Office of Management & Budget

Performance Management Review

SUD Program Survey FY 2025

Last Updated: June 10, 2026

Introduction

OMB's Performance Management Unit (PM) utilizes data to review and improve the efficiency and outcomes of state government programs. The Unit works to improve government efficiency by streamlining processes, promoting innovation, and encouraging greater interagency cooperation. Beginning in 2022, OMB has worked with EOHHS to conduct a thorough analysis of substance use disorder (SUD) programs across state agencies and evaluate the success levels of evidence-based substance abuse interventions. The following report gives comprehensive overview of these interventions to share a full picture of the State's investment in SUD programming, the number of evidence-based approaches used, and how SUD funds were deployed across program categories.

Summary

Rhode Island continues to invest substantial resources in programs to address the overdose crisis. In FY 2025, the State spent approximately $249.5 million on substance use disorder (SUD) programs through Medicaid[1] and non-Medicaid programs operated directly by the State or by a provider contracted through the State. While Medicaid is a joint federal–state health insurance program, the majority of Rhode Island's Medicaid costs are covered by federal funds. Separately, an estimated 45% of non-Medicaid SUD spending was supported by other federal sources. Given this significant reliance on federal programs and funding, changes in federal policy would affect Rhode Island's ability to sustain current services.

In April 2025, the Office of Management and Budget (OMB) released the State's first program-based budgeting report for SUD programming, based on a survey of FY 2023 activities. This report catalogued 94 programs across 11 state agencies and provided the first comprehensive view of how Rhode Island funds and operates its SUD services. The

[1] Medicaid is a joint federal and state funded program that provides health insurance coverage to low-income individuals. While the exact funding ratio changes year to year, the federal government typically funds approximately 60 percent of Rhode Island's Medicaid claims.

purpose of the first engagement was to create the State's first comprehensive inventory of SUD programs.

In September 2025, OMB and the Executive Office of Health and Human Services (EOHHS) conducted a second round of the SUD Program Survey, updated to capture FY 2025 programming. The new survey identified 108 programs across 12 state agencies. The new survey (Appendix A) refined the original methodology and incorporated agency feedback to:

- Collect more detailed information on the types of services provided and how programs are delivered;
- Compare program budgets to reported spending;
- Document whether programs are based on established evidence or recognized best practices; and
- Track changes in the SUD program landscape between FY 2023 and FY 2025, including new, discontinued, and renamed or merged programs.

The purpose of this report is to update the state's inventory of SUD programs, their costs, and the prevalence of evidence in program design and implementation with the most recent data. This memo summarizes key findings from the FY 2025 survey, including the distribution of spending across Medicaid and non-Medicaid programs, the extent to which programs are evidence-based, and the State's exposure to changes in federal funding. It also provides an updated inventory of SUD programs operated by the State of Rhode Island (Appendix B).

Background and Introduction

Overdose Deaths in Rhode Island

Rhode Island, like the rest of the country, continues to confront a substantial number of overdose deaths driven by opioids and polysubstance use. From 2014 to 2022, annual overdose deaths in the state increased from 240 to 436, an increase of more than 80 percent.[2]

In response to the ongoing crisis, the State has taken several key steps, including:

- The establishment of the Governor's Overdose Prevention and Intervention Task Force in 2015 and its expansion in 2022, which provides advice, guidance, and strategic leadership for all SUD programming in the state. The Task Force's 2023

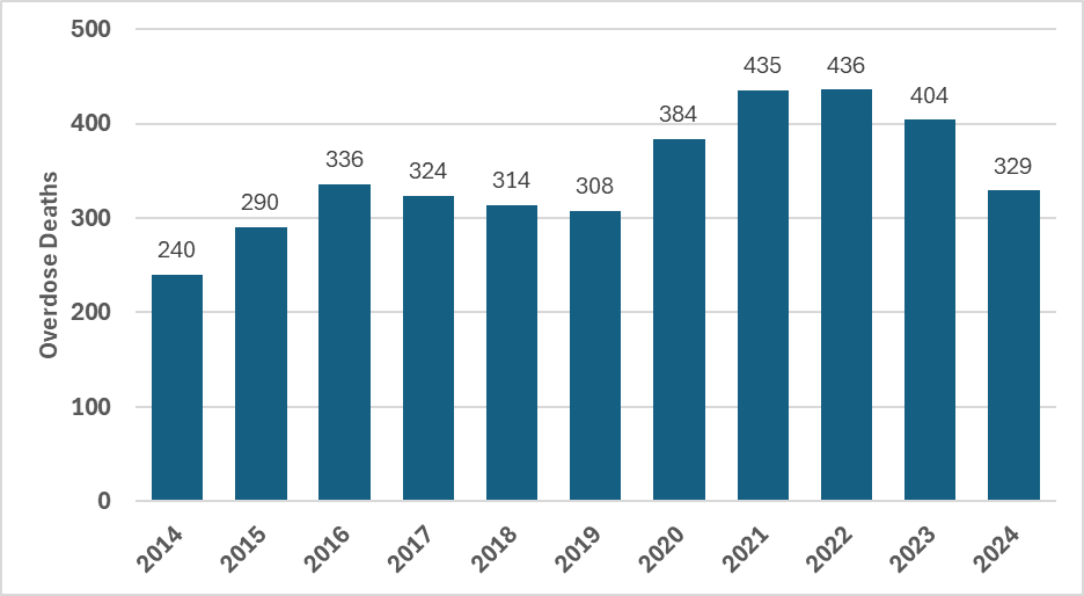
[2] Rhode Island Department of Health data obtained from https://preventoverdoseri.org/overdose-deaths/

Action Plan focuses on programs that address prevention, treatment, harm reduction and rescue, and recovery activities.

- Securing approximately $168 million over 18 years from the national opioid settlement with three major opioid distributors, allocated by the Opioid Settlement Advisory Committee (OSAC). In FY 2025, the State spent $13.1 million in Opioid Settlement and Stewardship funds on SUD programming. EOHHS reports that these investments are intended to support individuals across the SUD continuum of care.
- Partnering with the community throughout the State's response, by including community co-chairs for all Task Force Work Groups, lived experience appointees on OSAC, and community- and municipal-centric funding opportunities.

These efforts have coincided with a decline in overdose deaths. In 2023, Rhode Island recorded a 7.3 percent decline in overdose deaths, the first decline since 2019. That trend continued in 2024, with an additional 18.5 percent reduction from 2023 and a total reduction of 24.5 percent from the 2022 peak.

Figure 1: RI Overdose Deaths by Year



While 2025 data are still preliminary, reporting from the first eight months shows 164 overdose deaths, which is 32.5 percent lower than the same eight-month period in 2024 (243 deaths). If this trend continues Rhode Island could see its lowest overdose death toll in about a decade.

However, the scale and complexity of the State's SUD programming and its reliance on federal and time-limited funding underscore the need for a clear, program-level understanding of how resources are organized and where risks to sustainability may arise.

Scope and Methodology

Given the State's significant investment in SUD programming, OMB partnered with EOHHS to launch the State's first program-based budget initiative focused on this topic. The first review period covered FY 2023 and results were released in April 2025. This current review represents the second iteration of the SUD Program Survey.

As described in the April 2025 report, program-based budgeting is a tool that organizes budget information around a particular policy area or set of programs and services, rather than exclusively by departments or staffing. This approach provides a comprehensive view of the resources dedicated to a specific policy goal, especially when those resources are dispersed across multiple agencies. It aims to enhance transparency, coordination, and the efficient allocation of funds toward shared priorities.

To collect this information in a consistent and systematic manner, OMB and EOHHS developed a survey that was distributed to each agency identified as funding or operating SUD programs. Agencies were asked to submit a separate response for each SUD-related program.

The SUD Program Survey aims to:

- Inventory and catalog existing programs,
- Align and coordinate services to fill gaps or reduce duplication, and
- Identify programs that are designed and implemented based on existing evidence or research.

The survey was designed to consistently capture necessary information about each program across all agencies, and it contains questions related to:

- **Programs and Services:** What kind of services are provided and who provides them?
- **Budget and Capacity:** How much does the program cost, and how many people does it serve?
- **Evidence of Success:** Is there evidence that demonstrates the efficacy of this type of program?

EOHHS can use the data to manage programs within its portfolio, identify gaps, and reduce service duplication, while OMB, in collaboration with EOHHS, can leverage the data to gain a comprehensive understanding of the State's investment in SUD programming and make more informed funding decisions.

The survey's scope was limited to programs that directly serve or support individuals with an SUD diagnosis, build capacity for treatment, or prevent the development of SUD in targeted,

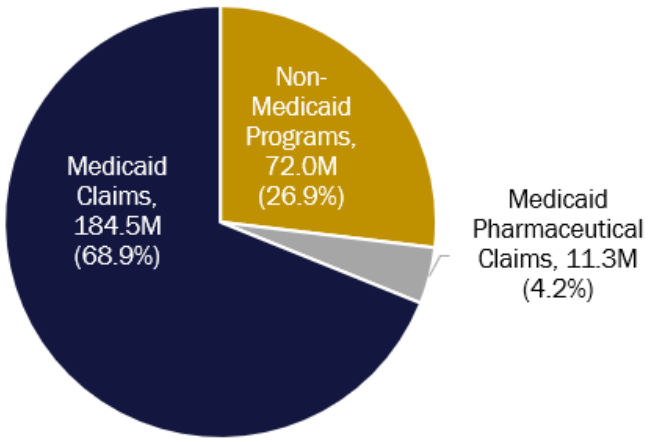
vulnerable groups. The first iteration of the survey focused on activity in FY 2023.[3] The survey was adjusted based on feedback from participants and redeployed focusing on FY 2025. This report represents the results of that effort.

