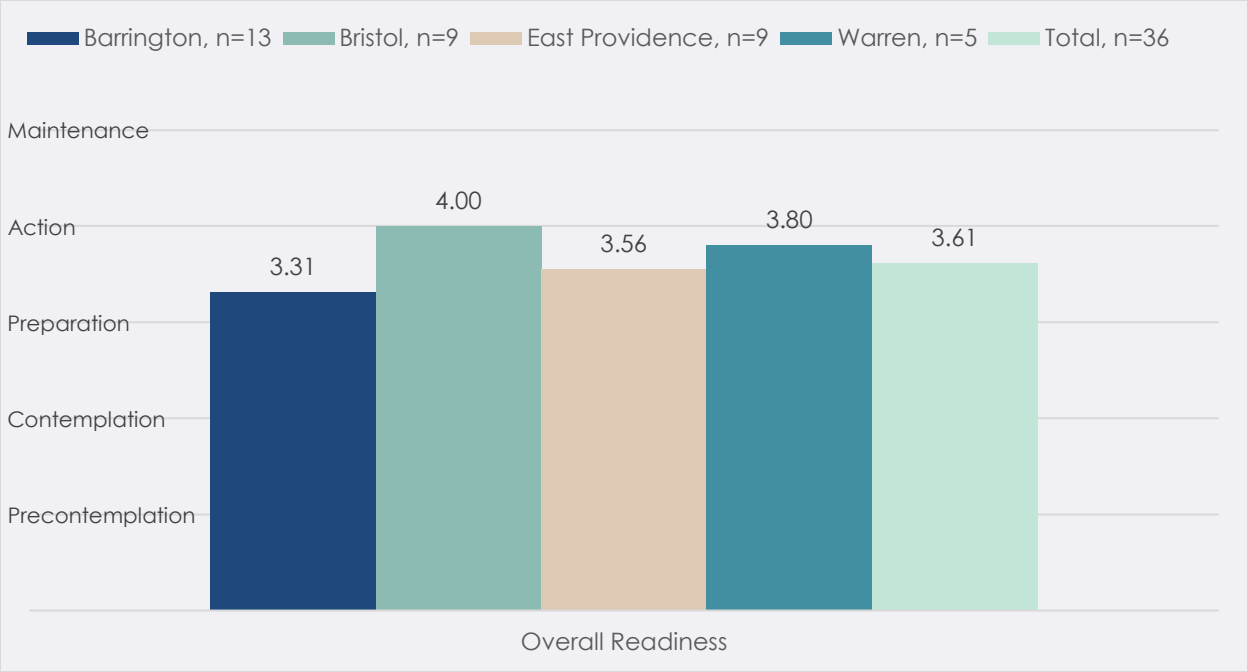
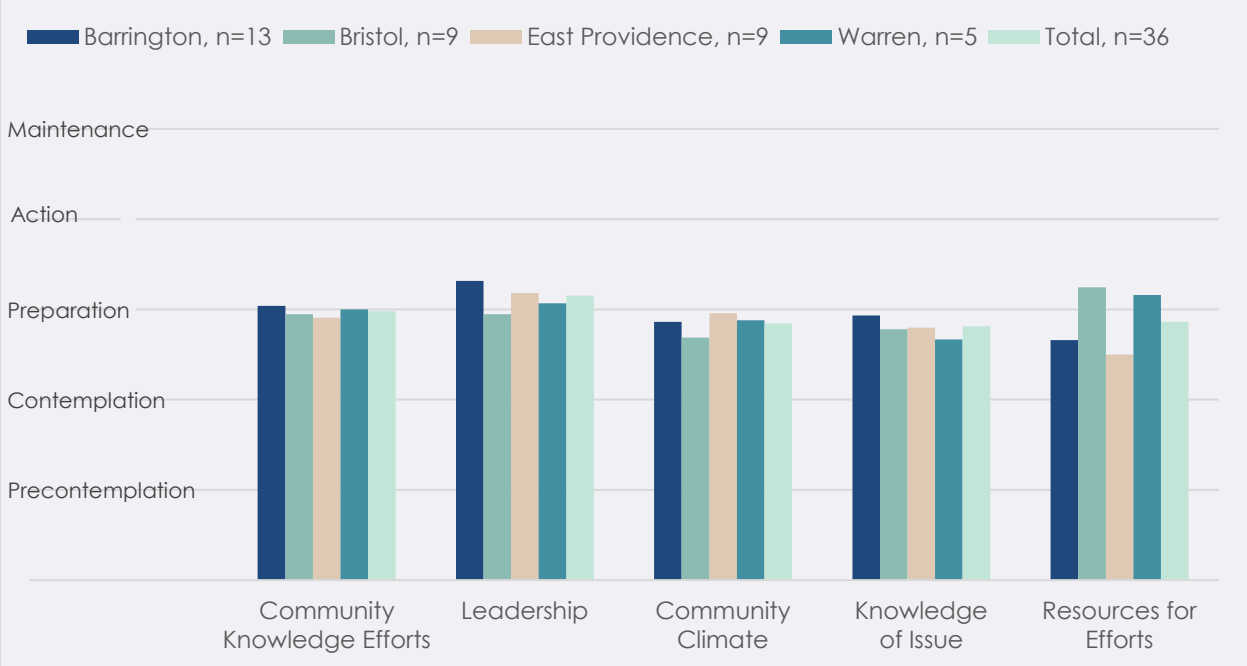


