

SUBSTANCE MISUSE PREVENTION
2025-2029 STRATEGIC PLAN
CHARTING THE COURSE FOR SUCCESS



**STATE OF RHODE ISLAND DEPARTMENT OF BEHAVIORAL
HEALTHCARE, DEVELOPMENTAL DISABILITIES & HOSPITALS**



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About the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH)

The RI Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH) works to guarantee high-quality, safe, and accessible healthcare services through an integrated healthcare landscape in which all Rhode Islanders will thrive. BHDDH is the second largest department in the state with more than 1,100 employees working in three divisions: Behavioral Health, Developmental Disabilities, and the state hospitals: Eleanor Slater Hospital (ESH) for medical care located on two campuses, Cranston and Burrillville, or the Rhode Island State Psychiatric Hospital (RISPH) in Cranston.

Per RI General Law Title 40.1, the Director of the Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH) is empowered as the State Mental Health Authority and as the Co-Single State Authority for Substance Abuse with the Executive Office of Health and Human Services for the purposes of determining the Maintenance of Effort for the substance abuse education, prevention and treatment programs as a result of the state consolidating the behavioral health Medicaid funding. All policy, planning and oversight of substance abuse education, prevention and treatment are under the auspices of BHDDH.

The Division of Behavioral Healthcare (DBH) maintains the overall responsibility for planning, coordinating, and administering a comprehensive State-wide system of mental health promotion and substance abuse prevention, intervention, and treatment activities. The overarching goals of the Division are to:

- Promote wellness and assure quality treatment and prevention throughout the State with the vision that all Rhode Islanders will have the opportunity to achieve the best possible health, resiliency and recovery, and well-being.
- Live in communities free of problems related to substance misuse; and have access to effective prevention, early intervention, and treatment and support to recover from mental health and/or substance use problems that may develop over the lifespan so that they can live, learn, and fully participate in their communities without discrimination when these conditions persist.

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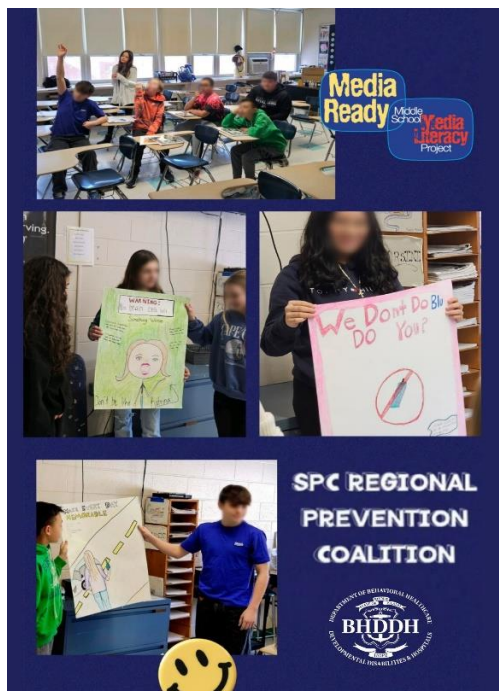
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*Media Ready, courtesy of Patricia
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About this Plan

This plan was funded by the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH) with funding from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP). BHDDH is the co-single state authority for substance use prevention, treatment and recovery supports. As the co-single state authority, BHDDH is required by SAMHSA/CSAP to create a strategic plan as part of the Substance Use Prevention, Treatment and Recovery Block Grant. This strategic plan fulfills that requirement.

Per Rhode Island (RI) General Law Title 40.1, the Director of the Division of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH) is empowered as the State Mental Health Authority, the Single State Authority for Substance Use Disorder Treatment and Prevention, and the State Opioid Treatment Authority. All policy, planning, and oversight of substance use education, prevention, treatment, and recovery services are under the auspices of BHDDH. Through its Division of Behavioral Healthcare (DBH), BHDDH administers the Substance Use Prevention, Treatment, and Recovery Services Block Grant, Mental Health Block Grant, the Projects for Assistance in Transition from Homelessness, and several discretionary grants.

The development of this plan was guided by technical assistance provided by the [Strategic Prevention Technical Assistance Center](#) (SPTAC) under contact from and at the direction of SAMHSA/CSAP. The Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH)'s Prevention and Recovery Services Unit/Prevention Team, with members of the BHDDH Research, Data Evaluation, and Compliance Unit, participated in a series of strategic planning sessions facilitated by SPTAC. Sessions were designed to identify barriers to implementing best practice primary prevention interventions/strategies in Rhode Island communities, determine the causes of these barriers, and identify potential solutions. The group then created aim statements that described how those barriers would be addressed or rectified, including specific actions for accomplishing those aims and concrete change ideas. This strategic plan is the product of those sessions.



Letter from the Director

Rhode Island Department of Behavioral Healthcare,
Developmental Disabilities & Hospitals

Dear Fellow Rhode Islanders,

I am pleased to present the **Rhode Island Substance Misuse Statewide Strategic Plan 2025-2029: Charting the Course for Success**. This plan lays out a set of goals, objectives, and strategies to strengthen primary substance misuse prevention in our state.

It defines the concrete steps we plan to take and where we will prioritize investments to build upon a rich history of community-based, community-centered substance misuse prevention dating back to 1986. That year, the Rhode Island state legislature passed the RI Substance Abuse Prevention Act. This act established 36 municipal substance abuse prevention task forces and the Student Assistance Act which provided for school-based substance misuse prevention services. These services also include early identification and referral for youth who are determined to be at elevated risk of substance misuse.

Prevention science has advanced significantly since the inception of Rhode Island's task forces in 1986. In times of limited resources and significant challenges, we must make smart investments in programs and strategies that are proven effective. The need is quite urgent. We propose the following overarching goals to reduce substance misuse across the lifespan:

- Use high quality data and outcomes to increase public awareness of the positive impact and vital importance of substance misuse prevention.
- Improve coordination among statewide prevention funders and community providers, to avoid duplication of services and effectively leverage all available funding streams that support community-based prevention efforts; and
- Expand the use of prevention science and evidence-based practice to guide programmatic and funding priorities.

This plan charts the course to achieving optimal behavioral health and well-being through prevention of substance misuse in RI communities. It honors all past efforts and looks to the future of prevention. RI communities deserve the best we have to offer.

