



# Governor Daniel J. McKee's Overdose Task Force

Semi-Annual Report

March 31, 2023

Cathy Schultz, MPH, Director of Overdose Task Force

RHODE ISLAND EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

## GOVERNOR'S OVERDOSE TASK FORCE: MARCH 2023 SEMI-ANNUAL REPORT

### INTRODUCTION AND BACKGROUND

The [Governor's Overdose Task Force](#) is a statewide alliance of peers, professionals, State agency partners, and community harm reduction and recovery partners. Since 2015, the Task Force has maintained the goal of preventing overdoses and saving lives. The Task Force works with a strong racial equity lens and a commitment to addressing the root causes of overdose, including the foundational social determinants of health.

The increasing number of overdoses occurring in the US – fatal and non-fatal – are a public health crisis. In 2022, more than 400 Rhode Islanders lost their lives to an overdose. The ongoing crisis has been exacerbated with the COVID-19 pandemic and the increased supply of deadly fentanyl present in a contaminated drug supply. These factors have only increased the number of overdose deaths occurring both nationally and locally.

Fatal overdose data represent our family members, neighbors, friends, and colleagues who have lost their lives to an overdose; we are reminded that each number is connected to a person's life. The members of the Task Force are fully committed to addressing the crisis, understanding that while we may never know how staggering the number of lives lost would be without our collective work, we must continue to stay the course and do more to save lives.

In November 2022, Governor Dan McKee signed an [Executive Order](#) updating the Overdose Task Force's structure. This included realignment of strategies and priorities with its existing Strategic Plan and Evidence Update in the areas of prevention, treatment, rescue, and recovery.

To implement the Executive Order, the Rhode Island Executive Office of Health and Human Services (EOHHS) hired Cathy Schultz, MPH, to serve as the Task Force Director. Her role is to oversee and facilitate the broad strategic alignment of statewide Task Force efforts. Task Force Director Schultz's experience in strategic planning, community engagement, and harm reduction, as well as her formal education in public health and personal experience as a Certified Peer Recovery Specialist and outreach worker are invaluable to the Task Force's critical work. Governor McKee also appointed Tommy Joyce of East Bay Recovery Center as Community Co-Chair for the Task Force. Mr. Joyce's professional experience in developing recovery services and as a Certified Peer Recovery Specialist (CPRS) as well as Licensed Chemical Dependency Professional (LCDP) also rounds out the Task Force's leadership, rooting it deeply in the

community. Both Task Force Director Schultz and Mr. Joyce possess lived experience with substance use disorder and criminal justice system involvement.

The Task Force meets monthly with more than 150 people in attendance and is the center of all drug overdose prevention and intervention activities in the state. The multi-disciplinary nature of the group allows for a unique level of strategic alignment between community partners, expert advisors, and State agency employees. The State agencies involved in overdose prevention include EOHHS and its members the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH); the Rhode Island Department of Health (RIDOH); the Rhode Island Department of Children, Youth, and Families (DCYF); the Rhode Island Department of Corrections (RIDOC); and Rhode Island Department of Labor and Training (RIDLT). Rhode Island General Assembly members, representatives of the Rhode Island Court, and the Rhode Island Attorney General's Office also routinely attend the meetings.

The original core focus areas (i.e., "Pillars") of the Task Force are Prevention, Rescue, Treatment, and Recovery. With an ever-changing overdose landscape and throughout the learning process, the team has developed more workgroups, including Harm Reduction, Racial Equity, First Responders, Substance-Exposed Newborns, and the Family Task Force. Currently, nine work groups meet on a monthly or bi-monthly basis to discuss and strategize across the entire continuum of care.

The unified approach of the Task Force positions it well to collectively strategize solutions to Rhode Island's ongoing drug overdose crisis. To meet the requirements of the 2022 Executive Order – to strategically align all the ongoing overdose prevention efforts – the Co-Chairs directed Task Force Director Schultz to lead a refresh and alignment of the strategic plan, including a focus on data, funding, and performance metrics. They also requested that the work be aligned with the Rhode Island 2030 plan and EOHHS's Core Values and Principles.

To that end, Task Force Director Schultz organized and facilitated three multi-stakeholder working sessions and carried out one-on-one interviews with community members, state agencies, Task Force expert advisors and members.

The Executive Order also charged the Task Force with providing, "a report to the Governor regarding its progress to reduce drug overdose deaths semi-annually beginning March 31, 2023."

Therefore, this semi-annual report includes the results of this work: an enhancement of the existing Strategic Plan; laying out the goals and activities that the Task Force, its Work Groups, its community partners, and state agencies will carry out to reduce overdoses; addressing health

disparities associated with social determinants of health and racial inequities; and saving and increasing quality of life. Future reports will include more detailed alignment of funding plans and performance metrics.

Figure 1 below illustrates the alignment of Rhode Island’s 2030 Plan with EOHH’s Strategic Priorities. Rhode Island’s commitment to enhancing public health and wellness by addressing addiction, improving behavioral health systems of care, and eliminating stigma, bias, and discrimination are the key principles across the State.

**FIGURE 1: Health and Human Services Components of Rhode Island’s 2030 Plan**

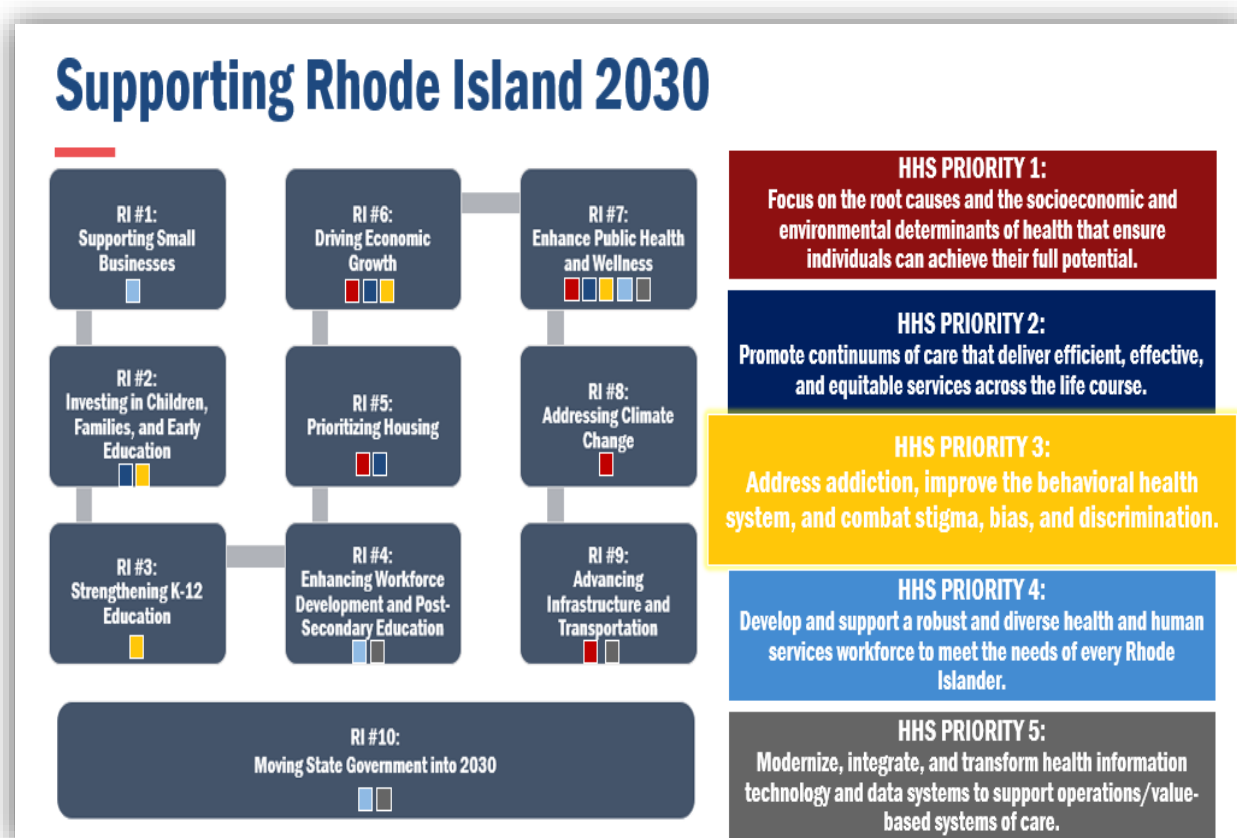
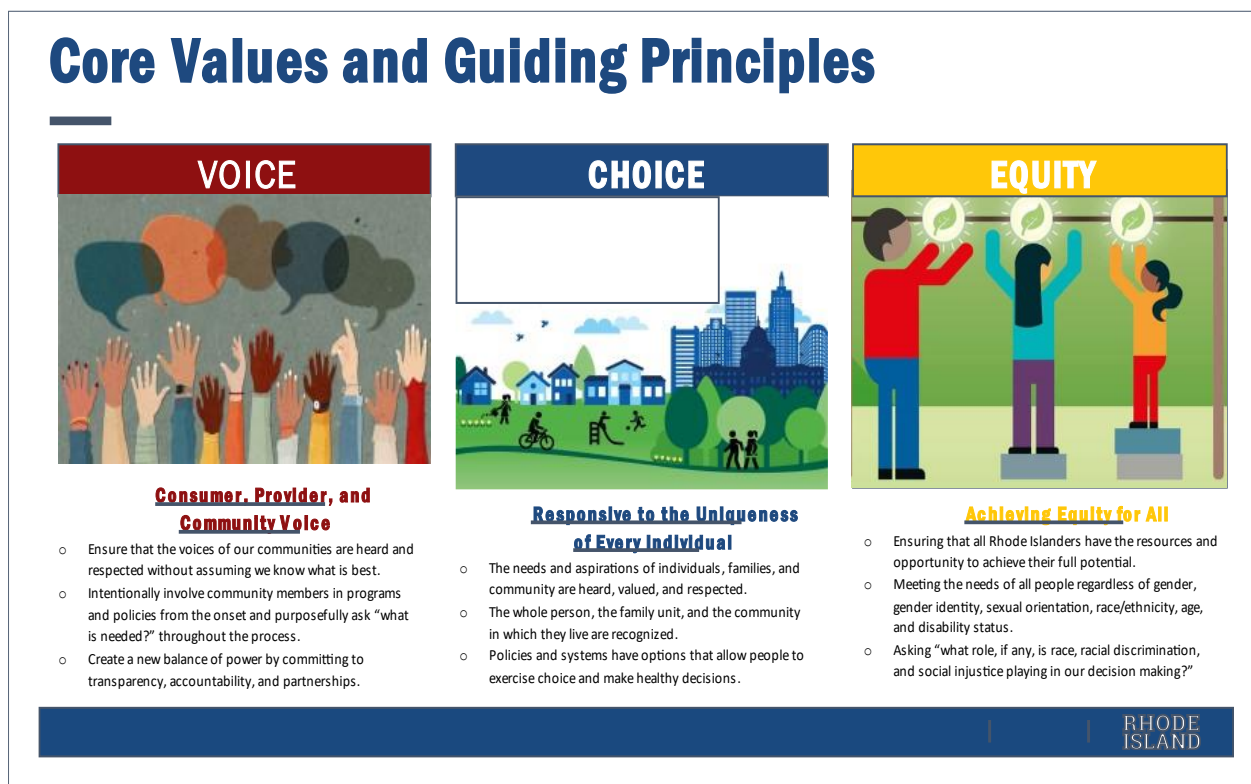