Figure 121. Community Readiness to Change Stage Summary



KEY FINDINGS

This comprehensive needs assessment has shown that mental health wellness is an issue that has moved to the forefront in all communities. This came up in every planning meeting that was held, along with the legalization of marijuana that happened while this needs assessment was being conducted. There have been positive gains in Bristol-Warren on substance-related matters according to the RISS; however, it is challenging to make community-level comparisons as the data are not weighted. The data basically represent the students who were in school the day the survey was given, which therefore makes cross-community comparisons difficult. It should be noted that the NSDUH showed substance use decreases at the regional level, so it is possible there have been positive gains but the data are older and may not represent current issues. In the end, vaping nicotine—especially at school—turned out to be one of the biggest substance use problems as youth are experiencing physiological addiction, which hitherto was extremely rare. Thus, when interpreting the data, we think planning decisions should rely more heavily than usual on the qualitative reports as they are current and they take the impact of the pandemic into account. Nearly all of the social indicator data predates the pandemic with a few exceptions.

Other current data come from the readiness and skills assessments. The readiness and skills data also speak to these issues. This data showed that Barrington was lower on grant-funded resources than Bristol and Warren, which is true as it no longer has a DFC grant, and does not have PFS funding. And the Barrington substance use rates have gone up while the opposite is true in Bristol-Warren. This observation provides support for the notion that outcomes may be tied to funding. East Providence, on the other hand, often fell in the middle on many measures. The East Providence data seem to reflect the city where it sits geographically—it is a lot like Providence, economically and socially, but also reflects the characteristics of the rest of the East Bay region both economically and socially.

Communities have at least three or four substances or behavioral health wellness matters they could choose from to address. In many cases their choices will overlap though the focus may be different from one community to the next. Each community will select substances and wellness issues coalition members believe are right for their communities, and most importantly, that they can reasonably implement effectively. This decision-making process will be supported by the larger, regional coalition which can support the region by providing infrastructure, resources, and training. It also allows the region to support overlapping priority problems and strategies identified by the coalitions at a higher level while allowing them to implement local efforts tailored to their communities.