Sincerely,

Richard Leclerc, MSW
Director

RI Department of Behavioral Health, Developmental Disabilities & Hospitals

Introduction



Providence Faith Leaders Overdose Awareness Month Event, Courtesy of Obed Papp, Mayor's Coalition on Behavioral Health, Providence RI.

Rhode Island (RI) continues to face significant consequences of substance misuse. Rhode Island recorded the nation's highest percentage of alcohol-impaired-driving traffic fatalities among total traffic fatalities (tied with South Carolina) at 43% in 2022¹, surpassing the national average (32%) (Fatality Analysis Reporting System). The opioid, stimulant, and substance use disorders in RI are worse than the national averages.

In RI, there were 436 accidental drug overdose deaths in 2022 and 404 in 2023. Overdoses are happening statewide; however, the highest rates are in the major cities such as Providence, Pawtucket, and Woonsocket. Overdose death rates are highest for Black Rhode Islanders and rates have increased by nearly 50% for Hispanic Rhode Islanders from 2021 to 2022.²

The need for primary substance misuse prevention is still compelling. Preventing onset of use and intervening early when underage substance misuse occurs is the most effective way to prevent progression to a diagnosed disorder.

Overview

The state has had organized substance misuse prevention activities, encompassing a wide range of providers and partners, since 1986. We focus on risk and protective factors for substance misuse, and the implementation of programs, policies, and practices that reduce risk or that strengthen those factors that serve to protect from substance misuse. Rhode Island communities complete a substance misuse prevention Community Needs Assessment (CNA) every five years.

The seven RI Regional Prevention Task Forces (coalitions) completed Community Needs Assessments (CNAs) during 2022 and early 2023.³ Each needs assessment consisted of quantitative and qualitative data sources. The 2022 iteration of the Rhode Island Student Survey (RISS) was one of several quantitative data sources used in six of the CNAs. Other quantitative data sources included the Youth Risk Behavior Surveillance System (YRBSS), Census Data, Community Archival Data, Rhode Island KIDS COUNT Factbook data, The Youth Experience Survey (YES), and other surveys.

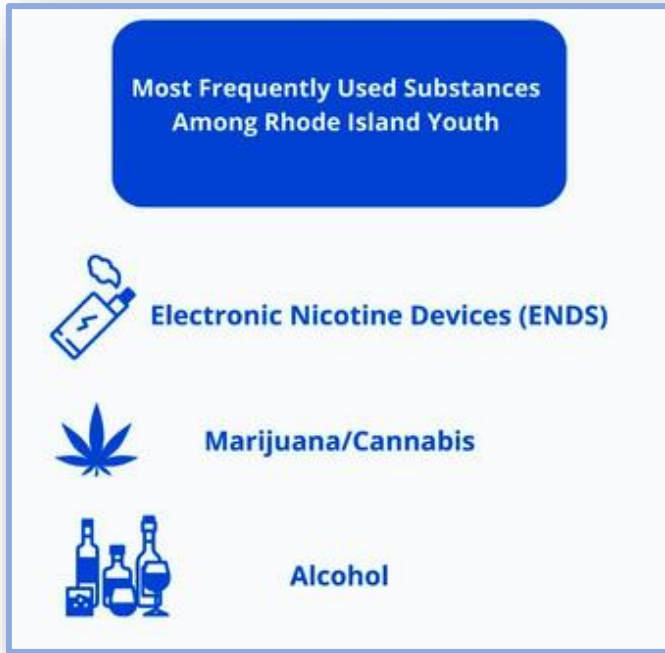
¹ <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813578>

² <https://preventoverdoseri.org/overdose-deaths/>

³ "Statewide Needs Assessment, Partnerships for Success 2023"

The Data on Substance Use and Misuse in RI

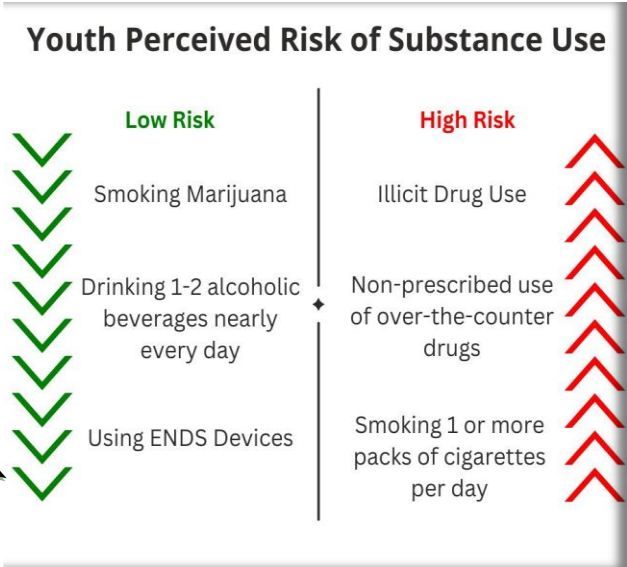
Youth and Substance Use



Data sources indicate that electronic nicotine delivery system devices (ENDS), marijuana, and alcohol were the three most used substances by youth across all seven prevention regions in RI.

Youth Perception of Risk or Harm of Substance Use

The most frequently used substances are those with low perceived risk of use. Illicit drugs, non-medical use of over-the-counter drugs, prescription drugs, and smoking one or more packs of cigarettes per day were perceived as having greater risk of harm.

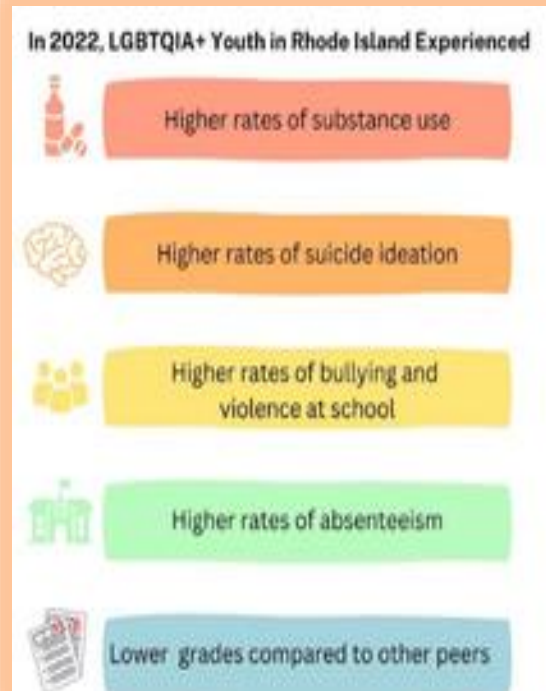


Health Disparities

Anxiety and depression increased since 2020 among youth, especially children of color and youth identifying as lesbian, gay, bisexual, transgender, queer, intersex, asexual, and others (LGBTQIA+).