Survey data are self-reported by agencies and should be considered preliminary and subject to possible human error. This includes refinement and changes to reporting methodologies from agencies to provide greater specificity in the scope and scale of programs operated. After the survey closed, OMB staff met with agencies and program managers to vet and verify the data reported to ensure consistency and completeness of responses. A full list of the survey questions can be found in Appendix A.

Survey Results

Preliminary survey results indicate that Rhode Island funds and supports more than 100 distinct programs intended to address individuals with SUD diagnoses. In addition to the programs identified in the survey, this report also contains summary information on the state's use of Medicaid to support and the recent development of Certified Community Behavioral Health Clinics (CCBHCs). While not directly related to the results of the survey, a short discussion of Medicaid activity and CCBHs is important context to understanding the full landscape of SUD programming operating within the state.

Figure 2: RI Medicaid vs. Non-Medicaid Funding FY 2025 SUD Services



In FY 2025, the State budgeted approximately $267.8 million across all funding sources for SUD programs and services. Agencies reported spending approximately $249.5 million of this amount, including $195.8 million in Medicaid claims and $53.7 million in non-Medicaid program spending.

Between FY 2023 and FY 2025, overall spending remained relatively stable: Medicaid spending increased by $24.2 million while the reported budgets of non-Medicaid programs declined by nearly $5.2 million, resulting in a net increase of approximately $19 million over two years (approximately 8 percent increase).

[3] The first survey results can be found on OMB's website: SUD Survey Results.pdf

Medicaid Spending

In FY 2025, approximately $195.8 million of the State's SUD-related spending occurred through Medicaid claims, covering treatment services ($184.5 million) and prescription medications ($11.3 million) for individuals with an SUD diagnosis. Rhode Island budgeted approximately $72.0 for Non-Medicaid programs in FY 2025.[4]

Figure 3: RI Medicaid and Non-Medicaid Spending by Source

Type of Fund	Medicaid Spending (Millions)	Non-Medicaid Spending (Millions)	Total (Millions)
Federal Funds	$149.1	$24.2	**$173.3**
State Share	$46.7	$29.5	**$76.2**
Total:	**$195.8**	**$53.7**	**$249.5**

As shown in Figure 3, Medicaid and Non-Medicaid spending leverage federal funding sources and state funds. Approximately $149.1 million (76 percent) of Medicaid spending is from federal funds, and the remaining $46.7 million (24 percent) is state matching funds. Non-Medicaid spending is split more evenly, with $24.2 million (45 percent) from federal funds and $29.5 million (55 percent) from state funds.[5] Combined, approximately $173.3 million (70 percent) of FY 2025 SUD spending in Rhode Island was from federal sources.

In FY 2025, the Medicaid program served more than 34,000 unique individuals (an average of more than 17,000 enrolled clients per month) across a broad array of rescue, treatment, and recovery types, including inpatient and outpatient services, detoxification, residential treatment, psychiatric care, counseling, peer supports, and diagnostics. Medicaid beneficiaries receive treatment from a network of public and private providers across the state, including Rhode Island's newly launched system of Certified Community Behavioral Health Clinics (CCBHCs).

Certified Community Behavioral Health Clinics (CCBHCs)

CCBHCs are specially designated outpatient clinics that deliver a comprehensive range of behavioral health services, including mental health treatment, substance use services, and

[4] A further breakdown of spend and budgeted amounts for non-Medicaid programs is discussed later in the report.

[5] State share, or state funds, include general revenue, restricted receipts (including the Opioid Settlement and Opioid Stewardship Funds), and other funds from non-federal sources. The difference in Non-Medicaid values in Figure 2 and Figure 3 is due to disparity between budgeted and actual spend amounts.

24/7 crisis response,. They are designed to ensure access to coordinated comprehensive behavioral health care and must serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age. The model is based on national standards supported by the Centers for Medicare and Medicaid Services (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA). Rhode Island is among only 10 states selected for the most recent cohort of the federal CCBHC Demonstration Program.

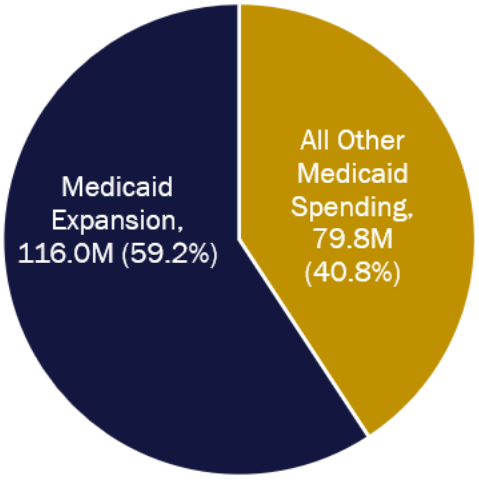
CCBHC services began in Rhode Island on October 1, 2024, and eight clinics now operate throughout the state. They maintain an open-door policy and serve all individuals regardless of diagnosis, age, or insurance status. Services are provided under a fee-for-service model. Clients may use Medicaid, private insurance, or out-of-pocket payment.

Although total FY 2025 client counts are still being finalized, EOHHS reports that 15,320 Medicaid members received services from a CCBHC between launch (October 1, 2024) and June 30, 2025.

Exposure to Changes in Medicaid

Medicaid expansion, established under the Affordable Care Act (ACA), allows states to extend Medicaid coverage to adults under age 65 with incomes up to 138 percent of the federal poverty level. Rhode Island implemented Medicaid expansion in 2014. States that opt in receive an enhanced federal matching rate for newly eligible individuals. The federal share began at 100 percent and has gradually declined to the current fixed rate of 90 percent, with states responsible for the remaining 10 percent.

Figure 4: Medicaid Expansion vs. Other Medicaid Spending



The One Big, Beautiful Bill Act (OBBBA) (Public Law No. 119-21, H.R.1) was enacted in July 2025 and mandates nearly $1 trillion in Medicaid spending reductions over the next decade, with most cuts taking effect in 2027. According to EOHHS,[6] the law's provisions include 22 federal policy changes affecting the Medicaid program. Most of the eligibility and benefit changes will impact the Medicaid Expansion population, and examples of the changes include restricting retroactive coverage, increasing the cost-sharing paid by beneficiaries, introducing new work requirements for Medicaid

[6] EOHHS Federal Compliance Advisory Group's Federal Policy Changes Report

eligibility, limiting immigrants' Medicaid eligibility, and increasing the frequency of eligibility checks.

Rhode Island is currently highly exposed to federal changes in Medicaid. In FY 2025, approximately 16,000 individuals who accessed SUD services through Medicaid did so through the Medicaid expansion. As shown in Figure 4, spending on SUD services for expansion enrollees exceeded $116.0 million, representing 59 percent of the $195.8 million in total Medicaid spending on SUD services and 46 percent of overall spending on SUD treatment. According to the EOHHS, new work requirements, changes to eligibility and more frequent enrollment redeterminations may cause 33,600 Medicaid members to lose coverage.

FY 2025 Non-Medicaid SUD Programs

While Medicaid is the primary and most significant mechanism for providing SUD treatment and services in Rhode Island, it only covers individuals who meet specific eligibility criteria and focuses on clinical care. As a result, the State also invests substantial additional resources ($72.0 million budgeted in FY 2025) in programs directly administered by State agencies that serve populations or support activities not covered by Medicaid.

Figure 5: Non-Medicaid SUD Programs by Agency

Agency	SUD Programs (Count)	Total Budget (Millions)
BHDDH	36	$22.98
EOHHS	18	$13.98
DOH	14	$14.08
DOT	10	$1.54
DOC	7	$5.63
Judiciary	7	$3.93
URI	7	$1.98
DCYF	3	$4.34
DPS	2	$3.13
DHS	2	$0.37
CCRI	1	$0.03
RIC	1	$0.02
Total:	**108**	**$72.0**

These non-Medicaid programs include services for uninsured individuals and people who are incarcerated, along with other programs, including:

- Public health promotional campaigns and prevention programs
- Peer recovery and harm reduction services, including naloxone (Narcan) distribution
- Medications for opioid use disorder (MOUD), also called medication-assisted treatment (MAT); and
- Drug courts and mobile crisis outreach

Figure 5 summarizes the 108 programs and initiatives across 12 state agencies that were directly captured in the SUD survey. Appendix B contains a full inventory of SUD programs operated by the State of Rhode Island.