Appendix A

2021 Needs Assessment Focus Group Questions

Youth Focus Group

1. How would you describe substance use in the community?
- Probe for underage use
- Probe for differences by substances (i.e., alcohol, marijuana, tobacco, vaping, non-medical prescription drug use, opioid use, over the counter medications)
- Probe for consumption patterns: How often youth use, how many youths use, where do youth use, and any differences across substances

2. What are some of the reasons why youth use substances?
- Probe for age of first use
- Probe for certain sub populations more likely to engage in use

3. How harmful is underage substance use?
- Probe for various kinds of harm (i.e., physical health concerns) and other consequences (i.e., punishment)
- Probe for differences by substances (i.e., alcohol, marijuana, tobacco, vaping, non-medical prescription drug use, opioid use, over the counter medications)

4. How do you think parents feel about underage substance use?
- Probe for systems families use to prevent you from accessing different substances
- Probe for perceptions on enforcement: How effective is the community in enforcing laws against underage substance use
- Probe for differences by substances (i.e., alcohol, marijuana, tobacco, vaping, non-medical prescription drug use, opioid use, over the counter medications)
- Probe for perceptions about social hosting: What would parents do if they knew kids were using substances?

5. How do most kids access substances? **
- Probe for ease of access for youth to obtain substances (i.e., retail, homes, social media, etc.)
- Probe for differences by substances (i.e., alcohol, marijuana, tobacco, vaping, non-medical prescription drug use, opioid use, over the counter medications)
- Probe for perceptions about marijuana legalization: How do youth and adults feel about pot shops in their own community?
- Probe for differences in preferences for "lock-up" of prescription drugs vs OTC and alcohol, messaging
- Are there any current barriers to access?

6. How would you describe the issues of adults and youth experiencing mental health challenges in your community?
- Probe for depression, suicide, and self-harm
- Probe for stigma, attitudes, perceptions in the community

7. What are some factors that influence mental health challenges among youth?
- Probe for consequences if not addressed
- Are there certain sub-populations of kids who are more likely to feel depressed or

suicidal?
- How do you view people who need mental health services?

8. Are you aware of resources in the community that can help students with substance use problems and/or mental health challenges?
- What programs are available to help students to avoid substance use?
- What does your school do to educate students about substance use? Depression? Suicide?
- How effective is the community in reaching out to youth who are struggling with substance use issues? Depression? Suicidal thoughts?
- What would parents/youth do if they had concerns about someone's mental health?
- Are there barriers to accessing substance abuse and/or mental health services?

9. What ideas could the substance abuse prevention coalition try to keep students from using substances and/or preserve mental health?

Parent Focus Group

1. How would you describe substance use in the community?
- Probe for underage use
- Probe for differences by substances (i.e., alcohol, marijuana, tobacco, vaping, non-medical prescription drug use, opioid use, over the counter medications)
- Probe for consumption patterns: How often youth use, how many youths use, where do youth use, and any differences across substances

2. What are some of the reasons why youth use substances?
- Probe for age of first use
- Probe for certain sub populations more likely to engage in use

3. What is your child's perception of risk when it comes to underage substance use?
- Probe for various kinds of harm (i.e., physical health concerns) and other consequences (i.e., punishment)
- Probe for differences by substances (i.e., alcohol, marijuana, tobacco, vaping, non-medical prescription drug use, opioid use, over the counter medications)

4. How do parents feel about underage substance use?
- How much do you feel your influence affects whether or not your children drink alcohol?
- Probe for systems families use to prevent you from accessing different substances
- Probe for perceptions on enforcement: How effective is the community in enforcing laws against underage substance use
- Probe for differences by substances (i.e., alcohol, marijuana, tobacco, vaping, non-medical prescription drug use, opioid use, over the counter medications)
- Probe for perceptions about social hosting: What would parents do if they knew kids were using substances?

5. How do most kids access substances?
- Probe for ease of access for youth to obtain substances (i.e., retail, homes, social media, etc.)
- Probe for differences by substances (i.e., alcohol, marijuana, tobacco, vaping, non-medical prescription drug use, opioid use, over the counter medications)

- Probe for perceptions about marijuana legalization: How do youth and adults feel about pot shops in their own community?
- Probe for differences in preferences for "lock-up" of prescription drugs vs OTC and alcohol, messaging
- Are there any current barriers to access?