According to 2022 RISS data, 14% of transgender and 14% of gay, lesbian, or bisexual (GLB) youth reported past 30-day use of alcohol, as compared to 8% of heterosexual and cisgender students. Similarly, 17% of transgender and 15% of gay, lesbian, and bisexual youth reported past 30-day use of marijuana compared to 8% of heterosexual and cisgender students.

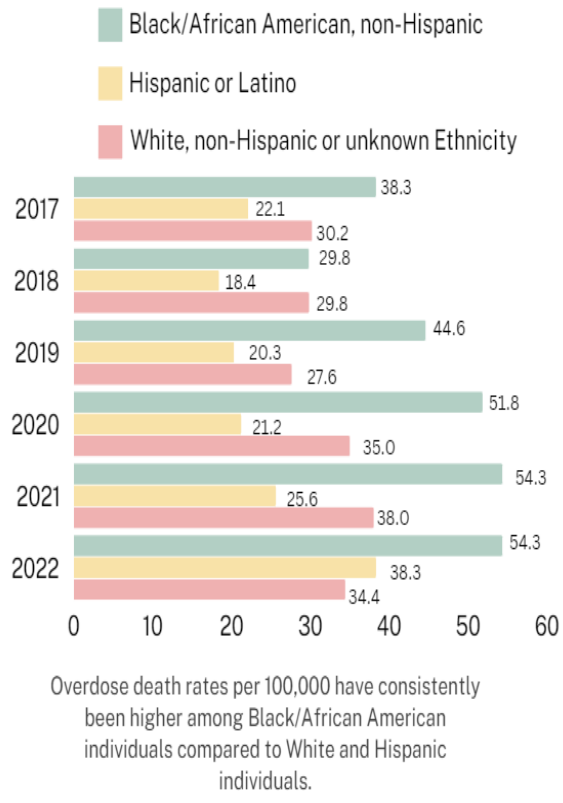
LGBTQIA+ students were also significantly more likely to report other adverse health and social outcomes such as having seriously considered suicide, bullying and violence at school, increased absenteeism, and lower average grades, as compared to their heterosexual and cisgender peers. Rhode Island is specifically addressing the LGBTQIA+ youth and young adult population with recently awarded federal discretionary grant funds based on this data.



Black/African American adults and young adults in RI also experienced more negative behavioral health outcomes, as compared to White, Hispanic, and Asian adults.⁴

RHODE ISLAND YOUNG ADULT SURVEY 2022 (RIYAS)
 Results showed that compared to White, Hispanic, Asian, and Multiracial/other adults, Black/African American young adults were:

- 01 More likely to meet criteria for alcohol use disorder and cannabis use disorder
- 02 More likely to screen positive for depression
- 03 Significantly more likely to experience community violence
- 04 Less likely to feel socially and/or emotionally supported



Black/African American young adults participating in the 2022 RI Young Adult Survey were more likely than their counterparts to meet diagnostic criteria for alcohol use and cannabis use disorder as well as being more likely screen positive for depression. Overdose death rates per 100,000 have consistently been higher among Black/African American individuals, as compared to White and Hispanic individuals since 2019. While other health disparities are experienced, the data needed to complete the full analysis of disparate levels of substance misuse or negative outcomes are not yet available.

⁴ [Informational Data Infographic](#)

Guiding Principles

Vision

Rhode Island's citizens will achieve optimal behavioral health and well-being through prevention of substance misuse and promotion of mental health in RI communities.

Mission

Support communities' efforts to address risk and protective factors at the individual, relationship, community, and societal levels⁵ by implementing culturally responsive programs based on prevention science and proven effective strategies.