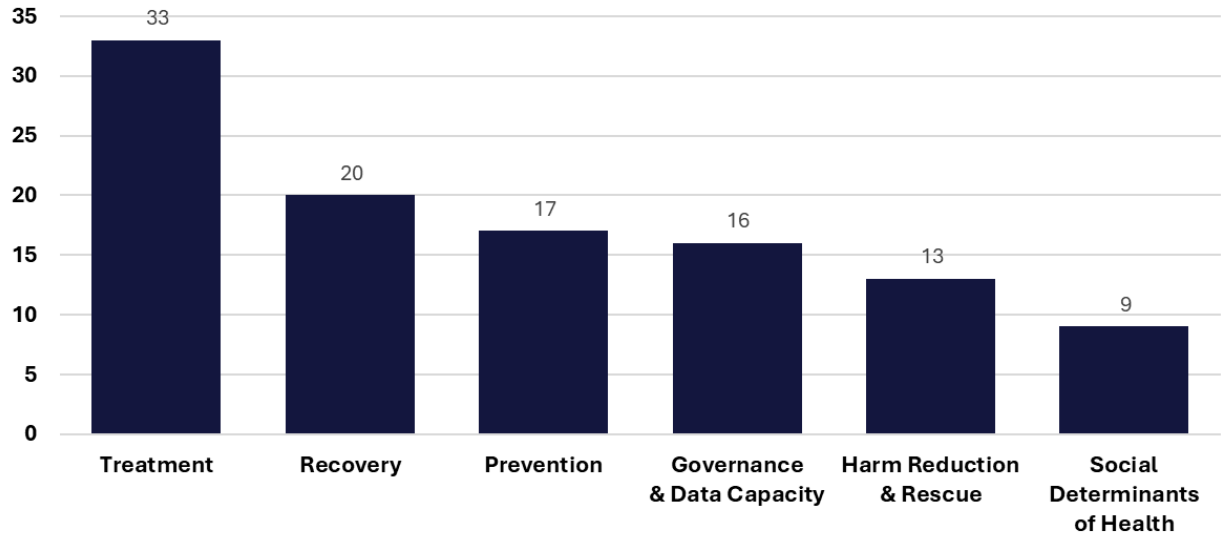
Program Categories and Characteristics

The SUD Survey asked agencies to classify their programs based on the primary type of service or activity provided. The categories are:

- **Governance, Data Capacity, and Surveillance:** Activities related to the administration of programs, including data collection, analysis, oversight, and accountability.
- **Prevention:** Programs aimed at discouraging substance misuse and preventing the onset of substance use disorders.
- **Harm Reduction and Rescue:** Programs designed to reduce the harm experienced by people who use substances and those around them.
- **Treatment:** Clinical and non-clinical interventions for individuals with SUD.
- **Recovery:** Programs focused on helping individuals initiate and sustain recovery.
- **Social Determinants of Health:** Activities that address basic needs such as housing, medication and food access, transportation, and employment.

Many programs operate across multiple pillars, and components of a single program may fit more than one category, reflecting the interdependent nature of the SUD continuum of care. For the purposes of this survey, however, each program was asked to identify a primary pillar, which is the central organizing focus of the program and the main outcome it is designed to achieve.

Figure 6: Non-Medicaid SUD Programs by Pillar



As shown in in Figure 6, the largest proportion of non-Medicaid SUD programs in FY 2025 fell into the Treatment pillar (30 percent), followed by Recovery, and then Prevention.

***FY 2023 vs. FY 2025*:** The vast majority of programs reported in FY 2023 continued to operate in FY 2025. Thirteen programs captured in the FY 2023 survey were discontinued

prior to FY 2025, mostly due to reductions or expirations in federal funding. The FY 2025 survey included eight programs that existed in FY 2023 but were omitted from the first round. In addition, approximately 15 programs reported in FY 2025 also existed in FY 2023 but have since been merged with other programs or renamed.

The survey also captured 24 new programs created by the State of Rhode Island that began in FY 2024 or FY 2025. At least one new program was created in each of the six pillars, with more than 25% of new programs related to Treatment.

Participants & Cost Per Individual, and Delivery Setting for Treatment and Recovery:

Programs in the treatment and recovery pillars are often those that most directly and intensively engage individuals. Among the treatment or recovery programs that were able to provide participant counts,[7] an estimated 88,632 individuals were served. As shown in Figure 7, this equates to an average cost of $921.24 per individual in treatment programs (14,370 people served at a total cost of $13,238,228) and $110.57 per individual in recovery programs (74,262 people served at a total cost of $8,210,978). These figures do not represent unique individuals, as participants may interact with multiple programs or return to the same program over time.

Figure 7: Average Cost of Treatment and Recovery Programs

Pillar	Total Spend	Estimated Participant Count	Cost Per Participant
Treatment	$13,238,228	14,370	$921.24
Recovery	$8,210,978	74,262	$110.57

Programs are delivered in a variety of settings, including home- or community-based locations, institutional or facility-based locations, and other settings. Many programs operate in more than one setting type. According to the survey results, 53 percent of programs were delivered in home/community-based locations, 28 percent in institutional/facility-based locations, and 45 percent in other locations.[8]

Openness to the General Public: Specifically, regarding treatment programs, 25 of the 33 (76 percent) were open to the general public, 16 programs of which (48 percent of public treatment programs) did not require a recommendation or referral.

[7] Five programs in treatment and recovery did not provide a participant count.

[8] This sums to more than 100 percent because some programs operate in multiple setting types.

Across all reported SUD programs, approximately 73 programs, (68 percent) are open to the public, with 56 (52 percent) not requiring any referral. Most programs that were not open to the general public were programs tailored for specific sub-groups of the population or administratively focused programs. For example, the Perinatal Substance Use program focuses exclusively on pregnant women and their children or families. Other subgroups include individuals in certain industries, children, incarcerated individuals, and other justice-involved individuals. Administrative programs include staffing, data collection, and program evaluation.

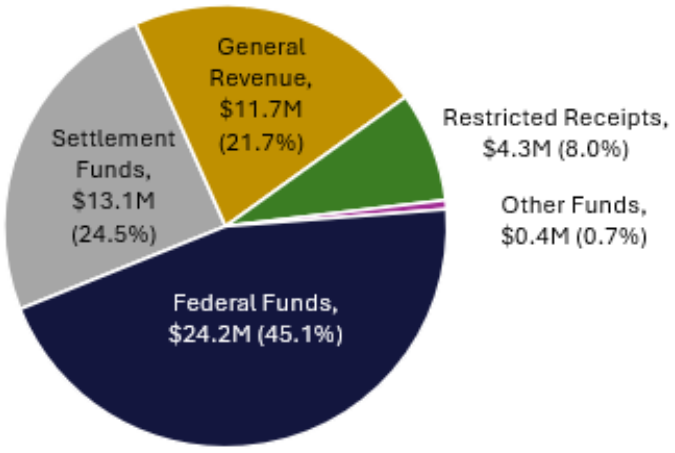
Co-occurring Mental Health Disorders: The connection between SUD and mental health disorders is well established. Nearly half of people who have a serious psychiatric illness also have a co-occurring substance use disorder, according to the 2022 National Survey on Drug Use and Health.[9] As a result, treatment and recovery programs often serve individuals with co-occurring diagnoses, including in Rhode Island.

Of the treatment and recovery programs identified in the survey, 29 of 33 treatment programs (88 percent) and 16 of 20 recovery programs (80 percent) reported serving individuals with co-occurring mental health disorders in addition to SUD.

Across all 108 programs surveyed, approximately 57 percent reported specifically treating participants with co-occurring mental health disorders, meaning they provide assistance with mental health needs in addition to SUD. This percentage likely understates the share of participants with co-occurring conditions, as many administrative or infrastructure-focused programs do not provide direct clinical services and therefore are not classified as treating co-occurring disorders.

Spending By Characteristic: Agencies reported spending $53.7 million on non-Medicaid SUD programs in FY 2025. As shown in Figure 8, approximately 45 percent of non-Medicaid spending on SUD programs comes from federal funds, followed by opioid-related settlements (24 percent) and general revenue

Figure 8: Non-Medicaid Program Spending by Source of Funds

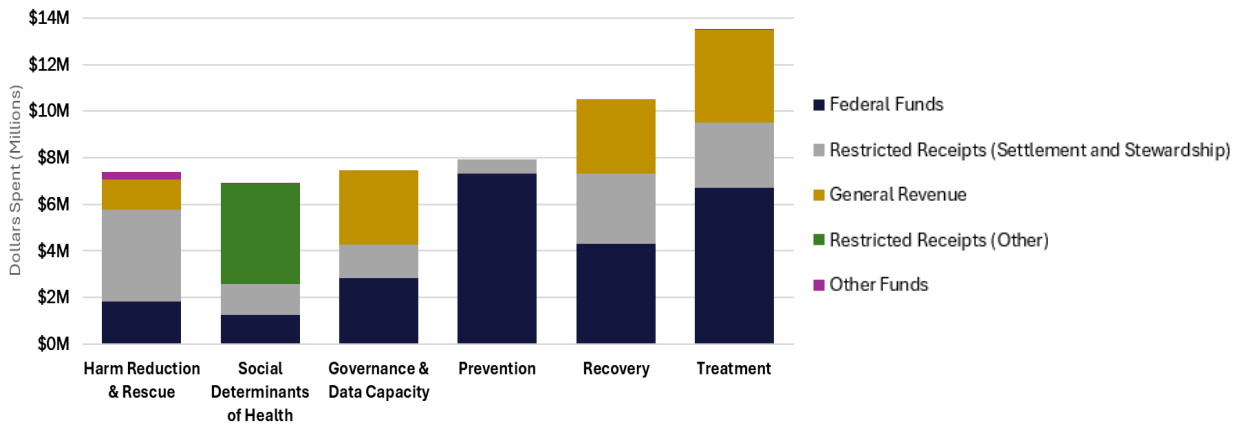


[9] Nearly half of people who have a serious psychiatric illness also have a co-occurring substance use disorder, according to the 2022 National Survey on Drug Use and Health

(22 percent). The remaining 9 percent comes from other restricted receipts and other funds.

