

GOVERNOR DANIEL J. MCKEE'S OVERDOSE TASK FORCE

September 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 progress toward achieving the priority goals of reducing fatal overdoses and improving people’s lives, current State investment, and overall progress of 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.

As a reminder, the Task Force has set forth the following priority outcomes: reducing fatal overdoses, improving people’s lives, addressing racial inequities, using data to inform action, and addressing social determinants of health. The Governor’s Overdose Task Force and its workgroups remain the central body focused on the whole of government approach to meeting these goals. Following is an update on progress to date and future plans.

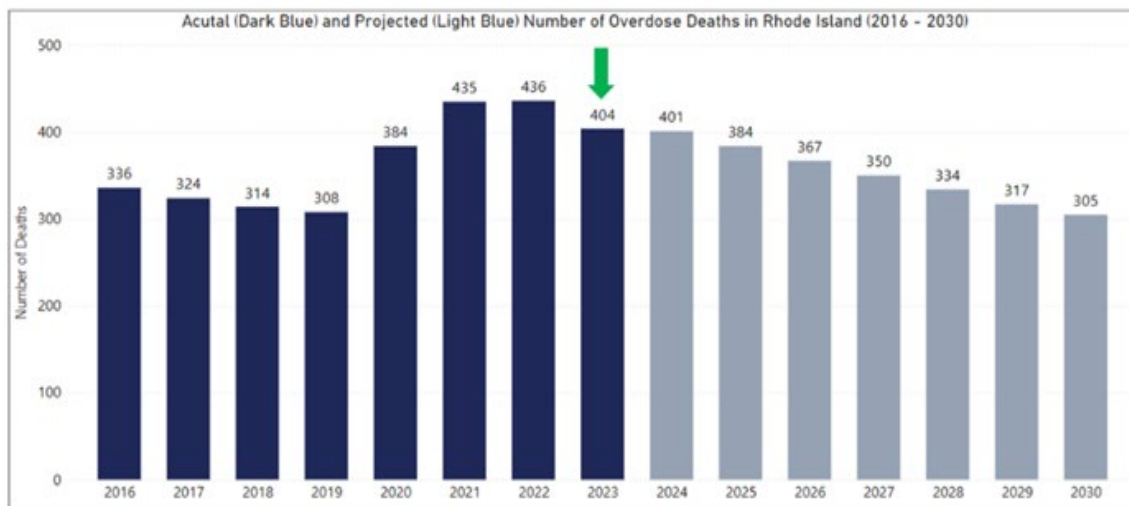
Summary of Overarching Priority Goals

The Governor’s Overdose Task Force set a 2030 goal to reduce fatal overdoses by 30%, returning fatal overdose rates to below 2019 levels. Fatal overdose data for 2023 according to the Rhode Island Department of Health (RIDOH) Office of the Medical Examiner show that 404 individuals lost their lives to accidental overdose in Rhode Island. This is a 7.3% reduction compared to 2022 and is the first decrease in overdose deaths since 2019. This death count fell significantly below the projection of 417 fatalities.

The three municipalities that saw the highest rate of fatal overdoses were Woonsocket (67.4 per 100,000), Providence (53.3 per 100,000), and Pawtucket (46.6 per 100,000). Most fatal overdoses continue to occur in homes or private locations. RIDOH’s Office of Medical Examiner also noted that from 2022 to 2023, the rate of overdose decreased among non-Hispanic Black Rhode Islanders by 11% and Hispanic or Latino Rhode Islanders by 15%. However, non-Hispanic, Black Rhode Islanders continue to have the highest rate of fatal overdose at 47.9% compared to other race and ethnic groups and Hispanic or Latino increased by 50% from 2021 to 2022.

Figure 3: Rhode Island’s Priority Goal to Reduce Fatal Overdose by 30% by 2030

The chart below shows the State’s overdose fatalities in Rhode Island from 2016 and projections through 2030 to meet the State’s goal to reduce fatal overdoses by 30% by 2030. The dark blue bars show past years, while the light blue are projections.¹ This data show that 2023 saw a decrease by 32 deaths or 7.3% compared to 2022.