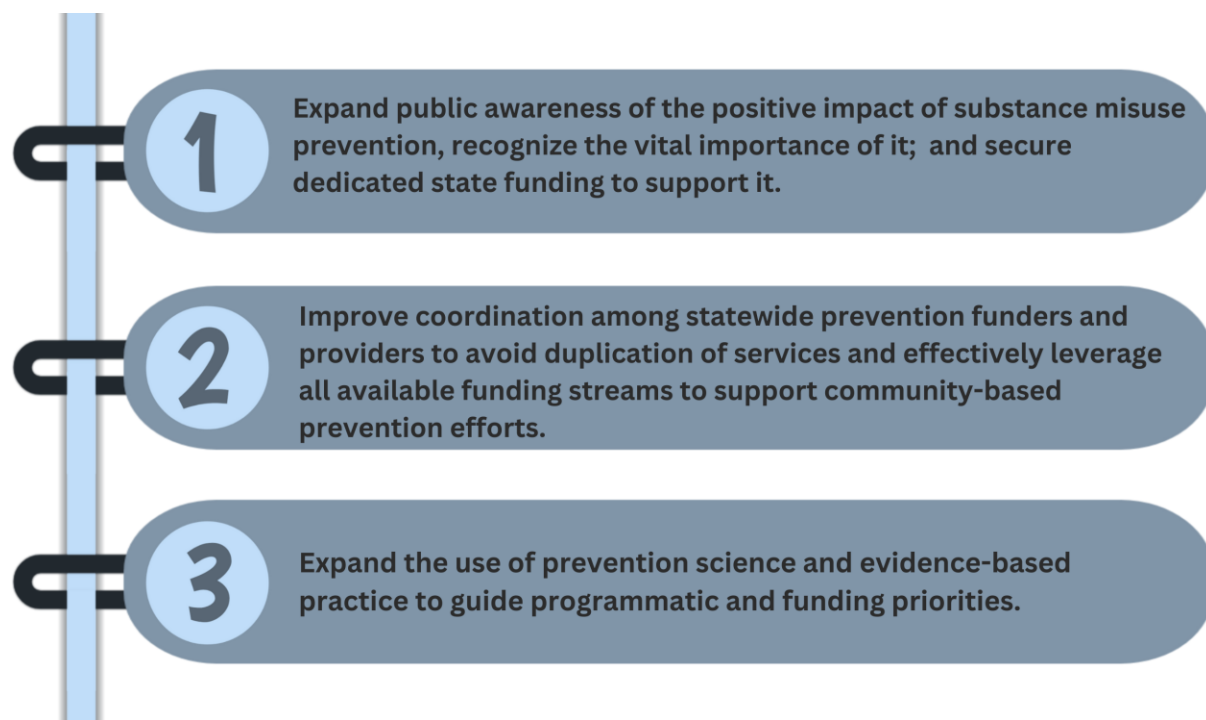
Values

The following values informed the development of this plan and the work of BHDDH staff within the Division of Behavioral Health whose work promotes and supports prevention services and activities delivered within Rhode Island's communities.



⁵ Bronfenbrenner, U. (2005). Ecological systems theory (1992). In U. Bronfenbrenner (Ed.), *Making human beings human: Bioecological perspectives on human development* (pp. 106–173). Sage Publications Ltd.

Strategic Goals

- 
- 1** Expand public awareness of the positive impact of substance misuse prevention, recognize the vital importance of it; and secure dedicated state funding to support it.
 - 2** Improve coordination among statewide prevention funders and providers to avoid duplication of services and effectively leverage all available funding streams to support community-based prevention efforts.
 - 3** Expand the use of prevention science and evidence-based practice to guide programmatic and funding priorities.

Please note that there will be a separate workforce development plan reflective of the goals, objectives, and strategies contained in this plan to ensure that prevention workforce is equipped to deliver high-quality prevention services. Estimated completion date for this product is 12/31/2025.

Current Landscape of BHDDH Funded Primary Substance Misuse Prevention in RI

Primary Substance Misuse Prevention Infrastructure

Municipal Substance Misuse Prevention Task Forces

Each municipal substance misuse prevention task force is led by a part-time coordinator. Task forces meet ten (10) times per year and are each comprised of members from seven (7) sectors: Business; Education; Safety; Medical/Health; Government; Community/Family Supports; and Youth/Young Adults, or Persons Ages 14-25. Task force members help determine priority substance misuse problems and issues, as well as craft approaches and strategies to address their unique needs. The municipal task forces are essential members of the Regional Prevention Task Forces (RPTF), helping identify shared problems, resources, and opportunities for collaboration among them. Regional Prevention Task Forces are responsible for the provision of funds to municipal substance misuse task forces that support their work.



Providence Faith Leaders Overdose Awareness Month Event, Courtesy of Obed Papp, Mayor's Coalition on Behavioral Health, Providence RI.

Regional Prevention Task Forces

RI currently operates a regionalized system of seven (7) substance misuse prevention task forces. Each Regional Prevention Task Force (RPTF) is staffed by a highly skilled prevention workforce of credentialed prevention directors, most of whom possess an advanced prevention credential issued by the Rhode Island Certification Board. Each RPTF, except for Region 3 that represents the City of Providence, serves as the coordinating body for prevention efforts in all communities within their region and is responsible for assisting the municipalities in assessing needs, identifying risk and protective factors, and using a data guided approach to identify appropriate strategies or interventions to meet the identified needs. The RPTFs offer support and mentoring to member municipalities and serve as a central planning body at the regional level. They

provide oversight of evidence informed practices among the municipalities funded by the Substance Use Prevention, Treatment and Recovery Block Grant (SUPTR) within their region and coordinate efforts to implement several age-appropriate evidence-based practices (EBPs) within their region. The choice of EBPs implemented in the region is based on a community needs assessment and strategic plan conducted every five years. The state convenes a panel to review the strategic plan and upon approval by the panel, the RPTF is authorized to implement activities and EBPs. According to data entered in the IMPACT prevention management information system, Regional and municipal task forces served **82,832** Rhode Islanders through individually based programs and strategies and **178,870** through population-based programs and strategies implemented in communities from October 1, 2023 – September 30, 2024.

Student Assistance

School based prevention services are delivered by masters' level clinicians in **77** schools. Among those schools, **6,121** 7th and 9th grade students received the prevention education series, **6,288** were screened and referred, and **52,000** participated in schoolwide awareness activities between July 1, 2023, and June 30, 2024.

Student Assistance is an evidence-based primary prevention program (EBP) that prevents and reduces adolescent substance use and is offered in most middle and high schools in RI. Also known as Project SUCCESS, this program was given the highest rating by the 2018 Pew MacArthur Results First Clearinghouse Database of EBPs. The standard components of the EBP include:

- Prevention Education Series (PES) - Six to eight sessions on alcohol, tobacco and other drugs are provided as a 7th and 9th grade level intervention.
- Screening and Referral for Services – Counselors complete a screening to identify the primary reason for referral. Students requiring more intensive counseling or treatment referred to appropriate agencies or practitioners in the community.
- Individual and Group Counseling –Time-limited individual and group counseling for youth who have not received a substance use disorder (SUD) diagnosis but have elevated risk.
- School-Wide Awareness Activities – Counselors and/or other staff perform activities and distribute promotional materials, as approved by the school, to increase the perception of the harm of substance use; positively change social norms about substance use; and increase enforcement of and compliance with school policies and community laws.
- Parent Program- Counselors provide parent education about the program, its services, current local substance uses trends, and related resources.

Rhode Island Prevention Resource Center

The Rhode Island Prevention Resource Center (RIPRC) provides training, technical assistance, and capacity-building resources to Rhode Island substance misuse prevention providers and their community partners.

The RIPRC's primary goals are to:

- Strengthen the capacity of prevention providers and communities to implement current, evidence-based prevention strategies.
- Increase the number of prevention providers who participate in the RI Substance Abuse Prevention certification system.
- Foster collaboration between substance misuse providers and across related prevention initiatives.