Figure 2 below outlines the EOHHS core values and guiding principles of Voice, Choice, and Equity. These values are woven throughout the Governor’s Overdose Task Force’s priorities.

**Figure 2: EOHHS Core Values and Guiding Principles**



The other major alignment carried out over 2022 and into 2023 was between the Task Force and the newly created Opioid Settlement Advisory Committee (OSAC). The OSAC was formed in 2022 as a result of the Rhode Island Attorney General’s settlement agreement with opioid manufacturers, pharmaceutical distributors, pharmacies, or their affiliates. Rhode Island will have over \$114 million to spend over 18 years to address our opioid crisis. The Governor’s Overdose Task Force is committed to providing input to OSAC on evidence-based or evidence-informed projects which would help meet the State’s goals of mitigating opioid use – i.e., preventing overdoses and saving lives.

After the State FY23 budget took effect in July 2022, EOHHS staff worked with OSAC to develop a set of priorities for funding from the Task Force’s proposals and OSAC made its recommendation to Acting Secretary Ana Novais on what became 25 separate funding proposals for the first \$20 million available in August 2022. Secretary Novais approved these recommendations in August 2022 and directed EOHHS staff to work with State agency partners to procure the projects.

## FOCUS ON DATA

### A Snapshot of Rhode Island's Overdose Data

The Task Force team began its Strategic Refresh process by examining fatal overdoses and Rhode Island's ranking in comparison to neighboring states. The best way for the Task Force to understand the overdose crisis as a public health issue that continues to affect Rhode Islanders is to prioritize our ability to track and analyze its data components and trends so that we can develop, implement, and invest in evidence-based solutions.

RIDOH's Substance Use Epidemiology Program and the Office of the Medical Examiner continue to monitor non-fatal and fatal overdose data and disseminate it to the Task Force to inform next steps, strategies, and emerging issues. Non-fatal overdose data (numbers and geography) is disseminated on a weekly basis to substance use providers, first responders, and peer outreach workers to help them plan for harm reduction and outreach in data-driven, targeted efforts.

In this report, we have included a set of data providing a snapshot of Rhode Island's fatal overdoses by count, type of substances that contributed to death, and locations where these overdoses occurred. We must understand the overdose trends we see in order to save lives.

It is critical to note that these data continue to highlight that our communities of color are disproportionately impacted by overdose. The Task Force is committed to address social determinants of health associated with health disparities across the continuum of care.

Please note that the figures below are just a small portion of the broad range of data available through our partner agencies and their epidemiology teams. More data, updated frequently, can be found on the Prevent Overdose Rhode Island and RIDOH Data Hub webpages:

Prevent Overdose RI: <https://preventoverdoseri.org/see-the-data/>

RIDOH Drug Overdose Surveillance Data Hub: <https://ridoh-overdose-surveillance-rihealth.hub.arcgis.com/>

Figure 3 displays the lives lost to accidental drug overdose in Rhode Island each year, from January of 2018 to June of 2022. The red portion of each bar represents the number of deaths that occurred in the first six months of each year, while the gray sections represent the number of deaths that occurred in the second half of each year. From January to June of 2022, there was a 13% increase in lives lost to fatal overdoses compared to the same time period in 2021.

**Figure 3: All Rhode Island Fatal Overdoses – January 2018 through June 2022**

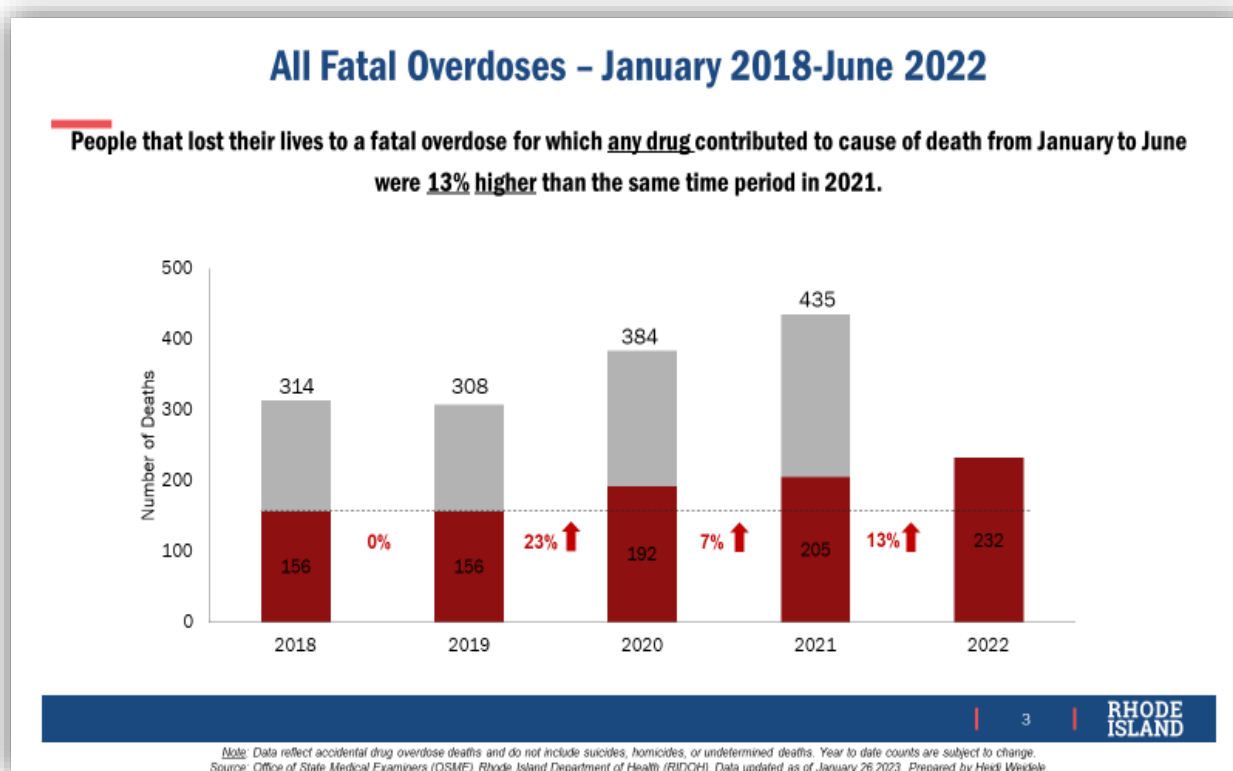


Figure 4 shows that in Rhode Island, the burden of fatal overdoses is not equitably distributed by race and ethnicity. In 2021, the highest fatal overdose burden was observed among the non-Hispanic Black population, followed by non-Hispanic white, and Hispanic. From 2016 to 2021, the rate of fatal overdose for the non-Hispanic Black and Hispanic populations increased by more than 100%.

