

GOVERNOR DANIEL J. MCKEE'S OVERDOSE TASK FORCE

March 2024 Semi-Annual Report

Cathy Schultz, MPH, Director of the Governor's Overdose Task Force
Rhode Island Executive Office of Health and Human Services

Executive Summary

This Semi-Annual Report will focus on an overview of State investment, spending, and overall progress of the key components of the Governor's Overdose Task Force Strategic Plan that aims to respond to the ever-changing landscape of prevention, overdose trends, and emerging issues across Rhode Island.

The Task Force has set forth the following priority outcomes: to end the overdose crisis, ensure racial equity is embedded across all pillars, change lives, uplift community voices, use data to drive change, and build connections to care. The Task Force remains committed to addressing the root causes of overdose including the socioeconomic factors that influence health.

The strategic refresh that was adopted in early 2023, is based on the following main pillars: addressing social determinants of health, reinforcing comprehensive prevention, strengthening harm reduction and rescue, increasing engagement in treatment, and supporting recovery.

Since the expansion of the Task Force in November 2022, in addition to the comprehensive refresh of all overdose strategies and metrics, an environmental scan and alignment of all projects has been completed. This process included review of programmatic sources, quality improvement, performance metrics, strategic alignment across projects and funding sources, and the implementation of improved processes and tracking systems.

State Investment and Spending Overview

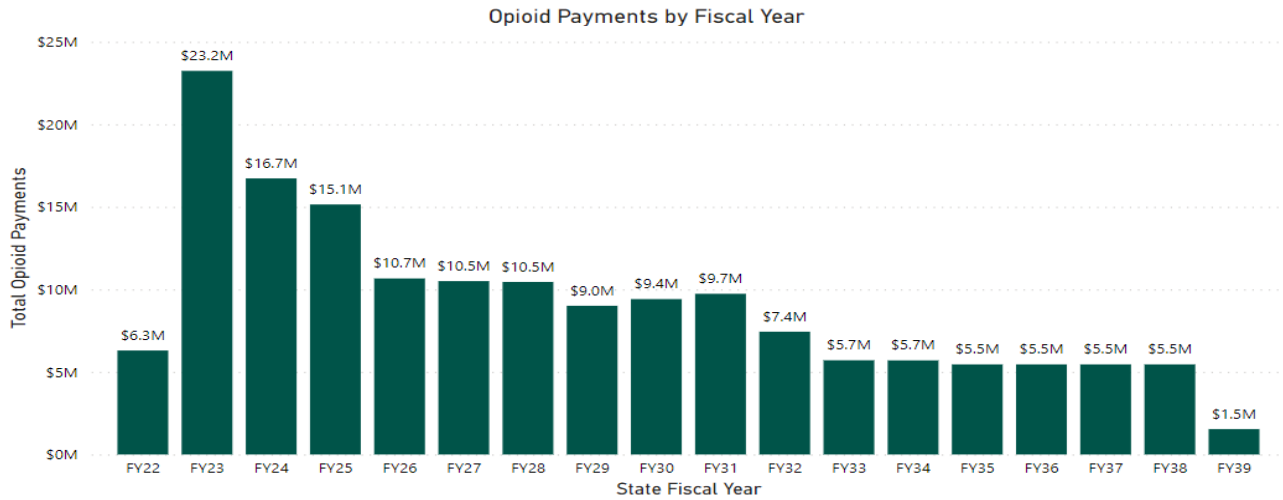
In January 2022, Rhode Island joined the national opioid settlement with three major opioid distributors, providing over \$90 million in funding for state and local efforts to address Rhode Island's opioid crisis. Together with additional settlements secured by the Attorney General's Office against several opioid manufacturers, Rhode Island's opioid litigation recoveries total more than \$166 million over the next 18 years.

Recommendations for opioid settlement funding are made to the Executive Office of Health and Human Services (EOHHS) Secretary Richard Charest, from the State's [Opioid Settlement Advisory Committee](#). The Advisory Committee, as required by the national settlement agreement, is comprised of an equal number of state and municipal representatives, as well as expert and community representatives. The Advisory Committee receives public input on how to spend opioid settlement dollars from a wide array of professional and community participants in [Governor Dan McKee's Overdose Task Force](#).

