



Prevention Collaboration in Action

Grantee
Success Stories

Planning Strategically in Rhode Island

In January 2025, Rhode Island’s Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH) will publish a new five-year strategic plan for preventing substance misuse in the state. The plan shapes how BHDDH will work with partners to achieve its substance misuse prevention goals.

To build the plan—as well as the buy-in needed to accomplish its goals and objectives—NPN Candace Rogers led an 18-month process that involved prevention experts and partners from across the state. In addition to BHDDH staff, the partnership included staff from the Rhode Island Prevention Resource Center (RIPRC), the state’s substance abuse prevention training and technical assistance center, and SAMHSA’s Strategic Prevention Technical Assistance Center (SPTAC). This collaborative approach helped to ensure that the state’s plan reflected the input of all key players and laid the foundation for a unified prevention community.

“The plan is a shared effort between providers, sister state agencies, BHDDH, and really anybody else who wants a say in prevention,” says Rogers. “Everybody that has a seat at that table is contributing their skills and talents to the overall goal.”

Managing collaboration among multiple partners and stakeholders has required planning and intention. Rogers and her BHDDH colleagues have implemented a number of collaboration best practices as they charted the future of prevention in their state.

START EARLY

Rogers says that one of the most important things that BHDDH did was to start their strategic planning process very early, well before they needed to submit a final plan.

“We didn’t want to wait until 6 months before [the last plan expired] to begin building the new one,” she says. “We started 18 months in advance.”

Starting early provided BHDDH with ample time to create a timeline for internal deliberations and collaboration with prevention partners. This was a lesson learned from the state’s last planning process, when deadlines were much tighter.

“We wanted to make sure that partner feedback came in at a point where we could really use it,” says Rogers. “Not so far down the road that [our partners] felt like all they could do was make minor edits.”

ENGAGE A FACILITATOR

Rogers was committed to developing a plan that not only reflected BHDDH’s successes and challenges over the past five years, but that also addressed Rhode Island’s emerging prevention needs. This required open and honest conversations about what was working and what wasn’t.

To achieve this goal, Rogers began by keeping the strategic planning team small; early discussions were limited to a few representatives from BHDDH and RIPRC. SPTAC TA providers helped facilitate these conversations, allowing Rogers and BHDDH to fully engage in the planning process.

According to Sarah Ivan, the SPTAC epidemiologist who helped lead the sessions, early conversations focused on the basics. She helped the group identify guiding principles for how they would collaborate to develop the plan, including setting reasonable expectations, maintaining flexibility, and “documenting as much as possible.” These conversations “allowed everyone to take a deep breath and remember why they do this work and how important it is,” says Ivan.

Rogers emphasizes that Ivan’s moderation encouraged collaboration, trust, and honesty. It also helped both groups act as true partners in prevention.

“We were excited at the idea of having a third party be able to lead us through the process,” she says. “It made it a lot easier for us to include RIPRC as one of our partners.”

VALUE THE VOICES IN THE ROOM

Though she was in charge of the strategic planning process, Rogers did not want to determine the direction of the plan by herself. Rather, she wanted all partners—staff at BHDDH, RIPRC, and the community organizations responsible for carrying out most of its implementation—to own the plan and help bring Rhode Island’s prevention goals to fruition. Rogers demonstrated this commitment in two ways.

First, she routinely provided space for her colleagues to offer their insights. “Candace would often say, ‘I want to hear from the team,’ and then step back and really listen,” recalls Ivan.

Sometimes, this tactic would lead to robust discussions that advanced the planning process. Other times it would lead to silence, as people were unsure about how to move forward. At these points, Rogers resisted the temptation to jump in with her own solutions. Her doing so communicated that planning was a team effort that depended on everyone’s participation.

Second, Rogers invited BHDDH’s epidemiology staff into the planning process. This was the first time the group had been invited to participate, and their expertise proved essential. “By including the epis, Candace brought a level of expertise on substance misuse data and trends into the planning group that would not have otherwise been present,” says Ivan.

ADOPT A TIERED FEEDBACK PROCESS

From July 2023 to August 2024, Rogers and the strategic planning team focused on building out the basics of a new plan. Their initial work yielded a set of five goal statements as well as a list of key drivers and potential change ideas.

Rogers then invited the state’s substance abuse prevention providers to provide input on the “how,” asking them to comment on the plan. Not only did providers’ feedback help refine actionable items in the strategic plan, but the process of sharing the draft plan gave providers a sneak peek into what the state’s prevention priorities would be moving forward.

This multi-tiered review and feedback process will help BHDDH and the providers align their thinking about the state’s prevention needs. Rogers says, “We want providers to say the fundamentals are in line with their values and what they think is right, [and then offer feedback for how to get there].”

By starting early, building trust, and scaffolding the feedback process, BHDDH has charted a clear path through what could have been a difficult strategic planning process. The new substance misuse prevention plan will help Rhode Island address clear prevention goals over the next five years. It does so in a way that is clear, has attainable goals, and engages providers—while also being flexible.

“I feel like there are some solid anchors to make sure that pieces of the plan are being implemented as designed,” says Rogers. “And then the rest is going to be a conversation [with prevention staff and providers] over the next 5 years.”