State Level Planning and Advisory Bodies

The following planning and advisory bodies provide oversight and accountability to state agencies who provide behavioral health services. They inform planning, delivery, and direction of substance misuse prevention programs and activities.

[Governor's Council on Behavioral Health](#) The Rhode Island Governor's Council on Behavioral Health is the State's behavioral health planning council. It was established by both federal and State law to review and evaluate the needs and problems associated with Rhode Island's services for individuals with mental health and substance use disorders.

The Council promotes and monitors the development, coordination, and integration of state-wide behavioral health services. The Council also serves in an advisory capacity to the Governor and the General Assembly.

[Prevention Advisory Committee \(PAC\)](#) – is a permanent committee on the Governor's Council for Behavioral Health. The purpose of the PAC is to make prevention recommendations to the Council that will be included in the annual report sent to the Governor and to the federal government's Substance Abuse Prevention and Treatment Block Grant. The primary goal of the PAC is to strengthen the prevention workforce in Rhode Island.

[Governor's Overdose Prevention and Intervention Task Force](#) is a statewide coalition of professionals and community members with the goal of preventing overdoses and saving lives. In November 2022, [the Governor signed an Executive Order that enhances the existing strategies](#) of the Task Force's Action Plan in the areas of prevention, treatment, rescue, and recovery. The Action Plan [was expanded once more in 2023.](#)

[Prevention Strategy Work Group](#)

The mission of the **Prevention Strategy Work Group** is to prevent overdoses, overdose deaths, and opioid misuse by identifying, developing, and evaluating multi-level strategies and interventions. The Prevention Strategy work group is a collaboration of state and community partners.

Funding Streams Supporting Primary Substance Misuse Prevention Activities

Total Substance Use Prevention, Treatment, and Recovery Block Grant expenditures for substance use primary prevention: \$3,768,123.03

Below are the expenditures for the types of prevention intervention type and associated audience. Some specific examples of the type of intervention in RI are cited as well.

TABLE 1 RI PREVENTION EXPENDITURES BY TARGET POPULATION AND EVIDENCE-BASED PRACTICE				
Prevention Intervention Type (IOM population)	Target Audience	RI Prevention Funding (2022)	Number of Evidence Based Practices	Example in RI
Universal Prevention	The whole population (no assessment of risk).	\$1,094,654.68	Universal Direct -14	Media Ready
			Universal Indirect-20	Drug Take Back Day
Selective Prevention	People exposed to elevated risk but who aren't exhibiting risky behavior	\$1,626,344.02	1	Project SUCCESS groups for children of substance users.
Indicated Prevention	People who exhibit or are engaged in risky behaviors associated with progression to substance misuse.	\$93,827.54	1	Referral to Student Assistance Counselor based on violation of school disciplinary code.

Most expenditures for federal fiscal year (FFY) 2022 were for selective prevention followed by universal prevention.

Total Substance Use Prevention, Treatment, and Recovery Block Grant expenditures for 2022 by prevention strategy type.

TABLE 2 – RI PREVENTION EXENDITURE BY PREVENTION STRATEGY AND POPULATION		
Prevention Strategy	IOM Population	2022 SUPTR Expenditures
Information Dissemination	Universal	\$500,413.54
Education	Selective	\$62,551.69
	Universal	\$218,930.99
Alternatives	Universal	\$31,275.85
Problem Identification and Referral	Selective	\$1,563,792.33
	Indicated	\$93,827.54
Community Based Process	Universal	\$312,758.47
Environmental	Universal	\$344,034.30

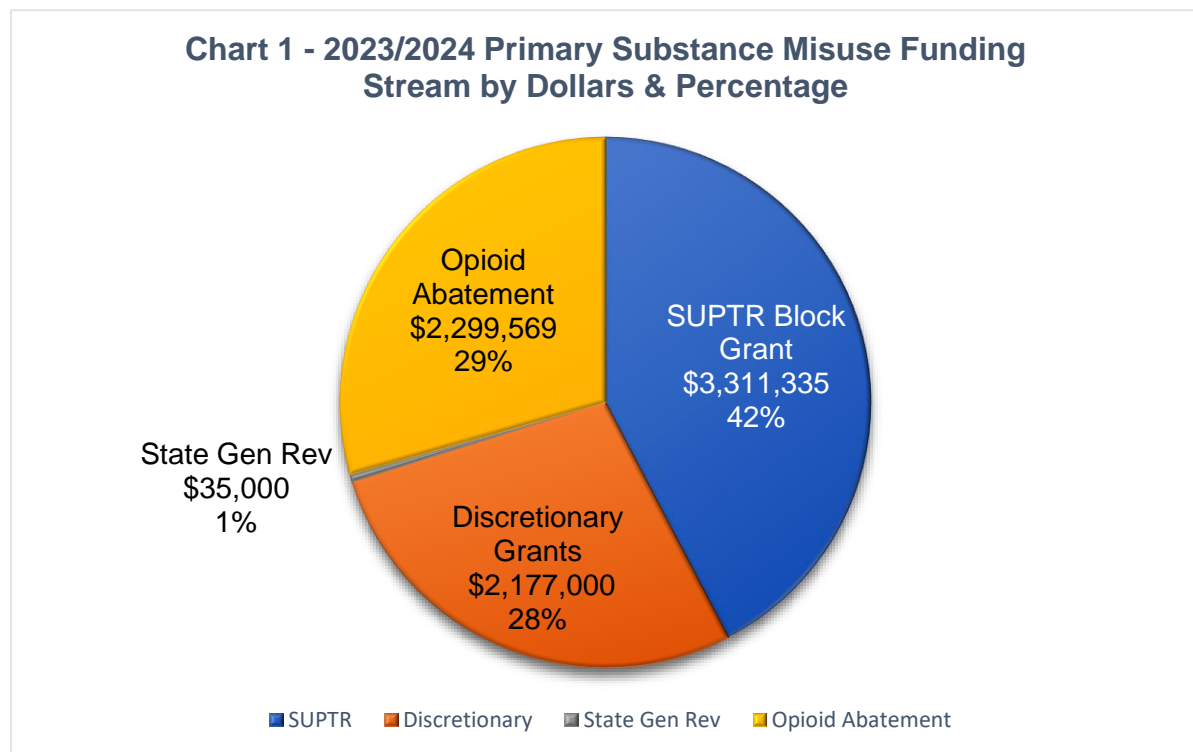


Chart 1 depicts the dollar value percentage of total funding for primary prevention by funding source: Federal Substance Use Prevention Treatment and Recovery Block Grant (SUPTR), Federal Discretionary grants, state general revenue (State Gen Rev) and other state administered Opioid Abatement grants including the Opioid Stewardship Fund and Opioid Settlement Fund.