The Opioid Stewardship funds are maintained by EOHHS and provide funding for various projects including Regional Prevention Coalitions, naloxone/harm reduction infrastructure (centralized inventory control and distribution center), Medication for Opioid Use Disorder (MOUD) treatment at the Adult Correction Institute (ACI), Recovery Friendly Workplaces, and the Director of the Governor's Overdose Task Force and grants management at EOHHS. EOHHS staff provide oversight and work with State agency partners to procure and monitor spending and impact of these funds.

EOHHS works closely with the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH), the Rhode Island Department of Health (RIDOH), the Department of Corrections, the Department of Housing, and other state agencies to carry out planning and implementation of opioid abatement, and Stewardship account activities. As illustrated in Figure 1 Settlement Funds significantly increased in FY2023, funding will begin to significantly decrease over the next several years and requires that EOHHS and State agency partners focus on sustaining projects that are demonstrating positive impact and exploring additional funding avenues, including federal funding and state revenue.

Figure 1: Settlement dollars by State Fiscal Year that Rhode Island has received and expects between FY23 and the end of the settlement time periods:



Note this table does not include Stewardship or McKinsey dollars. FY23 Settlement budget allocations include settlement payments for FY22. These are payments that were updated from the Attorney General's office and includes advance payments from the settlements.

The budget table below (Figure 2) is a summary of State Fiscal Years 2023, 2024, and FY 2025 recommendations for Settlement, Stewardship, and McKinsey accounts across all priorities of overdose prevention and intervention:

Figure 2: Combined State Accounts FY23 through FY24

Combined Opioid Abatement (Settlement), Stewardship and McKinsey				
Pillar/Priority	FY 2023 Enacted Gov Budget	FY 2023 Spent	FY 2024 Rev Gov Budget	FY 2025 Rev Gov Budget w/GBA
Racial Equity	\$0	\$0	\$300,000	\$500,000
Governance	\$1,398,108	\$505,982	\$2,840,808	\$2,676,695
Data	\$1,272,380	\$544,157	\$1,153,602	\$1,299,009
Social Determinants of Health	\$5,280,000	\$1,126,841	\$6,619,779	\$2,350,000
Prevention	\$4,500,000	\$2,467,847	\$5,425,472	\$2,900,000
Harm Reduction & Rescue	\$7,030,677	\$2,442,190	\$9,298,976	\$4,589,318
Treatment	\$6,892,637	\$2,131,586	\$6,436,498	\$5,374,698
Recovery	\$3,092,376	\$545,197	\$3,500,439	\$3,805,508
Placeholder – TBD*				\$11,204,414
Total	\$29,466,178	\$9,763,801	\$35,575,575	\$34,699,642

*Includes \$11,204,414 as a placeholder in Abatement (Settlement) Gov. Budget Amendment for Walmart & Publicis Health Settlements.

As of January 31, 2024, just under \$16 million dollars have been spent. As explained below, additional amounts may have been invoiced but not reflected in the Rhode Island Financial Accounting System (RIFANS):

- Settlement: \$7,769,052
- Stewardship: \$7,086,211
- McKinsey: \$1,110,207

Spending presented above is based on information received in RIFANS through January 31, 2024. Additional invoices may have been submitted to the State but have not yet been paid because of the 30-day process it requires between submission and payment. Spending is dependent on several factors including program planning, development, workforce capacity, the process of vendor invoice submission, and the state invoice processing. Also, many of these projects are expansions of federally funded programs that require that federal funds set to expire are spent first.