**Figure 4: All Overdose Deaths Rates, by Race – 2014 through 2021**

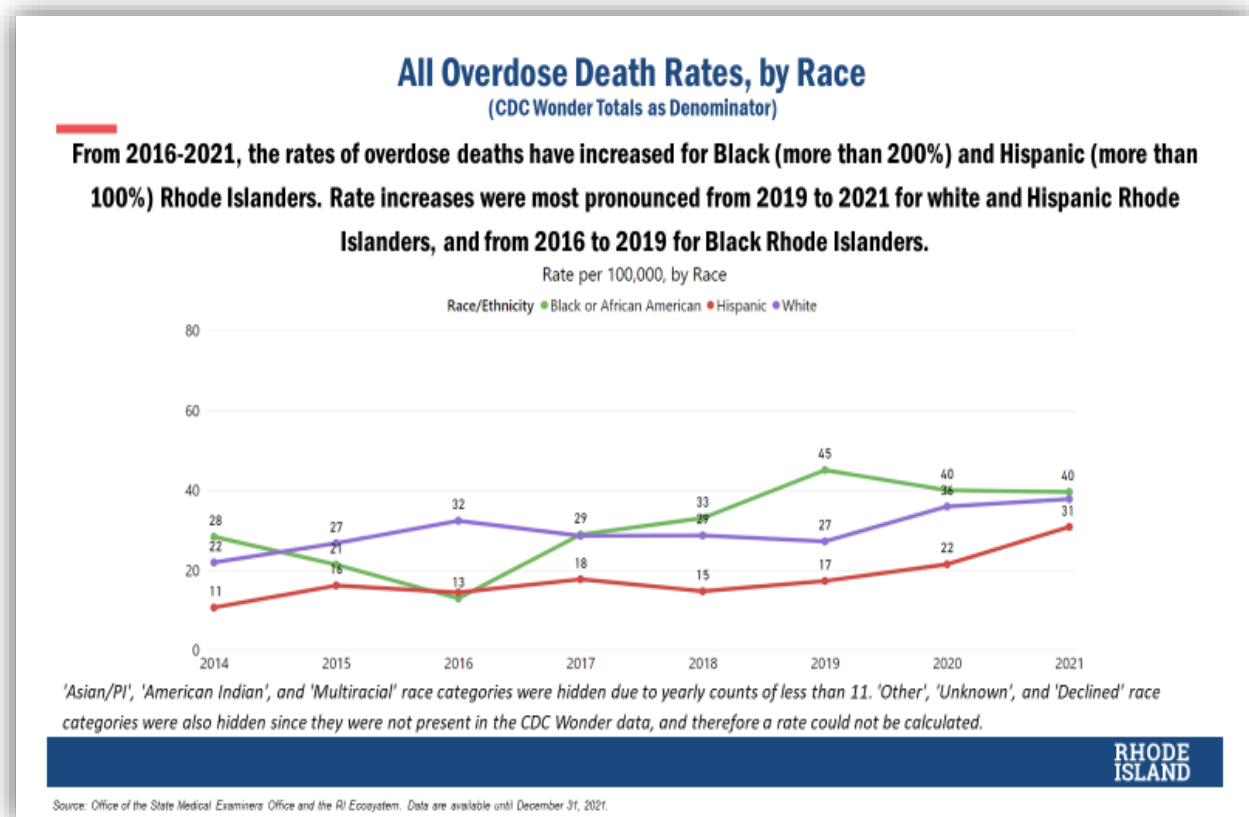
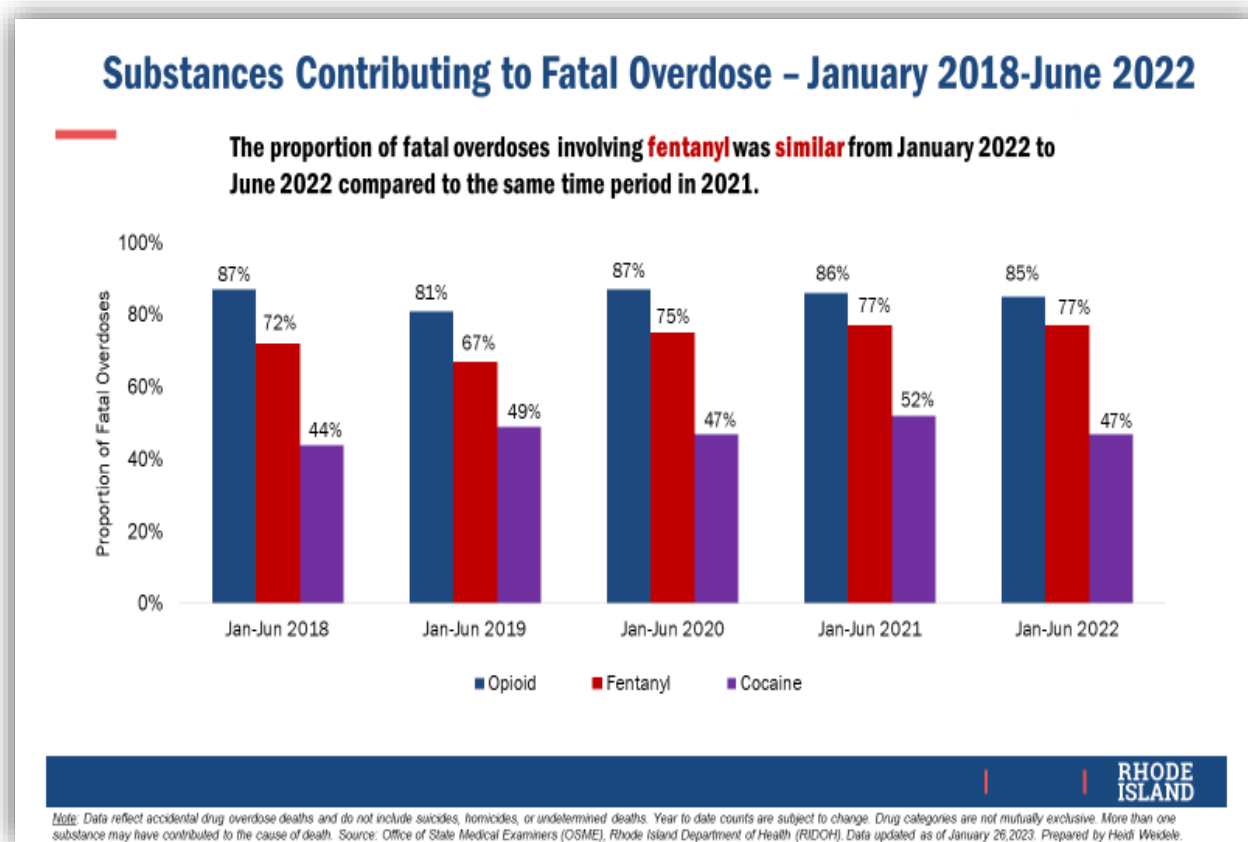




