



OFFICE OF MANAGEMENT & BUDGET

Performance Management Review

SUD Program Survey – Preliminary Results

Last Updated: 4/1/2025

Summary

Rhode Island continues to struggle with sustained high levels of overdose deaths. In response the state has taken a number of measures and committed substantial resources to addressing this issue. In response to the ongoing crisis, the Office of Management and Budget (OMB) launched a program-based budget initiative for FY 2023 Substance Use Disorder (SUD) programming. The purpose of this project is to provide a more complete view of the state's SUD-related activities by organizing budgetary data by intended use rather than by agency or department. The purpose of this memo is to summarize the results of that process.

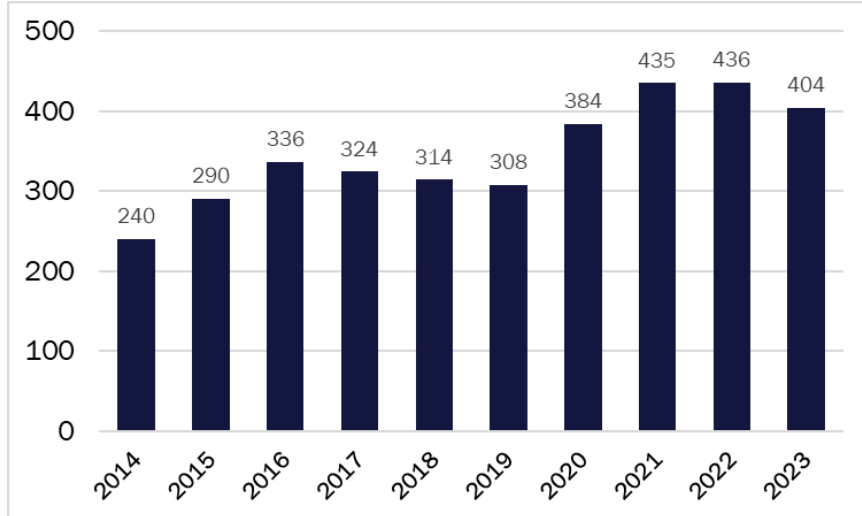
Background On Overdose Deaths in Rhode Island

Rhode Island, like much of the country, continues to confront a substantial number of overdose deaths from individuals with substance use disorder (SUD), primarily due to the widespread use of opioids. From 2014 to 2022, overdose deaths in the state rose by more than 80 percent.

In 2023, Rhode Island recorded a 7.3 percent reduction in overdose deaths, its first decline since 2019.¹ Nationally, the United States experienced a similar trend, though the decline was more modest at 3 percent.

¹ Source: RIDOH, data as of December 1, 2024.

Figure 1: Overdose Deaths in Rhode Island, 2014-2023



More than 50 percent of Rhode Island’s overdose deaths in 2023 occurred in five communities: Providence (27% of total overdoses statewide), Pawtucket (9%), Woonsocket (8%), Cranston (7%), and Warwick (5%). Woonsocket had the highest per capita overdose death rate in the state, with 79 overdose deaths per 100,000 residents – more than double the national (24.1) and state (32.4) averages. Despite the concentration in certain areas, overdose deaths affected every city and town in Rhode Island.

In response to the crisis, Rhode Island has taken multiple steps to address the issue:

- The establishment of the Governor’s Overdose Task Force, which provides strategic leadership and guidance for the state. The task force’s 2023 Strategic Plan² focuses on programs in four areas: prevention, treatment, rescue, and recovery with four cross-cutting priorities: Racial equity, governance (administration/evaluation), data, and social determinants of health.
- Rhode Island also secured more than \$168 million over 18 years from the national opioid settlement funds, overseen by the Opioid Settlement Advisory Committee.

² <https://preventoverdoseri.org/wp-content/uploads/2024/10/odtf-strategic-plan-refresh-core-strategies.pdf>

Project Scope and Methodology

As part of an effort to provide greater insight into the state's response to the overdose crisis, the Office of Management and Budget (OMB) launched a program-based budget initiative focusing on FY 2023 Substance Use Disorder (SUD) programming. The aim was to provide a comprehensive view of the state's investment in SUD-related programs by organizing budgetary data by intended purpose rather than simply by department.

Program-based budgeting methodology organizes information around specific programs and services, allowing for better transparency, coordination, and more efficient allocation of funds toward shared policy goals. This methodology is particularly useful when resources are dispersed across multiple agencies.

To systematically collect this information, OMB collaborated with the Executive Office of Health and Human Services (EOHHS) to develop a survey distributed to each agency involved in SUD programming. The survey tool underwent a pilot phase in October 2023, and an updated version was distributed to relevant state agencies during a project kick-off meeting in June 2024. In addition to EOHHS, the agencies that participated in the program were the Department of Behavioral Health, Developmental Disabilities, and Hospitals (BHDDH), the Department of Health (DOH), the Department of Transportation (DOT), the Judiciary, the University of Rhode Island (URI), the Department of Corrections (DOC), the Department of Public Safety (DPS), the Department of Human Services (DHS), the Department of Children, Youth, and Families (DCYF), and the Department of Housing (Housing).

The survey's primary goals were to:

1. Inventory and catalog existing SUD programs, and their operating timelines;
2. Align and coordinate services to identify gaps or reduce duplication; and
3. Identify evidence-based programs to ensure services are based on existing research and best practices.

The survey consisted of questions across several sections, including:

- **Programs and Services:** Type of services provided, target populations, and oversight agencies.
- **Budget and Capacity:** Budget and spending information for SFY 2023, participant numbers, and funding sources.
- **Evidence of Success:** Evaluation of programs' evidence base, including their designation as evidence-based practices.

A full list of the survey questions by section can be found in Appendix A.

Preliminary Survey Results

According to the preliminary survey results, Rhode Island funds and supports a wide variety of programs intended to address substance use disorder. In 2023, the state spent more than \$245 million on SUD programs or treatments.

Nearly 70 percent of this spending (\$171 million) was through Medicaid claims, which covered treatment services (\$160 million) and prescription medications (\$11 million) for individuals with a SUD diagnoses.

The Medicaid system served more than 20,000 unique individuals with different kinds of treatment, including inpatient and outpatient treatments, rehabilitative services, detox, residential treatment, psychiatric services, counseling, and diagnostics.

Additionally, more than 6,500 individuals with an SUD diagnosis also received prescription medication through Medicaid pharmaceutical claims. Individuals on Medicaid can receive treatment from a wide array of publicly or privately operated medical facilities across the state.