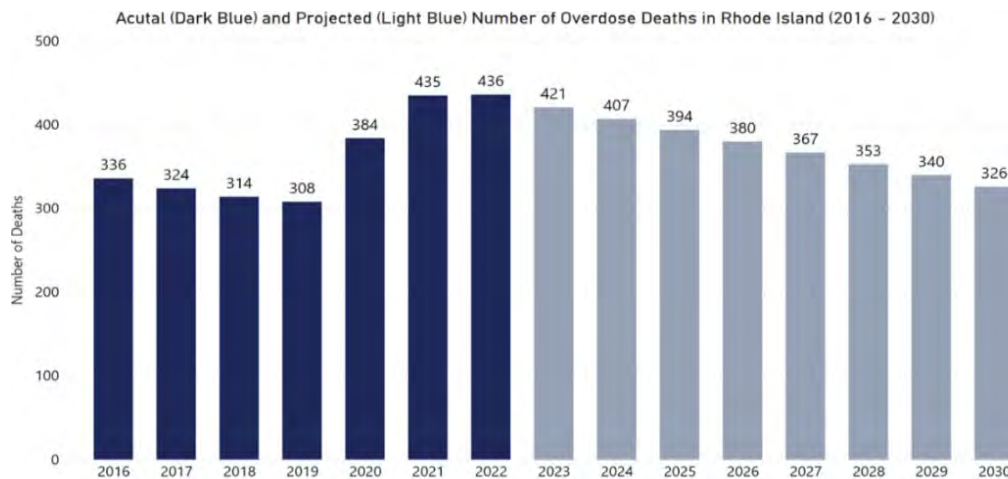
For FY2024, these allocations include approximately \$19 million dollars of carry-forward from FY2023. The recommended allocations for FY2025 by the Opioid Settlement Advisory Committee and approved by EOHHS Secretary Charest were originally \$18,450,000 and, although FY2024 spending has sped up, it is anticipated the fiscal year 2025 revised budget will also include a significant amount of carry-forward of FY24 funds into FY25.

Overarching Goal

In August 2023, the Task Force agreed that the proposed goal of a 30% reduction in overdose deaths, when inputted into several mathematical modeling studies, could be achieved by 2030 with sustained investments and a focus on a combined intervention approach focused on prevention, harm reduction, treatment, and recovery¹. This goal aligns with EOHHS’s Core Values and Guiding Principles: Voice, Choice, and Equity and Rhode Island’s 2030 priority to address addiction, improve behavioral health system, and combat stigma, bias, and discrimination.

Figure 3: Aligning with CDC’s Healthy People 2030

Rhode Island’s long-term goal to reduce overdose deaths for each year, explained [here \[health.gov\]](https://www.health.gov) (12% reduction by 2025, resulting in ~384 deaths and 30% reduction by 2030, resulting in ~300 deaths annually by 2030).



To realize these goals, an evaluation of sustained investments and a combined intervention approach must include the following core components based upon Rhode Island’s strategic roadmap:

- **Prevention:** Implementing primary prevention across the lifespan.
- **Expanded Harm Reduction:** Continuing and increasing targeted fentanyl-focused harm reduction services.
- **Targeted Rescue Activity:** Continuing and increasing targeted naloxone distribution to people who use drugs and their families.