As shown in Figure 9, treatment is the pillar where the State spends the most, followed by recovery. Approximately 25 percent of non-Medicaid SUD spending ($13.5 million) supported treatment programs.

Figure 9: Non-Medicaid Program Spending by Pillar and Source of Funds



Federal funding accounted for more than half of the dollars spent on treatment programs. Approximately 20 percent of non-Medicaid SUD spending ($10.5 million) supported recovery programs, with federal funds comprising nearly 40 percent of recovery spending. The remaining pillars each account for between $6.9 million and $7.9 million in spending, or roughly 13–15 percent of all non-Medicaid SUD program spending. Notably, approximately 92 percent of spending in the prevention pillar is federally funded. Examples of federal funding sources include SAMHSA Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG), SAMHSA Strategic Prevention Framework – Partnerships for Success Grant, and the Bureau of Justice Assistance (BJA) Grant.

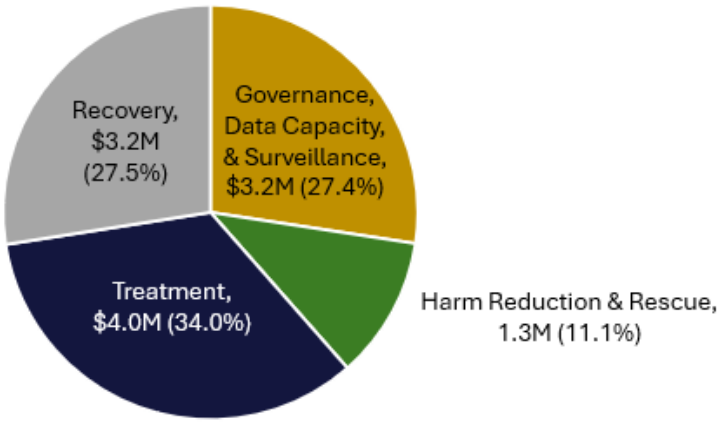
Rhode Island's health and human services agencies operate most of the surveyed non-Medicaid programs.

- The Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) manages 36 programs with a combined budget of $23.0 million.
- The Department of Health (DOH) manages 14 programs with a collective budget of $14.1 million.
- EOHHS operates 18 programs with a combined budget of $14.0 million.

Together, these three agencies account for approximately 71% of Rhode Island's total budgeted non-Medicaid SUD program funding.

Approximately $11.7 million of the $53.7 million spent on non-Medicaid SUD programming came from general revenue. Of the 108 programs in the survey, only 19 programs across six agencies reported receiving general revenue support: Judiciary (6), DOH (4), the Department of Corrections (4), the Department of Children, Youth, and Families (2), BHDDH (2), and Department of Public Safety (1).

Figure 10: General Revenue Spending by Pillar



The remainder of SUD program funding came from other sources, including federal funds and restricted receipts such as Opioid Settlement and Opioid Stewardship monies. Federal funding is, by far, the largest single source of support for Rhode Island's SUD programming.

Given the significant amount of funding that comes from the federal government for SUD treatment, both through Medicaid and non-Medicaid services, any reductions in federal support could have a substantial impact on Rhode Island's ability to sustain current SUD programming. In total, approximately $173 million of the $249.5 million spent on SUD services through the Medicaid program[10] or from other federal sources.

Opioid-Related Stewardship and Settlement Funding

Between 2021 and 2025, Rhode Island reached settlements (or participated in national settlements) with 10 defendants related to the social harms caused by the opioid crisis. Additionally, in 2019, the State established the Opioid Stewardship Fund, which is supported by a fee assessed on opioid products sold or distributed in the state. The Opioid Settlement Funding will provide the State with approximately $168 million over 18 years. However, these funds are not distributed evenly across that period. Separately, the Opioid Stewardship Funding provides approximately $5 million annually.

[10] Medicaid is a joint federal and state funded program that provides health insurance coverage to low-income individuals. The federal government funds approximately 60 percent of Rhode Island's Medicaid claims.

The Opioid Settlement and Opioid Stewardship funds are managed by EOHHS and OSAC, which reports annually on funding strategy and operations. EOHHS reports that these investments are intended to support individuals across the SUD continuum of care. In FY 2025, the State spent $13.1 million in Opioid Settlement and Stewardship funds on SUD programming.

As noted earlier in the report, most of the State's investment in SUD treatment takes the form of direct clinical care. EOHHS reports that current social science research indicates that non-clinical interventions addressing social determinants of health (such as housing, employment, and food security) can have a positive impact on health outcomes.[11] However, EOHHS also notes that there are limited grant opportunities to support programs focused on social determinants of health. As a result, restricted receipts, including the Opioid Settlement and Opioid Stewardship funds, have been intentionally used to enhance and expand investments in programs that address these underlying needs.

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 either need to taper off and conclude or be supplemented by other funding sources if they are to continue. The gradual reduction in funding underscores the need to invest in the most efficacious sets of programs.

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 86 programs (80 percent) were evidence-based.

Agencies were asked to use Rhode Island's Evidence Scale to score these programs from 1 (theory-based) to 5 (proven effective). Fifty-nine programs (54.6 percent) received the highest possible score from staff, indicating that they are supported by a large body of evidence.

At the other end of the scale, 22 programs were reported as "not evidence based." These programs generally fall into two categories:

- New or pilot programs, and
- Administrative or infrastructure programs (including capital).

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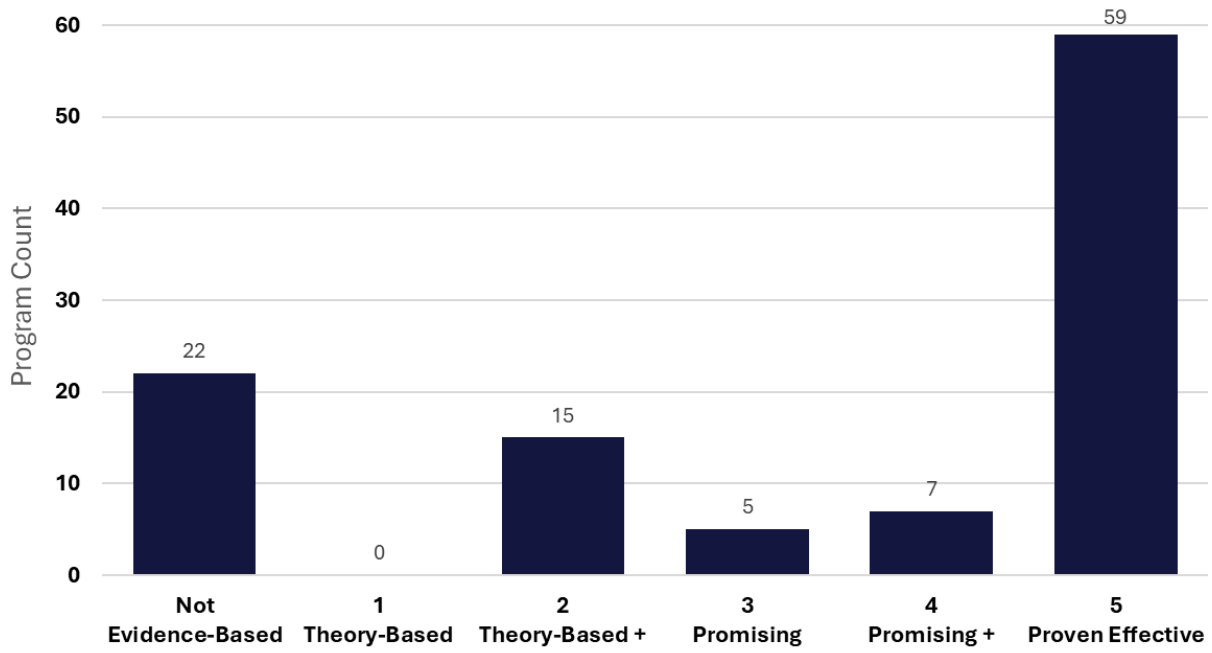
[11] Determinants of Health Model based on frameworks developed by: Tarlov A.R. Ann N Y Acac Sci 1999; 896:281- 93; and Kindig D, Asada Y, Booske B. JAMA 2008; 299(17): 2081-2083

Figure 11: Programs By Evidence Scale Rating



New or pilot programs are too recent to be considered evidence-based but are being actively studied. One new program is the Targeted Mobile Wound Care program that was implemented to deploy skilled wound care nurses directly in the community in response to xylazine that has recently been introduced in the illicit drug supply. This extremely dangerous non-opioid substance has been found to cause wounds that, when left untreated, can lead to severe infections, amputation, and permanent disability. Because xylazine's appearance is relatively new, the Targeted Mobile Wound Care program is not yet grounded in a robust evidence base, however it is currently under evaluation

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 shown to be successful) can lay the groundwork for future evidence-based practices. Because the Evidence Scale may be evaluated differently by different agencies, some evaluators may view these programs as "theory-based" and assign them a score of 1 rather than classifying them as "not evidence-based."

Other programs reported as not evidence-based include those focused on administration, training, data collection and analysis, and programmatic oversight. These functions are critical to ensuring that programs operate with fidelity but are not themselves considered "evidence-based interventions."