Figure 2: Medicaid vs. Non-Medicaid SUD Spending

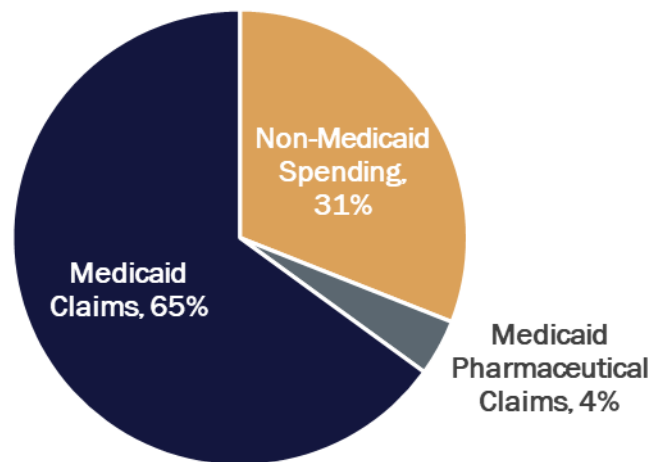


Figure 3: SUD Programs and Budget by Agency

Agency	# of SUD Programs	Total Budget (\$ millions)
BHDDH	29	31.7
DOH	14	12
EOHHS	13	15.3
DOT	13	2.2
Judiciary	7	3.8
URI	6	1.8
DOC	6	7.6
DPS	2	1.8
DHS	2	0.3
DCYF	1	0.4
Housing*	1	0.2
Total	94	\$77.2

*awaiting complete response

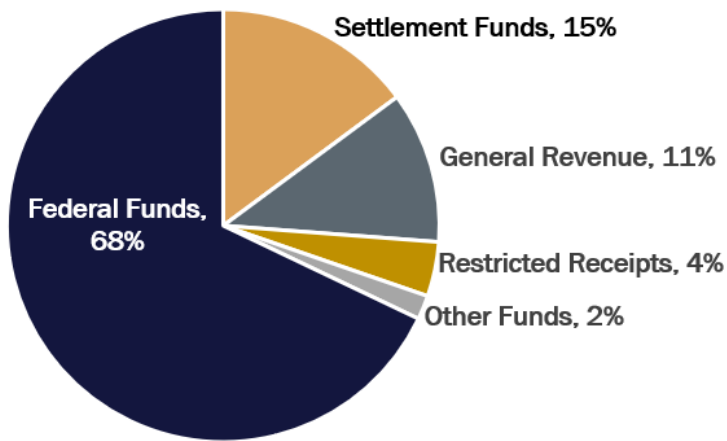
While Medicaid is the primary and most significant mechanism for providing SUD treatment and services in Rhode Island, in this context it only serves people who meet eligibility criteria and have a SUD diagnosis with clinical care. As a result, the state also provides significant additional resources (\$77 million in FY 2023) to programs directly administered by the state that serve populations or conduct activities that are not covered by Medicaid. This includes providing services to underserved populations, such as the uninsured or incarcerated individuals. It also funds numerous activities like public health promotional campaigns, prevention programs, peer recovery services, harm reduction services, including naloxone (Narcan) distribution,

medication for opioid use disorder (MOUD, also called medication assisted treatment [MAT]), drug courts, mobile crisis outreach, etc. Figure 3 illustrates the 94 programs and initiatives across 11 state agencies that were directly captured in the SUD survey.

Rhode Island’s health and human service agencies are responsible for operating most of the surveyed non-Medicaid programs. BHDDH managed 29 programs with a combined budget of \$31.7 million. The Department of Health (DOH) managed 14 programs with a collective budget of \$12 million, while EOHHS operates 13 programs with a combined budget of \$15.3 million. These three agencies are collectively responsible for approximately 75 percent of the total non-Medicaid SUD activity in Rhode Island.

According to the survey responses, nearly \$7 million of the non-Medicaid related programming came from general revenue; of 94 programs in the survey, only 16 programs in six agencies (DPS, BHDDH, DOH, DCYF, DOC, and the Judiciary) reported receiving support from general revenue. The remainder of SUD programmatic funding came from other sources, including federal funding, and restricted receipts which includes Opioid Settlement and Opioid Stewardship funding. Federal funding is, by far, the largest source of funding for Rhode Island’s SUD programming.

Figure 4: SUD Program Spending by Funding Source³



Given the significant amount of funding that comes from the federal government for SUD treatment, both through Medicaid and non-Medicaid services, any reduction in funding from these federal sources would have a significant impact on Rhode Island’s ability to continue to provide SUD programming.

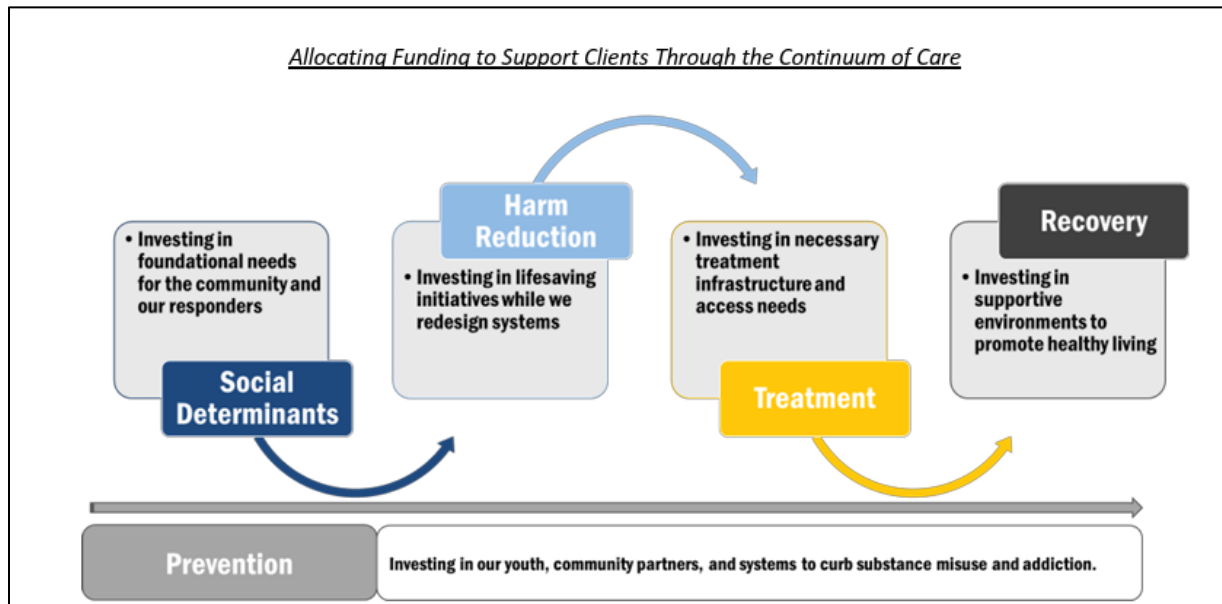
Opioid-Related Settlements

Between 2021 and 2025, Rhode Island reached settlements (or was part of a national settlement) with ten defendants in cases related to the significant social harm caused by the opioid crisis. These settlements (collectively called “Opioid Settlement and Opioid Stewardship Funding”) will ultimately result in the state receiving over \$168 million in funding over 18 years. However, receipt of the funding is not distributed evenly across that time horizon.