6. How would you describe the issues of adults and youth experiencing mental health challenges in your community?

- Probe for depression, suicide, and self-harm
- Probe for stigma, attitudes, perceptions in the community

7. What are some factors that influence mental health challenges among youth?

- Probe for consequences if not addressed
- Are there certain sub-populations of kids who are more likely to feel depressed or suicidal?
- How do you view people who need mental health services?

8. Are you aware of resources in the community that can help students with substance use problems and/or mental health challenges?

- What programs are available to help students to avoid substance use?
- What does your community do to educate parents about underage substance use? Depression? Suicide?
- How effective is the community in reaching out to youth who are struggling with substance use issues? Depression? Suicidal thoughts?
- What would parents/youth do if they had concerns about someone's mental health?
- Are there barriers to accessing substance abuse and/or mental health services?

9. What ideas could the substance abuse prevention coalition try to keep youth from using substances and/or preserve mental health?

Portuguese Mental Health Focus Group

1. How would you describe the issues of adults and youth experiencing mental health challenges in your community?

- Probe for specific impact to Portuguese individuals
- Probe for depression, anxiety, suicide, and self-harm
- How is it visible in the Portuguese community?
- How is it talked about in the Portuguese community?

2. What are some factors that influence mental health challenges among Portuguese individuals?

- Probe for differences by age grouping (i.e., youth vs. adults)
- Probe for consequences if not addressed
- Are there certain sub-populations of kids who are more likely to feel depressed or suicidal?

3. How does the Portuguese community view people who need mental health services?

- Probe for stigma, attitudes, perceptions in the community
- What are common beliefs about mental health challenges in the Portuguese community?

4. Is substance use a problem in the Portuguese community?

- How is alcohol used and perceived in the home environment?
- Probe for underage use and monitoring
- Probe for differences by substances (i.e., alcohol, marijuana, tobacco, vaping, non-medical prescription drug use, opioid use, over the counter medications)
- Probe for consumption patterns: How often youth use, how many youths use, where do youth use, and any differences across substances

5. Are you aware of resources in the community that can help students with substance use problems and/or mental health challenges?

- How effective is the community in reaching out to Portuguese individuals who are struggling with substance use issues? Depression? Suicidal thoughts?
- What programs are available to support Portuguese individuals? Anything specific to mental health?
- What programs are available to help students to avoid substance use?
- What would parents/youth do if they had concerns about someone's mental health?
- For messaging, what are the language preferences? Do you like/want to see mental health or prevention materials in Portuguese?

6. Are there barriers to accessing substance abuse and/or mental health services?

- Why is it sometimes difficult for Portuguese individuals to reach out to others when they are suffering from depression, anxiety, or other mental health challenges?
- What can be done to reduce barriers?
- What type of messaging is effective in the Portuguese community?

7. What ideas could the regional prevention coalition try to keep Portuguese individuals from using substances and/or preserve mental health?

- What can be done to increase access to services?
- How can we increase interest in programs, such as MHFA?

