

# RHODE ISLAND

## State SSA Director

Mr. Craig S. Stenning, Executive Director  
Division of Behavioral Healthcare Services  
Rhode Island Department of Mental  
Health, Retardation, and Hospitals Barry Hall  
14 Harrington Road, Third Floor  
Cranston, RI 02920-3080

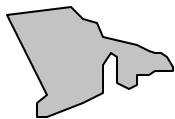
**Phone:** 401-462-2338

**Fax:** 401-462-6636

**E-mail:** cstenning@mhrh.state.ri.us

**Web site:** www.mhrh.ri.gov

## Structure and Function

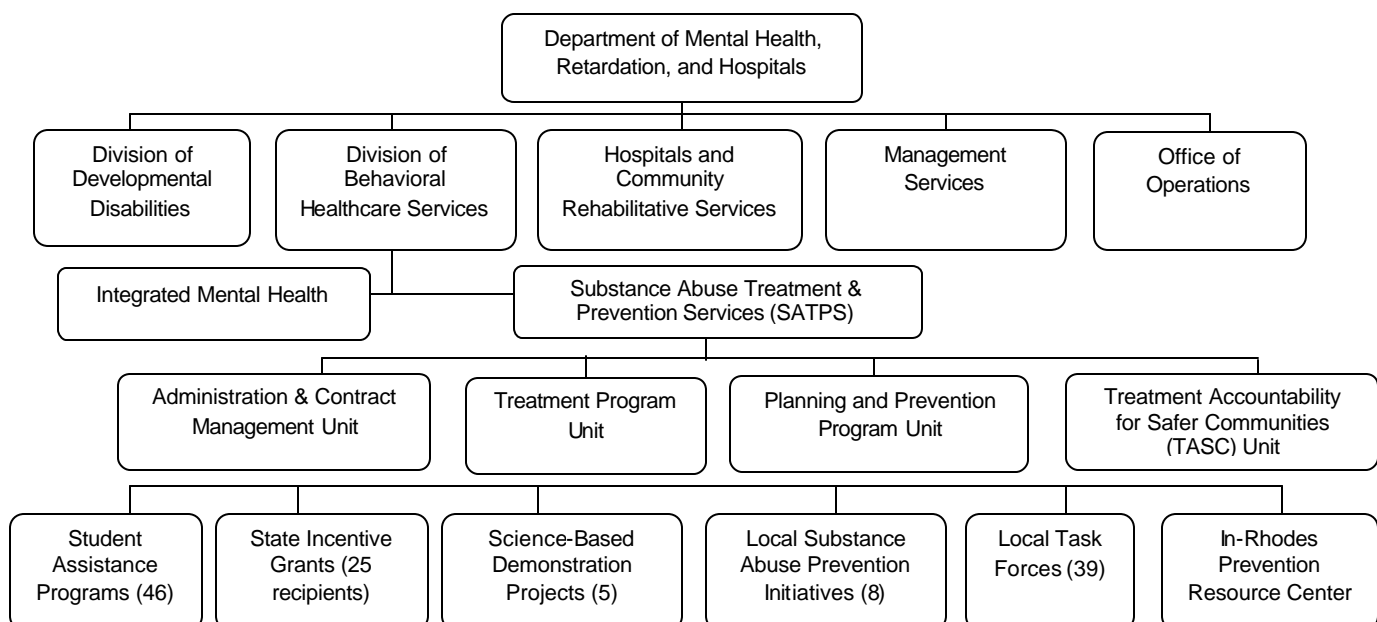


Substance Abuse Treatment and Prevention Services (SATPS) is the designated Single State Agency (SSA) that leads the delivery of substance abuse prevention and treatment services in Rhode Island. SATPS is a unit within Behavioral Healthcare Services (BHS), a division of Rhode Island's Department of Mental Health. BHS seeks to prevent and reduce alcohol, tobacco, and other drug (ATOD) abuse and related unhealthy behavior through the development of a focused, comprehensive, and integrated statewide prevention and treatment system. Toward that end, SATPS contracts with community-based prevention and treatment programs dispersed geographically throughout the State.

SATPS works closely with other State agencies, including the Departments of Corrections, Education; Health; and Children, Youth and Families, as well as with State-level collaborations, on issues such as homelessness, domestic violence, and drug courts.

Additionally, SATPS has facilitated the development of community prevention groups and the consumer advocacy group Rhode Island Communities for Addiction Recovery Efforts (RICARES), which receives CSAT and Center for Substance Abuse Prevention (CSAP) funding.

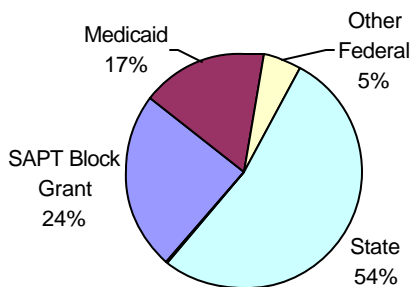
### Single State Agency Structure



## Single State Agency Funding Overview

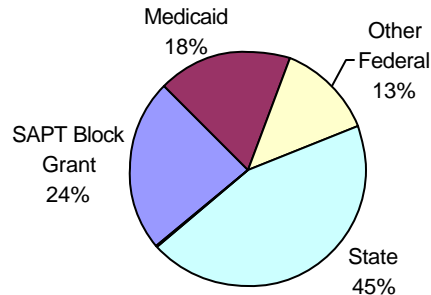
SSA funding in Rhode Island between FYs 2000 and 2003 increased from \$24.4 to \$27.8 million. During that time period, the State's proportion of total funds declined from 54 to 45 percent, the Block Grant's proportion remained stable at 24 percent, Medicaid's proportion remained relatively stable at 17 to 18 percent, and the proportion of other Federal funds increased from 5 to 13 percent.