Rhode Island is heavy reliant on federal grant funding to support primary prevention efforts. State general revenue funds represent 1% of investments in primary substance misuse prevention. The Synar regulation (Public Law 116-94) requires that states allocate funds to enforce their underage access laws (prohibiting the sale of tobacco products to individuals under the age of 21). Failure to maintain a state violation rate under 20% can result in a penalty including loss of some, or all the SUPTR funds. See: [About the Synar Amendment and Program | SAMHSA](#) .

The SUPTR Block Grant is formula funding provided to the state and it remains stable over time, making it the most predictable source of funding for primary substance misuse prevention in Rhode Island. Programs funded by the SUPTR are relatively sustainable from one funding cycle to the next. BHDDH emphasizes use of these funds to support the backbone functions and services for primary prevention in municipalities, such as supporting certified prevention specialists at the municipal and regional level, as well the implementation of at least one evidence-based practice (EBP) in each municipality.

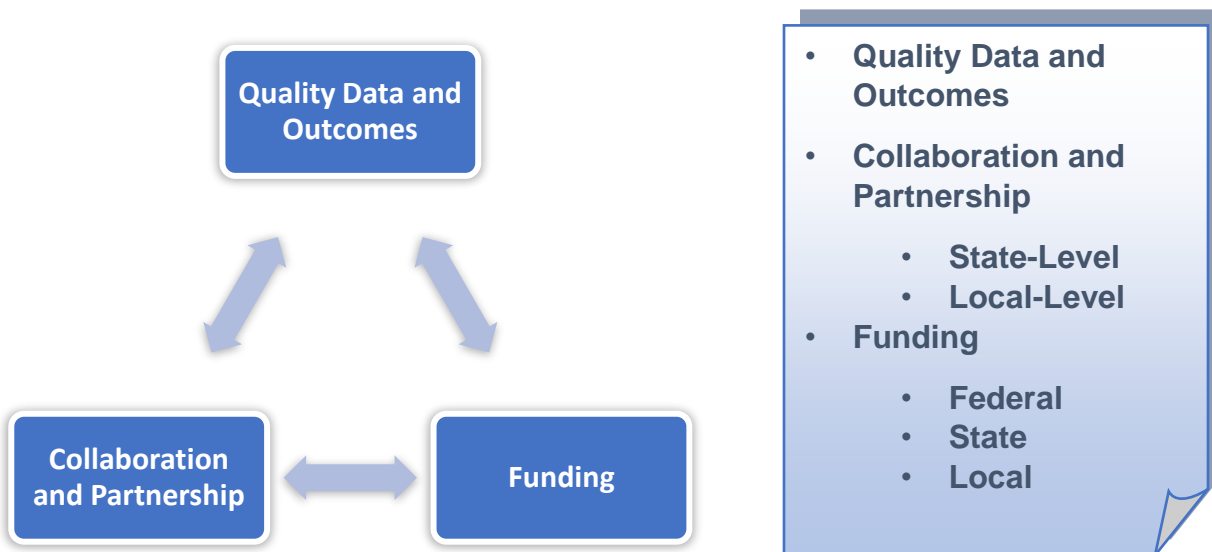
BHDDH has been very successful in acquiring and leveraging federal discretionary grant funds to support primary prevention efforts. Discretionary grants represented in Chart 1 include the State Opioid Response Grant 2022-2024 and the Strategic Prevention Framework-Partnership for Success 2023. We have also received funding from Opioid Abatement funding sources, both of which are under the authority of and administered by the RI Executive Office of Health and Human Services (RI EOHHS). RI EOHHS determines the purpose of the funding, recipients, and the allocation of funds each year. Discretionary funds are usually time limited, and renewal of the funding is not guaranteed. They often target specific substances or populations, which may or may not align with state or community priorities that arise from the CNAs.



Spanish Radio Outreach - Overdose Prevention Awareness, Courtesy of Obed Papp, Mayor's Coalition on Behavioral Health, Providence RI.

Rhode Island's Strategic Plan for Primary Prevention of Substance Misuse 2025-2029

Strategic Goal Focus Areas



Rhode Island's plan is also aligned with several of SAMHSA's five (5) priority areas as defined in [SAMSHA Strategic Plan 2023-2026](#), as described below.

- Preventing Substance Use and Overdose *
- Enhancing Access to Suicide Prevention and Mental Health Services *
- Promoting Resilience and Emotional Health for Children, Youth, and Families *
- Integrating Behavioral and Physical Health
- Strengthening the Behavioral Health Workforce*

...and aligned with SAMHSA's four (4) core principles:

- Equity*
- Trauma-Informed Approaches
- Recovery
- Commitment to Data and Evidence*

* Signifies a strategic goal area or core principle that will be impacted by activities contained within the [2025-2029 Strategic Plan for Substance Misuse Prevention](#).

Focus Area: Quality Data and Outcomes

Goal 1 – Use high quality data and outcomes to 1) increase public understanding of the effectiveness of substance misuse prevention programming and public recognition of the vital importance of it; and 2) secure dedicated state funding to support it.

Objectives

(1) Increase buy-in of providers to collect outcome data on their programs' effectiveness, and

(2) Increase skills of provider network to package and communicate outcome data effectively.

Strategies

(1) Change contract language to require data collection on outcomes;

(2) Utilize workplans to track data collection implementation;

(3) Develop benchmarks for data collection by providers;

(4) Establish a process for more frequent communication with regions/providers on the status of data collection processes; and

(5) Utilize training and technical assistance contracts to build capacity to package data appropriately and communicate findings in a way that is consumable for audience.