Appendix B

R5 Needs Assessment: List of No Data Available

Substance Use Indicators

- Number of Underage OUI Arrests
- Number of Underage OUI Convictions
- Number of OUI Arrests (Reported DUI)
- Percent of Total Underage OUI Arrests
- Percent of Total Underage OUI Convictions
- Percent of Total OUI Arrests
- Percent of Total OUI Convictions
- Number of Substance-Related Injuries
- Percent of Motor Vehicle Injuries
- Number of Citations Underage Illicit Possession
- Number of Citations Underage Consumption
- Number of Citations Use of Fake ID
- Number of Citations Adults Purchase for Minor
- Number of Citations for Overseeing
- Number Intent to Deliver Arrests
- Number of Other Ordinance Violations
- Number of Sales to Minors
- Number of License Suspensions Sales to Minors
- Number of License Revocations Sales to Minors
- Number of Local Sales Cigarettes, E-Cigs, Smokeless, Other
- Number of Substance Related Expulsions
- Student Report of Use at School
- Number Underage Substance Involvement in Vandalism, Property Damage, Rape, Robbery, Assault, Murder, Other Crimes
- Number Substance-Related ED Admissions
- Number of Substance-Related EMS Runs
- Number of Adult Substance-Related ED Admissions
- Number of Adult Substance-Related EMS Runs
- Number of Substance-Related Poisonings or Overdose (Non-Fatal)
- Number of Available Treatment Beds, All Ages
- Number of Beds for Underage Youth
- Number of Underage People on Waiting List for Admission
- Number of Local Tobacco Cessation Programs (And Vaping)
- Number of Participants in Tobacco Cessation Programs (And Vaping)
- Number of Youth who Attempted to Quit Tobacco (And Vaping)
- Number of Adults who Attempted to Quit Tobacco (And Vaping)
- Youth Behavior and Attitude Toward Substance Use Survey
- Number of Current Cigar Use Among Adults
- Number of Current Smokeless Tobacco Use Among Students

Depression Data Indicators

- Students Reporting Feeling Safe at School
- Students Reporting Feeling Safe Going to and From School
- Students Reporting Feeling Safe at Home
- Students Reports of Having Been Threatened with a Weapon
- Students Disciplined for Bullying
- Student Reports of Having Felt Very Grouchy or Irritable
- Student Reports of Sleep or Appetite Changes
- Student Reports of Missing Class Due to Mood Issues
- Student Reports of Self-Harm
- Student Visits to Nurses, Counselors, or Others for Guidance
- Hospitalizations or ED Visits for Self-Harm
- Hospitalizations of ED Visits for Suicide Attempts
- Number of Beds Available, All Ages
- Number of Beds Filled, All Ages
- Number of Beds Available, Pregnant Women
- Number of Beds Filled, Pregnant Women
- Number of Beds Available, Post-Partum Women
- Number of Beds Filled, Post-Partum Women
- Number of Beds Available, Underage Youth
- Number on Waitlist for Admission

Suicide Data Indicators

- Number of School Incidents Related to Suicide or Attempts
- Number of Students Seeking Care from Counselors
- Number of Youth Suicide-Related ED Admissions
- Number of Youth Suicide-Related EMS Runs
- Number of Beds Available, All Ages
- Number of Beds Filled, All Ages
- Number of Beds for Underage Youth, Available
- Number of Beds for Underage Youth, Filled
- Number of Suicide-Related Admissions
- Number on Waiting List for Admission
- Adult Risk Behavior Survey

APPENDIX C

R5 Needs Assessment: Community Readiness Tool

R5 East Bay Community Readiness Survey
Community Readiness

What is your community?

- ◯ Barrington
- ◯ Bristol
- ◯ East Providence
- ◯ Warren

Which of the 12 sectors do you feel you represent?

- ◯ Youth
- ◯ Parents
- ◯ Business
- ◯ Media
- ◯ School
- ◯ Youth-Serving Organizations
- ◯ Law Enforcement
- ◯ Religious or Fraternal Organizations
- ◯ Civic or Volunteer Groups
- ◯ Healthcare Professionals
- ◯ State or Local Agencies
- ◯ Other Local Organizations

R5 East Bay Community Readiness Survey

Community Readiness

For the following question, please answer keeping in mind your perspective of what community members believe and not what you personally believe.

1. On a scale from 1-10, how much of a concern is substance misuse to members of your community, with 1 being "not a concern at all" and 10 being "a very great concern"?

1 (Not a Concern at All)	2	3	4	5	6	7	8	9	10 (A Very Great Concern)
☆	☆	☆	☆	☆	☆	☆	☆	☆	☆

R5 East Bay Community Readiness Survey

Community Knowledge of Efforts

The following questions will ask about current community efforts to address the issue. By efforts, it means any programs, activities, or services in your community that address the issue.