While the high share of evidence-based programs is encouraging, the presence of an evidence base alone does not determine whether one program is more effective or more necessary than another. Agencies and providers have considerable discretion in how

programs are implemented, and operational factors (such as procurement delays or staffing shortages) can significantly affect outcomes even when programs are based on strong evidence. Further evaluation may be required to assess the quality of the evidence cited and the extent to which Rhode Island's programs adhere to best practices in implementation.

Program Spending

In addition to reporting program budgets, survey respondents were asked to indicate how much of their program budget was spent within the fiscal year. Agencies reported spending approximately 75 percent of the $72.0 million budgeted for SUD programs in FY 2025, or $53.7 million. Spending rates varied by agency.

- BHDDH spent $15.2 million (66 percent of its SUD budget).
- DOH spent $10.7 million (76 percent).
- EOHHS spent $11.9 million (85 percent).

Together, these three agencies accounted for approximately 71 percent of total non-Medicaid SUD spending in Rhode Island.

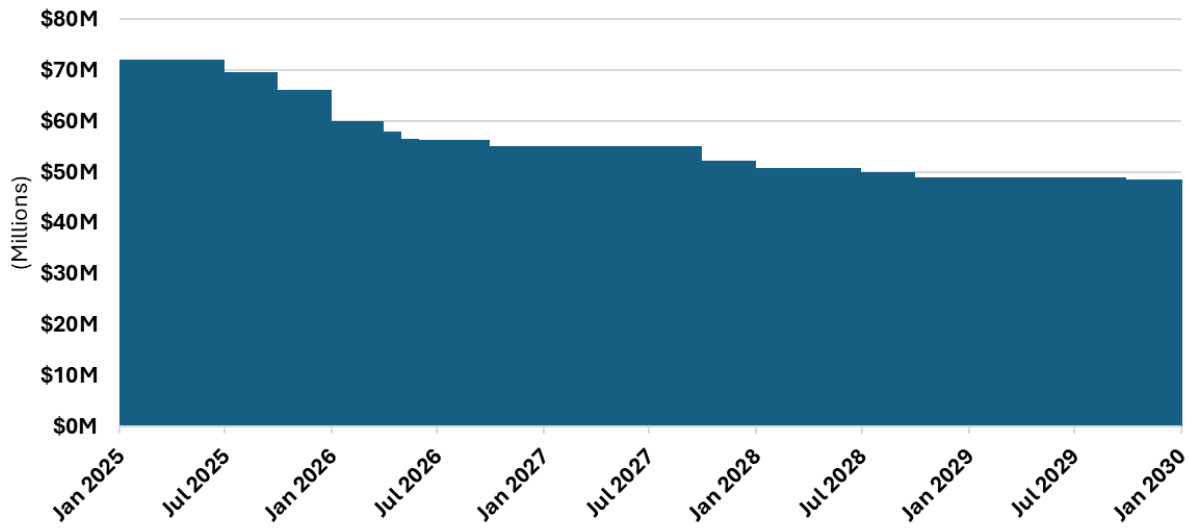
BHDDH reported that roughly one-third of its SUD program budget remained unspent as of the end of FY 2025. Agency staff indicated that the full amount was ultimately expended after the conclusion of the fiscal year but cited several factors contributing to delays: aligning activities with the federal fiscal year (which ends in September), procurement and implementation delays, and staffing challenges like hiring delays or attrition. Given the life-saving nature of this work, ensuring that SUD programs operate within their intended timeframes is critical to delivering services effectively.

Program Funding Expiration

A program's continued success depends not only on its effectiveness but also on the sustainability of its funding. Assuming no new funding sources are identified, non-Medicaid SUD funding is projected to decline from $72.0 million to approximately $48.6 million by the end of 2029. In practice, program administrators continually seek additional funding opportunities, but it is important to recognize the sizeable potential funding cliff that could emerge in the coming years if those efforts are not successful.

This projected decline is driven largely by the structure and timing of current federal funding commitments and the tapering down of Opioid Settlement and Stewardship funds. Many of these funds are time-limited. Federal funds are subject to renewal by the federal government; shifts in federal priorities could significantly affect Rhode Island's SUD programs. This dynamic underscores the State's substantial reliance on federal funding and highlights that changes or reductions in federal support present an outsized risk to the sustainability of SUD services.

Figure 12: SUD Funding Expiration



Conclusion

Overdose deaths in Rhode Island peaked at 436 in 2022. In 2023, the State recorded its first decline in overdose deaths since 2019 (an 8 percent reduction), and that phenomenon continued through 2024. While 2025 data are still preliminary, initial reporting from the first eight months indicates that overdose death rates will continue to decline.

In FY 2025, Rhode Island spent $249.5 million on SUD treatment and programming. Approximately $173 million of that total was either through the Medicaid program or from other federal sources. Nearly 80 percent of the State's SUD spending ($195.8 million) took the form of Medicaid claims, which covered treatment services ($184.5 million) and prescription medications ($11.3 million) for approximately 34,000 individuals with an SUD diagnosis.

In addition, the State spent $53.7 million (of $72.0 million budgeted) in FY 2025 for 108 SUD programs directly administered by 12 State agencies. Approximately 45 percent of non-Medicaid SUD spending comes from federal funds, followed by opioid-related settlements (24 percent) and general revenue (22 percent). The remaining 9 percent comes from other restricted receipts and other funds. Federal funding is, by far, the largest source of support for Rhode Island's SUD programming.

Given the large share of SUD funding that comes from the federal government through both Medicaid and non-Medicaid services, any reduction in federal support would significantly affect Rhode Island's ability to sustain its current SUD programming. This uncertainty around federal funding underscores the necessity of strategically investing in the most effective SUD programs.

This iteration of the SUD Survey and program-based budgeting initiative represents the State's most comprehensive effort to date to catalog 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 and support agencies in moving Rhode Islanders through the SUD continuum of care.

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 August 2025, reflecting on operations in State Fiscal Year 2025 (July 1, 2024 – June 30, 2025).

Program Details

- (Q1) Program Name: The short, unique name for the program. Commonly used alternate names of the program should be provided in the notes section.
    - 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, but that is NOT the program name).
- (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 of the program (e.g., EOHHS, DHS, DOH, etc.).
- (Q5) Other Agency Involvements: Any other state agencies responsible for oversight or contributions to the program.
    - If known, please provide the type of contribution made by the agency in the notes section. Examples could include: "Provides funding", "Serves on oversight committee", "Assists in program administration", etc.
- (Q6) Program Start Date: Date which the program was first created and funded.
    - If no exact date is known, then please provide an approximate date at the monthly level (e.g. July 2021 as 07/01/2021).
- (Q7) Program End Date: Date at which the program may be scheduled to end or be terminated in Rhode Island, due to any reason.
    - If there is no scheduled end date for the program, please enter "01/01/2000".
- (Q8) Program Categorization – Pillars: Best single categorization of the program that reflect the general policy goal intended for the program, based on the pillars provided. See Appendix for definitions.
- (Q9) Program Description: Free-form brief description of a program's activities and mission. Limit to 50 words or less.
- (Q10) Number of Participants Served: Count of the number of participants who were served in SFY 2025. If a complete count has not been recorded, please provide a best estimate for the number of individuals served.
    - If no exact count nor estimate can be provided, please enter "-1" and describe

in the notes why an estimate of number of participants is not possible.

- (Q11) Additional Participation Information: Type of answer provided for Q10 (Number of Participants Served), and requests additional participation information. Additional questions include:
    - If count of participants is an estimate, what was the methodology used to create the estimate?
    - If multiple providers administer the program, what were the approximate number of participants served by each provider?
    - If budget levels have changed in FY25 (and/or predicted for FY26), what are the expected changes in enrollment/participation.
- (Q12) Delivery Setting: Type of setting 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) Administration of Services: Program administrators; run by the State of Rhode Island (any state government agency only), by the State of Rhode Island and by 3rd Party Contracts/Vendors, or by 3rd Party Contracts/Vendors (only).
    - If fully administered by a Rhode Island State Government Agency, skip to Question 16.
- (Q14) Vendor Contracts: Vendor contracts awarded through competitive or non-competitive processes. Competitive contracts involve an open bid process, while non-competitive contracts are awarded to vendor(s) without competition. Non-competitive contracts can also be referred to as “direct awards” or “sole source bidding” and are often used in emergency situations or for specialized services.
- (Q15) Vendor Names: Name(s) of the vendors that provide services for the program.
    - Please provide any additional information available about the vendors in the notes section.
- (Q16) Geographical Location: Select if program has physical locations or specific areas served. Provide any information about the locations or addresses in the notes section. Be as specific as possible.
- (Q17) Open to Public: Select if the program directly serves the public and if it is open without a referral or other recommendation.
    - If unsure, please provide full details on the process that the public accesses services in the notes section.
- (Q18) Co-occurring Mental Health Disorder: Select if the program serves individuals with mental health disorders in addition to substance use disorders.

- (Q19) Target Substance Categories: Select which categories of substance(s) this program addresses.
    - Because OMB and EOHHS 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) Population Subgroups Targeted or Served: Select if the program specifically targets or only serves certain population subgroups. List any such groups in the notes section.
- (Q21) Public Contact Information – Phone Number: Select if the program has a public-facing phone number for inquires and provide applicable contact information in the notes section.
- (Q22) Public Contact Information - Email: Select if the program has a public-facing email for inquires and provide applicable contact information in the notes section.
- (Q23) Website (Program Page): Select if the program has a public-facing website or web page and provide links in the notes section.