Expected Outcomes (Aim Statement)

Obtain outcome data from at least one evidence-based program or practice contained in their Strategic Prevention Framework -Partnership for Success 2023 (SPF-PFS 2023) provider contract.

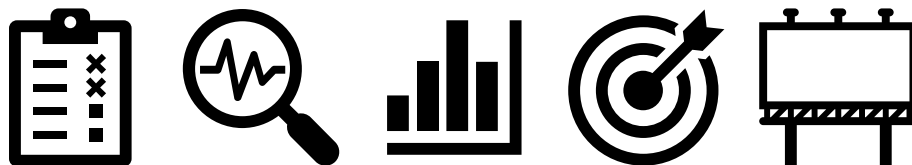
Milestones

Identify the selected evidence based program or practices for which outcome data will be obtained for SPF PFS 2023 by March 1, 2025.

By September 30, 2027, obtain outcome data from the selected evidence-based program or practice for SPF-PFS 2023.

Goal 1 – Use high quality data and outcomes to 1) increase public understanding of the effectiveness of substance misuse prevention programming, 2) public recognition of the vital importance of it; and 2) secure dedicated state funding to support it. (Continued).

<p>Equity Lens</p>	<p>Use outcome and process data to improve delivery of primary substance misuse prevention services to individuals and groups experiencing or at elevated risk for health disparities.</p>	<p>Compare outcomes based on age, socio-economic status, race, ethnicity, gender identity, sexual orientation, or geography to identify potential health disparities.</p>
		<p>Use data to track progress on addressing identified health disparities.</p>
		<p>Adapt EBP implementation and data collection processes to be more culturally responsive or inclusive.</p>
<p>Collaborators /Partners</p>	<p>Regional Prevention Task Forces, Municipal Prevention Task Forces, BHDDH Prevention and Recovery Services Unit, BHDDH Research, Evaluation, Data and Compliance Unit Staff</p>	
<p>Sustainability Implications</p>	<p>The practice of collecting outcome data for at least one EBP per provider per year using lessons learned from the SPF-PFS 2023 can be extended to all BHDDH managed funding streams and can be implemented during the next contract cycle. It supports efforts to demonstrate the effectiveness of primary substance misuse prevention interventions and enhances efforts to increase and diversify funding streams, especially state funding, which is currently less than 1% of funds for enforcement of the state’s tobacco minimum legal age sale law.</p>	



Focus Area: Collaboration and Partnership

Goal 2: Improve coordination among statewide prevention funders and community providers to avoid duplication of services and effectively leverage all available funding streams that support community-based prevention efforts.

2.A. State Level –Interagency Coordination Among Statewide Prevention Funders

Objectives	<p>Increase level of collaboration from networking to cooperation among partners through conversations about shared interest in outcomes; and</p> <p>Build capacity to define and understand partnerships.</p>
Strategies	<p>(1) Map out roles and responsibilities of state agencies who receive federal and state funds to support primary prevention;</p> <p>(2) Create communication tools on role of state agencies that describe what each does, what activities/strategies/interventions each funds, and the roles played by the respective community provider networks;</p> <p>(3) Build on relationships of epidemiologists across agencies – such as development of shared work products through the State Epidemiological Outcomes Workgroup (SEOW); and</p> <p>(4) Define roles and relationships through formal agreements such as Memoranda of Agreement (MOAs) and Data Use Agreements.</p>
Expected Outcomes (Aim Statement)	<p>BHDDH will identify two existing state level partnerships that can be strengthened.</p>

2.A. State Level –Interagency Coordination Among Statewide Prevention Funders *(continued)*

Milestones	<p>By June 30, 2025, BHDDH will identify two existing state level partnerships that can be strengthened and develop formal agreements to define roles and responsibilities.</p> <p>By September 30, 2028, BHDDH and RIDOH will increase their level of involvement from cooperation to coordination.</p>
Sustainability Implications	<p>Better coordination and formal agreements will reduce inadvertent or unnecessary duplication of services, potentially increasing reach and improving ability to secure additional funds in the future.</p>
Collaborators or Partners	<p>State level- BHDDH, RI Department of Children, Youth and Families, RI Department of Corrections, RI Department of Education, RI Department of Health, and RI Executive Office of Health and Human Services.</p> <p>Community Provider Networks - community substance misuse prevention coalitions, Student Assistance Program, Family Care Coordination Partnerships (FCCP), and Health Equity Zones (HEZ).</p>
Equity Lens	<p>Utilize a collaborative planning model between BHDDH, DOC, RIDE, DOH, and EOHHS to maximize reach of services to groups and individuals who are at risk for or experience behavioral health disparities that can be mitigated or prevented by improved or increased access to primary substance misuse prevention strategies or interventions</p> <p>Identify which social determinants of health may be barriers to full participation in primary substance misuse services.</p> <p>Identify if a barrier to participation is an allowable cost under one partner's funding stream but not another's, and leverage the funding source where the cost is allowable.</p> <p>Share resources to reduce barriers to participation in services, for example HEZs provider space, to provide primary substance misuse prevention services.</p>

2.B Increase the level of collaboration⁶ between BHDDH and Statewide non-governmental organizations who have a stake in substance misuse prevention from networking to cooperation.

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- Objectives**
- (1) Engage in formal conversations about shared interest in outcomes;
 - (2) Define roles and responsibilities to foster ownership;
 - (3) Increase diverse expertise and backgrounds represented; and
 - (4) Create a shared understanding of resources that can be offered and the give-gain among partners.
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- Strategies**
- (1) Map roles and responsibilities with non-governmental collaborators;
 - (2) Create communication tools to operationalize the mapping exercise;
 - (3) Manage expectations about availability of funds and mechanisms used by state agency for distribution of funds; and
 - (4) Formalize relationships through written agreements.
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Expected Outcomes (Aim Statement)

BHDDH will develop three (3) new partnerships with non-governmental entities.

Milestones

By June 30, 2029, BHDDH will develop three new partnerships which move from networking to cooperation or coordination.

⁶ [Levels of Collaboration](#)

2.B Increase the level of collaboration between BHDDH and Statewide non-governmental organizations who have a stake in substance misuse prevention from networking to cooperation (*continued*).