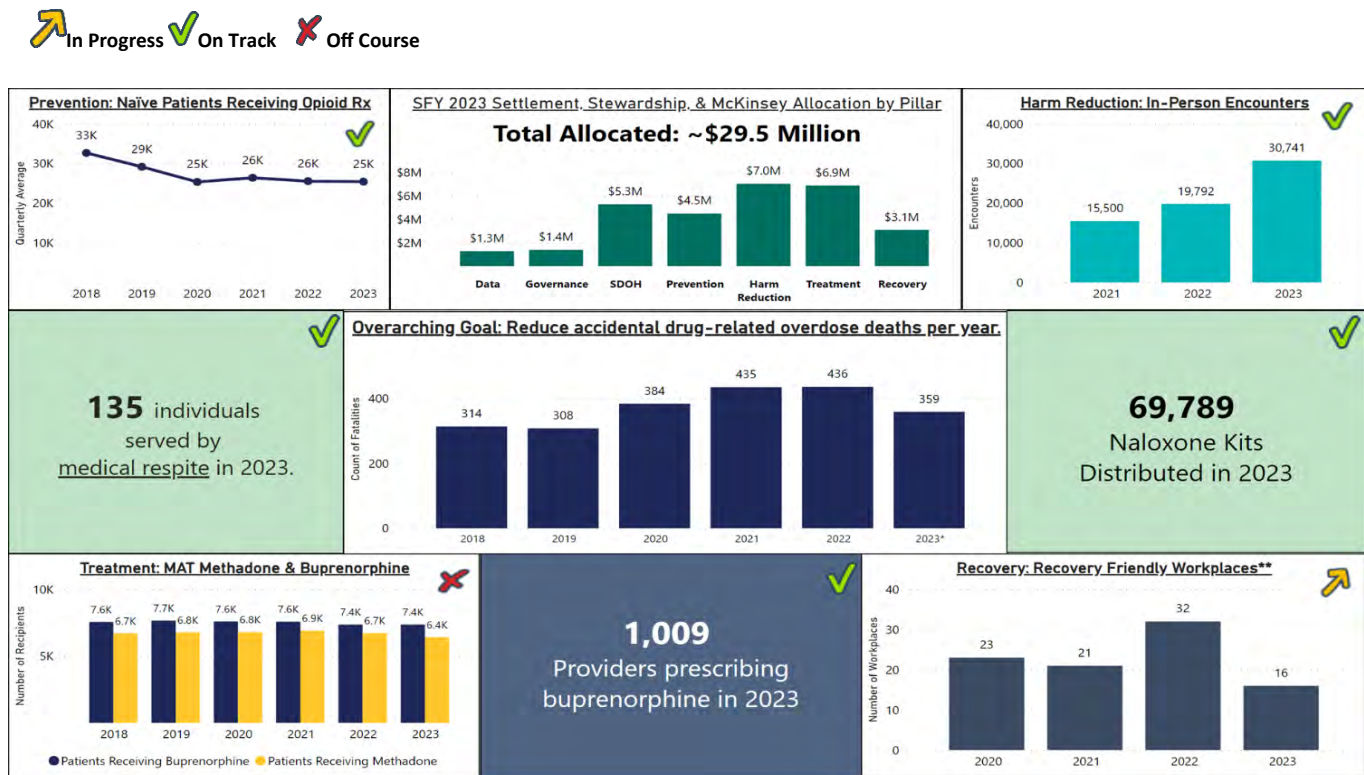
¹ Dr. Brandon Marshall, et al. (2023). People Place and Health Collective. Brown University School of Public Health.

- **Ensuring Equity:** Increasing targeted harm reduction and treatment for non-Hispanic Black and non-White Hispanic populations.
- **Increasing Access to Treatment:** Improving access to treatment to ensure treatment on demand.
- **Recovery Supports:** Increasing recovery support for people in remission, which reduces deaths by reducing opioid use disorder (OUD)².

Snapshot of Performance

The Overdose Data Council is an ad hoc working group of the Task Force comprised of State agencies, academic partners, and community-based organizations. The main goal of the Council is to ensure quality data that is comprehensive, cross-agency, and streamlined to help inform the State and community partners of gaps, emerging issues, and needs in our communities. The metrics and aims are monitored and tracked by the Overdose Data Council. There are twelve primary and secondary measures that reflect activities across the overarching goal and main pillars including social determinants of health. The progress report below and detailed dashboard snapshots found in the appendix, provide a summary of investments, spending, and available State agency metrics through 2023. Publicly available dashboards are under development and are planned to launch on the State’s [Prevent Overdose RI](#) webpage by June 2024.

Figure 4: Snapshot of Overdose Data Council Progress Report



*Data for 2023 are not complete and do not reflect the total number of deaths for the year. Data from July-December are still pending final determination of cause and manner of death and are not included in these totals. Source: Office of the State Medical Examiners (OSME)

**Recovery Friendly Workplaces transferred from RI College to BHDDH in 2023 and the Director position was vacant until December 2023. Program is on track. Note: The dashboard snapshot featured above is sampled from an internal overdose dashboard housed at OHHS. This snapshot is not exhaustive of the entire dashboard.

² Erin J. Stringfellow, et al. (2022) *Reducing opioid use disorder and overdose deaths in the United States: A dynamic modeling analysis*. Science Advance 8. <https://www.science.org/doi/10.1126/sciadv.abm8147>

Governance, Alignment, and Community Engagement

The following are identified areas of improvement that are recommended or in progress:

- Re-evaluating targets and primary and secondary metrics by the Overdose Data Council;
- Executing and implementing an interagency Memorandum of Understanding with all state agencies participating in the procurement of overdose related projects;
- Improving transparency and communications across state agencies through the implementation of process and programmatic tracking systems and other tools;
- Implementing public dashboards across all pillars, investments, and impact outcomes;
- Developing a statewide sustainability plan, to include long-term investments and leveraging state and federal resources to sustain programs that are evidence-informed and showing positive impact; and
- Ensuring the Racial Equity Action Plan recommendations are implemented beginning with increasing diversity across Task Force leadership and membership.