Budget

- (Q24) 2025 Budgeted Amount: Total amount budgeted for the program for SFY 2025. If an exact amount is unknown, please estimate to the nearest $100,000.
- (Q25) 2025 Actual Spend: Total amount actually spent on the program for SFY 2025. If an exact amount is unknown, please estimate to the nearest $100,000.
- (Q26) Appropriation Sequence 1 (Primary): Five-digit code for the appropriation sequence that provides the **most** funding to the program.
    - Note: The appropriation sequence should be a new five-digit code from the new ERP system. This is a notable change from last year, when line sequences were used. As with other parts of the survey, please feel free to reach out if you have any questions.
- (Q27) Appropriation Sequence 1 Budget Amount: Total amount of SFY 2025 actual, final spend that comes from appropriation sequence 1.
- (Q28) Appropriation Sequence 1 Funding Source Timeframe: Termination date or expiration date for appropriation sequence funding source.
    - For example, if the account is funded by a temporary (or canceled) federal grant, state when the funding is scheduled to end.
    - If the funding source has no set or expected end date, enter “01/01/2000”.
- (Q29) Appropriation Sequence 2 (Secondary): Five-digit code for the appropriation sequence that provides the **second most** funding to the program.
    - Note: The appropriation sequence should be a new five-digit code from the new ERP system. This is a notable change from last year, when line sequences were used. As with other parts of the survey, please feel free to

reach out if you have any questions.

- (Q30) Appropriation Sequence 2 Budget Amount: Total amount of SFY 2025 actual, final spend that comes from appropriation sequence 2.
- (Q31) Appropriation Sequence 2 Funding Source Timeframe: Termination date or expiration date for appropriation sequence funding source.
    - For example, if the account is funded by a temporary (or canceled) federal grant, state when the funding is scheduled to end.
    - If the funding source has no set or expected end date, enter "01/01/2000".
- (Q32) Appropriation Sequence 3 (Tertiary): Five-digit code for the appropriation sequence that provides the **third most** funding to the program.
    - Note: The appropriation sequence should be a new five-digit code from the new ERP system. This is a notable change from last year, when line sequences were used. As with other parts of the survey, please feel free to reach out if you have any questions.
- (Q33) Appropriation Sequence 3 Budget Amount: Total amount of SFY 2025 actual, final spend that comes from appropriation sequence 3.
- (Q34) Appropriation Sequence 3 Funding Source Timeframe: Termination date or expiration date for appropriation sequence funding source.
    - For example, if the account is funded by a temporary (or canceled) federal grant, state when the funding is scheduled to end.
    - If the funding source has no set or expected end date, enter "01/01/2000".
- (Q35) Total Lifetime Budget of Program: Estimate of the total lifetime budget for the program across all fiscal years; should include what has been previously spent, what is currently being spent, and what is planned to be spent in the future. Provide an estimate to the nearest $100,000 if possible.
    - If the program is planned to continue indefinitely, enter "-1" in lieu of an estimate.
    - If the program is planned to be terminated but the lifetime budget cannot be calculated, enter "-2" in lieu of an estimate and provide an explanation as to why a lifetime budget cannot be estimated.
- (Q36) Funding Cliff: Date at which the program is likely to face a funding cliff (major decline in funding) that may lead the program to terminate. Please provide an estimate of the date using the "MM/DD/YYYY" format and provide details as to the reason for the funding cliff in the notes section.
    - If partial funding is set to expire at a certain date and the program will end or be significantly reduced as a result, record that date.
    - If there is no foreseeable funding cliff (funding source would simply change and program would continue or funding is not planned to end in the future), please enter "01/01/2000".

Evidence

- (Q37) Evidence Based Practice: Select if the current program operating in Rhode

Island is considered to be an evidence-based practice.
    - If unsure if the program is evidence-based, proceed to Q38 – which can help answer if an evidence-base exists.
    - If the program is not evidence-based, skip to Question 40 (No Evidence).
- (Q38) Evidence-Based Practice Details: Details on what type of evidence-base supports the program. Select "Yes" or "No" for each evidence-base source, and provide supporting information for all "Yes" responses.
    - Sub-question 1: Clearinghouse
        - Note: One option is to review the *Results First Clearinghouse*[1] to determine whether the program has been evaluated in any of the nine available clearinghouses. You may use the search tool to match against names, keywords., etc. If the specific program is not included, please note whether one is a good match to yours. Enter the name of the clearinghouse that reviewed the program (e.g., Blueprints, CrimeSolutions.gov, etc.).
        - Other clearinghouses can also be used for this sub-question.
    - Sub-question 2: Previous Studies
        - In the notes section, provide links to any previous studies conducted for Rhode Island's program or similar programs in other jurisdictions.
    - Sub-question 3: National Standard or Best Practice
        - In the notes section, provide information that supports that the program employs a widely used best practice or national standard.
    - Sub-question 4: Theory Base
        - In the notes section, provide information on what theory(ies) support the idea that the program will likely be effective.
    - Sub-question 5: Data-Informed Practice
        - In the notes section, provide information about what data has been collected and at what level (local, state, federal, etc.) that informs the practice.
- (Q39) Evidence Based Practice Scale: Score, or level, of evidence-base practices, according to the RI OMB Evidence Scoring Guide.
    - Skip Question 40 (No Evidence).
- (Q40) No Evidence –Reasoning: Reason why the program is not rooted in evidence-based practices.
    - This is only answered if "No" is answered in Question 37 (Evidence Based Practice).

[1] https://evidence2impact.psu.edu/what-we-do/research-translation-platform/results-first-resources/clearing-house-database/

Survey Conclusion

- (Q41) Additional Information: Provide any additional information that would be helpful for OMB or EOHHS to have regarding program information, budget, or evidence-based practices.
    - Such information could include: information on additional appropriation sequences, additional evidence-base information, substantial changes in project administration, statutory requirements, etc.
- (Q42) Future Improvements for Survey: Provide any feedback on the survey, which will be used to improve PBB program inventories in the future.
- (Final Step) Completion: We recommend reviewing the survey for full completion and then selecting "Yes" in the drop-down, which allows us to begin our review of the program information. A member of the OMB Team will be in contact to follow-up on your survey submission.

Appendix B: SUD Program Inventory

Substance Use Disorder Survey Responses for SFY 2025 (Selected Fields)									
Agency	**Other Contributing Agencies**	**Program Name**	**Program Category (Pillar)**	**Substances Addressed**	**Co-occurring Mental Health Disorder Treatment?**	**Program Type**	**Total SFY 2025 Budget ($)**	**Evidence Basis (Yes/No)**	**% of Actual SFY 2025 Expenditures from Federal Funds**
BHDDH		942- STOP, RI Hope & Recovery Line	Recovery	Polysubstance with Opioid	No	Established Program (2+ Years)	$619,872	No	100%
BHDDH		Adminstrative Service Organization (ASO) for Re-entry Services	Treatment	Polysubstance with Opioid	Yes	New Program (<2 Years)	$344,000	Yes	100%
BHDDH		Affirm	Prevention	Polysubstance with Opioid	Yes	New Program (<2 Years)	$75,000	Yes	100%
BHDDH	EOHHS	BH Link	Treatment	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$3,658,014	Yes	100%
BHDDH	DOH, EOHHS	Buprenorphine Warm Line	Treatment	Opioid Only	Yes	Established Program (2+ Years)	$485,731	Yes	66%
BHDDH		Contingency Management	Treatment	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$150,000	Yes	100%
BHDDH		Detox for the Uninsured - Alcohol and Other Drugs	Treatment	Non-Opioid Substance(s)	Yes	New Program (<2 Years)	$200,000	Yes	0%
BHDDH		Detox for the Uninsured - Opioids	Treatment	Polysubstance with Opioid	Yes	New Program (<2 Years)	$125,000	Yes	100%
BHDDH		Eleanor Slater Hospital: Addiction Recovery Services	Recovery	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$107,536	Yes	0%
BHDDH		Emerging Trend - Xylazine	Treatment	Non-Opioid Substance(s)	Yes	New Program (<2 Years)	$66,393	No	0%

Agency	Other Contributing Agencies	Program Name	Program Category (Pillar)	Substances Addressed	Co-occurring Mental Health Disorder Treatment?	Program Type	Total SFY 2025 Budget ($)	Evidence Basis (Yes/No)	% of Actual SFY 2025 Expenditures from Federal Funds
BHDDH		Expansion of SUD Residential Services	Treatment	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$388,428	Yes	0%
BHDDH		Heroin-Opioid Prevention Effort (HOPE) Initiative	Treatment	Polysubstance with Opioid	No	Established Program (2+ Years)	$1,057,010	No	29%
BHDDH		IMANI - Faith Based Community Recovery Program	Treatment	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$1,025,117	Yes	100%
BHDDH		JSI RI Prevention Resource Center	Prevention	Polysubstance with Opioid	No	Established Program (2+ Years)	$200,000	No	100%
BHDDH		Medication for Opioid Use Disorder (MOUD) for the Uninsured	Treatment	Opioid Only	Yes	Established Program (2+ Years)	$445,000	Yes	0%
BHDDH		Mobile Medication for Opioid Use Disorder (MOUD) Unit	Treatment	Polysubstance with Opioid	No	Established Program (2+ Years)	$509,312	Yes	100%
BHDDH		Mosaix IMPACT Prevention Data Collection System	Prevention	Polysubstance with Opioid	No	Established Program (2+ Years)	$66,120	No	100%
BHDDH		Mothers Against Drunk Driving (MADD) Media Campaign and Presentations	Prevention	Non-Opioid Substance(s)	No	New Program (<2 Years)	$68,000	Yes	100%
BHDDH		Opioid Treatment Program Liaisions	Treatment	Opioid Only	No	Established Program (2+ Years)	$336,269	Yes	100%
BHDDH		Partnerships for Success	Prevention	Non-Opioid Substance(s)	Yes	Established Program (2+ Years)	$1,057,682	Yes	100%
BHDDH		Recovery Advocacy - Rhode Island Peer Recovery Professional Association (RIPRPA)	Recovery	N/A	No	New Program (<2 Years)	$139,999	No	100%
BHDDH		Recovery Community Centers	Recovery	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$1,551,157	Yes	100%

Agency	Other Contributing Agencies	Program Name	Program Category (Pillar)	Substances Addressed	Co-occurring Mental Health Disorder Treatment?	Program Type	Total SFY 2025 Budget ($)	Evidence Basis (Yes/No)	% of Actual SFY 2025 Expenditures from Federal Funds
BHDDH	Governor's Office	Recovery Friendly Workplace	Recovery	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$257,292	Yes	31%
BHDDH		Recovery Housing	Recovery	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$3,465,495	Yes	100%
BHDDH		Recovery Training Development	Recovery	Polysubstance with Opioid	Yes	New Program (<2 Years)	$285,000	No	100%
BHDDH		Regional Prevention Task Forces (RPTF)	Prevention	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$2,591,938	Yes	81%
BHDDH		Respite Services for the Uninsured	Treatment	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$153,660	Yes	100%
BHDDH		Rhode Island Comunities for Addiction Recovery Efforts (RICARES)	Recovery	Polysubstance with Opioid	No	Established Program (2+ Years)	$193,734	Yes	100%
BHDDH		Rhode Island State Psychiatric Hospital: SUD Services	Treatment	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$107,536	Yes	0%
BHDDH	EOHHS	Rhode Island Student Assistance Services (RISAS) Coastline	Prevention	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$2,321,999	Yes	100%
BHDDH		Rhode Island Young Adult Survey (RIYAS)	Prevention	Polysubstance with Opioid	No	Established Program (2+ Years)	$125,000	No	100%
BHDDH		Statewide Training and Technical Assistance	Treatment	Polysubstance with Opioid	Yes	New Program (<2 Years)	$253,377	No	100%
BHDDH		Stimulant Use Disorder Conference	Treatment	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$100,000	Yes	0%
BHDDH		SUD Residential Treatment for the Uninsured	Treatment	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$388,397	Yes	100%

Agency	Other Contributing Agencies	Program Name	Program Category (Pillar)	Substances Addressed	Co-occurring Mental Health Disorder Treatment?	Program Type	Total SFY 2025 Budget ($)	Evidence Basis (Yes/No)	% of Actual SFY 2025 Expenditures from Federal Funds
BHDDH		URI Licensed Marriage & Family State Expansion	Treatment	Polysubstance with Opioid	Yes	New Program (<2 Years)	$21,423	Yes	0%
BHDDH	DOC	Wave Cards	Recovery	Polysubstance with Opioid	Yes	New Program (<2 Years)	$48,000	No	100%
CCRI	OPC	Substance Use Disorders Concentration	Social Determinants of Health (Including Communications)	Polysubstance with Opioid	No	Established Program (2+ Years)	$26,000	Yes	0%
DCYF	BHDDH, DOC	7 Challenges - State Youth Treatment Sustainability for the Training School	Treatment	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$90,000	Yes	100%
DCYF		Chilld and Family Well-Being (PSN)	Recovery	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$2,047,650	Yes	0%
DCYF		Youth Substance Use	Harm Reduction and Rescue	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$2,203,777	Yes	10%
DHS		Amos House	Recovery	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$40,800	No	100%
DHS	BHDDH	Sstarbirth	Treatment	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$325,000	Yes	100%
DOC		Addiction Treatment & Recovery Services	Recovery	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$776,582	Yes	19%
DOC	EOHHS	Basic Needs for Re-entry (Corrections)	Social Determinants of Health (Including Communications)	Polysubstance with Opioid	No	New Program (<2 Years)	$250,000	No	0%
DOC	EOHHS	Medication Assisted Treatment (MAT) Program	Treatment	Opioid Only	Yes	Established Program (2+ Years)	$3,900,172	Yes	0%
DOC	DOH, EOHHS	Public Health Vending Machines	Harm Reduction and Rescue	Polysubstance with Opioid	No	Established Program (2+ Years)	$106,857	Yes	0%

Agency	Other Contributing Agencies	Program Name	Program Category (Pillar)	Substances Addressed	Co-occurring Mental Health Disorder Treatment?	Program Type	Total SFY 2025 Budget ($)	Evidence Basis (Yes/No)	% of Actual SFY 2025 Expenditures from Federal Funds
DOC		Substance Abuse Testing (SATT)	Treatment	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$161,285	Yes	0%
DOC	URI	Justice Community Opioid Innovation Network (JCOIN)	Recovery	Opioid Only	Yes	Established Program (2+ Years)	$273,000	Yes	100%
DOC		Vantage Point Phoenix Project	Treatment	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$157,177	Yes	0%
DOH	EOHHS	BIPOC Engagement Outreach	Harm Reduction and Rescue	Polysubstance with Opioid	Yes	New Program (<2 Years)	$625,000	Yes	0%
DOH		Bridge Clinic Pilot	Treatment	Polysubstance with Opioid	Yes	New Program (<2 Years)	$227,400	Yes	0%
DOH		Emergency Medical Services (EMS) Contract Fee	Harm Reduction and Rescue	Polysubstance with Opioid	No	Established Program (2+ Years)	$184,597	No	100%
DOH	AG, DOT, OPD	Forensic and Clinical Toxicology Testing	Governance, Data Capacity, and Surveillance	Polysubstance with Opioid	No	Established Program (2+ Years)	$1,400,000	Yes	0%
DOH	AG, DOT, OPD	Forensic Drug Chemistry Laboratory	Governance, Data Capacity, and Surveillance	Polysubstance with Opioid	No	Established Program (2+ Years)	$900,000	Yes	0%
DOH	EOHHS	Harm Reduction Peer Navigators	Harm Reduction and Rescue	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$2,668,108	Yes	26%
DOH	EOHHS	Harm Reduction Supplies and Distribution	Harm Reduction and Rescue	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$1,086,999	Yes	0%
DOH		Medical Examiner Data Generation	Governance, Data Capacity, and Surveillance	Polysubstance with Opioid	No	Established Program (2+ Years)	$1,545,000	Yes	0%
DOH	BHDDH, EOHHS	Perinatal Substance Use	Recovery	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$800,000	Yes	17%

Agency	Other Contributing Agencies	Program Name	Program Category (Pillar)	Substances Addressed	Co-occurring Mental Health Disorder Treatment?	Program Type	Total SFY 2025 Budget ($)	Evidence Basis (Yes/No)	% of Actual SFY 2025 Expenditures from Federal Funds
DOH	EOHHS	Prescription Drug Monitoring Program (PDMP)	Prevention	Polysubstance with Opioid	No	Established Program (2+ Years)	$2,000,000	Yes	91%
DOH	BHDDH	Substance Exposed Newborns (SEN)	Treatment	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$223,782	Yes	100%
DOH		Substance Use Epidemiology Program (SUEP)	Governance, Data Capacity, and Surveillance	Polysubstance with Opioid	No	Established Program (2+ Years)	$2,000,000	Yes	100%
DOH		Toxicologist and Breath Training	Governance, Data Capacity, and Surveillance	Polysubstance with Opioid	No	Established Program (2+ Years)	$346,307	Yes	100%
DOH	EOHHS	Translations	Social Determinants of Health (Including Communications)	Polysubstance with Opioid	No	New Program (<2 Years)	$73,449	No	0%
DOT		Alcohol Survey	Governance, Data Capacity, and Surveillance	Non-Opioid Substance(s)	No	Established Program (2+ Years)	$11,750	No	100%
DOT		Community Conversation	Harm Reduction and Rescue	Non-Opioid Substance(s)	No	Established Program (2+ Years)	$53,477	Yes	100%
DOT		Comprehensive Community Action Plan (CCAP) High School Education Program	Prevention	Non-Opioid Substance(s)	No	Established Program (2+ Years)	$93,130	Yes	100%
DOT		Impaired Driving Law Enforcement Patrols & Training	Harm Reduction and Rescue	Polysubstance with Opioid	No	Established Program (2+ Years)	$425,000	Yes	100%
DOT		Learfield Sports Marketing	Prevention	Non-Opioid Substance(s)	No	Established Program (2+ Years)	$110,165	Yes	100%
DOT		Mid-Range DUI Coalition	Prevention	Non-Opioid Substance(s)	No	Established Program (2+ Years)	$127,400	Yes	100%
DOT		Rhode Island Interscholastic League (RIIL)	Prevention	Non-Opioid Substance(s)	No	Established Program (2+ Years)	$124,332	Yes	100%

Agency	Other Contributing Agencies	Program Name	Program Category (Pillar)	Substances Addressed	Co-occurring Mental Health Disorder Treatment?	Program Type	Total SFY 2025 Budget ($)	Evidence Basis (Yes/No)	% of Actual SFY 2025 Expenditures from Federal Funds
DOT	DPS	Rhode Island Municipal Training Academy - Law Enforcement Highway Safety Training Coordinator (LEHSTC)	Harm Reduction and Rescue	Polysubstance with Opioid	No	Established Program (2+ Years)	$287,170	Yes	0%
DOT		Rhode Island Student Assistance Services (RISAS) Youth Driven Program	Prevention	Non-Opioid Substance(s)	No	Established Program (2+ Years)	$159,146	Yes	100%
DOT		ThinkFast Interactive High School Education Program	Prevention	Non-Opioid Substance(s)	No	Established Program (2+ Years)	$150,000	Yes	100%
DPS	BHDDH, DOC	Anti-Heroin Task Force	Governance, Data Capacity, and Surveillance	Polysubstance with Opioid	No	New Program (<2 Years)	$1,333,333	Yes	0%
DPS	DOT	Rhode Island State Police (RISP) - Impaired Driving Traffic Safety Unit, Alcohol Related Enforcement	Prevention	Polysubstance with Opioid	No	Established Program (2+ Years)	$1,800,000	Yes	100%
EOHHS	BHDDH, DOH	Admin - Settlement	Governance, Data Capacity, and Surveillance	N/A	No	Established Program (2+ Years)	$750,000	No	0%
EOHHS	DOH, EOHHS	Admin - Stewardship	Governance, Data Capacity, and Surveillance	N/A	No	Established Program (2+ Years)	$325,199	No	0%
EOHHS		Brave Technology Co-Op	Harm Reduction and Rescue	Polysubstance with Opioid	No	Established Program (2+ Years)	$261,250	No	0%
EOHHS		Community Event Sponsorship	Recovery	Polysubstance with Opioid	Yes	New Program (<2 Years)	$10,000	Yes	0%
EOHHS		Construction Overdose Prevention (Building Futures)	Recovery	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$637,988	Yes	0%
EOHHS	BHDDH, DOH	Evaluation Staff	Governance, Data Capacity, and Surveillance	N/A	No	Established Program (2+ Years)	$267,000	No	0%
EOHHS	BHDDH, DOH, Governor's Office	Governor's Overdose Task Force Community Co-Chairs	Governance, Data Capacity, and Surveillance	Polysubstance with Opioid	No	New Program (<2 Years)	$90,400	No	0%

Agency	Other Contributing Agencies	Program Name	Program Category (Pillar)	Substances Addressed	Co-occurring Mental Health Disorder Treatment?	Program Type	Total SFY 2025 Budget ($)	Evidence Basis (Yes/No)	% of Actual SFY 2025 Expenditures from Federal Funds
EOHHS	BHDDH, DHS, DOC, DOH, EOH, EOHHS	Medical Respite Care	Social Determinants of Health (Including Communications)	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$4,221,730	Yes	13%
EOHHS	DOH	Mobile Wound Care and Street Medicine	Social Determinants of Health (Including Communications)	Polysubstance with Opioid	Yes	New Program (<2 Years)	$587,000	Yes	0%
EOHHS		Municipality Incentives	Governance, Data Capacity, and Surveillance	Polysubstance with Opioid	Yes	New Program (<2 Years)	$200,000	No	0%
EOHHS	BHDDH, DOH	Overdose Prevention Center (PWR)	Harm Reduction and Rescue	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$1,332,358	Yes	0%
EOHHS	BHDDH, DOC, EOH, EOHHS	Pay for Success Permanent Supportive Housing	Social Determinants of Health (Including Communications)	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$1,351,305	Yes	0%
EOHHS	BHDDH, DOH, Governor's Office	Prevent Overdose RI	Social Determinants of Health (Including Communications)	Polysubstance with Opioid	No	Established Program (2+ Years)	$150,000	Yes	0%
EOHHS	BHDDH, DOH	Rhode Island Foundation Community Grants	Recovery	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$2,100,000	No	0%
EOHHS		Ryan White HIV/AIDS Part B	Treatment	Non-Opioid Substance(s)	No	Established Program (2+ Years)	$52,549	Yes	100%
EOHHS	BHDDH, DOA, DCYF, DOH, EOHHS, Governor's Office	Statewide Behavioral Health Conversation Team Paid Media Campaigns	Social Determinants of Health (Including Communications)	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$1,114,000	Yes	100%
EOHHS	EOH	SUD Housing Problem Solving and Flexible Subsidies (Crossroads)	Social Determinants of Health (Including Communications)	Polysubstance with Opioid	No	New Program (<2 Years)	$357,500	Yes	0%
EOHHS		Teen Institute (Coastline EAP)	Prevention	Varies	No	New Program (<2 Years)	$174,973	Yes	0%
Judiciary	AG, BHDDH, DCYF, DOA, DOC, DPS, MHA, OPD	District Court Pretrial Services Unit	Treatment	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$976,866	Yes	0%

Agency	Other Contributing Agencies	Program Name	Program Category (Pillar)	Substances Addressed	Co-occurring Mental Health Disorder Treatment?	Program Type	Total SFY 2025 Budget ($)	Evidence Basis (Yes/No)	% of Actual SFY 2025 Expenditures from Federal Funds
Judiciary	AG, DOC, DPS, Military Staff	District Court Rhode Island Veterans Treatment Court	Treatment	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$822,560	Yes	48%
Judiciary	AG, DOA, OCA, OPD	Family Court Juvenile Drug Court	Recovery	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$271,173	Yes	0%
Judiciary		Family Court Safe and Secure Baby Court Calendar	Recovery	Polysubstance with Opioid	No	Established Program (2+ Years)	$409,350	Yes	0%
Judiciary		Family Treatment Drug Court Calendar	Treatment	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$714,668	Yes	100%
Judiciary	AG, DOC, OPD	Superior Court Adult Drug Court	Recovery	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$463,849	Yes	0%
Judiciary	AG	Superior Court Diversion Program	Treatment	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$267,892	Yes	0%
RIC		Co-Occuring Mental Health and Substance Use Disorders Certificate Program	Treatment	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$19,038	Yes	0%
URI	BHDDH	Block Grant Needs Assessment (BGNA)	Treatment	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$120,000	Yes	100%
URI	BHDDH, DHS, DOH, EOHHS	Community First Responder Program	Harm Reduction and Rescue	Polysubstance with Opioid	No	Established Program (2+ Years)	$513,032	Yes	0%
URI	BHDDH, DCYF, DOC, DOH, EOH, EOHHS	Comprehensive Evaluation (URI)	Governance, Data Capacity, and Surveillance	Polysubstance with Opioid	No	New Program (<2 Years)	$233,000	Yes	0%
URI	BHDDH, DCYF, DOC, EOH, EOHHS	Evaluation of Community Care Alliance, Certified Community Behavioral Health Clinic	Governance, Data Capacity, and Surveillance	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$200,000	Yes	100%
URI		Evaluation of Community Care Alliance Family Tree Grant	Governance, Data Capacity, and Surveillance	Polysubstance with Opioid	Yes	New Program (<2 Years)	$109,000	Yes	100%

Agency	Other Contributing Agencies	Program Name	Program Category (Pillar)	Substances Addressed	Co-occurring Mental Health Disorder Treatment?	Program Type	Total SFY 2025 Budget ($)	Evidence Basis (Yes/No)	% of Actual SFY 2025 Expenditures from Federal Funds
URI	BHDDH, DCYF, DOC, EOH, EOHHS	Evaluation of Newport Mental Health Certified Community Behavioral Health Clinic	Governance, Data Capacity, and Surveillance	Polysubstance with Opioid	Yes	Established Program (2+ Years)	$200,000	Yes	100%
URI		Northeast ROTA-R	Harm Reduction and Rescue	Opioid Only	No	Established Program (2+ Years)	$600,000	Yes	100%

Appendix C: Glossary

Acronym	Meaning
ACA	Affordable Care Act
BHDDH	Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, & Hospitals
CCRI	Community College of Rhode Island
CCBHC	Certified Community Behavioral Health Clinic
CMS	Centers for Medicare and Medicaid Services
DCYF	Rhode Island Department of Children, Youth, and Families
DHS	Rhode Island Department of Human Services
DOC	Rhode Island Department of Corrections
DOH	Rhode Island Department of Health
DOT	Rhode Island Department of Transportation
DPS	Rhode Island Department of Public Safety
EOHHS	Rhode Island Executive Office of Health and Human Services
FY	Rhode Island State Fiscal Year
Judiciary	Rhode Island Judiciary
MAT	Medication-Assisted Treatment
MOUD	Medications for Opioid Use Disorder
OBBBA	One Big, Beautiful Bill Act (Public Law No. 119-21, H.R. 1)
OMB	Rhode Island Office of Management and Budget
OSAC	Opioid Settlement Advisory Committee
RIC	Rhode Island College
SAMHSA	Substance Abuse and Mental Health Services Administration
State	State of Rhode Island
SUD	Substance Use Disorder
URI	University of Rhode Island