The Opioid Settlement and Opioid Stewardship Funding is managed by EOHHS and the Opioid Settlement Advisory Committee, who report annually on their funding strategy and operations. EOHHS reports that investments made through the settlement and stewardship funds aim to support individuals across the continuum of care.

³ This chart is based on funds spent (not budgeted amounts). Survey results report that approximately \$60 million (of \$77 million budgeted) was spent. The survey did not capture budgeted funds by source, only spent funds by source. “Other Funds” includes sources like sponsored research at URI.

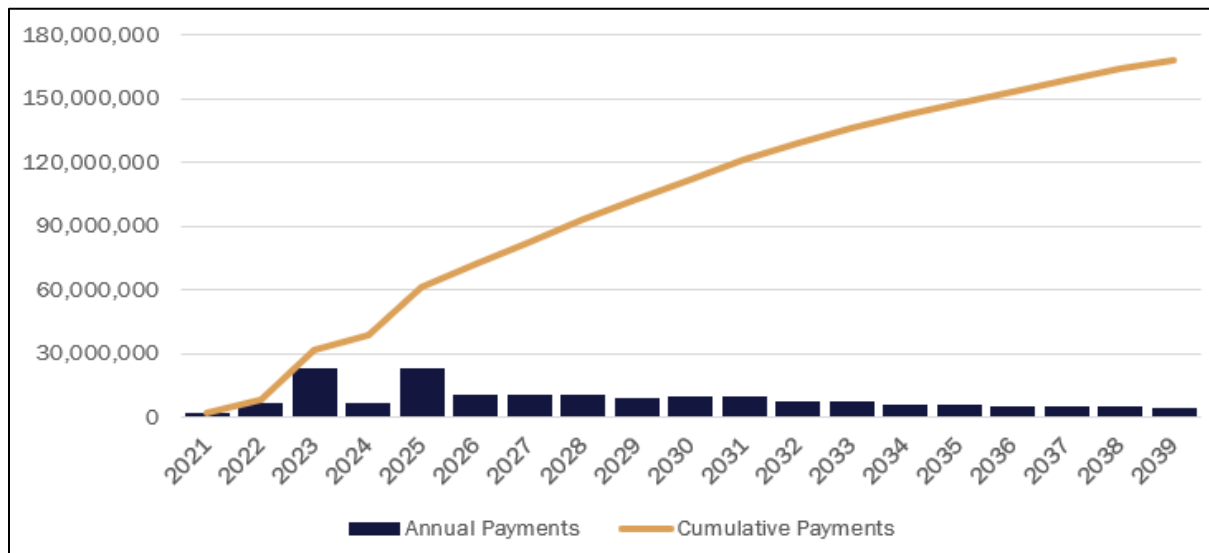
Figure 5: The Continuum of Care



As previously mentioned, most of the state’s investment in SUD treatment comes in the form of direct clinical care. EOHHS reports that current social science research indicates that other non-clinical interventions that address social determinants of health (housing, employment, food security, etc.) can have a greater effect on health outcomes than clinical care alone.⁴ However, EOHHS indicates that there are limited grant opportunities available to invest in programs that support social determinants of health. As a result, EOHHS indicates that the emphasis of the Opioid Settlement and Opioid Stewardship funding has been to purposely invest in programs that address this gap.

⁴ Determinants of Health Model based on frameworks developed by: [Tarlov A.R. Ann N Y Acad Sci 1999; 896:281-93](#); and [Kindig D, Asada Y, Booske B. JAMA 2008; 299\(17\): 2081-2083](#)

Figure 6: Opioid Stewardship and Settlement Funding Timeline (\$/Year)



Receipt of Opioid Stewardship and Opioid Settlement funds is frontloaded – Rhode Island is scheduled to receive more than half of the total funding by 2028. Given the time limited nature of this funding stream, the programs it supports will need to taper off and conclude or be supplemented by other funding sources to continue.

Program Categories and Characteristics

The SUD Survey asked agencies to categorize their programs by the types of services or activities they provide. These categories⁵ include:

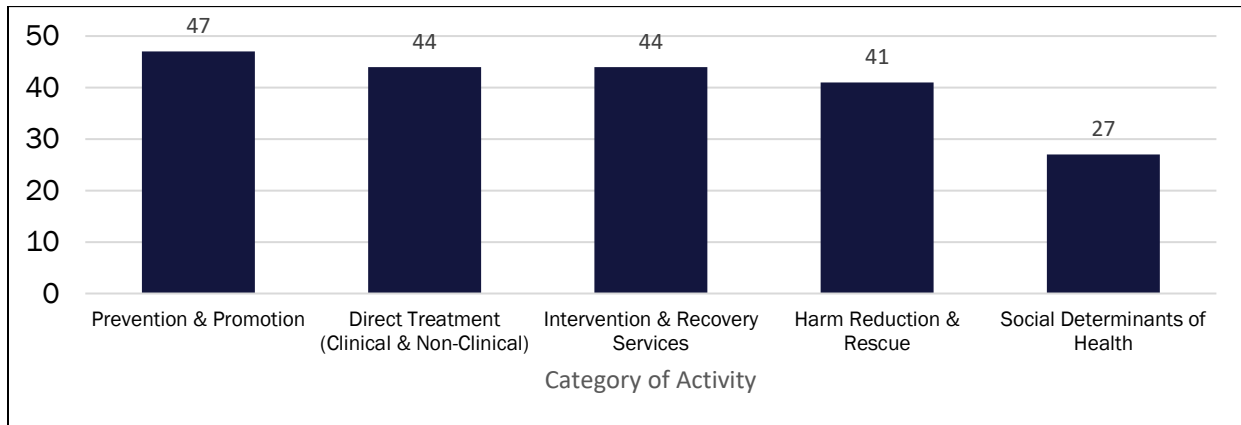
- **Prevention and Promotion:** Programs aimed at discouraging substance misuse and promoting healthier lifestyles.
- **Harm Reduction and Rescue:** Programs designed to reduce the harm experienced by current substance users and those around them.
- **Treatment:** Clinical and non-clinical interventions for individuals with SUDs.
- **Intervention and Recovery:** Programs focused on reaching individuals at risk of substance misuse and preventing relapse.