Next Steps:

Activity	Timeline	Status
Execute interagency MOU for project milestone and financial tracking	April 2024	On Track
Update data use agreements and standard operating procedures	May 2024	On Track
Finalize internal multi-agency programmatic and data dashboards	May 2024	On Track
Launch a public programmatic performance and metric dashboard	June 2024	On Track
Complete an evaluation plan	Dec. 2024	On Track

For questions or concerns pertaining to this Semi-Annual Report, please contact Rhode Island's Overdose Task Force Director, Cathy Schultz at Cathy.A.Schultz@ohhs.ri.gov.

Appendix

The dashboard snapshots featured below are sampled from an internal overdose dashboard housed at EOHHS. These snapshots are not exhaustive of the entire dashboard.

👉 In Progress ✓ On Track ✗ Off Course

Reinforcing Comprehensive Prevention

SFY 2023 Total Funds Allocated to Priority

\$4,500,000

Combined Abatement & Stewardship Funds

SFY 2023 - Total Spent



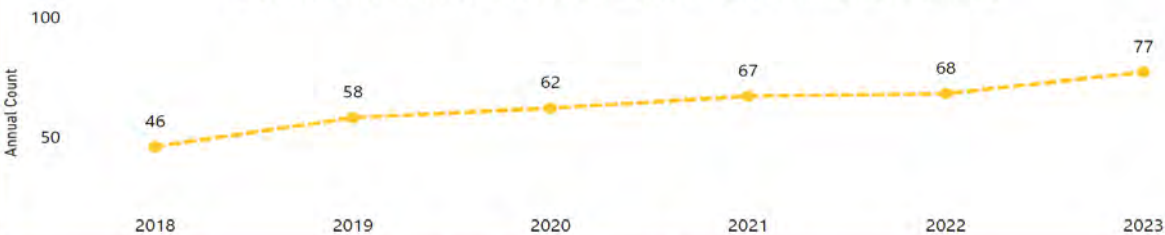
Goal & Strategic Activities

Implement evidence-based primary prevention in schools, professional settings, and high-risk communities.

- Invest in mental health and community resiliency across the lifespan
- Invest in community-based mental health services and prevention education

Primary Metric & Aim

Increase the number of schools with RI Student Assistance Counselors



Goal & Strategic Activities

Prevent overprescribing and ensure appropriate prescribing and dispensing of opioids.

- Continue Prescription Drug Monitoring Program (PDMP) and expand academic detailing initiatives

Secondary Metric & Aim

Reduce the number of naïve patients receiving an opioid prescription



Notes. Naïve patient is defined as an individual who has not been previously exposed to treatment. RI Student Assistance Counselors are counselors trained to prevent substance use and promote mental health. These counts do not include schools that only provide non-RI Student Assistance Counselors (e.g., General School Counselors, Social Workers)

Sources: Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH); Prescription Drug Monitoring Program (PDMP); Rhode Island Department of Health (RIDOH)

Strengthening Harm Reduction & Rescue

SFY 2023 Total Funds Allocated to Priority

\$7,030,677

Combined Abatement, Stewardship,
& McKinsey Funds

SFY 2023 Total Spent



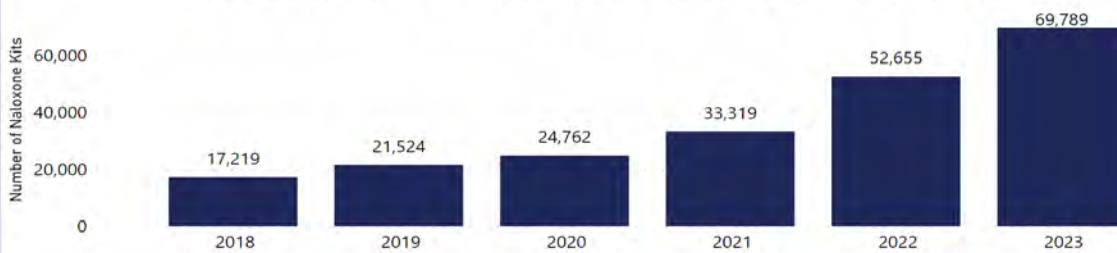
Goal & Strategic Activities

Sustain Naloxone accessibility via a statewide plan and evaluate impact.