Sustainability implications

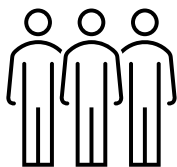
Non-governmental agency partners may be able to assist in identifying areas of unmet need and advocating for needed services or funding.

Potential Collaborators/ Partners

Atrevete Center of Excellence for Latinx/Hispanic Social Work Practice (RIC), CanelWalk, Latino Mental Health Network of RI, Latino Policy Institute, Mothers Against Drunk Driving, Narragansett Indian Tribe, Progreso Latino, Teen Institute, Youth in Action, Young Voices, Youth Pride.

Equity Lens

Non-governmental agencies may be able to provide greater access to diverse communities needing substance misuse prevention services who are not currently receiving services through the current provider network and whose input or voice would be critical to identifying barriers to full participation and engagement.



2.C. Increase collaboration among regional prevention task forces and their municipal task force partners from cooperation to coordination.⁷

Objectives

(1) Increase partnerships across BHDDH funded primary substance misuse providers;

(2) Increase regional prevention task forces' capacity to more broadly engage in a collaborative planning process with municipal task forces/ coalitions;

(3) increase the tangible level of support that RPTF provides for the activities of the municipal task forces.

Strategies

1) Regular report out on municipality work at least twice a year, at one or more meeting for municipal coalitions and at a regional director meeting, both convened by BHDDH;

2) Provide information to regions in a timelier fashion to allow more inclusion and empowerment of municipalities in planning;

(3) Work with credentialing board to require coaching/mentoring;

(4) Create mentoring partnerships between providers, with benchmarks for Advanced Provider to provide mentoring as part of the credentialing process;

(5) RPTF and municipal partnerships produce at least one document with shared authorship such as a data brief or other product.

⁷ [Levels of Collaboration](#)

2.C. Increase collaboration among regional prevention task forces and their municipal task force partners from cooperation to coordination (*continued*).

Expected Outcomes (Aim Statement)	Municipal task forces will act as the local driver of substance misuse prevention.
Milestones	By March 31, 2026, BHDDH and regional task forces will have created structures that provide more support and visibility for municipal task force work.
Sustainability Implications	Increased capacity and visibility for municipal task forces will enhance their ability to secure additional dollars beyond those provided by the RPTF.
Collaborators /Partners	Regional Prevention Task Forces, Municipal Prevention Task Forces, BHDDH Prevention and Recovery Services, and BHDDH Research, Data, Evaluation and Compliance Unit Staff.
Equity Lens	Municipal task forces bring additional voices to the table, awareness of local need and are the first to respond to emerging needs identified within their communities.

2.D. Increase level of collaboration from networking to coordination⁸ between municipal task forces

Objective	Increase the level of direct engagement among municipal task forces.
Strategies	<p>(1) One-on-one meetings with BHDDH;</p> <p>(2) Increase level of direct funding from BHDDH to municipal task forces;</p> <p>(3) Increase the number of activities that are co-sponsored or co-hosted by municipal task forces; and</p> <p>(4) Create mentoring partnerships between providers.</p>
Expected Outcomes (Aim Statement)	Municipal task forces will act as the local driver of substance misuse prevention.
Milestones	By March 31, 2026, BHDDH and regional task forces will have created structures that provide more support and visibility for municipal task force work.
Sustainability implications	Increased capacity and visibility for municipal task forces will enhance their ability to secure additional dollars beyond those provided by the RPTF.
Collaborators /Partners	Regional Prevention Task Forces Municipal Prevention Task Forces BHDDH Prevention and Recovery Services, and BHDDH Research, Data, Evaluation and Compliance Unit Staff.
Equity Lens	Municipal task forces bring additional voices to the table, awareness of local need and are the first to respond to emerging needs identified within their communities.

⁸ [Levels of Collaboration](#)

Focus Area: Funding

Goal 4: Expand the use of prevention science and evidence-based practice to guide programmatic and funding priorities.

Objectives	<p>(1) Prioritize funding for interventions with sufficient impact to produce measurable change in a risk or protective factor for substance misuse, incidence or prevalence of substance misuse;</p> <p>(2) By 2027, increase the percentage of Block Grant funded evidence-based practices (EBPs) with rigorous outcome evaluation by 20%; and</p> <p>(3) Use process and outcome data collected to determine which EBPs will be sustained.</p>
Strategies	<p>(1) Conduct an annual review of process and outcome evaluations implemented for all contracts;</p> <p>(2) Require collection of outcome data from at least one evidence-based program or practice for Block Grant provider contracts during the next contract cycle; and</p> <p>(3) Conduct a fidelity review of one EBP per region, selected by BHDDH at least once every two years;</p>
Expected Outcomes (Aim Statement)	<p>Obtain outcome data from at least one evidence-based program or practice for all direct service Block Grant provider contracts.</p>
Milestones	<p>By September 30, 2027, complete collection of outcome data from at least one Block Grant funded evidence-based program or practice.</p> <p>By end of 2028 one activity not considered an EBP widely implemented by the regional prevention task forces or multiple municipal task forces will have an evaluation plan.</p>

Collaborators /Partners	Regional Prevention Task Forces, Municipal Prevention Task Forces, Evidence Based Practices Workgroup, RI Prevention Resource Center, SAMHSA Training and Technical Assistance Contractors, BHDDH Data, Research, Evaluation and Compliance Unit, BHDDH Grants and Contracts Unit, BHDDH Prevention and Recovery Services Unit
Equity Lens	Increased levels of evaluation, to include analyses of outcomes based on demographic characteristics wherever possible, will help identify which EBPs are most effective for the populations served by the municipal and regional task forces.
Sustainability Implications	Demonstration of positive outcomes improves local ability to secure additional funding, diversify funding sources and expand partnerships with diverse stakeholders.

Conclusion

BHDDH has set an achievable set of goals, objectives, and strategies designed to strengthen and sustain a mature primary substance misuse prevention system and infrastructure. BHDDH values and appreciates the critical importance of collaboration and coordination with sister state agencies, training and technical assistance providers, and non-governmental organizations that have a stake in primary substance misuse prevention. Our highly qualified, enthusiastic, committed, and seasoned cadre of primary prevention professionals are our greatest asset and strength. We look forward to continuing our partnerships and to charting the course for success with them.