⁵ In addition to the program categories identified above, agencies could also select “program administration,” which would include efforts that were purely administrative in nature, such as funding overhead, additional FTEs, or engaging in data collection or evaluation efforts.

- **Social Determinants of Health:** Programs that offer additional supports, such as housing, basic needs assistance, and job training for individuals with SUDs.

Most of the programs surveyed engage in multiple activities across several categories. Reported programs across all agencies are evenly distributed across all categories of service, except for social determinants of health, where only 27 of reported programs are categorized as addressing social determinants.

Figure 7: SUD Programs by Categories of Activity



Note: Agencies could select more than one category, if their program performed activities in multiple categories.

Program categorization can vary across agencies, and many programs contain components that fit into more than one category as programs within the SUD continuum of care are often interdependent. However, while a numerical comparison of programs across categories may be of limited utility, the SUD program inventory (Appendix B) may be subsequently used to make comparisons and draw conclusions about all the programs that conduct activities within a given category.

The program inventory also provides additional detail, including targeted substances and other information. Overwhelmingly, programs in the state’s portfolio are intended to serve individuals with any type of addiction, including opioid addiction. Nearly 80 percent of the programs surveyed indicate that they are intended to address a polysubstance addiction including opioids, while only about 20 percent of programs were directed at populations of people addicted exclusively addicted to non-opioid substances.

Most of the programs surveyed (65 percent) were existing, established programs that have been in operation for more than two years. Nearly 33 percent of programs surveyed were either considered pilot programs or new programs operating for less than two years in FY 2023. The remainder were programs that were completed, discontinuing, or temporary.

Use of Evidence

In addition to asking agencies about the size and type of SUD programs they operate, the survey also inquired about how many programs are based on established evidence, recognized standards, or national best practices.

Overall, agencies reported that 73 programs (78 percent) were based in evidence. The remaining 11 programs, reportedly not based in evidence, were programs that were new, innovative, or pilot programs. For example, BHDDH administers the new Imani Community Recovery Program. This program, which was started in Connecticut, is aimed at populations reluctant to pursue alcohol or substance use treatment from conventional sources out of fear of discrimination or stigma. This program promotes long-term recovery and well-being by offering education, support and personalized care plans through local faith-based organizations that offer 12-week classes. In addition to recovery and treatment, the program aims to help its participants with food, housing, transportation, medications and other necessities of daily life. The program first began at Yale University, and that team has partnered with BHDDH to pilot it in RI. Participation and outcomes data for this program are being tracked and will be evaluated as the program develops.

While the presence of evidence is encouraging, a reported evidence base alone does not determine whether one program is more effective or necessary than another. For example, agencies and providers have considerable discretion in how programs are implemented. Operational factors such as procurement delays or staffing shortages can significantly impact program outcomes, even when based on well-established evidence. Further evaluation may be required to assess the quality of evidence provided and the extent to which Rhode Island's programs adhere to best practices.

Moreover, innovation is essential to finding new, effective ways to address the substance use crisis in Rhode Island. The development and implementation of new programs, if evaluated and deemed successful, can lay the groundwork for future evidence-based practices. For example, the Recovery Friendly Workplaces initiative (which was first started in New Hampshire and provides consulting, training, and technical support to help organizations implement evidence-based practices in a workplace setting that support employees in treatment and recovery). It was not evidence-based in 2023 when it started in Rhode Island but is now being evaluated and has been adopted by other states in the time since.

Program Spending

One way to assess risk to the operational success of a program is to examine how its budget was spent. In addition to reporting on program budgets, survey respondents were asked to identify how much of their budgets were spent within the fiscal year. Agencies reported spending 78 percent of the \$77 million budgeted (\$60 million) for their SUD programs within Fiscal Year 2023.

BHDDH reported that one-third of its SUD program budget remained unspent by the end of FY 2023. Agency leaders indicated that the full amount was ultimately spent, but delays were attributed to aligning activities with the federal fiscal year (which ends in September), implementation and procurement delays, and staffing challenges. Given the life-saving nature of this work, ensuring that SUD programs operate within their intended timeframes is critical to delivering services effectively.

Next Steps and Potential Future Actions

This iteration of the SUD Survey and Program-Based Budget initiative represents the State's most comprehensive effort known to date in cataloging Rhode Island's non-Medicaid, state-funded SUD programs. The resulting program inventory (Appendix B) provides a valuable resource for EOHHS and the Governor's Overdose Task Force as they manage strategic goals with a focus on moving Rhode Islanders through the SUD continuum of care for agencies operating SUD programs.

While this effort successfully gathered critical information, certain limitations emerged that could be addressed in future iterations. Using the program inventory developed by this survey (Appendix B), further and deeper analysis can be conducted to:

- Document how well these programs align with existing strategic plans, such as the Overdose Strategic Roadmap;
- Identify gaps in services or duplication in programs, by service category, statewide, or by geographic region;
- Evaluate the extent to which singular, braided, or blended funding is utilized to fully fund essential programs for Rhode Islanders;
- Maximize the impact of funding from time-limited sources (such as the Opioid Settlement and Opioid Stewardship Funds) before they expire;
- Conduct this program inventory on an annual basis and work proactively across agencies to conduct performance reviews, monitor funding sources and timelines,

prepare cost-benefit analyses, and identify opportunities for long-term sustainability for critical, evidence-informed programs;

- Improve program evaluation to include assessing the strength and quality of the evidence on which the program is based and collective impact across the continuum of care;
- Review similar programs to better understand and compare the costs per patient or cost per participant to assess whether programs are being administered in the most cost-effective manner; and
- Explore opportunities to address the opioid and other substance use epidemics through further investments in the social determinants of health.

Appendix A: SUD Survey Questions

The following questions below were asked to each SUD-related budget program in the State of Rhode Island that was identified by state agencies. This survey version was sent in June 2023.