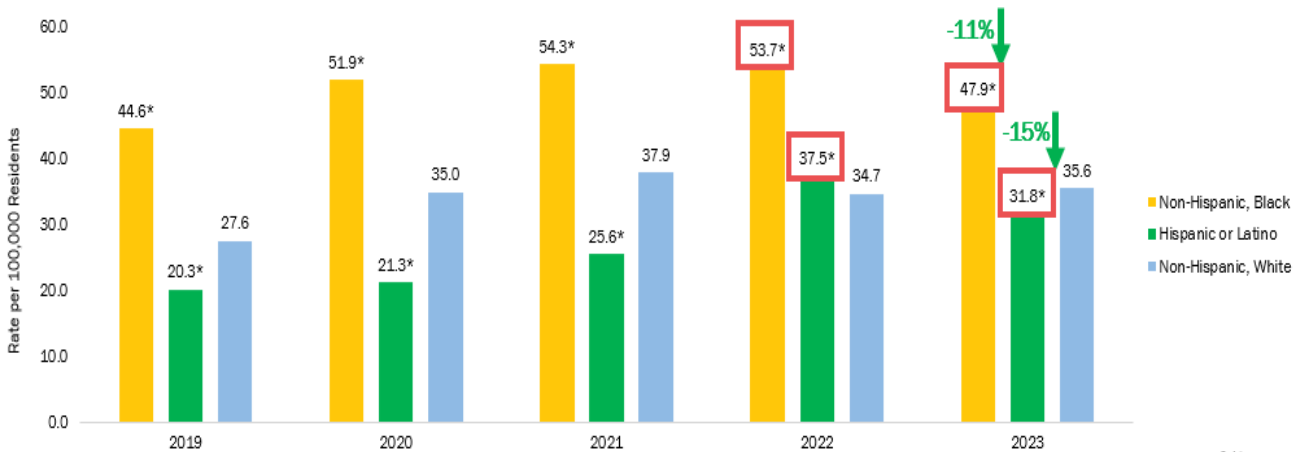


¹ This goal was calculated based on a review of state and national plans to address overdose deaths, focusing on the northeast region of the United States. Consensus has indicated that aligning Rhode Island’s goal for RI 2030 with the CDC’s Healthy People 2030 goal was preferred. The long-term goal, explained [here \[health.gov\]](https://www.health.gov), aims to reduce overdose deaths back to their 2018 values by 2030.

Figure 4: 2023 Overdose Rates by Race and Ethnicity

The graph below shows that the rate of fatal overdoses decreased by 11% among non-Hispanic Black Rhode Islanders and 15% among Hispanic or Latino Rhode Islanders in 2023 compared to 2022.

Overdose Rate by Race and Ethnicity Among Rhode Island Residents, January 2019 – December 2023



Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 21, 2024. Prepared by Heidi Weidele.

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Population denominator based on CDC WONDER single-race population estimates for each year accessed April 16, 2024; 2022 estimate applied for 2023 rates. Data limited to accidental drug overdose deaths occurring in Rhode Island among Rhode Island residents. Due to RIDOH's Small Numbers Reporting Policy, fatal overdoses among decedents of unknown or additional race and ethnicity are not shown. All other racial and ethnic groups include people who identify as non-Hispanic ethnicity or have unknown ethnicity. Counts less than five are suppressed. *Please use caution when interpreting rates marked by an asterisk.



In order to achieve the goals of reducing fatal overdoses and improving people's lives, the following approach has been adopted within the strategic plan:

- **Use Data to Drive Action:** Initiating a Community Overdose Engagement (CODE) local level response plan in highest burden communities and targeting private locations.
- **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.
- **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.

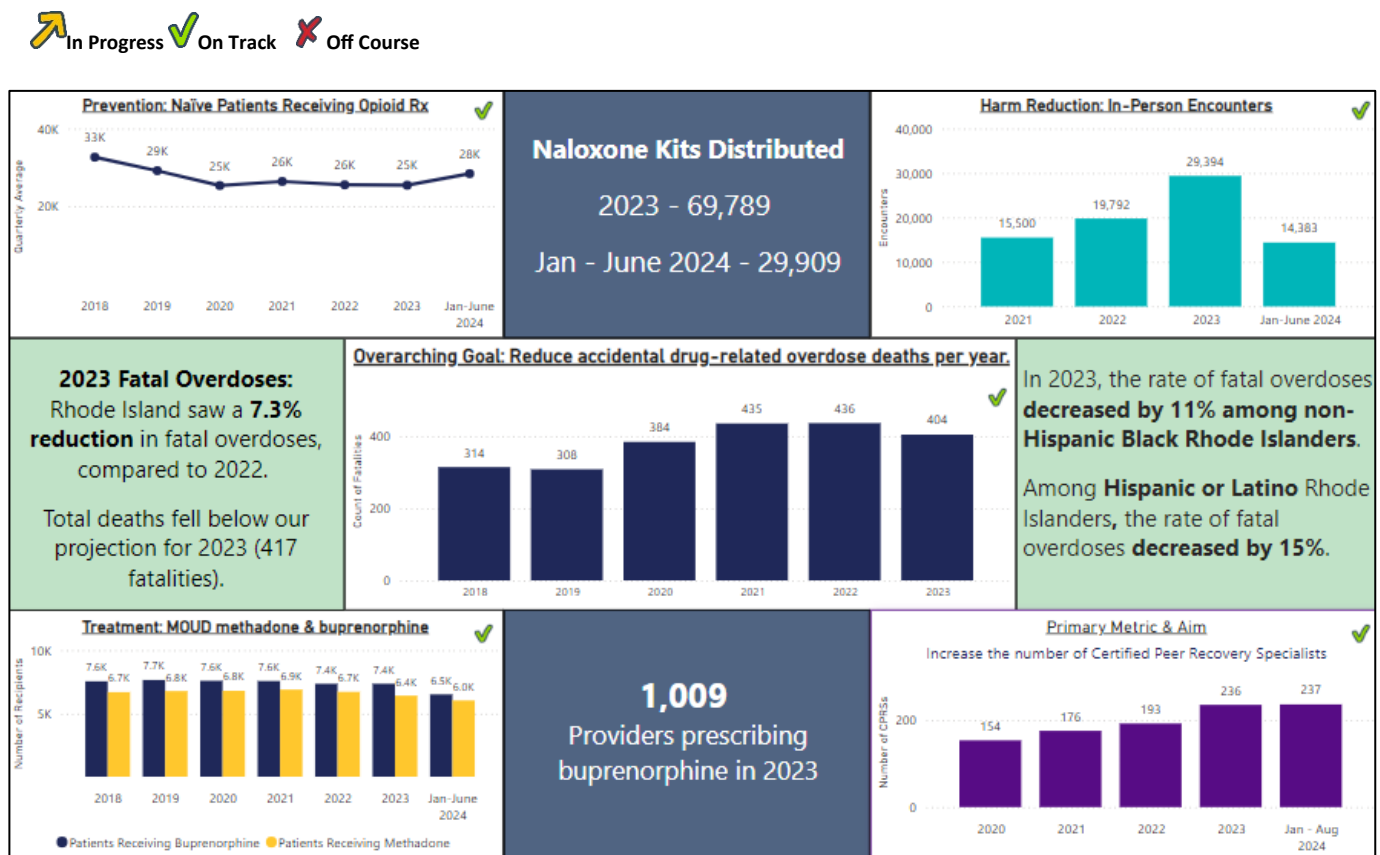
² Erin J. Stringfellow, et al. (2022) *Reducing opioid use disorder and overdose deaths in the United States: A dynamic modeling analysis*. Science Advance 8. <https://www.science.org/doi/10.1126/sciadv.abm8147>

Snapshot of Performance

Following is a snapshot of performance or the “Scorecard” from the Overdose Data Council (ODC), led and staffed by the Executive Office of Health and Human Services (EOHHS). The ODC is actively facilitating an updated participatory review and refresh of the aims or targets across the priorities and core strategies. This process includes a metric refresh of the aims or targets across all pillars and strategies in partnership with the respective State agencies, academic and community partners. The main goal of this process is to ensure quality data that is comprehensive, cross-agency, and streamlined to help inform the State and partners of gaps, emerging issues, and needs in our communities. Measures in harm reduction, treatment, recovery, and social determinants of health have been reviewed, updated, and are currently undergoing collection of addition information. EOHHS anticipates this refresh process to be completed in December 2024 at which time, the aims will be presented to the Task Force co-chairs, the Governor’s Office, and the community for final approval and feedback.

The approach to disseminating and monitoring the indicators is the development of an internal and external dashboard. The internal programmatic dashboard has been developed and will allow state leadership to understand program level data. This internal dashboard is under data governance review prior to its publication. In addition, to increase transparency and provide updates to the public and other stakeholders, EOHHS in partnership with the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHHDH), RIDOH, and Brown University’s People Places and Health Collaborative (PPHC) are refreshing its external facing dashboard that is available on the [Prevent Overdose RI See the Data](#) webpage.

Figure 4: Snapshot of Overdose Data Council Progress Report



Note: The dashboard snapshot featured above is sampled from an internal overdose dashboard housed at EOHHS. This snapshot is not exhaustive of the entire dashboard.

State Investment Summary

This section is focused on an overall summary of the State’s investment. EOHHS and PPHC have launched the first phase of a public facing dashboard for the [Opioid Settlement Advisory Committee](#) (OSAC). This phase details information from the OSAC, including allocations across each priority, meeting details, descriptions of programs and initiatives, and procurement processes and opportunities. Phase 2 is in process and nearing completion, which will expand to include additional resources, monitoring the availability of funding opportunities, and status of spending. EOHHS and PPHC are in the planning stages of phases 3 and 4 and will provide a status update in the March 2025 Semi-Annual Report.

Since 2023, the state has invested over \$69 million dollars to address the overdose crisis. EOHHS works closely with the BHDDH, RIDOH, the Department of Corrections (RIDOC), the Department of Housing (DOH), and Rhode Island Foundation to carry out planning and implementation of Opioid Abatement and Stewardship restricted receipt account activities. There have been over 54 programs and approximately 70 contracts, grants, and/or Memorandums of Understanding (MOUs) developed within the following priorities or pillars: racial equity, data, evaluation, social determinants of health, youth prevention, harm reduction and rescue, treatment, and recovery. Summaries of investment can be found in the table and graph below. Please note that these allocations do not include any federal or other funding sources.

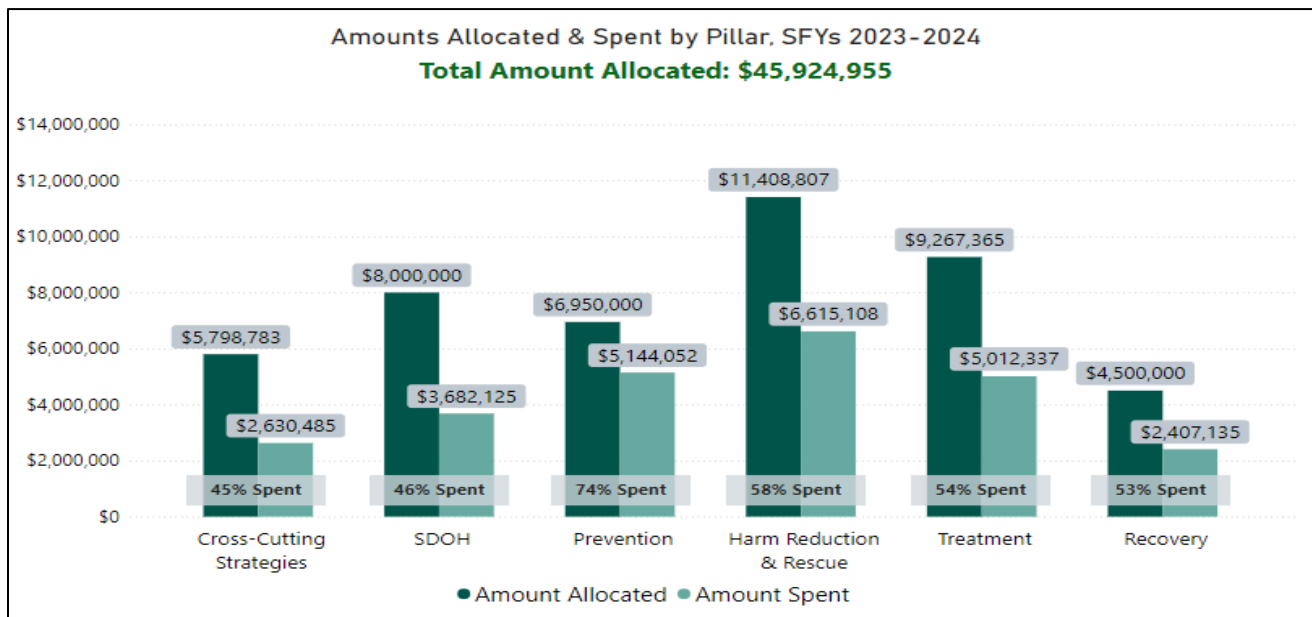
Figure 1: Combined Allocations for State Fiscal Years 2023 through 2025

This is a budget table summary of State Fiscal Years 2023, 2024, and FY 2025 allocations for Settlement, Stewardship, and McKinsey accounts across all priorities of overdose prevention and intervention.

Pillars/Priorities	SFY23 & 24 Allocations	SFY25 Allocations	Total SFY23 - SFY25
Racial Equity	\$300,000	\$500,000	\$800,000
Administration, Evaluation, Emerging	\$3,800,748	\$2,673,508	\$6,474,256
Data	\$1,698,035	\$1,304,158	\$3,002,193
Social Determinants of Health	\$8,000,000	\$2,350,000	\$10,350,000
Prevention	\$6,950,000	\$2,900,000	\$9,850,000
Harm Reduction & Rescue	\$11,408,807	\$4,589,318	\$15,998,125
Treatment	\$9,267,365	\$5,374,698	\$14,642,063
Recovery	\$4,500,000	\$3,800,000	\$8,300,000
Grand Total	\$45,924,955	\$23,491,682	\$69,416,637

Figure 2: Amounts Allocated and Spent for State Fiscal Years 2023 and 2024

This is a bar graph summary of SFY23 and SFY24 allocations and total spent by priorities or pillars.



National and Regional Partnerships

Rhode Island continues to be recognized for its response to the overdose crisis and its ability to invest in evidence-based and data-informed programs swiftly and strategically. The [National Governor's Association \(NGA\)](#), [John Hopkins University](#), the [American Public Health Association](#), and many more national partners have recognized and identified the Governor’s Overdose Task Force’s and the Opioid Settlement Advisory Committee’s infrastructure as a best practice to insuring transparency and accountability in the use of Opioid Settlement funds. As a result, NGA and other New England states have requested that a Northeast Regional Overdose Task Force be created, which the Task Force Director is in the process of planning.

Finally, Rhode Island continues to pave the way for other states by sharing its long history in prevention, harm reduction, treatment, and recovery efforts. Particularly, by investing state and federal funds across the continuum of care and building infrastructures to implement these programs. Some examples include: the implementation of a centralized harm reduction and naloxone distribution center, funding the first regulated, overdose prevention center in the country, and increasing access to low-threshold medication for opioid use disorder (MOUD) through a 24/7 buprenorphine hotline and providing MOUDs at the Department of Corrections.

Conclusion

In conclusion, Governor McKee signed the [Executive Order 22-35 “Expansion of the Governor’s Overdose Task Force”](#) in November 2022, which has allowed the State and community to build a stronger working relationship to achieve the common goals of addressing inequities and saving and improving people’s lives. There is still much more work to be done, but data has shown that the increased investment in prevention, harm reduction, treatment, and recovery as well as addressing social determinants of health and targeted equity focused initiatives are moving us in the right direction.

Following is a list of activities that are recommended or in progress and will be reported on in the next Semi-Annual report due on March 31, 2025:

- Finalizing targets and primary and secondary metrics by the Overdose Data Council;
- Finalizing internal and external dashboards across all pillars, investments, and impact outcomes;
- Increasing transparency and communications across state agencies through the implementation of process and programmatic tracking systems and other tools;
- Implementing a regional overdose task force to examine trends and improve interstate coordination and communication, and
- 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.

Timeline of Next Steps:

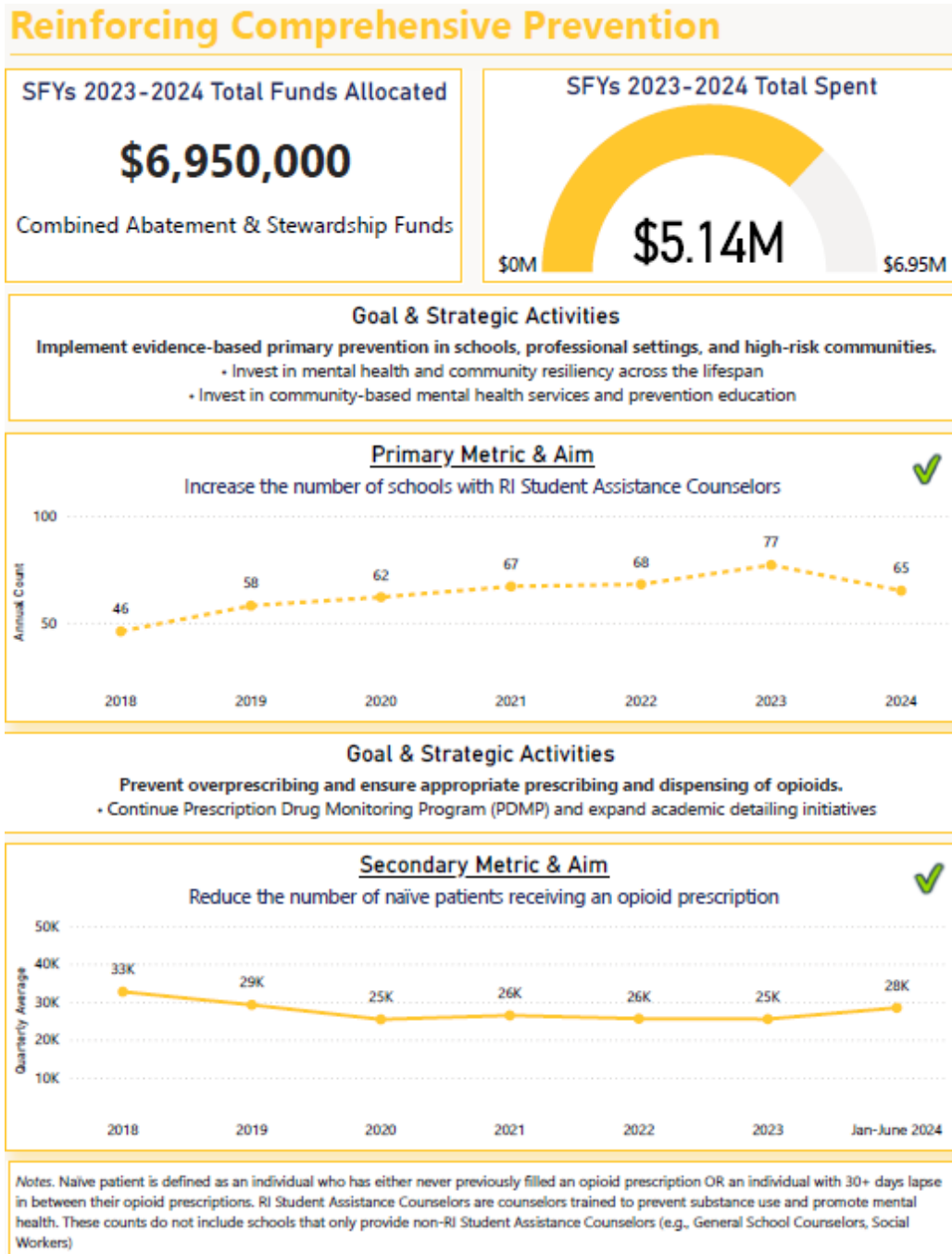
Activity	Timeline	Status
Initiate a New England Regional Overdose Task Force to examine trends, develop strategies and increase coordinate across the region	December 2024	On Track
Complete an evaluation plan	December 2024	On Track
Finalize internal multi-agency programmatic and data dashboards	January 2025	On Track
Launch a public programmatic performance and metric dashboard	Spring 2025	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.

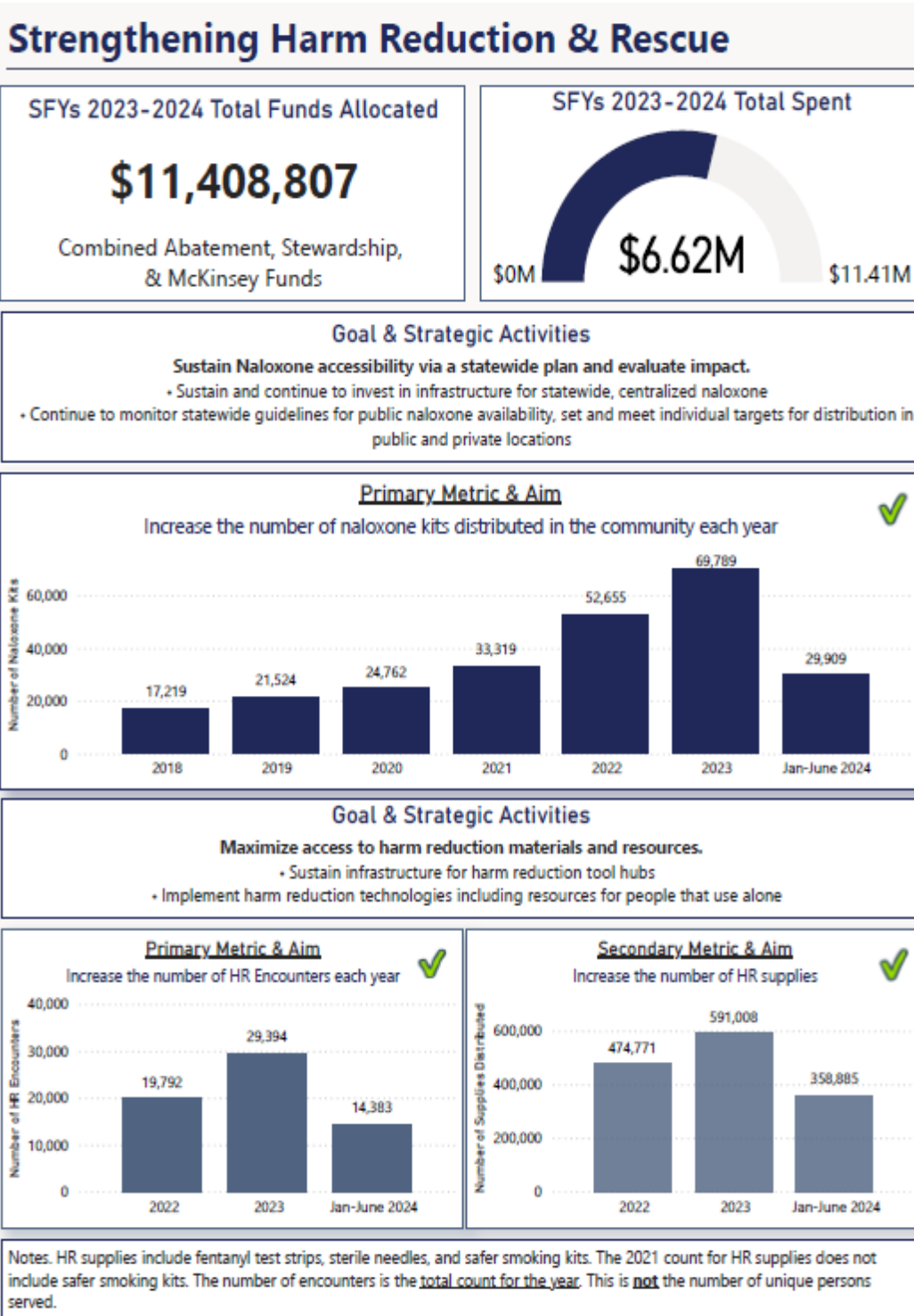
Appendix

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

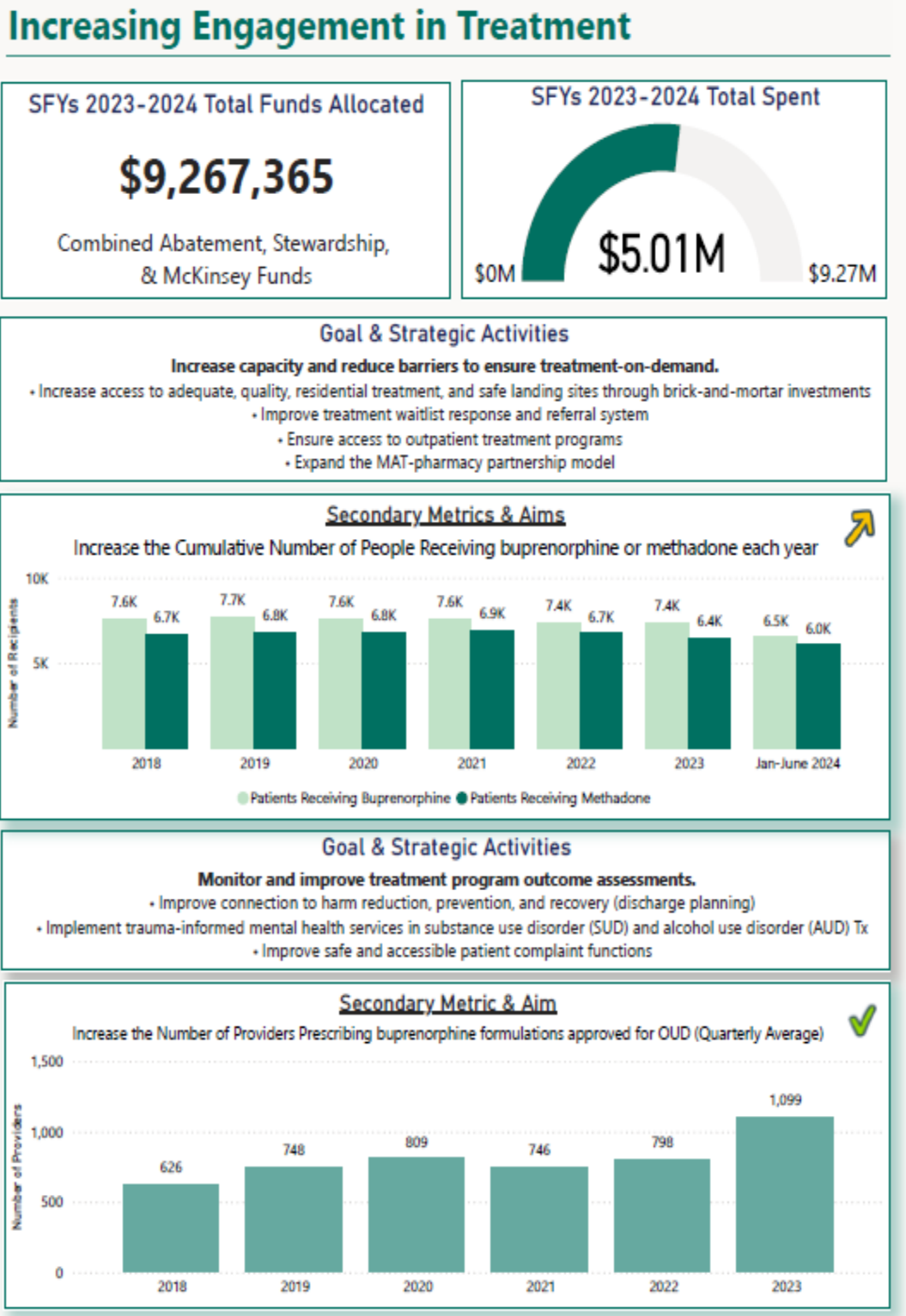


Sources: Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH); Prescription Drug Monitoring Program (PDMP); Rhode Island Department of Health (RIDOH)



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