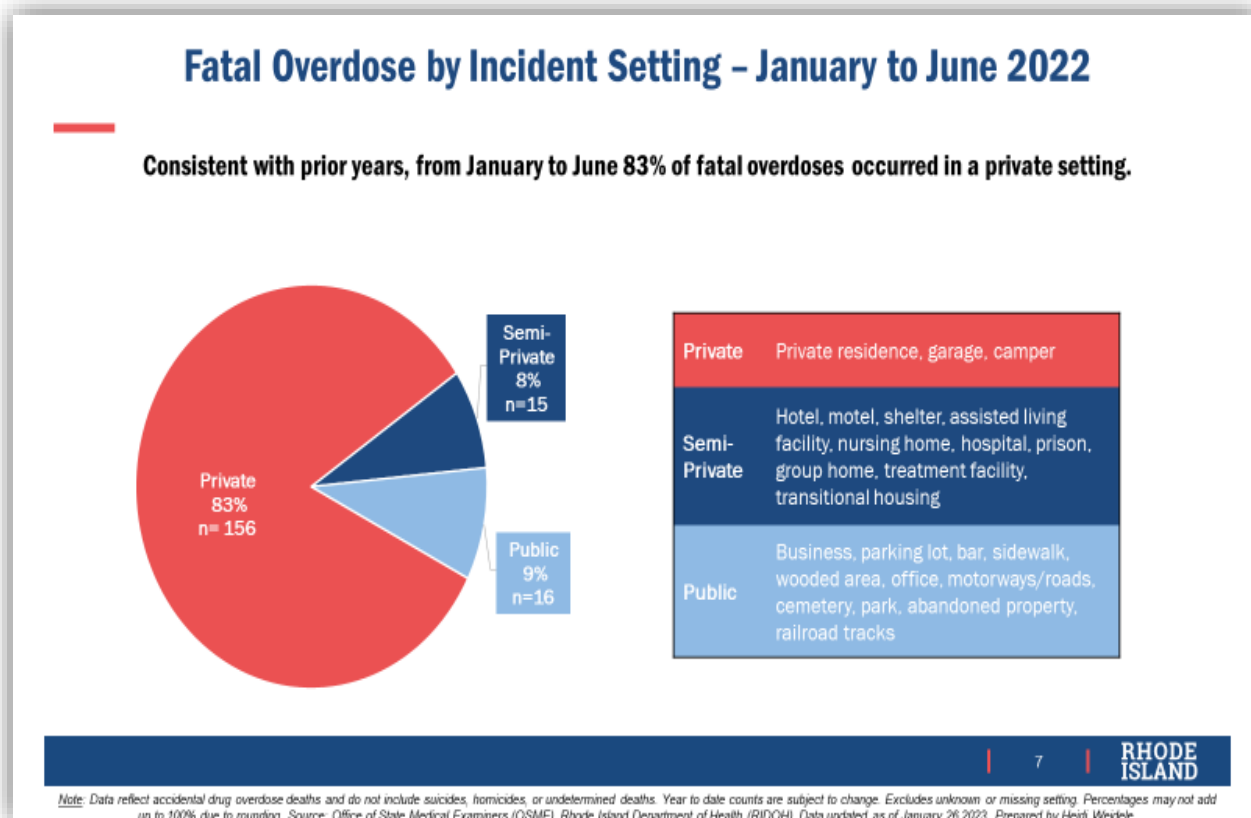
Figure 5 shows the proportion of accidental overdoses for which a specific substance contributed to the cause of death for overdoses occurring in the first six months of each year, from 2018 to 2022. In January-June of 2022, opioids contributed to 85% of fatal overdoses (shown in blue) and fentanyl contributed to 77% of overdoses (shown in red), which is similar to 2021. As shown by the purple bars, cocaine contributed to 47% of overdose deaths in the first six months of 2022, which is slightly lower when compared to the same time period in 2021.

**Figure 5: Substances Contributing to Rhode Island Fatal Overdoses – January 2018 through June 2022**



According to our most recent fatal overdose data, the majority (83%) of lives lost to fatal overdoses occur in private residences, as shown in Figure 6.

**Figure 6: Rhode Island Fatal Overdose by Incident Setting – January through June 2022**



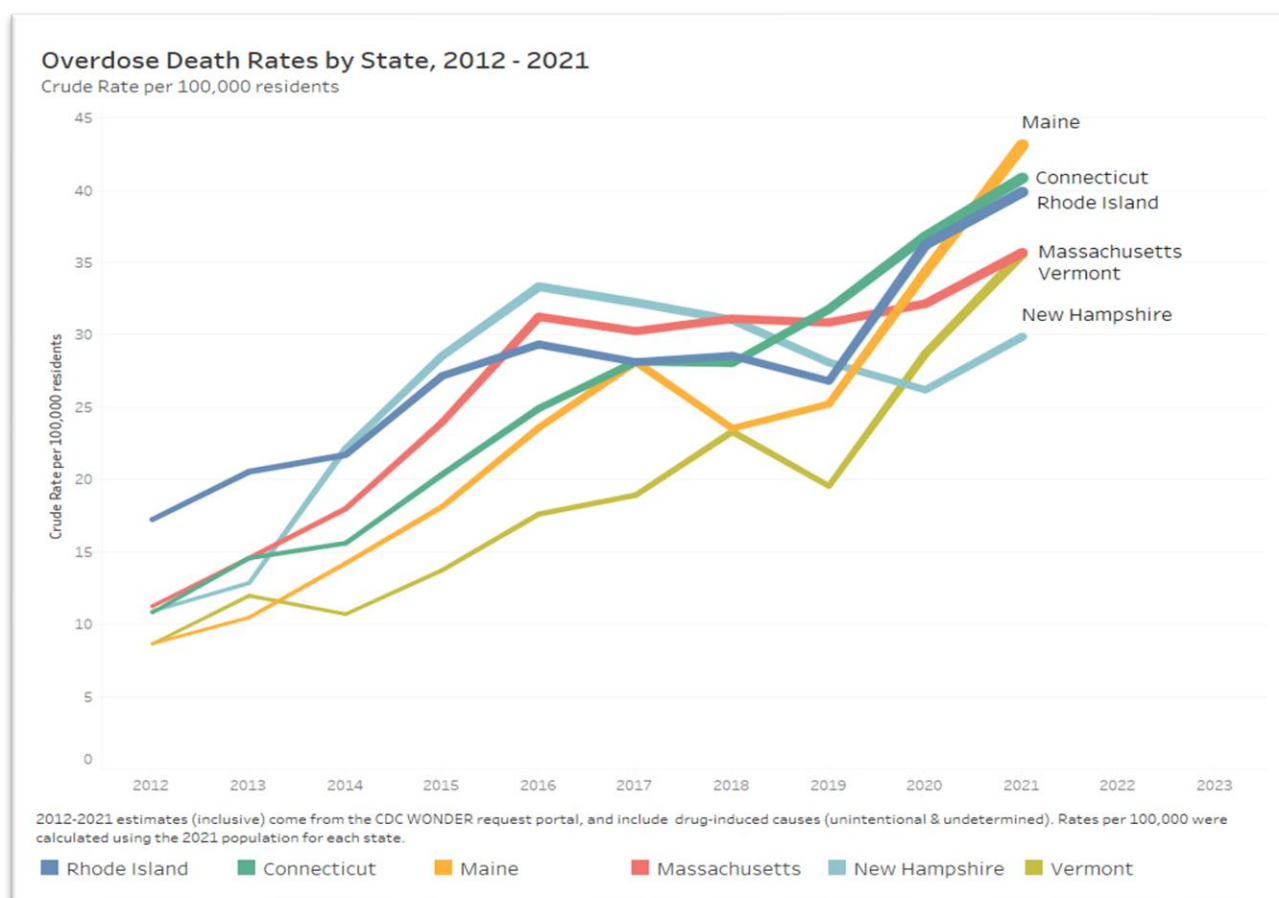
Solitary drug use in these settings is a major risk factor for overdose death, since there are no witnesses present who could intervene (e.g., to administer naloxone or call 911). For this reason, the Task Force and OSAC have both identified as priorities campaigns to encourage people not to use alone, technologies that alert medical professionals about an overdose, and/or implementation of overdose prevention centers (in which controlled substances are consumed safely under supervision). Nonetheless, data from the Rhode Island State Unintentional Drug Overdose Reporting System suggest that over one-half of overdose deaths in 2021 occurred with a potential bystander nearby (meaning someone who was physically nearby either during or shortly preceding a drug overdose and who had the opportunity to respond), highlighting the critical importance of increased naloxone distribution, increased education around recognizing an overdose, reducing stigma to allow disclosure of substance

use, and policies to encourage bystanders to call 911 in the event of an overdose (e.g., Good Samaritan Laws)<sup>1</sup>.

### A Snapshot of Trends in the New England

Figure 7:<sup>2</sup> National data show rapidly increasing rates of fatal overdose across the New England region, particularly during the pandemic. Maine and Connecticut have been especially impacted in recent years, with substantial increases also observed in Vermont and Rhode Island between 2019 and 2021.

**Figure 7: New England Overdose Death Rates by State, 2012 through 2021**



<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8675656/pdf/mm7050e3.pdf>

<sup>2</sup> Data Source: CDC WONDER (<https://wonder.cdc.gov>) Credit: Maxwell Krieger & Abigail Cartus; People, Place & Health Collective at Brown University

## Why are we seeing this fourth wave of fatal overdoses?

The COVID-19 pandemic has crested with a fourth wave of the overdose epidemic, and extensive research from within Rhode Island has documented **individual, systemic, and structural factors** that have exacerbated the risk of fatal overdoses statewide.

- Individual factors that have exacerbated overdose risk include **social isolation**<sup>3</sup> and **using alone**; untreated or under-treated **anxiety and depression**;<sup>4</sup> and drug use following a period of abstinence or **incarceration**.<sup>5 6</sup>
- Systemic factors include **local drug supply changes** (e.g., increased presence of fentanyl and xylazine);<sup>7</sup> reduced access to **harm reduction resources**; and limited availability of **recovery programs and treatment services**.
- Structural factors include **economic insecurity** due to pandemic-related job loss and business closures, as well as policies that disproportionately impact **communities of color** and lack of cultural competency across the continuum, including inequitable enforcement of drug laws and **inequitable access** to housing, treatment, and other social services.<sup>8</sup>

These interconnected, multi-level influences on overdose risk underscore the need for policies and programs that address **multiple levels of influence concurrently**.

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<sup>3</sup> Frueh, Lisa, Alexandra B. Collins, Roxanne Newman, Nancy P. Barnett, Josiah D. Rich, Melissa A. Clark, Brandon D. L. Marshall, and Alexandria Macmadu. 2023. "Multi-Level Influences on Increased Overdose Risk Behaviors during the COVID-19 Pandemic among People Who Use Drugs in Rhode Island: A Qualitative Investigation." *Harm Reduction Journal* 20 (1): 14.

<sup>4</sup> Macmadu, Alexandria, Sivakumar Batthala, Annice M. Correia Gabel, Marti Rosenberg, Rik Ganguly, Jesse L. Yedinak, Benjamin D. Hollowell, et al. 2021. "Comparison of Characteristics of Deaths From Drug Overdose Before vs During the COVID-19 Pandemic in Rhode Island." *JAMA Network Open* 4 (9): e2125538–e2125538.

<sup>5</sup> Macmadu, Alexandria, Joëlla W. Adams, S. E. Bessey, Lauren Brinkley-Rubinstein, Rosemarie A. Martin, Jennifer G. Clarke, Traci C. Green, Josiah D. Rich, and Brandon D. L. Marshall. 2020. "Optimizing the Impact of Medications for Opioid Use Disorder at Release from Prison and Jail Settings: A Microsimulation Modeling Study." *The International Journal on Drug Policy* 91 (July): 102841.

<sup>6</sup> Brinkley-Rubinstein, Lauren, Alexandria Macmadu, Brandon D. L. Marshall, Andrew Heise, Shabbar I. Ranapurwala, Josiah D. Rich, and Traci C. Green. 2018. "Risk of Fentanyl-Involved Overdose among Those with Past Year Incarceration: Findings from a Recent Outbreak in 2014 and 2015." *Drug and Alcohol Dependence* 185 (April): 189–91.

<sup>7</sup> Goldman, Jacqueline E., Maxwell S. Krieger, Jane A. Buxton, Mark Lysyshyn, Susan G. Sherman, Traci C. Green, Edward Bernstein, Scott E. Hadland, and Brandon D. L. Marshall. 2019. "Suspected Involvement of Fentanyl in Prior Overdoses and Engagement in Harm Reduction Practices among Young Adults Who Use Drugs." *Substance Abuse: Official Publication of the Association for Medical Education and Research in Substance Abuse* 40 (4): 519–26.

<sup>8</sup> Collins, Alexandra B., Sarah Edwards, Ryan McNeil, Jacqueline Goldman, Benjamin D. Hollowell, Rachel P. Scagos, and Brandon D. L. Marshall. 2022. "A Rapid Ethnographic Study of Risk Negotiation during the COVID-19 Pandemic among Unstably Housed People Who Use Drugs in Rhode Island." *The International Journal on Drug Policy* 103 (May): 103626.

## RECENT ACTIVITIES: EVIDENCE UPDATE 2020-2021

In response to the rising numbers of fatal overdoses in 2019 and the steep increase in 2020, the Task Force co-chairs charged EOHHS to conduct a mixed methods review of quantitative, qualitative, and environmental drivers to determine the trajectory and to provide strategic recommendations. This analysis took place in late 2020 through early 2021, with the following core recommendation, noted in Figure 8.

**Figure 8: Evidence Update Core Recommendation for Action, 2021**

**Core Recommendation from Evidence Update**

Accelerate a  
**tightly-coordinated, more inclusive strategy**  
centered on  
**harm reduction and recovery resiliency**  
for people at high risk of fatal overdose right now  
**to save lives.**

During this Strategic Refresh process, Task Force Director Schultz asked Overdose Task Force attendees, EOHHS Opioid Data Council members, and experts across the Task Force and Opioid Settlement Advisory Committee to reflect on this core recommendation from the Evidence Update. The conversations resulted in a suggestion that the Task Force take up the following three areas of focus to implement the recommendation:

- Streamline the governance, interagency coordination, and reporting for overdose oversight
- Creation of a unified measurement approach, metrics refresh, and data consolidation
- Alignment and stewardship of investments—including funding, performance, and evaluation

Figure 9 provides an illustration of the Task Force continuum wheel that includes the cross-cutting needs across all four main pillars for stronger governance and data, specific work to ensure racial equity, collaborative messaging, and work to address social determinants of health. This graphic is the foundation adopted by the Task Force to ensure alignment with the State's priorities.

**Figure 9: Governor's Overdose Task Force Priorities, from the Evidence Update, 2021**

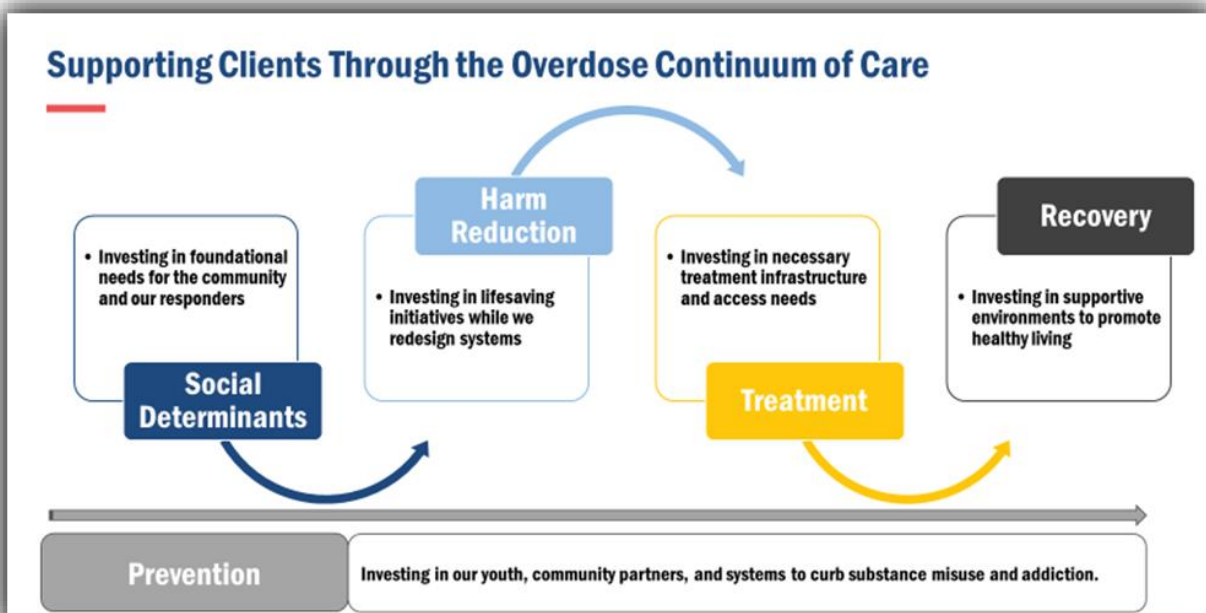


## CURRENT ACTIVITIES: STRATEGIC REFRESH 2023

As noted above, in December 2022, there was a Task Force-wide desire expressed by community partners and work groups members to refresh the Task Force's strategic plan. Therefore, Task Force Director Schultz led a process to combine the 2017 – 2021 Action Plan, recommendations from the Evidence Update, the Opioid Settlement Committee Priorities, and Workgroup Strategies into one aligned document which would serve as a strategic guide for the next three years of work. This process began with mapping and reviewing the aforementioned documents (Figure 9). Once the priorities were consolidated and de-duplicated, the team convened three focus groups and several one-on-one interviews for feedback. These feedback sessions included Work Group co-chairs, expert advisors, Task Force members, State agency staff, and members of the peer workforce.

Figure 10 illustrates the Overdose Continuum of Care that focuses on supporting people throughout the entire continuum beginning with addressing root causes such as investing in prevention for youth and throughout the lifespan; addressing social determinants of health by investing in foundational needs such as housing and employment; increasing harm reduction by supporting life-saving initiatives; ensuring access to treatment by improving our provider infrastructure; and providing supportive environments for recovery.

**Figure 10: Supporting Clients Through the Overdose Continuum of Care**



## STRATEGIC REFRESH SUMMARY

Figure 11 below outlines the framework used to design this strategic refresh of the priorities across the continuum. The team also kept the components of **Rhode Island's 2030 Plan** front of mind throughout the refresh approach process, including enhancing public health and wellness, strengthening workforce development, and investing in our children and families through early education and housing.

As noted above, the Task Force has focused on its four pillars of work since its inception: Prevention, Rescue, Treatment, and Recovery. As a result of the Evidence Update, the Task Force amended the Rescue pillar to specifically include Harm Reduction (now calling it Harm Reduction/Rescue).

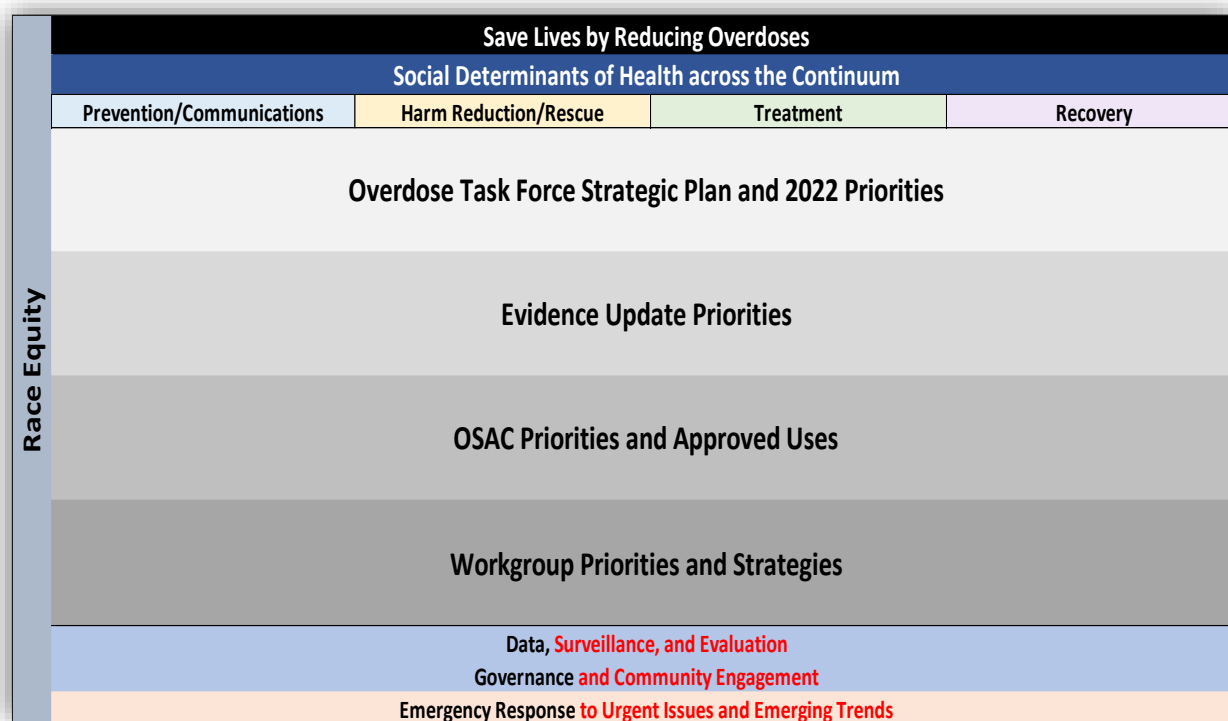
As shown in the Task Force Wheel (Figure 9), and Strategic Refresh Framework (Figure 11), we have added other key components to our Task Force Framework to respond to the ever-changing landscape of overdose trends and emerging issues across the state. Therefore, we built the Strategic Refresh Framework based on the Task Force's original four pillars and these additional five elements that together support our response to our overdose epidemic.

- Racial Equity is a fundamental component of the Task Force's work, and a priority for all the pillars.
- Addressing Social Determinants of Health is an umbrella concept over the pillars as well – this is a key public health priority.
- Data and effective surveillance capacity is a critical tool allowing for an understanding of key elements needed to carry out life-saving activities.
- A strong governance structure with accountability measures and a transparent process is fundamental to continue to build on our public/private partnership.
- Finally, the ability to pivot, with flexible emergency responses to the changing epidemic allows prioritization to the right pillar at the right time.

Each of the nine workgroups focus on specific goals and activities across the four pillars and encompass the five elements in the bullets above.



**Figure 11: Strategic Refresh Framework, 2023**



The tables on the following pages are the summation of the strategic refresh. They include cross-cutting racial equity actions, a continued enhancement of data-driven efforts, and the priority of addressing social determinants of health throughout all pillars of the Task Force and throughout the continuum. For the complete strategies including activities and progress, please refer to Appendix A.

Task Force leadership and community members rightly request transparency and accountability from State agencies carrying out this work. Therefore, the charts are a demonstration of what will soon become a dashboard of activities that will be publicly tracked. This framework will be expanded further to align performance, funding, and governance across the refreshed metrics. Below is the anticipated timeline for the review and development of additional metrics as part of the measurement approach:

Strategic Refresh Area	Anticipated Timeline
<i>Social Determinants of Health</i>	Embedded in Each Area
<i>Harm Reduction and Rescue</i>	Spring 2023
<i>Treatment</i>	Summer 2023
<i>Recovery</i>	Fall 2023
<i>Prevention and Communications</i>	Winter 2023

## GOVERNOR'S OVERDOSE TASK FORCE ALIGNED GOALS

<b>Racial Equity</b>
<ul style="list-style-type: none"> <li>• Ensure that the race equity conversation is being embedded across all pillars</li> </ul>
<b>Governance and Community Engagement</b>
<ul style="list-style-type: none"> <li>• Track what we do and create line of accountability while strengthening community's voice in the Task Force, including people who use drugs</li> </ul>
<b>Data, Surveillance and Evaluation</b>
<ul style="list-style-type: none"> <li>• Ensure that data is disaggregated by race/ethnicity</li> <li>• Pursue additional data-sharing between RIDOH, across state agencies, and community organizations</li> <li>• Link disparate sources of healthcare and substance use disorder (SUD) data to develop better predictive models</li> </ul>
<b>Social Determinants of Health</b>
<ul style="list-style-type: none"> <li>• Increase community capital building through education and messaging</li> <li>• Focus on disparities across all pillars, i.e., housing, stable employment, etc.</li> <li>• Provide safeguards to address and improve social connectedness and social determinants</li> </ul>
<b>Prevention Strategies/Communications</b>
<ul style="list-style-type: none"> <li>• Implement evidence-based primary prevention in schools, professional settings, and high-risk communities</li> <li>• Increase trauma-informed services, focusing on toxic stress, adverse experiences, and community/family sexual violence</li> <li>• Incorporate prevention for workplace injuries, disability leaves, and rehabilitation services</li> <li>• Prioritize prevention strategies that recognize race equity, eliminate structural racism and disparities</li> <li>• Prevent overprescribing and ensure appropriate prescribing and dispensing of opioids</li> </ul>

Harm Reduction/Rescue
<ul style="list-style-type: none"> <li>• Sustain naloxone accessibility statewide plan and evaluate impact</li> <li>• Maximize access to harm reduction materials and resources</li> <li>• Ensure harm reduction services are comprehensive and responsive to the evolving needs of people who use drugs</li> <li>• Improve alternate post-overdose engagement strategies</li> <li>• Prioritize racial equity focused harm reduction outreach strategies, including people who are undocumented</li> <li>• Harm reduction policies</li> </ul>
Treatment
<ul style="list-style-type: none"> <li>• Increase capacity and reduce barriers to ensure treatment-on-demand</li> <li>• Monitor and improve treatment program outcome assessments</li> <li>• Improve partnerships among substance use disorder (SUD) and primary care providers</li> <li>• Treatment policies</li> </ul>
Recovery
<ul style="list-style-type: none"> <li>• Standardize recovery-focused data collection methods and success metrics</li> <li>• Building recovery capital: personal, family/social, community and cultural</li> <li>• Recruit, support, expand, and train Peer Recovery Specialists</li> <li>• Support substance exposed newborn interventions and infrastructure</li> <li>• Recovery policies</li> </ul>

## COLLABORATION WITH THE OPIOID SETTLEMENT ADVISORY COMMITTEE

As noted in the introduction above, one of the key collaborations in 2022-2023 has been between the Governor's Overdose Task Force and the Opioid Settlement Advisory Committee (OSAC).