Program Details

- (Q1) Program Name: Provide the short, unique name for the program. (NOTE: This should be the name of the intervention as administered by an agency; it is not necessarily the program or subprogram name as determined by the appropriations act or BFM. For example, a prevention initiative may live within the Central Management program within the appropriations act.)
- (Q2) Program Contact Name: Name of survey taker or main program contact, who can answer additional questions.
- (Q3) Program Contact Email: Contact information for the main program contact.
- (Q4) Primary Oversight Agency: Main state agency responsible for oversight (e.g., EOHHS, DHS, DOH, etc.)
- (Q5) Other Agency Involvements: Any other state agencies responsible for oversight or contributions to the program.
- (Q6) Program Categories: Categories and subcategories reflect the general policy goal intended for the program. See Appendix for definitions.
- (Q7) Program Description: Free-form brief description of a program's activities and mission.
- (Q8) Program Lifecycle Stage: Select the lifecycle stage that best applied to the program in State Fiscal Year (SFY) 2023 (July 1, 2022 – June 30, 2023).
- (Q9) Number of Participants Served: State how many participants were served in SFY 2023. If a complete count has not been recorded, please provide a best estimate for the number of individuals served.
- (Q10) Additional Participation Information: State the methodology used to create the estimate for participants served, if applicable. If multiple providers administer the program, state the approximate number of participants served by each. If budget levels have increased in FY24 (and predicted for FY25), state expected changes to enrollment/participation.
- (Q11) Annual Capacity: State the maximum number of people that could be served annually at the SFY 2023 funding level.
- (Q12) Delivery Setting: Select where the program takes place (delivery setting). Options include:
 - Home and Community-Based Delivery - Judicial, Community Center, School, Mobile Unit, Home, triage and Crisis Stabilization Center and Hotline, Community Treatment Centers, etc
 - Institutional and Facility-Based Delivery – Congregate Care Facilities, Hospitals, Acute Care Facilities, etc

- Other – Must specify in the optional notes section
- (Q13) Target Population – Subgroups: Select if the program targets any specific subgroups, including specific ages, races/ethnicities, languages, or other selected descriptors. If you are unsure, you can view Questions 14 – 17 and see if any specific subgroups listed apply for specific targeting.
- (Q14) Target Population – Age: Select the age group(s) of the target population served by this program. If other cutoffs are used for age targeting, please select "Other" and specify the applicable populations in the notes section.
- (Q15) Target Population – Race/Ethnicity: Select the racial or ethnic group(s) of the target population served by this program. If other races/ethnicities are used for targeting, please select "Other" and specify the applicable populations in the notes section (using semicolons in-between categories).
- (Q16) Target Population – Language: Select the languages spoken of the target population served by this program. If other languages are used for targeting, please select "Other" and specify the applicable populations in the notes section (using semicolons in-between categories).
- (Q17) Target Population – Selected Attributes: Select other attributes that describe the target population served by this program. If other attributes are used for targeting beyond the ones listed, please select "Other" and specify the applicable populations in the notes section (using semicolons in-between categories).
- (Q18) Co-occurring Mental Health Disorder: Indicate whether this program serves individuals with mental health disorders in addition to substance use disorders.
- (Q19) Target Substance Categories: List which categories of substance(s) this program addresses.
 - NOTE: Because OMB and EOHHHS will use the program inventory to invest Opioid Settlement Funds, please indicate if opioid use is something the program seeks to address, even in part. In cases of multiple substances, contaminated substances (e.g., fentanyl in another substance), or any other ambiguous case, please list all substances.
- (Q20) Geographic Location - Municipality: Select the municipalities in which services were administered in SFY 2023.

Budget

- (Q21) 2023 Full Budget: What was the SFY 2023 budgeted amount for the program? If unknown, provide your best estimate rounded to the nearest \$100,000.
- (Q22) Line Sequence 1 (Primary): What is the main line sequence where the SFY 2023 budget for this program is allocated from? If there are multiple line sequences that fund the program, list one here and use two others for the following questions. Please enter these in order of most to least funding if possible.
- (Q23) Line Sequence 1 Budget Amount: What amount of the SFY23 Budget Final Spend

comes from the above line item?

- (Q24) Line Sequence 2 (Secondary): What is the second line sequence where the SFY 2023 budget for this program is allocated from?
- (Q25) Line Sequence 2 Budget Amount: What amount of the SFY23 Budget Final Spend comes from the above line item?
- (Q26) Line Sequence 3 (Tertiary): What is the third line sequence where the SFY 2023 budget for this program is allocated from?
- (Q27) Line Sequence 3 Budget Amount: What amount of the SFY23 Budget Final Spend comes from the above line item?
- (Q28) Total Lifetime Budget of Program: What is the total lifetime budget of the program, across all fiscal years (including past, present, and the planned future)? If the lifetime budget is unknown, provide your best estimate rounded to the nearest \$100,000.
- (Q29) Funding Timeframe: What is the termination or expiration date for funding? For example, if funded by a temporary federal grant, list when it is scheduled to end. If the program has no set end date, enter "01/01/2000".

Basis in Evidence

- (Q30) Evidence Based Practice: Is this program an evidence-based practice? If "Yes," skip to Question 32 (Documented Evidence). If "No," proceed to Question 31 (No Evidence).
- (Q31) No Evidence –Reasoning: Why is this program not rooted in evidence-based practices? Is it innovative or a new approach? Provide reasoning as to why it is not evidence-based. Then skip to Question 38 (Additional Information).
- (Q32) Documented Evidence: Indicate to what extent there are documented outcomes for this project and select all that apply.
- (Q33) Rhode Island Program in Results First Clearinghouse: Indicate if the current program operating in Rhode Island has been evaluated in the Results First Clearinghouse. If this is the case, the following question should be answered with the name of the RI SUD program.
- (Q34) Name of Closest Program Evaluated in Results First Clearinghouse: Provide the name of the closest program that exists in the Results First Clearinghouse. Additional information on the program will be asked in the following questions.
- (Q35) Link to Program Page: Provide the link (URL) to the closest program's evaluation page. It can be found by clicking on "Learn More" on the Results First Clearinghouse program detail.
- (Q36) Clearinghouse Rating of Most Similar Program: Enter the program evaluation rating from the clearinghouse (e.g., Green – Highest Rated; Yellow – Second-Highest Rated, etc.).
 - NOTE: The *Results First Clearinghouse* includes evaluations for various

programmatic outcomes (e.g., crime, education, etc.). Please include only evaluations related to substance use outcomes.

- (Q37) Other Sources of Evidence: Please indicate any other sources of evidence other than the Results First Clearinghouse, if applicable.

General Information and Feedback

- (Q38) Additional Information: Is there any additional information about the program that you would like to provide regarding program information, budget, or evidence-based practices?
- (Q39) Future Improvements for Survey: Are there any improvements you recommend for future versions of this survey or for surveys of a similar nature (regarding Performance Based Budgeting)?
- (Q40) Final Step Completion: Once all fields are completed and answers are final, please answer yes to this question. The fields will soon be locked once "Yes" is answered.

Appendix B: SUD Program Inventory

Substance Use Disorder Survey Responses for SFY 2023 (Selected Fields)						
Agency	Program	Program Category(ies)	Substances Addressed	Program Type	Total Budget (SFY 23)	Evidence Basis
BHDDH	Adding SUD Residential Beds	Treatment, Recovery Services, Social Determinants of Health, Program Administration	Polysubstance with Opioid	New Program (<2 Years)	\$596,628	Yes
BHDDH	BH Link	Treatment, Intervention, Recovery Services	Polysubstance with Opioid	Established Program (2+ Years)	\$3,358,014	Yes
BHDDH	Buprenorphine Hotline	Prevention and Promotion, Harm Reduction/Rescue, Treatment, Intervention, Recovery Services, Program Administration	Polysubstance with Opioid	Pilot Program	\$262,819	Yes
BHDDH	Contingency Management	Prevention and Promotion, Harm Reduction/Rescue, Treatment, Recovery Services, Social Determinants of Health, Program Administration	Polysubstance with Opioid	Pilot Program	\$396,815	Yes
BHDDH	COVID Telehealth in Behavioral Healthcare Organizations	Treatment	Polysubstance with Opioid	Established Program (2+ Years)	\$1,788,200	Yes
BHDDH	Eleanor Slater Hospital	Prevention and Promotion, Harm Reduction/Rescue, Treatment, Intervention, Recovery Services, Program Administration	Polysubstance with Opioid	New Program (<2 Years)	\$107,536	Yes
BHDDH	Heroin-Opioid Prevention Effort (HOPE) Initiative	Harm Reduction/Rescue, Treatment, Intervention, Recovery Services, Social Determinants of Health, Program Administration	Polysubstance with Opioid	New Program (<2 Years)	\$732,460	No
BHDDH	IMANI - Faith Based Recovery Program	Prevention and Promotion, Harm Reduction/Rescue, Treatment, Intervention, Recovery Services, Program Administration	Polysubstance with Opioid	New Program (<2 Years)	\$956,190	No
BHDDH	Incredible Years	Prevention and Promotion, Intervention	Polysubstance with Opioid	Established Program (2+ Years)	\$490,000	Yes
BHDDH	Intergrated Mobile Treatment	Prevention and Promotion, Harm Reduction/Rescue, Treatment, Intervention, Recovery Services, Social Determinants of Health, Program Administration	Polysubstance with Opioid	Established Program (2+ Years)	\$266,772	Yes
BHDDH	Opioid Settlement - Opioid Treatment Liaison Program	Prevention and Promotion, Treatment, Intervention, Program Administration	Polysubstance with Opioid	New Program (<2 Years)	\$320,000	No
BHDDH	Opioid Stewardship - Workforce trainings	Prevention and Promotion, Harm Reduction/Rescue, Treatment, Intervention, Recovery Services, Social Determinants of Health, Program Administration	Polysubstance with Opioid	New Program (<2 Years)	\$300,000	No
BHDDH	Opioid Stewardship - Prevention	Prevention and Promotion, Treatment, Intervention, Recovery Services, Program Administration	Polysubstance with Opioid	New Program (<2 Years)	\$500,000	Yes
BHDDH	Partnerships for Success	Prevention and Promotion, Program Administration	Non-Opioid Substance(s)	Established Program (2+ Years)	\$2,444,647	Yes

Substance Use Disorder Survey Responses for SFY 2023 (Selected Fields)

Agency	Program	Program Category(ies)	Substances Addressed	Program Type	Total Budget (SFY 23)	Evidence Basis
BHDDH	Recovery Community Centers	Recovery Services	Polysubstance with Opioid	Established Program (2+ Years)	\$3,261,617	Yes
BHDDH	Recovery Housing	Recovery Services, Social Determinants of Health	Polysubstance with Opioid	Established Program (2+ Years)	\$2,374,304	Yes
BHDDH	Recovery - Friendly Workplace	Recovery Services	Polysubstance with Opioid	Established Program (2+ Years)	\$450,000	No
BHDDH	Regional Prevention Task Force	Prevention and Promotion, Harm Reduction/Rescue	Polysubstance with Opioid	Established Program (2+ Years)	\$1,484,901	Yes
BHDDH	Rhode Island Student Assistance Services (RISAS)	Prevention and Promotion, Intervention	Polysubstance with Opioid	Established Program (2+ Years)	\$4,637,938	Yes
BHDDH	Rhode Island Outreach - Mobile Crisis Response	Prevention and Promotion, Harm Reduction/Rescue, Treatment, Intervention, Recovery Services, Social Determinants of Health, Program Administration	Polysubstance with Opioid	Pilot Program	\$2,499,270	Yes
BHDDH	Rhode Island State Psychiatric Hospital SUD Services	Prevention and Promotion, Harm Reduction/Rescue, Treatment, Intervention, Recovery Services, Social Determinants of Health, Program Administration	Polysubstance with Opioid	New Program (<2 Years)	\$100,000	Yes
BHDDH	Safe Landings	Harm Reduction/Rescue, Treatment, Intervention, Recovery Services, Social Determinants of Health, Program Administration	Polysubstance with Opioid	Pilot Program	\$740,388	No
BHDDH	State Opioid Response (SOR)	Prevention and Promotion, Harm Reduction/Rescue, Treatment, Intervention	Polysubstance with Opioid	New Program (<2 Years)	\$490,000	Yes
BHDDH	State Opioid Response (SOR) Grant - Respite Services	Treatment, Program Administration	Polysubstance with Opioid	New Program (<2 Years)	\$141,840	Yes
BHDDH	State Opioid Response III (SOR) III Media Campaign	Prevention and Promotion, Intervention	Polysubstance with Opioid	Established Program (2+ Years)	\$540,000	No
BHDDH	State Youth Treatment	Prevention and Promotion, Harm Reduction/Rescue, Treatment, Intervention, Recovery Services, Social Determinants of Health, Program Administration	Polysubstance with Opioid	Established Program (2+ Years)	\$575,271	Yes
BHDDH	Substance Exposed Newborn (SEN) Family Support Program	Prevention and Promotion, Treatment, Intervention, Recovery Services, Program Administration	Polysubstance with Opioid	New Program (<2 Years)	\$300,000	Yes
BHDDH	SUD Medications to Treat Opioid Use Disorder	Treatment, Recovery Services, Program Administration	Polysubstance with Opioid	Established Program (2+ Years)	\$550,000	Yes
BHDDH	SUD Treatment- Uninsured and Undocumented SUD Residential Care	Treatment, Program Administration	Polysubstance with Opioid	Established Program (2+ Years)	\$1,063,000	Yes

Substance Use Disorder Survey Responses for SFY 2023 (Selected Fields)