**FY 2000 Expenditures by Funding Source**

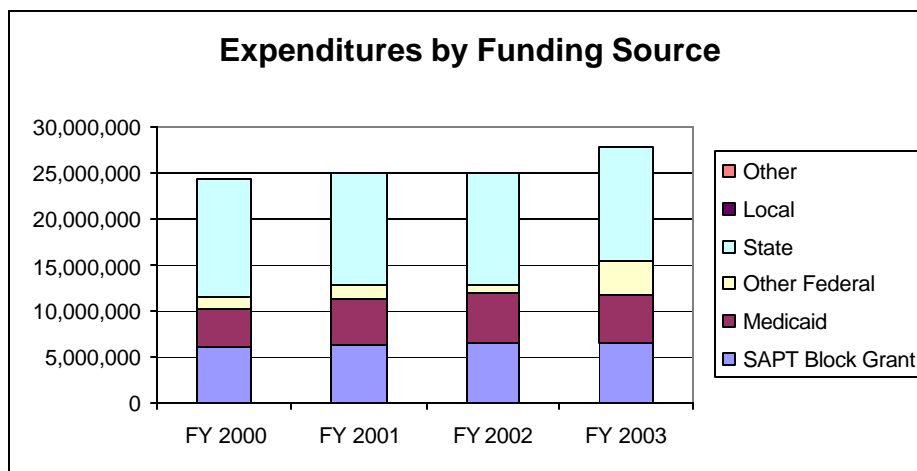


**N=\$24,447,611**

**FY 2003 Expenditures by Funding Source**



**N=\$27,764,945**



**Single State Agency Expenditures From All Funding Sources**

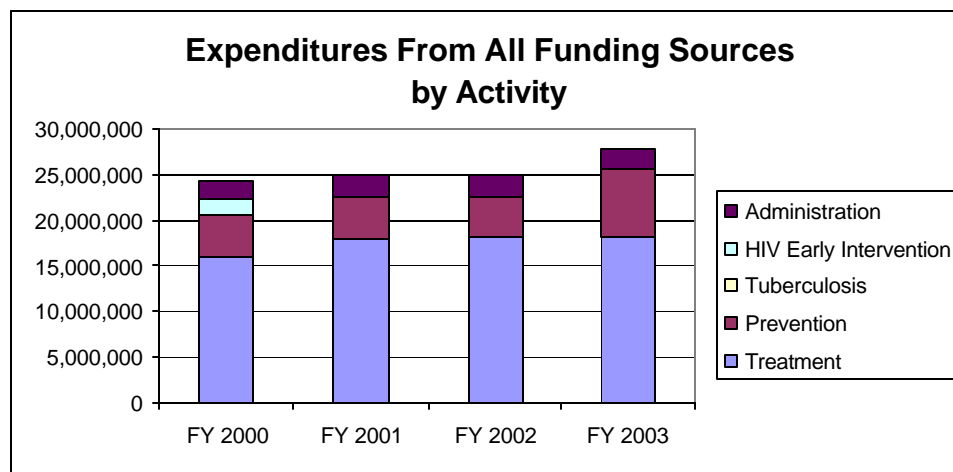
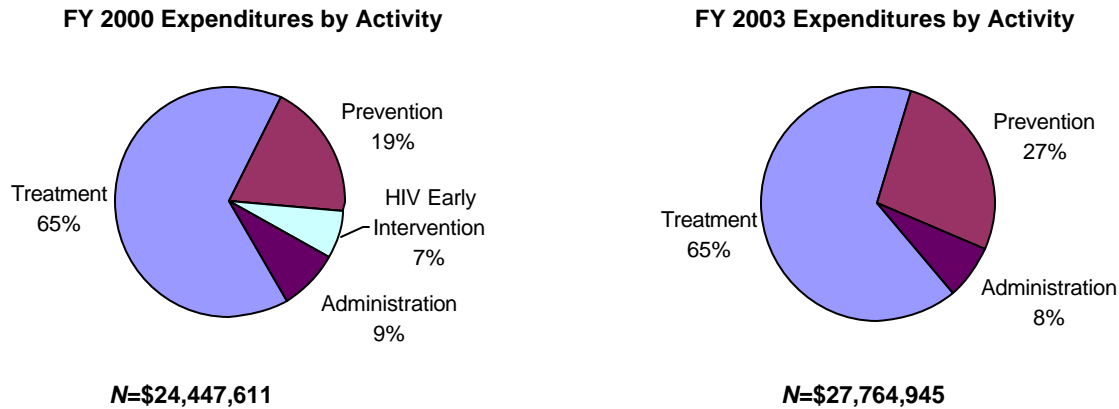
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	5,943,750	24	6,243,750	25	6,468,750	26	6,577,245	24
Medicaid	4,254,337	17	4,942,870	20	5,295,970	21	5,099,558	18
Other Federal	1,299,097	5	1,495,909	6	920,633	4	3,636,268	13
State	12,950,427	54	12,293,949	49	12,304,803	49	12,451,874	45
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
<b>Total*</b>	<b>24,447,611</b>	<b>100</b>	<b>24,976,478</b>	<b>100</b>	<b>24,990,156</b>	<b>100</b>	<b>27,764,945</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

\* Totals may not equal 100 percent due to rounding.

## Activities and Expenditures From All Funding Sources

SSA funding for treatment services in Rhode Island remained stable at 65 percent of total funding between FYs 2000 and 2003. During that time period the distribution of SSA funds changed for prevention services and HIV early intervention services. Prevention as a proportion of SSA funds increased (from 19 to 27 percent), while HIV early intervention as a proportion declined (from 7 to 0 percent).



### Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	12,507,360	51	17,480,041	70	18,175,672	73	18,261,896	65
Alcohol Treatment	2,239,716	9	0	0				
Drug Treatment	1,326,173	5	551,160	2				
Prevention	4,614,280	19	4,483,140	18	4,441,975	18	7,403,938	27
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	1,647,391	7	0	0	0	0	0	0
Administration	2,112,691	9	2,462,137	10	2,372,509	9	2,099,111	8
<b>Total*</b>	<b>24,447,611</b>	<b>100</b>	<b>24,976,478</b>	<b>100</b>	<b>24,990,156</b>	<b>100</b>	<b>27,764,945</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

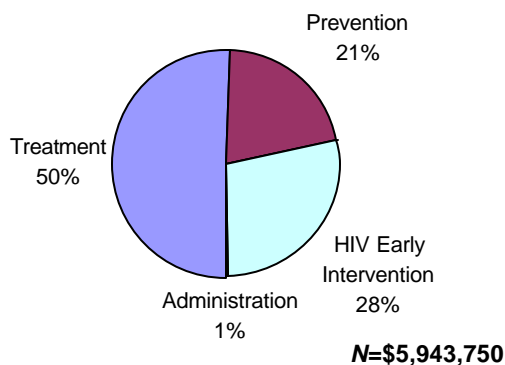
\* Totals may not equal 100 percent due to rounding.

## Expenditures of Block Grant and State Funds

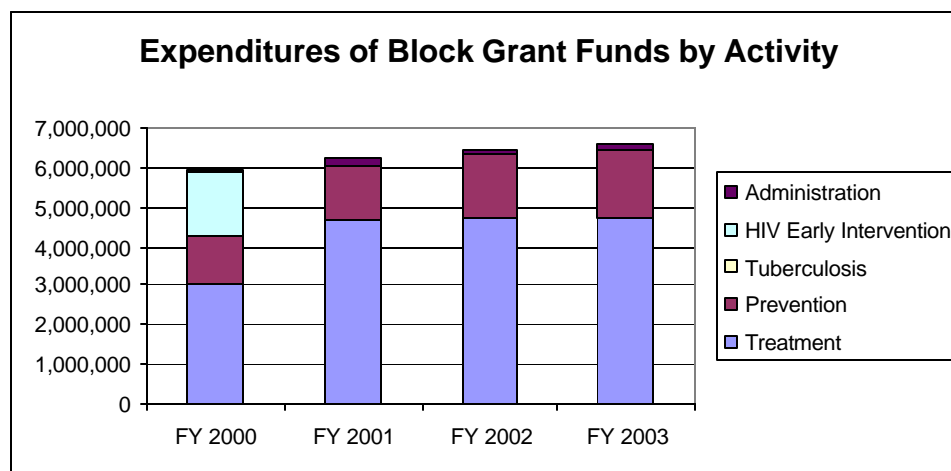
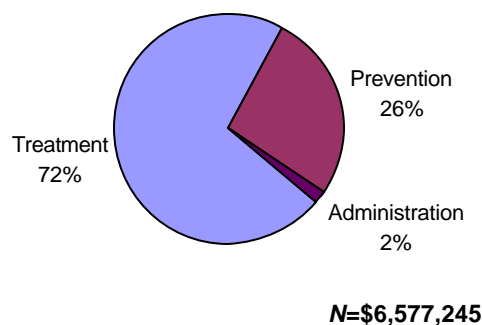
### Expenditures of Block Grant Funds

Block Grant expenditures increased in Rhode Island between FYs 2000 and 2003 (from \$5.9 to \$6.6 million). The distribution of these funds also changed during this time period. Between FYs 2000 and 2003 the proportion of Block Grant funds that treatment services received increased (from 50 to 72 percent), prevention services increased (from 21 to 26 percent), but HIV early intervention declined drastically (from 28 to 0 percent).

**FY 2000 Block Grant Expenditures by Activity**



**FY 2003 Block Grant Expenditures by Activity**



### Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	4,682,085	75	4,755,951	74	4,738,905	72
Alcohol Treatment	2,239,716	37	0	0				
Drug Treatment	775,013	13	0	0				
Prevention	1,247,656	21	1,344,236	22	1,567,077	24	1,727,982	26
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	1,647,391	28	0	0	0	0	0	0
Administration	33,974	1	217,429	3	145,722	2	110,358	2
<b>Total*</b>	<b>5,943,750</b>	<b>100</b>	<b>6,243,750</b>	<b>100</b>	<b>6,468,750</b>	<b>100</b>	<b>6,577,245</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

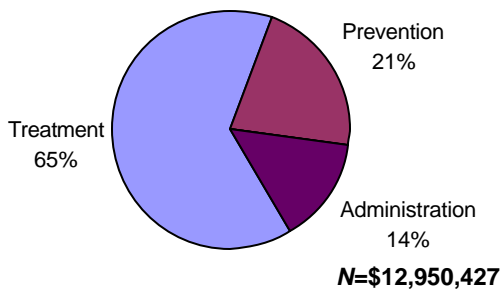
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

\* Totals may not equal 100 percent due to rounding.

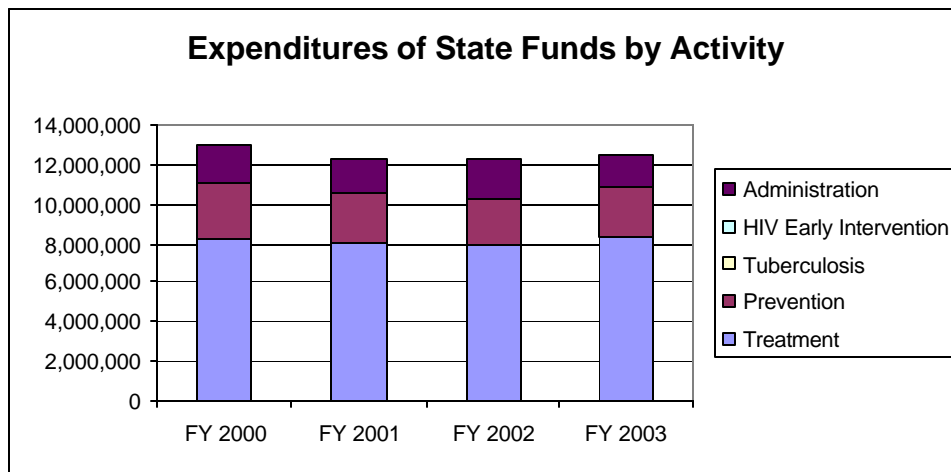
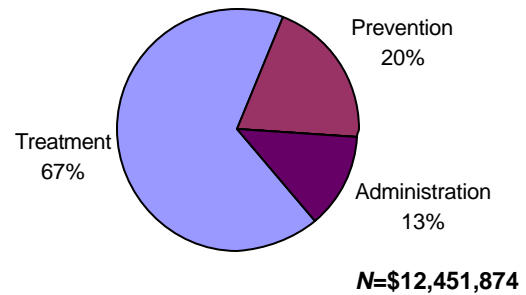
### Expenditures of State Funds

State expenditures on alcohol and drug treatment services declined slightly between FYs 2000 and 2003 (from \$13 to \$12.5 million). The distribution of these funds also remained similar, with treatment receiving the majority of State funds (at 65 to 67 percent), prevention receiving 20 to 21 percent, and administration receiving 13 to 14 percent.

**FY 2000 State Expenditures by Activity**



**FY 2003 State Expenditures by Activity**



#### Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	7,753,784	60	7,535,391	61	7,995,618	65	8,400,066	67
Alcohol Treatment	0	0	0	0				
Drug Treatment	551,160	4	551,160	4				
Prevention	2,781,280	21	2,521,223	21	2,311,894	19	2,473,724	20
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	1,864,203	14	1,686,175	14	1,997,291	16	1,578,084	13
<b>Total*</b>	<b>12,950,427</b>	<b>100</b>	<b>12,293,949</b>	<b>100</b>	<b>12,304,803</b>	<b>100</b>	<b>12,451,874</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

\* Totals may not equal 100 percent due to rounding.

## Prevention Services

Rhode Island's approach to prevention services is evidence based with an emphasis placed on outcome measurement. In order to implement effective substance abuse prevention strategies, SATPS works closely with its substate prevention system. The agency contracts with 25 State Incentive Grant (SIG) recipients, 5 science-based demonstration projects, 8 local substance abuse prevention initiatives, and 35 local task forces to provide services based on unique community needs and assets.

Key to the State's prevention strategy and infrastructure is the Student Assistance Plan (SAP), which operates in 21 high schools and 25 junior and middle schools throughout the State. SAP's design is built on a foundation of national prevention research. Through the program, SATPS places student assistance counselors in every secondary school to assess and educate students. SAP has been a core component of Rhode Island's prevention system for more than two decades and is nationally recognized for its effectiveness.

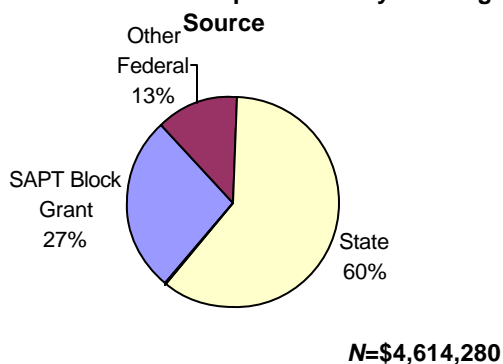
SATPS collaborated with other State agencies and community partners to develop a comprehensive statewide substance abuse prevention plan for the Governor's Children's Cabinet.

### Prevention Funding and Expenditures

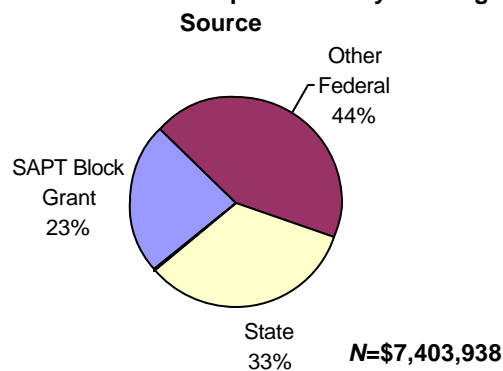
Prevention funding in Rhode Island increased dramatically between FYs 2000 and 2003 (from \$4.6 to \$7.4 million). The sources of funding have also changed during this time period. The State's proportion of prevention funds declined (from 60 to 33 percent), the Block Grant's proportion also declined (from 27 to 23 percent), while the proportion of other Federal sources increased (from 13 to 44 percent).

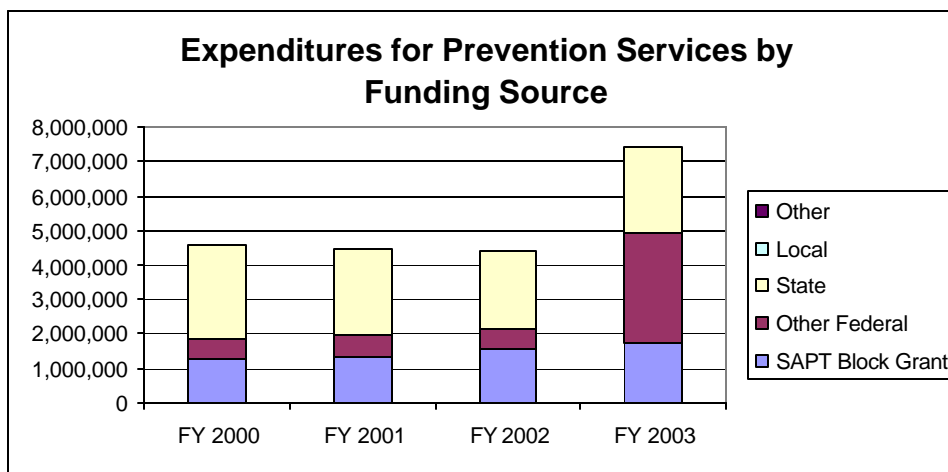
Block Grant funding per capita for prevention activities increased during this period from \$1.19 in FY 2000 to \$1.61 in FY 2003.

**FY 2000 Prevention Expenditures by Funding Source**



**FY 2003 Prevention Expenditures by Funding Source**





### Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	1,247,656	27	1,344,236	30	1,567,077	35	1,727,982	23
Other Federal	585,344	13	617,681	14	563,004	13	3,202,232	44
State	2,781,280	60	2,521,223	56	2,311,894	52	2,473,724	33
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
<b>Total*</b>	<b>4,614,280</b>	<b>100</b>	<b>4,483,140</b>	<b>100</b>	<b>4,441,975</b>	<b>100</b>	<b>7,403,938</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

\* Totals may not equal 100 percent due to rounding.

### Core Strategies

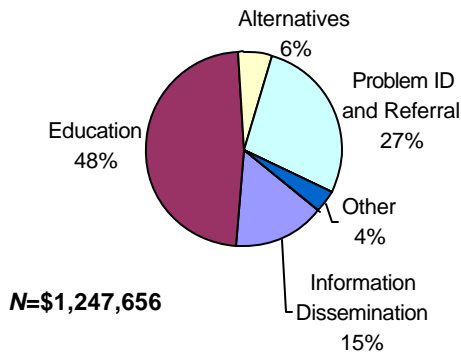
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Strategies include the dissemination of information through In-Rhodes, the State Regional Alcohol and Drug Awareness Resources (RADAR) center, distribution of statewide ATOD resource directories, maintenance of a 24-hour helpline, media campaigns, and development of public service announcements.
Education	SATPS facilitates the Student Assistance Program, funds demonstration projects and local initiatives promoting prevention through activities such as life skills training, family strengthening programs, literacy services, and job skills training.
Alternatives	Activities include trainings for peer leaders to promote prevention in their own communities, afterschool programs, weekly educational groups, career and college guidance programs, and cultural activities.
Community-Based Processes	SATPS coordinates a statewide network of legislatively mandated community-based task forces, primarily responsible for developing prevention plans based on community needs assessments.
Environmental	SATPS partners with the Departments of Education and Health on the Student Health Survey Committee to develop a centralized youth surveillance and data collection system, provides drug court services for the Superior and Family Court, and works with law enforcement and community task forces to reduce the sale of alcohol to youth.
Problem Identification and Referral	Strategies include the Student Assistance Program and the Treatment Alternatives for Safer Communities, which provides evaluation, assessment, and referral services for substance-using offenders.

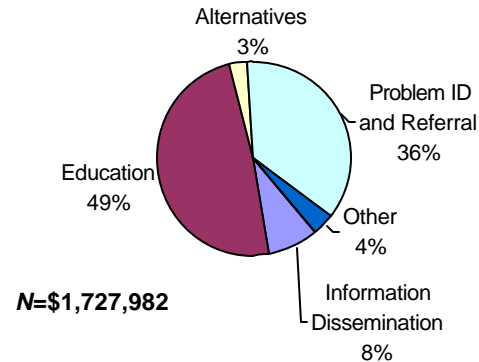
## Expenditures of Block Grant Funds for Core Strategies

Block Grant funding for prevention core strategies in Rhode Island increased between FYs 2000 and 2003 (from over \$1.2 to \$1.7 million). In FY 2003, education received nearly half of the funds, problem identification and referral received about 36 percent, and the remainder went to alternative strategies, information dissemination, and miscellaneous core strategies.

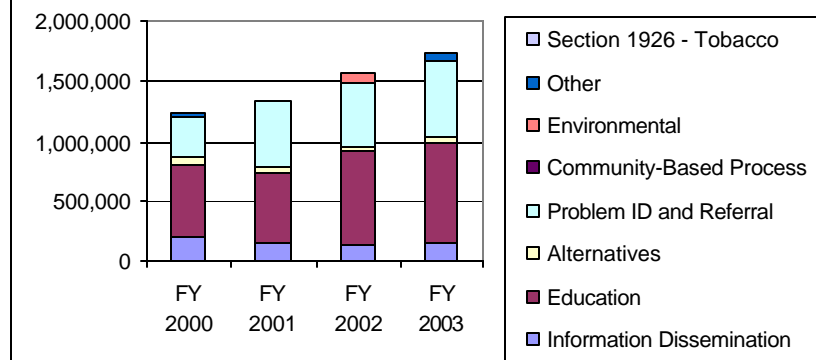
**FY 2000 Block Grant Expenditures by Core Strategy**



**FY 2003 Block Grant Expenditures by Core Strategy**



**Expenditures of Block Grant Funds by Core Strategy**



**Single State Agency Expenditures of Block Grant Funds by Core Strategy**

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Information Dissemination	191,903	15	149,103	11	133,285	9	142,992	8
Education	593,550	48	571,959	43	767,589	49	844,653	49
Alternatives	75,439	6	48,260	4	33,555	2	55,733	3
Problem ID and Referral	339,288	27	574,914	43	559,163	36	621,727	36
Community-Based Process	0	0	0	0	0	0	0	0
Environmental	0	0	0	0	73,485	5	0	0
Other	47,476	4	0	0	0	0	62,877	4
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
<b>Total*</b>	<b>1,247,656</b>	<b>100</b>	<b>1,344,236</b>	<b>100</b>	<b>1,567,077</b>	<b>100</b>	<b>1,727,982</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

\* Totals may not equal 100 percent due to rounding.



## Treatment and Rehabilitation Services

SATPS supports a statewide system of community-based substance abuse treatment services that are dispersed throughout Rhode Island. In addition to smaller, locally based agencies, four of the eight regional mental health treatment facilities now provide alcohol and other drug treatment services. The State works with local providers to ensure that high-quality, comprehensive, and clinically appropriate services are accessible to all residents. Indigent clients receive care through the Medicaid-funded Rlte Care Program.

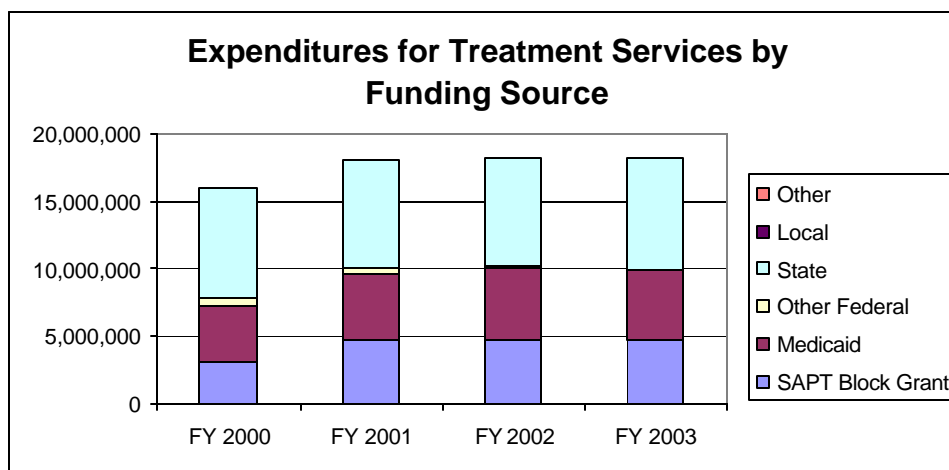
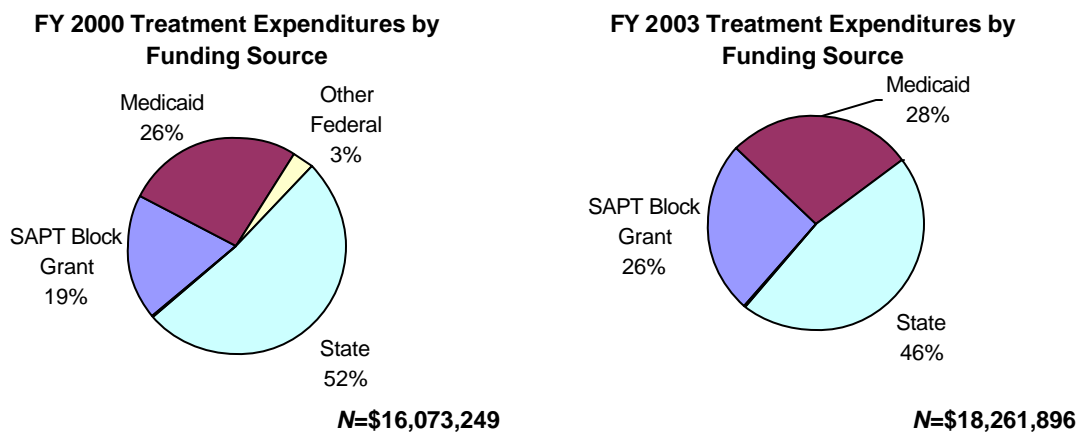
Treatment services are available in a variety of settings, including outpatient treatment, minority-specific outpatient (Latino and Asian) treatment, women’s day and residential treatment, outpatient methadone treatment, residential treatment, adolescent day and residential treatment, and detoxification programs.

In response to recent needs assessment findings, SATPS is in the process of developing services specifically for clients with co-occurring disorders, gambling addiction, and transitional needs.

### Treatment Funding and Expenditures

Funding for treatment services in the State increased slightly between FYs 2000 and 2003 (from \$16.1 to \$18.3 million). In FY 2003 the State was the largest contributor to treatment expenditures (at 46 percent of the total), followed by Medicaid (at 28 percent) and the Block Grant (at 26 percent).

Block Grant funding for treatment and rehabilitation increased substantially during this time, from \$2.87 per capita in FY 2000 to \$4.41 per capita in FY 2003.



**Single State Agency Expenditures for Prevention Services From All Funding Sources**

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	3,014,729	19	4,682,085	26	4,755,951	26	4,738,905	26
Medicaid	4,254,337	26	4,942,870	27	5,295,970	29	5,099,558	28
Other Federal	499,239	3	319,695	2	128,133	1	23,367	0
State	8,304,944	52	8,086,551	45	7,995,618	44	8,400,066	46
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
<b>Total*</b>	<b>16,073,249</b>	<b>100</b>	<b>18,031,201</b>	<b>100</b>	<b>18,175,672</b>	<b>100</b>	<b>18,261,896</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

\* Totals may not equal 100 percent due to rounding.

**Admissions**

Rhode Island's SAPT Block Grant application indicates that nearly 14,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment.

**Number of Persons Admitted by Type of Treatment Care**

Type of Care	Total Number Admissions by Primary Diagnosis (N=13,774)		
	Alcohol Problems	Drug Problems	None Indicated
<b>Detoxification (24-hour care)</b>			
Hospital inpatient	0	0	0
Free-standing residential	1,270	1,941	0
<b>Rehabilitation/Residential</b>			
Hospital inpatient (rehabilitation)	17	11	0
Short-term residential	23	33	0
Long-term residential	367	943	0
<b>Ambulatory (Outpatient)</b>			
Outpatient (methadone)	0	1,922	0
Outpatient (non-methadone)	2,732	3,350	0
Intensive outpatient	242	423	0
Detoxification (outpatient)	4	496	0
<b>TOTAL</b>	<b>4,655</b>	<b>9,119</b>	<b>0</b>

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate more than 13,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 25 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

**Percent of Admissions with a Psychiatric Problem by Primary Diagnosis**

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	2,640	25.4
Alcohol in combination with other drugs	10,642	25.4
<b>Total</b>	<b>13,282</b>	<b>25.4</b>

SOURCE: Treatment Episode Data Set, 2002

\*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 81,000 persons aged 12 and older (9.0 percent of Rhode Island's population) needed, but did not receive, treatment for alcohol use and 29,000 persons (3.2 percent) needed, but did not receive, treatment for illicit drug use in Rhode Island.

**Treatment Gap by Age Group**

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	9.01	6.28	23.85	6.65
Needing but not receiving treatment for illicit drug use	3.18	5.54	11.23	1.42

SOURCE: National Survey on Drug Use and Health; data are combined for 2002 and 2003

## Resource Development Activities

### Planning and Needs Assessment

All prevention providers are required to enter data on a monthly basis into the Performance Based Prevention System (PBPS), an integrated data management system. PBPS includes a planning module based on a risk and protective factor framework, allowing SATPS to assess prevention needs throughout the State. SATPS also works closely with other State agencies to ensure that substance use questions are included in all surveys of Rhode Island youth. Additionally, the agency utilizes information from the Student Accountability for Learning and Teaching (SALT)—a survey of students, teachers, staff, and parents, Youth Risk Behavior Study, Youth Tobacco Study and Kids Count surveys to determine prevention needs.

SATPS is currently working closely with CSAP and local prevention providers to develop a statewide prevention framework based on existing needs and best practices.

### Evaluation

SATPS utilizes the Internet-based PBPS to track prevention service data and program outcomes. Further, BHS contracted with the University of Rhode Island to help develop capacity within the prevention system. The long-term goal of this collaboration was to improve statewide outcomes through effective planning, use, and evaluation of science-based prevention strategies.

Recent evaluations have enabled SATPS to close gaps in many areas of prevention and treatment, including case management, culturally responsive services, and extended care for chronic clients.

### Training and Assistance

The State contracts with the Drug and Alcohol Treatment Association (DATA) to provide training and workforce development services to professionals throughout the statewide prevention system. As part of this contract, DATA conducts assessments to determine current training needs. SATPS also collaborates with DATA, CSAP's Northeast Center for the Application of Prevention Technologies (NECAPT), the Safe and Drug Free Schools Coordinator, and other agencies to conduct training and technical assistance initiatives for agencies seeking to implement evidence-based programs.

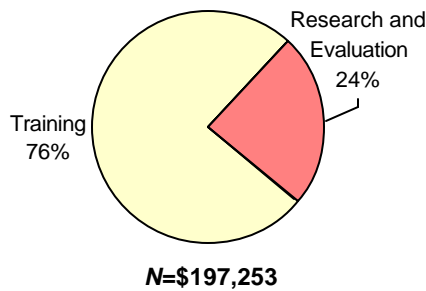
The State collaborates with the New England Institute of Addiction Studies, CSAP, and the NECAPT to produce two annual conferences: the New England School of Prevention Studies and the New England School of Addiction Studies.

Rhode Island offers four levels of professional certification in the field of substance abuse and prevention. It is currently the only State offering a Prevention Supervisor Credential. SATPS funds an extensive training program through the Drug and Alcohol Treatment Association that supports a certification program for all counselors.

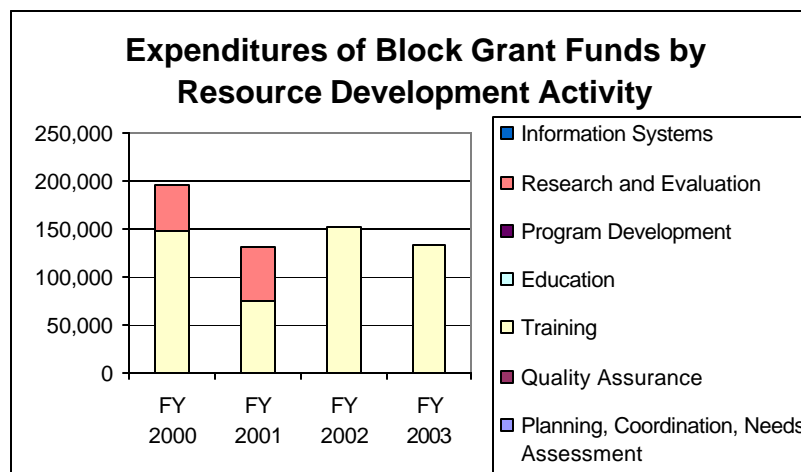
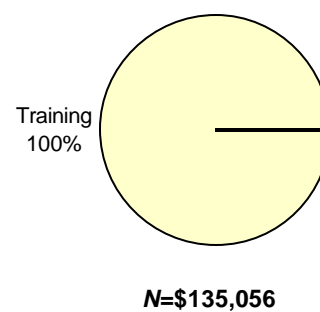
### Expenditures of Block Grant Funds for Resource Development Activities

Block Grant funding for resource development activities in Rhode Island declined very slightly between FYs 2000 and 2003 (from \$197,000 to \$135,000). In FY 2000, three-quarters of the funds went toward training and one-fourth toward research and evaluation, whereas in FY 2003 all of the funds went toward training.

**FY 2000 Block Grant Expenditures on Resource Development Activities**



**FY 2003 Block Grant Expenditures on Resource Development Activities**



### Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	0	0	0	0	0	0	0	0
Quality Assurance	0	0	0	0	0	0	0	0
Training	149,777	76	74,252	56	153,761	100	135,056	100
Education	0	0	0	0	0	0	0	0
Program Development	0	0	0	0	0	0	0	0
Research and Evaluation	47,476	24	57,606	44	0	0	0	0
Information Systems	0	0	0	0	0	0	0	0
<b>Total*</b>	<b>197,253</b>	<b>100</b>	<b>131,858</b>	<b>100</b>	<b>153,761</b>	<b>100</b>	<b>135,056</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

\* Totals may not equal 100 percent due to rounding.

## Discretionary Funding

### Center for Substance Abuse Prevention

Rhode Island received \$2.5 million in Center for Substance Abuse Prevention (CSAP) discretionary grants in FY 2004. Most of the funds went toward the Strategic Prevention Framework State Incentive Grant (SPF SIG).

#### Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	2	165,465
Strategic Prevention Framework State Incentive Grants	1	2,350,965
<b>Total</b>	<b>3</b>	<b>2,516,430</b>

SOURCE: [www.samhsa.gov](http://www.samhsa.gov)

### Center for Substance Abuse Treatment

In FY 2004, the Center for Substance Abuse Treatment (CSAT) awarded the State \$3.1 million in discretionary grants for treatment activities. Almost half of the funds went toward targeted capacity for HIV/AIDS.

#### Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Addiction Technical Transfer Center	1	650,000
Adult Juvenile and Family Drug Courts	1	400,000
Effective Adolescent Treatment	1	249,875
State Data Infrastructure	1	100,000
Strengthening Access and Retention	1	192,945
Targeted Capacity - HIV/AIDS	3	1,468,763
<b>Total</b>	<b>8</b>	<b>3,061,583</b>

SOURCE: [www.samhsa.gov](http://www.samhsa.gov)