OSAC was formed by the requirement of the opioid settlements negotiated by Rhode Island's Attorney General Peter Neronha. Rhode Island will have over \$114 million to spend over 18 years, to mitigate the impact of our opioid crisis.

First, OSAC affirmed the following principles for the allocation process, detailed in Figure 12.

**Figure 12: Guiding Principles for Rhode Island's OSAC Decision-Making Process**

<b>Guiding Principles for Opioid Settlement Advisory Committee Decision-Making</b>	
<b>To guide decisions for use of these funds, the Committee agreed to:</b>	
<b>Spend money to save lives.</b>	It may be tempting to use the dollars to fill holes in existing budgets rather than expand needed programs, but the Committee should use the funds to add to rather than replace existing spending.
<b>Use evidence to guide spending.</b>	At this point in the overdose epidemic, researchers, clinicians, and community partners have built a substantial body of evidence demonstrating what works and what does not. States and localities should use this information to make funding decisions.
<b>Invest in youth prevention.</b>	Support children, youth, and families by making long-term investments in effective programs and strategies for community change.
<b>Focus on racial equity.</b>	This process should be guided by public health leaders with the active engagement of people and families with lived experience, clinicians, as well as other
<b>Develop a fair and transparent process for funding recommendations.</b>	This process should be guided by public health leaders with the active engagement of people and families with lived experience, clinicians, as well as other key groups.
<b>Consider future sustainability in all recommendations.</b>	Although there may be some on-time funding recommendations, the Committee should consider the financial sustainability of all investments and try to plan for investments that can be sustained long-term.

\*The first five items are paraphrased and summarized from the Johns Hopkins' "The Principles To Guide Jurisdictions In The Use Of Funds From The Opioid Litigation, We Encourage The Adoption Of Five Guiding Principles".

OSAC then made a recommendation for the State Fiscal Year 2023 (SFY23) Settlement Funding, reflected in Figure 13 below. The recommended funding was across all of the Task Force main pillars (Prevention, Rescue, Harm Reduction, Treatment, and Recovery), as well as Governance and Data. Based on input from the Task Force's Cross-Cutting Work Group on Racial Equity, OSAC considered the State's priority to achieve racial equity and eliminate disparities, especially of race and ethnicity – and directed the State staff to specifically include a focus on equity in its procurements.

Soon after the SFY23 Recommendations were complete, OSAC made recommendations for SFY24 as shown in Figure 14 below, since those were required by the SFY24 State budget timeline.

Figure 13: OSAC Funding Recommendations for SFY 2023

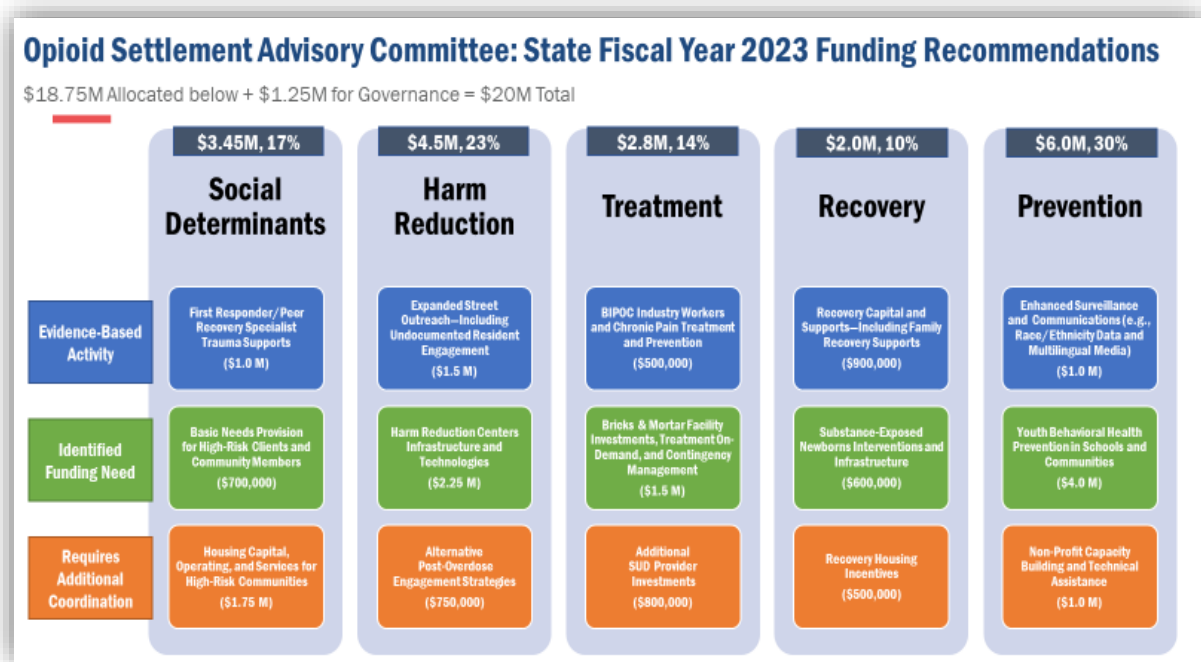


Figure 14: OSAC Funding Recommendations for SFY 2024

FY 24 NEW PROJECTS		FY 23/24 SUSTAINABILITY		FY 24 RESPONSE/ADMIN	
\$2,600,000 (25%)		\$6,070,000 (59%)		\$1,600,000 (16%)	
SUD Residential and Workforce Support*	\$600,000	Housing and Recovery Housing/Supports	\$2,620,000	Emergency Response	\$500,000
BIPOC Youth Development	\$800,000	Youth Prevention Programming	\$1,150,000	Program Administration	\$600,000
Drop-In Center for Drug User Health*	\$150,000	Harm Reduction Center and Treatment Capacity	\$1,250,000	Project Evaluation	\$500,000
Naloxone Distribution Infrastructure*	\$500,000	Expanded Street Outreach	\$1,050,000		
Undocumented and Uninsured MAT Coverage*	\$550,000				

State staff throughout EOHHS, BHDDH, and RIDOH immediately began the procurement processes for the settlement funds. The status of procurements is tracked on the [EOHHS website](#). (Here is a summary of the most recent allocations, as of March 28, 2023.

- BHDDH, EOHHS, and RIDOH encumbered \$3,400,000 by creating approximately 20 contracts for basic needs, harm reduction, school-based youth prevention projects, behavioral support for the warming center, and a project to support treatment engagement for people in the construction industry.
- Put \$10,450,000 into ten separate procurements for housing capital, Outreach Programs focused on our BIPOC community, post-overdose services, the Overdose Prevention Center (also known as Harm Reduction Center), community-based youth prevention programs, non-profit capacity building for opioid-focused non-profits, harm reduction technology, CPR training for providers, and contingency management programs. All these procurements are in process – either in open procurements, in contract negotiations, or with signed contracts awaiting Purchase Orders.
- Hired the Opioid Settlement Manager at EOHHS, as well as staff for programs within RIDOH to improve the speed of reporting and to provide support and care for substance exposed newborns.
- The programs above include \$300,000 in Emergency Set-Aside programming, including dollars for behavioral health services at the Cranston Street Warming Station and CPR trainings for healthcare providers and community members to address the crisis of xylazine additives in Rhode Island’s drug supply.

Rhode Island’s rapid use of settlement funds was highlighted by the Kaiser Family Foundation in November, 2022: [Schools, Sheriffs, and Syringes: State Plans Vary for Spending \\$26B in Opioid Settlement Funds | Kaiser Health News \(khn.org\)](#).

## CONCLUSION & NEXT STEPS

The co-chairs of the Overdose Task Force have affirmed the overall results of the strategic refresh and agree with recommendations to continue to the next phase in the alignment process. The next Semi-Annual report is due to Governor McKee on September 30, 2023, and will provide updates on progress to date. These updates will include programmatic data and metrics with which to measure performance toward our goals.

### Next Steps:

1. **Governance & Membership:** Revisiting the membership and expert advisor list and project management support for the workgroup-led activities
2. **Accountability & Sustainability:** Evaluating and aligning performance metrics and funding and sustainability and funding decisions; completing the public-facing dashboard with the projects described above
3. **Address Emerging Issues:** Maintaining and increasing partnerships to address social determinants of health, such as with Office of Housing and Department of Labor and Training

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We recognize:

- The Task Force co-chairs/leadership: State co-chairs, EOHHS Acting Secretary Ana Novais and BHDDH Director Richard Charest; community co-chair Thomas Joyce; RIDOH Medical Director Dr. Philip Chan; and Governor’s Office Deputy Chief of Staff, Kimberly Ahern
- All the work group State and community co-chairs, peer community members, the Task Force expert advisors, and its members
- The Strategic Refresh and Semi-Annual Report Team





## APPENDIX A

### GOVERNOR'S TASK FORCE ALIGNED GOALS, ACTIVITIES, AND PROGRESS

#### Cross-Cutting Across All Pillars

<b>Ensure that the racial equity conversation is embedded across all pillars</b>	Develop and adopt a race equity strategic plan to define and implement racial equity across all workgroups, the GOTF and OSAC	In process
<b>Track what we do and create line of accountability while strengthening community's voice in the Task Force, including people who use drugs (PWUD)</b>	Hire a Director of the Taskforce	Complete
	Increase lived experience in the Task Force, including communities of color representation	Ongoing
	Engage people who use drugs	Ongoing
<b>Ensure that data is disaggregated by race/ethnicity</b>	Increase and sustain funding to develop standards to include race/ethnicity and other marginalized populations across all data sources	In process
<b>Pursue additional data-sharing between RIDOH, across state agencies, and community organizations</b>		
<b>Link disparate sources of healthcare and SUD data to develop better predictive models</b>		

Social Determinants of Health		
Increase community capital building through education and messaging	Implement prevention, communications, and education activities that focus on diverse populations (race, ethnicity, sexual orientation, gender identity, age, ability)	Ongoing
	Develop and implement effective linguistic messaging and messengers throughout all the pillars	Ongoing
	Integrate prevention programs and audience-specific communications across the lifespan and physical health programs	In process
Focus on disparities across all pillars, i.e., housing, stable employment, etc.	Invest in housing capital, operating, and services for high-risk communities adhering to housing first principles	In process
	Provide Basic Needs provision for high-risk clients and community members	Ongoing
	Address barriers to employment including transportation and medical, behavioral, and oral care	In planning
	Address violence, trauma, ACEs, structural racism, and discrimination	In planning
	Non-Profit Capacity Building and Technical Assistance	In process
Provide safeguards to address and improve social connectedness and social determinants	Increase recovery capital addressing structural racism and creating trauma-informed communities	In process
	Ensure trauma-informed practices are included in treatment planning	Not begun
	Invest in trauma-informed training for communities and first responders (peers and EMS)	In planning

Prevention Strategies/Communications		
<b>Implement evidence-based primary prevention in schools, professional settings, and high-risk communities</b>	Invest in mental health and community resiliency across the lifespan	In process
	Invest in community-based mental health and prevention education and services	In planning
	Continue to invest in and expand social workers in schools	Ongoing
	Increase afterschool, mentorship, and leadership development programs for youth and young adults	Not begun
	Pursue prevention policies that safeguard against social isolation	Not begun
	Sustain drug take back incentives to pharmaceutical and law enforcement and expand to health care industries	In process
<b>Increase trauma-informed services, focusing on toxic stress, adverse experiences, and community/family sexual violence</b>	Implement toxic stress toolkit across pediatric providers, and childcare settings with training and resources	Not begun
	Improve prenatal substance use and prenatal substance exposure	In process
<b>Incorporate prevention for workplace injuries, disability leaves, and rehabilitation services</b>	Ensure naloxone co-prescription and opioid disposal is implemented as required by RIGL 28-28-1.02	Not begun
	Expand resources and content for BIPOC workers	In process
<b>Prioritize prevention strategies that recognize race equity, eliminate structural racism and disparities</b>	Invest in prevention education and communications that address stigma, racial inequities, overdose, addiction, and strategies for increasing resiliency	In planning
<b>Prevent overprescribing and ensure appropriate prescribing and dispensing of opioids</b>	Continue to monitor prescription drug monitoring program (PDMP) and expand academic detailing initiatives	Ongoing
	Develop Rhode Island Overdose Action Area Response (ROAAR) and e-alerts integration for provider awareness	Not begun

Harm Reduction/Rescue		
Sustain naloxone accessibility statewide plan and evaluate impact	Sustain and continue to invest in infrastructure for statewide, centralized naloxone	Ongoing
	Continue to monitor statewide guidelines for public naloxone availability, set and meet individual targets for distribution in public and private locations	In planning
Maximize access to harm reduction materials and resources	Invest in infrastructure for Harm Reduction Tool Hub	Ongoing
	Support vending machine to ensure 24/7 access to harm reduction tools, including at the ACI	Ongoing
	Implement harm reduction technologies including resources for people that use alone	In process
	Implement strategies targeting private locations and recreational drug users	In process
	Provide harm reduction education and messaging to reduce stigma	In process
Ensure harm reduction services are comprehensive and responsive to the evolving needs of people who use drugs	Pilot Overdose Prevention Center	In process
	Expand drug user health services	Ongoing
	Strengthen and expand existing outreach activities	Complete
	Ensure infrastructure to rapidly respond to emerging situations	Ongoing

<b>Improve alternate post-overdose engagement strategies</b>	Improve alternative post-overdose strategies following an overdose	In planning
	Improve First Responder protocols around best practices	Not begun
	Expand 988 call center coordination with all emergency responses	Ongoing
<b>Prioritize racial equity focused harm reduction outreach strategies, including undocumented people</b>	Initiate facilitated community conversation with law enforcement	In planning
	Expand outreach focusing on communities of color	In process
<b>Harm reduction policies</b>	Address challenges of Good Samaritan Law	Ongoing
	Continued community policy discussions around drug supply	In Planning
	Create a forum for community driven policy conversations	Not begun

Treatment		
<b>Increase capacity and reduce barriers to ensure Treatment-on-Demand</b>	Ensure racially equitable and culturally competent access to all treatment	In planning
	Increase access to adequate, quality, residential treatment by investing in Brick & Mortar facilities and safe landings	In process
	Improve treatment waitlist response and referral system	Ongoing
	Address chronic pain treatment and prevention for BIPOC industry workers	In process
	Invest and expand mobile and home induction medication for opioid use disorder (MOUD) Availability (low-threshold MAT)	Ongoing
	Implement stimulant use treatment to address racial inequities	Not begun
	Improve other non-opioid specific treatment options, including alcohol	In planning
	Ensure access to outpatient treatment programs	Ongoing
	Expand MOUD/MAT pharmacy partnership model	Not begun
<b>Monitor and improve treatment program outcome assessments</b>	Implement trauma-informed mental health services in SUD treatment	In planning
	Improve connection to harm reduction, prevention, and recovery in discharge planning	Not begun
	Improve safe and accessible patient complaint functions	Complete
<b>Improve partnerships among substance use disorder (SUD) and primary care providers</b>	Increase integration of behavioral health education into primary care settings from lived experience perspective	Not begun
	Increase information sharing, services, and communication with healthcare providers	In process
	Identify, develop, and implement trainings for primary care providers and emergency departments, including units on identifying and eradicating stigma and promoting racial equity, as well as a train the trainer component	Not begun
<b>Treatment policies</b>	Carry out rate review activities, to support rate increases	In process
	Implement mandate of minimum 30-day residential treatment with no reauthorizations necessary until Day 31	Not begun

Recovery		
<b>Standardize recovery-focused data collection methods and success metrics</b>	Invest in cloud-based recovery metrics to standardize and thus improve measurement of interval-based recovery outcomes, include race/ethnicity	In planning
<b>Building recovery capital: personal, family/social, community and cultural</b>	Expand and sustain Recovery Friendly Workplaces and Jobs Programs	Ongoing
	Invest in housing resources, e.g., recovery housing w/life skills	In process
	Expand family supports/family connection and utilize families as a resource	Not begun
	Invest and support community led events (International Overdose Awareness Day and Rally4Recovery)	Ongoing
	Continue investing in recovery community centers and recovery supports	Ongoing
	Expand beyond “absence of drug use” by investing in multiple pathways (e.g., holistic, MAT recovery)	In planning
	Implement community and faith-based recovery support expansion	Complete
	Expand recovery application to increase access to recovery resources	In planning
	Develop a centralized resource HUB	Not begun

<b>Recruit, support, expand, and train peer recovery specialists</b>	Expand and diversify peer workforce	In process
	MAT-Focused Peer Recovery Specialist Certifications and Training	Not begun
	Develop and implement a career ladder for CPRSs	Not begun
	Increase peer and client support around social isolation and trauma informed care	Not begun
	Develop family peer specialist workforce	Not begun
<b>Support substance exposed newborn interventions and infrastructure</b>	Improve bi-generational care coordination for families affected by prenatal substance use and prenatal substance exposure through investment (CPRS)	Ongoing
<b>Recovery policies</b>	Expand current expungement rules	Not begun