Agency	Program	Program Category(ies)	Substances Addressed	Program Type	Total Budget (SFY 23)	Evidence Basis
DCYF	SUD Peer Support Program	Prevention and Promotion, Harm Reduction/Rescue, Treatment, Intervention, Recovery Services, Social Determinants of Health, Program Administration	Polysubstance with Opioid	Established Program (2+ Years)	\$378,298	Yes
DHS	Amos House	Treatment, Recovery Services	Polysubstance with Opioid	Established Program (2+ Years)	\$124,000	No
DHS	SSTARbirth	Treatment, Intervention, Social Determinants of Health	Polysubstance with Opioid	Established Program (2+ Years)	\$200,000	Yes
DOC	Justice Community Opioid Innovation Network (JCOIN)	Prevention and Promotion, Harm Reduction/Rescue, Treatment, Recovery Services	Opioid Only	Established Program (2+ Years)	\$2,000,000	Yes
DOC	Medication Assisted Treatment (MAT) Program	Harm Reduction/Rescue, Treatment, Recovery Services, Social Determinants of Health	Opioid Only	Established Program (2+ Years)	\$4,692,637	Yes
DOC	Phoenix Project - Vantage Point	Prevention and Promotion, Treatment	Polysubstance with Opioid	Established Program (2+ Years)	\$198,507	Yes
DOC	Public Health Vending Machine	Prevention and Promotion, Harm Reduction/Rescue, Social Determinants of Health, Program Administration	Polysubstance with Opioid	New Program (<2 Years)	\$175,977	Yes
DOC	Substance Abuse Testing and Treatment (SATT) Program	Prevention and Promotion, Harm Reduction/Rescue, Treatment, Recovery Services	Polysubstance with Opioid	Established Program (2+ Years)	\$168,750	Yes
DOC	Substance Use Disorder and Recovery Services	Treatment, Recovery Services	Polysubstance with Opioid	Established Program (2+ Years)	\$376,524	Yes
DOH	Community Overdose Engagement (CODE)	Prevention and Promotion, Harm Reduction/Rescue, Treatment, Recovery Services, Social Determinants of Health, Program Administration	Polysubstance with Opioid	Pilot Program	\$1,207,610	No
DOH	DOH Toxicologist and Breath Training	Program Administration	Non-Opioid Substance(s)	Established Program (2+ Years)	\$350,000	Yes
DOH	First Connections Substance Exposed Newborns (SEN) Enhancement	Intervention, Social Determinants of Health	Polysubstance with Opioid	Established Program (2+ Years)	\$250,000	Yes
DOH	Forensic and Clinical Toxicology Testing	Program Administration	Polysubstance with Opioid	Established Program (2+ Years)	\$1,500,000	Yes
DOH	Forensic Drug Chemistry Laboratory	Program Administration	Polysubstance with Opioid	Established Program (2+ Years)	\$1,200,000	Yes
DOH	Harm Reduction Peer Navigators	Harm Reduction/Rescue	Polysubstance with Opioid	Established Program (2+ Years)	\$1,492,690	Yes

Substance Use Disorder Survey Responses for SFY 2023 (Selected Fields)

Agency	Program	Program Category(ies)	Substances Addressed	Program Type	Total Budget (SFY 23)	Evidence Basis
DOH	Harm Reduction Supplies and Distribution (including Naloxone)	Harm Reduction/Rescue	Polysubstance with Opioid	Established Program (2+ Years)	\$1,492,690	Yes
DOH	Overdose Death Data Generation	Program Administration	Polysubstance with Opioid	Established Program (2+ Years)	\$1,175,464	Yes
DOH	Prenatal and Postnatal Peer Services	Recovery Services, Program Administration	Polysubstance with Opioid	New Program (<2 Years)	\$85,444	Yes
DOH	Prescription Drug Monitoring Program (PDMP)	Prevention and Promotion, Harm Reduction/Rescue	Polysubstance with Opioid	Established Program (2+ Years)	\$1,100,000	Yes
DOH	Racial Equity Strategic Planning for Governor's Overdose Taskforce	Prevention and Promotion, Harm Reduction/Rescue, Program Administration	Polysubstance with Opioid	New Program (<2 Years)	\$90,000	No
DOH	Rhode Island DOH Youth Risk Behavior Survey (YRBS)	Prevention and Promotion, Harm Reduction/Rescue, Program Administration	Non-Opioid Substance(s)	Established Program (2+ Years)	\$9,995	Yes
DOH	Substance Use Epidemiology Program	Program Administration	Polysubstance with Opioid	Established Program (2+ Years)	\$2,000,000	Yes
DOT	Alcohol Survey	Prevention and Promotion, Program Administration	Non-Opioid Substance(s)	Established Program (2+ Years)	\$15,000	No
DOT	Community Conversations	Prevention and Promotion	Non-Opioid Substance(s)	Established Program (2+ Years)	\$60,000	Yes
DOT	Comprehensive Community Action Plan (CCAP) High School Education Program	Prevention and Promotion, Program Administration	Non-Opioid Substance(s)	Established Program (2+ Years)	\$69,000	Yes
DOT	Creative Media	Prevention and Promotion, Program Administration	Non-Opioid Substance(s)	Established Program (2+ Years)	\$400,000	Yes
DOT	Emergency Medical Services Contract Fee	Harm Reduction/Rescue, Program Administration	Non-Opioid Substance(s)	Not Provided	\$93,000	Yes
DOT	Impaired Driving Law Enforcement Patrols & Training	Prevention and Promotion, Harm Reduction/Rescue	Non-Opioid Substance(s)	Established Program (2+ Years)	\$400,000	Yes
DOT	Mid-Range DUI Coalition	Prevention and Promotion, Harm Reduction/Rescue	Non-Opioid Substance(s)	Established Program (2+ Years)	\$200,000	Yes
DOT	Paid Media (AL)	Program Administration	Non-Opioid Substance(s)	Established Program (2+ Years)	\$500,000	Yes

Substance Use Disorder Survey Responses for SFY 2023 (Selected Fields)