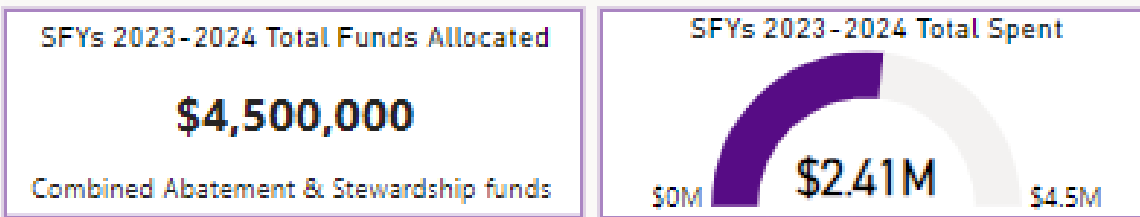
↗ In Progress
 ✓ On Track
 ✗ Off Course



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 (EOHHS); RI Ecosystem

👉 In Progress ✓ On Track ✗ Off Course

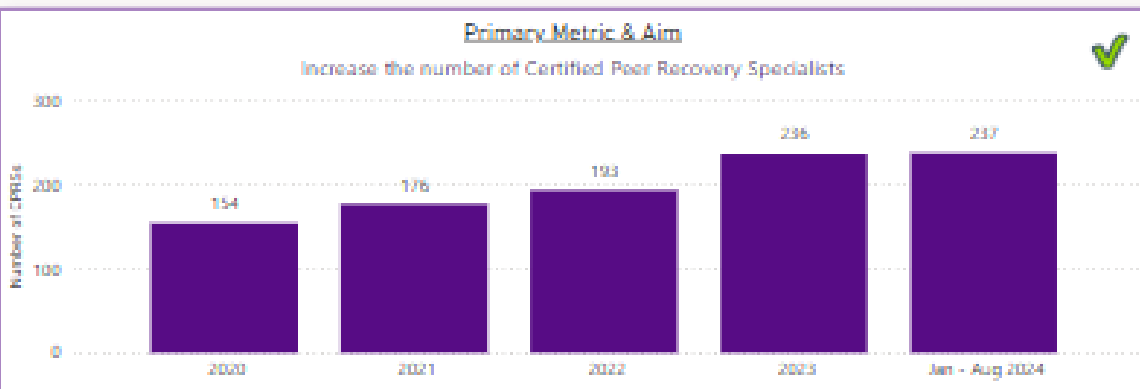
Supporting Recovery



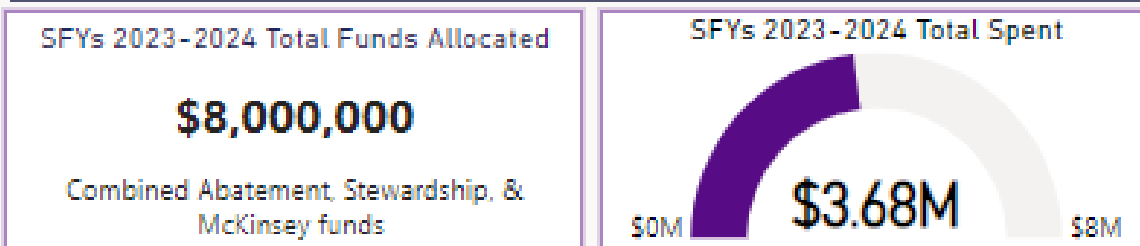
Goal & Strategic Activities

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

- Expand and sustain recovery-friendly workplaces and job programs



Addressing the Social Determinants of Health



Primary Metric & Aim

Increase the number of individuals served by medical respite program

87

Individuals served by Medical Respite Program in 2024

✓

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)