- Sustain and continue to invest in infrastructure for statewide, centralized naloxone
- Continue to monitor statewide guidelines for public naloxone availability, set and meet individual targets for distribution in public and private locations

Primary Metric & Aim

Increase the number of naloxone kits distributed in the community each year ✓



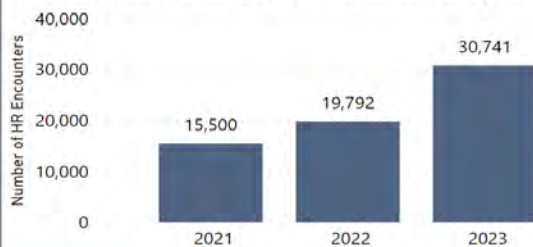
Goal & Strategic Activities

Maximize access to harm reduction materials and resources.

- Sustain infrastructure for harm reduction tool hubs
- Implement harm reduction technologies including resources for people that use alone

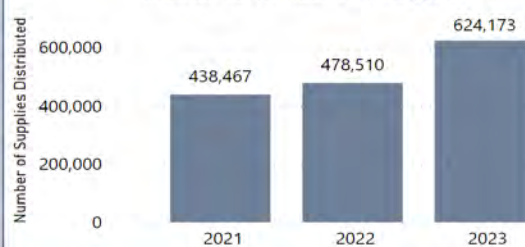
Primary Metric & Aim

Increase the number of HR Encounters each year ✓



Secondary Metric & Aim

Increase the number of HR supplies ✓



Notes. HR supplies include fentanyl test strips, sterile needles, and safer smoking kits. The 2021 count for HR supplies does not include safer smoking kits.

Sources: Naloxone Distribution Dataset, Harm Reduction Dataset, CHP/CHHSTE, Rhode Island Department of Health (RIDOH)

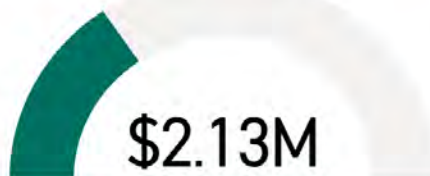
Increasing Engagement in Treatment

SFY 2023 Total Funds Allocated to Priority

\$6,892,637

Combined Abatement, Stewardship,
& McKinsey Funds

SFY 2023 Total Spent



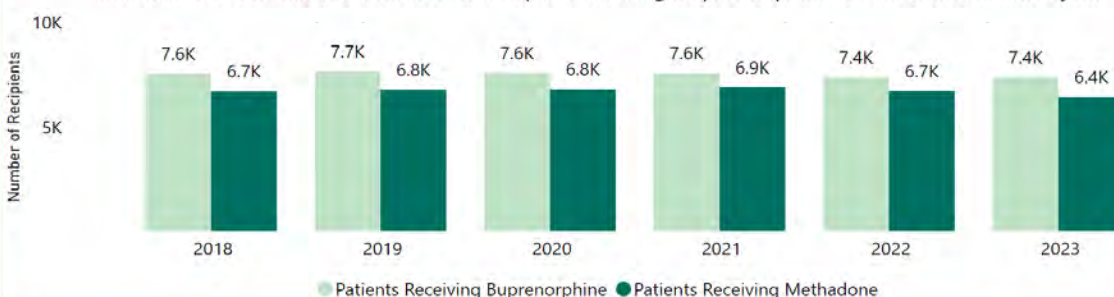
Goal & Strategic Activities

Increase capacity and reduce barriers to ensure treatment-on-demand.