Agency	Program	Program Category(ies)	Substances Addressed	Program Type	Total Budget (SFY 23)	Evidence Basis
DOT	Rhode Island Interscholastic League (RIIL)	Prevention and Promotion, Program Administration	Non-Opioid Substance(s)	Established Program (2+ Years)	\$80,300	Yes
DOT	Rhode Island Municipal Police Academy (RIMPA) State Agencies - Law Enforcement Highway Safety Training Coordinator (LEHSTC) & Training	Prevention and Promotion, Harm Reduction/Rescue	Polysubstance with Opioid	Established Program (2+ Years)	\$200,000	Yes
DOT	Rhode Island Student Assistance Services (RISAS) Youth Driven Program	Prevention and Promotion	Non-Opioid Substance(s)	Established Program (2+ Years)	\$127,387	Yes
DOT	Sports Marketing Awareness	Program Administration	Non-Opioid Substance(s)	Established Program (2+ Years)	\$75,000	Yes
DOT	ThinkFast Interactive High School Education Program	Prevention and Promotion	Non-Opioid Substance(s)	Established Program (2+ Years)	\$50,000	Yes
DOT	URI Alcohol Enforcement & Training	Prevention and Promotion, Harm Reduction/Rescue	Non-Opioid Substance(s)	Established Program (2+ Years)	\$1,000	Yes
DPS	Heroin-Opioid Prevention Effort (HOPE) Initiative	Intervention, Recovery Services, Social Determinants of Health, Program Administration	Polysubstance with Opioid	New Program (<2 Years)	\$160,352	No
DPS	State Agencies Rhode Island State Police (RISP) Impaired Driving Traffic Safety Unit Alcohol Related Enforcement	Prevention and Promotion, Harm Reduction/Rescue, Intervention	Non-Opioid Substance(s)	Established Program (2+ Years)	\$1,638,654	Yes
EOHHS	Brave Technology Co-Op	Harm Reduction/Rescue	Polysubstance with Opioid	New Program (<2 Years)	\$290,000	No
EOHHS	Building Futures	Treatment	Polysubstance with Opioid	New Program (<2 Years)	\$125,000	Yes
EOHHS	Butler Hospital Short Term Stay Unit	Treatment	Polysubstance with Opioid	New Program (<2 Years)	\$600,000	No
EOHHS	Communications Campaigns	Program Administration	Polysubstance with Opioid	New Program (<2 Years)	\$500,000	Yes
EOHHS	Community Youth Prevention	Prevention and Promotion	Polysubstance with Opioid	Not Provided	\$1,375,000	Yes
EOHHS	Medical Respite Care - Hallworth House	Prevention and Promotion, Harm Reduction/Rescue, Treatment, Intervention, Recovery Services, Social Determinants of Health, Program Administration	Polysubstance with Opioid	Pilot Program	\$955,555	Yes
EOHHS	Non-Profit Capacity Building	Social Determinants of Health	Polysubstance with Opioid	Established Program (2+ Years)	\$750,000	Yes

Substance Use Disorder Survey Responses for SFY 2023 (Selected Fields)

Agency	Program	Program Category(ies)	Substances Addressed	Program Type	Total Budget (SFY 23)	Evidence Basis
EOHHS	Overdose Prevention Center	Harm Reduction/Rescue	Polysubstance with Opioid	Pilot Program	\$400,000	Yes
EOHHS	Pay for Success	Harm Reduction/Rescue, Treatment, Intervention, Recovery Services, Social Determinants of Health, Program Administration	Polysubstance with Opioid	Pilot Program	\$1,387,840	Yes
EOHHS	Provider Capacity Building Initiative	Social Determinants of Health, Program Administration	N/A	Complete/Discontinuing Program	\$40,000	No
EOHHS	Ryan White HIV/AIDS Part B	Treatment, Social Determinants of Health, Program Administration	Non-Opioid Substance(s)	Established Program (2+ Years)	\$8,089,671	Yes
EOHHS	Staff 2 FTEs - Director of the Task Force and Grant Manager (Fiscal)	Program Administration	Polysubstance with Opioid	New Program (<2 Years)	\$148,108	No
EOHHS	Staffing 2 FTEs and 2 Contractors	Program Administration	Polysubstance with Opioid	New Program (<2 Years)	\$600,000	No
Housing	Unsheltered Supportive Services - Warming Station and Emergency Shelter	Harm Reduction/Rescue, Treatment, Recovery Services, Social Determinants of Health, Program Administration	Polysubstance with Opioid	Emergency Response Program	\$200,000	Yes
Judiciary	District Court - Pretrial Service Unit	Prevention and Promotion, Harm Reduction/Rescue, Treatment, Intervention, Recovery Services, Social Determinants of Health, Program Administration	Polysubstance with Opioid	Established Program (2+ Years)	\$1,092,535	Yes
Judiciary	District Court - Veteran's Treatment Court	Prevention and Promotion, Harm Reduction/Rescue, Treatment, Intervention, Recovery Services, Social Determinants of Health, Program Administration	Polysubstance with Opioid	Established Program (2+ Years)	\$622,667	Yes
Judiciary	Family Court - Family Treatment Drug Court	Prevention and Promotion, Harm Reduction/Rescue, Treatment, Social Determinants of Health	Polysubstance with Opioid	Established Program (2+ Years)	\$614,293	Yes
Judiciary	Family Court - Juvenile Drug Court	Prevention and Promotion, Treatment, Intervention	Polysubstance with Opioid	Established Program (2+ Years)	\$468,829	Yes
Judiciary	Family Court - Safe And Secure Baby Court	Prevention and Promotion, Treatment, Intervention	Polysubstance with Opioid	Established Program (2+ Years)	\$263,719	Yes
Judiciary	Superior Court - Adult Drug Court	Harm Reduction/Rescue, Treatment, Intervention, Social Determinants of Health, Program Administration	Polysubstance with Opioid	Established Program (2+ Years)	\$578,619	Yes
Judiciary	Superior Court - Diversion Court	Prevention and Promotion, Treatment	Polysubstance with Opioid	Established Program (2+ Years)	\$183,741	Yes
URI	Block Grant Needs Assessment	Program Administration	Polysubstance with Opioid	Established Program (2+ Years)	\$140,000	No

Substance Use Disorder Survey Responses for SFY 2023 (Selected Fields)

Agency	Program	Program Category(ies)	Substances Addressed	Program Type	Total Budget (SFY 23)	Evidence Basis
URI	Evaluation of Community Care Alliance Certified Community Behavioral Health Clinic (CCA-CCBHC)	Program Administration	Polysubstance with Opioid	New Program (<2 Years)	\$200,000	No
URI	Evaluation of Newport Mental Health Certified Community Behavioral Health Clinic (NP-CCBHC)	Program Administration	Polysubstance with Opioid	Established Program (2+ Years)	\$200,000	No
URI	Evaluation of Newport Mental Health Community Mental Health Center (NMH-CMHC)	Program Administration	Polysubstance with Opioid	Established Program (2+ Years)	\$200,000	No
URI	Rural Opioid Regional Center	Harm Reduction/Rescue	Polysubstance with Opioid	New Program (<2 Years)	\$600,000	Yes
URI	URI Community First Responder Program (CFRP)	Harm Reduction/Rescue	Polysubstance with Opioid	Established Program (2+ Years)	\$500,000	Yes