2. About how many community members would you say...

	None	A Few	Some	Many	Most
...have heard of our substance misuse prevention efforts?	◯	◯	◯	◯	◯
...can name our substance misuse prevention efforts?	◯	◯	◯	◯	◯
...know the purpose of the substance misuse prevention efforts?	◯	◯	◯	◯	◯
...know who the substance misuse prevention efforts are for?	◯	◯	◯	◯	◯
...know how the substance misuse prevention efforts work (e.g. activities or how they're implemented)?	◯	◯	◯	◯	◯
...know the effectiveness of the substance misuse prevention efforts?	◯	◯	◯	◯	◯

R5 East Bay Community Readiness Survey

Leadership

The following questions are going to ask you about how the leadership in your community perceives the issue. By leadership, it is referring to those who could affect the outcome of this issue and those who have influence in the community and/or who lead the community in helping it achieve its goals.

3. Using a scale from 1-10, how much of a concern is substance misuse prevention to the leadership of your community, with 1 being "not a concern at all" and 10 being "a very great concern"?

1 (Not a Concern at All)	2	3	4	5	6	7	8	9	10 (A Very Great Concern)
☆	☆	☆	☆	☆	☆	☆	☆	☆	☆

4. How many leaders...

	None	A Few	Some	Many	Most
...at least passively support efforts without necessarily being active in that support?	◯	◯	◯	◯	◯
...participate in developing, improving or implementing efforts, for example by being a member of a group that is working toward these efforts?	◯	◯	◯	◯	◯
...support allocating resources to fund community efforts?	◯	◯	◯	◯	◯
...play a key role as a leader or driving force in planning, developing or implementing efforts?	◯	◯	◯	◯	◯
...play a key role in ensuring the long-term viability of community efforts, for example by allocating long-term funding?	◯	◯	◯	◯	◯

R5 East Bay Community Readiness Survey

Community Climate

For the following questions, again please answer keeping in mind your perspective of what community members believe and not what you personally believe.

5. How many community members...

	None	A Few	Some	Many	Most
...at least passively support community efforts without being active in that support?	◯	◯	◯	◯	◯
...participate in developing, improving or implementing efforts, for example by attending group meetings that are working toward these efforts?	◯	◯	◯	◯	◯
...play a key role as a leader or driving force in planning, developing or implementing efforts?	◯	◯	◯	◯	◯
...are willing to pay more (for example, in taxes) to help fund community efforts?	◯	◯	◯	◯	◯

6. About how many community members would support expanding efforts in the community to address substance misuse prevention?

- ◯ None
- ◯ A Few
- ◯ Some
- ◯ Many
- ◯ Most

R5 East Bay Community Readiness Survey
Knowledge About the Issue

7. Would you say that community members know nothing, a little, some or a lot about each of the following as they pertain to substance misuse?

	Nothing	A Little	Some	A Lot
Substance misuse, in general	◯	◯	◯	◯
The signs and symptoms of substance misuse	◯	◯	◯	◯
The causes of substance misuse	◯	◯	◯	◯
How much substance misuse occurs locally (or the number of people living with the issue in your community)	◯	◯	◯	◯
What can be done to prevent or treat substance misuse	◯	◯	◯	◯
The effects of substance misuse on family and friends	◯	◯	◯	◯

R5 East Bay Community Readiness Survey
Resources for Efforts (Time, Money, People, Space, etc.)

8. On a scale of 1 to 5, where 1 is no effort and 5 is a great effort, how much effort are community members and/or leadership putting into doing each of the following things to increase the resources going toward addressing substance misuse prevention in your community?

	1	2	3	4	5
Seeking volunteers for current or future efforts to address substance misuse in the community.	◯	◯	◯	◯	◯
Soliciting donations from businesses or other organizations to fund current or expanded community substance misuse prevention efforts.	◯	◯	◯	◯	◯
Writing grant proposals to obtain funding to address substance misuse in the community.	◯	◯	◯	◯	◯
Training community members to become experts.	◯	◯	◯	◯	◯
Recruiting experts to the community.	◯	◯	◯	◯	◯