- Increase access to adequate, quality, residential treatment, and safe landing sites through brick-and-mortar investments
 - Improve treatment waitlist response and referral system
 - Ensure access to outpatient treatment programs
 - Expand the MAT-pharmacy partnership model

Primary Metrics & Aims

Increase the Cumulative Number of People Receiving Buprenorphine or Methadone each year ✗



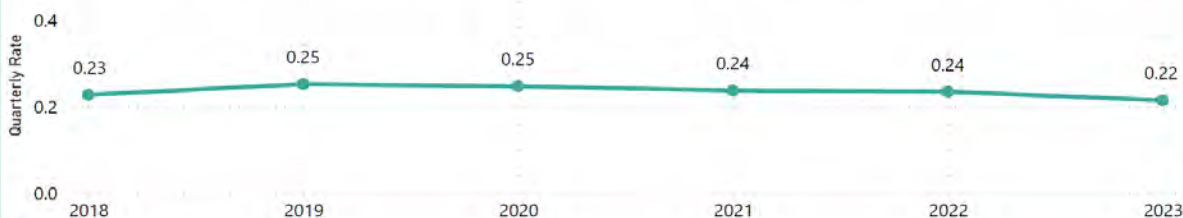
Goal & Strategic Activities

Monitor and improve treatment program outcome assessments.

- Improve connection to harm reduction, prevention, and recovery (discharge planning)
- Implement trauma-informed mental health services in substance use disorder (SUD) and alcohol use disorder (AUD) Tx
 - Improve safe and accessible patient complaint functions

Secondary Metric & Aim

Increase the rate of people connected to Treatment within 6 months of an OUD diagnosis or an Overdose ✗



Sources: Prescription Drug Monitoring Program (PDMP); Rhode Island Department of Health (RIDOH); Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH); Executive Office of Health & Human Services; RI Ecosystem

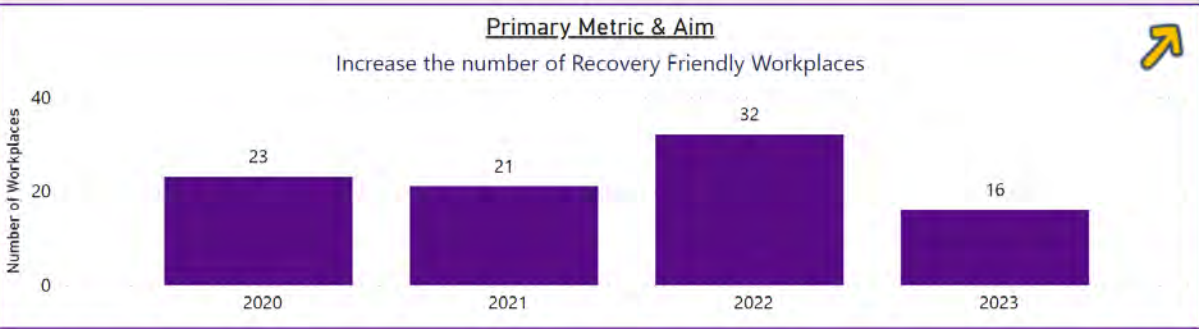
Supporting Recovery

SFY 2023 Total Funds Allocated to Priority <h3 style="text-align: center; margin: 0;">\$3,100,000</h3> Combined Abatement & Stewardship funds	SFY 2023 Total Spent  <h3 style="text-align: center; margin: 0;">\$545.2K</h3>
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Goal & Strategic Activities

Build recovery capital across personal, family/social, community, and cultural environments.

- Expand and sustain recovery-friendly workplaces and job programs



Notes. A decrease in the number of Recovery Friendly Workplaces was observed in 2023 as the program transitioned from RIC to BHDDH. As of 2024, the metric is on track to meet the target of 100 workplaces.

Addressing the Social Determinants of Health

SFY 2023 Total Funds Allocated to Priority <h3 style="text-align: center; margin: 0;">\$5,280,000</h3> Combined Abatement, Stewardship, & McKinsey funds	SFY 2023 Total Spent  <h3 style="text-align: center; margin: 0;">\$1.13M</h3>
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Primary Metric & Aim

Increase the number of individuals served by medical respite program (alternative for eligible clients in lieu of being discharged back into homelessness)

135 ✓

Individuals served by Medical Respite Program in 2023

Goal & Strategic Activities

Focus on Disparities across all aspects of social determinants of health, including inclusive housing, stable employment, and basic needs.

- Provide basic needs provision for high-risk clients and community members

Source: Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH)