

# GOVERNOR DANIEL J. MCKEE'S OVERDOSE TASK FORCE

March 2025 Semi-Annual Report

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

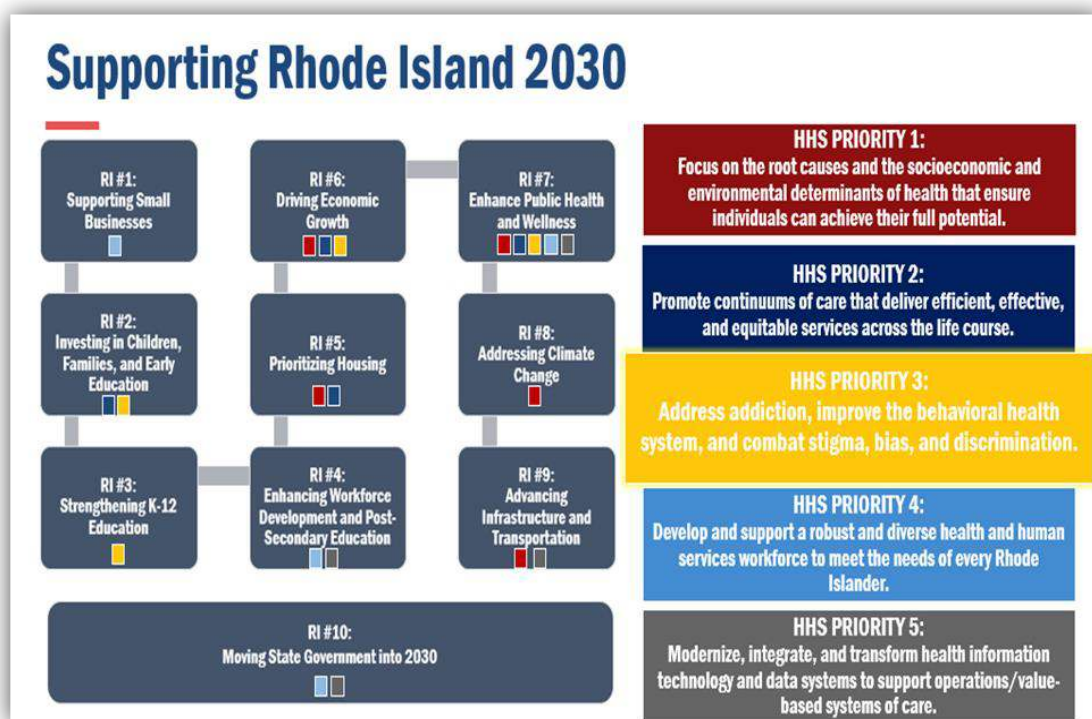
## Executive Summary

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 investments, 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. Following is an update on progress to date, future plans, and continued strategic alignment across the continuum of care.

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. Additionally, the Task force strategic plan remains focused on aligning with Rhode Island's 2030 Plan - Enhancing Public Health and Wellness and Priority 3 of Health and Human Services – address addiction, improve the behavioral system, and combat stigma, bias, and discrimination.

### FIGURE 1: Health and Human Services Components of Rhode Island's 2030 Plan

Figure 1 below illustrates the alignment of Rhode Island's 2030 Plan with EOHHS'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.



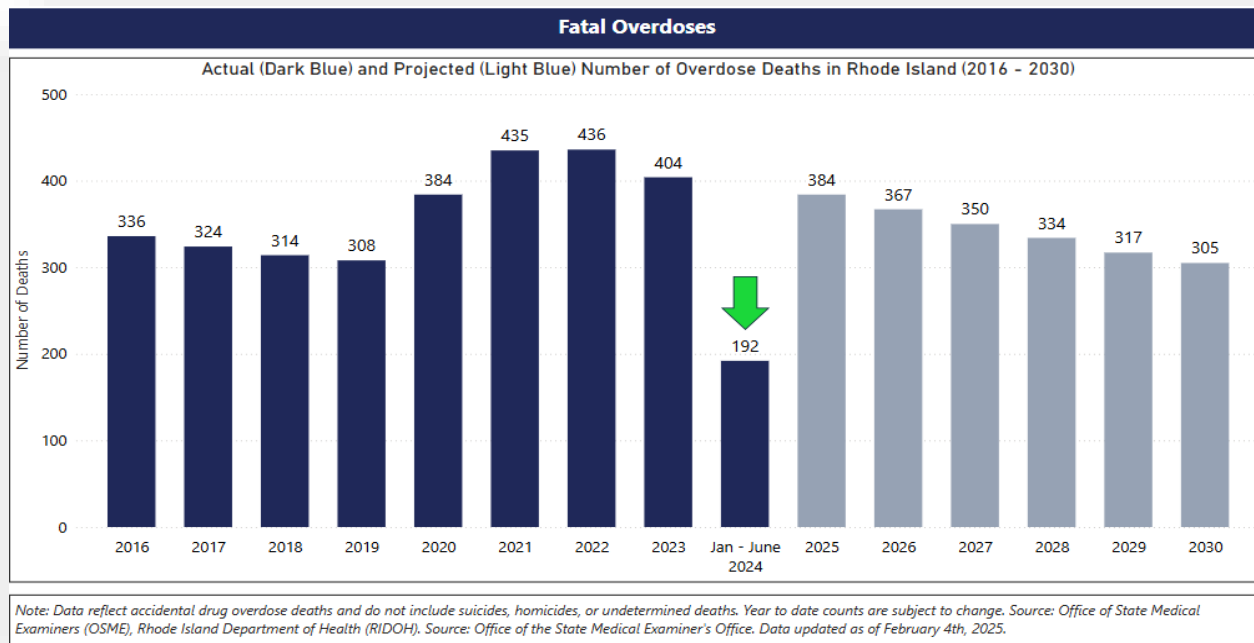
### Summary of Overarching Priority Goals

The Governor's Overdose Task Force is on track to meeting its 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 (OSME) 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. Additionally, the first 6 months

of 2024 fatal overdose data show that this decrease continued with 192 deaths occurring between January and June, a 11% decline compared to the first 6-months of 2024.

### Figure 2: 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.<sup>1</sup> This data show that 2023 saw a decrease by 32 deaths or 7.3% compared to 2022 and a 11% decline for the first six months of 2024 compared to the first six months in 2023.



At least one life was lost to a fatal overdose in almost every municipality across the state and the statewide rate was 29.4 per 100,000 people. The five municipalities that saw the highest rate of fatal overdoses were Woonsocket (55.8 per 100,000), Providence (53.8 per 100,000), Pawtucket (34.6 per 100,000), Cranston (34.0 per 100,000), and Warwick (28.9 per 100,000), with most fatal overdoses continuing to occur in homes or private. In the first 6 months of 2024, opioids contributed to 71% of fatal overdoses, while cocaine contributed to 57%. Overall, 62% of fatal overdoses occurred among individuals 45 and older. Data continues to show that 84% to 85% of fatal overdoses occurred in private locations. We will continue to monitor 2024 finalized fatal overdose data that we anticipate will be available in July of 2025.

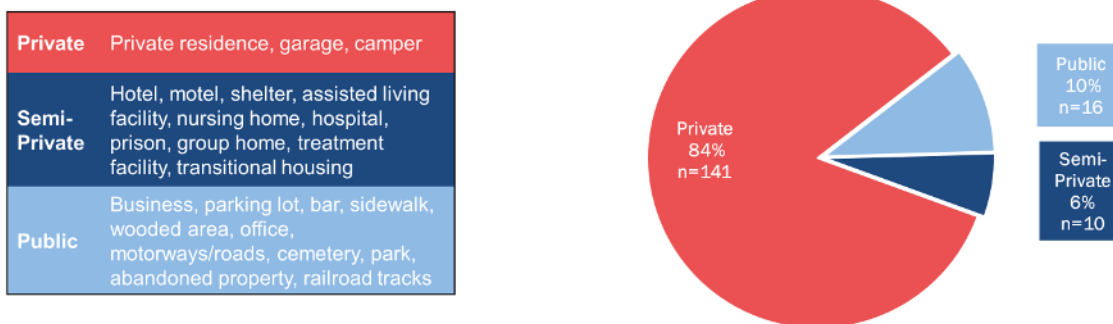
<sup>1</sup> This goal was calculated based on a review of state and national plans to address overdose deaths, focusing on the northeast region of the United States. Consensus has indicated that aligning Rhode Island's goal for RI 2030 with the CDC's Healthy People 2030 goal was preferred. The long-term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

### Figure 3: Location Types of Fatal Overdoses: January – June 2024

The data below provides location types where fatal overdoses are occurring, which show that 84% occurred in private locations, defined as private residences, garages or campers, 10% occurred in public locations, defined as in businesses, parking lots, sidewalks, wooded areas, motorways/roadways, and abandoned property, and 6% occurred in semi-private locations, defined as hotels, shelters, assisted living facilities, nursing homes, prisons, transitional housing, and treatment facilities.

## Types of Overdose Locations January 2024 – June 2024

The OSME collects information about the locations of fatal overdoses. The locations are classified as Private, Semi-Private, or Public. From January to June 2024, **84% of fatal overdoses** occurred in private settings.



In order to achieve the goals of reducing fatal overdoses and improving people's lives, the following approach has been adopted by 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)<sup>2</sup>.

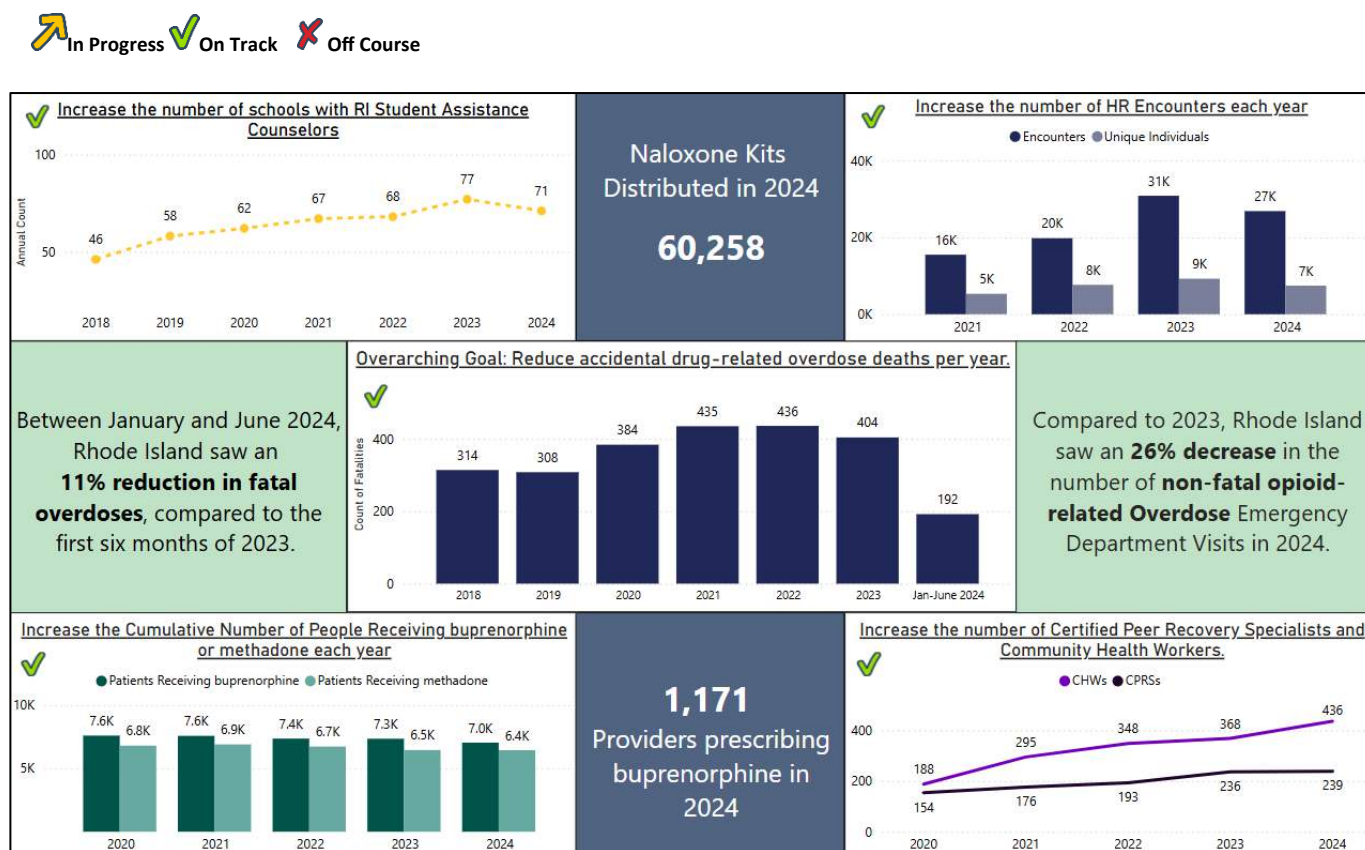
<sup>2</sup> Erin J. Stringfellow, et al. (2022) *Reducing opioid use disorder and overdose deaths in the United States: A dynamic modeling analysis*. Science Advance 8. <https://www.science.org/doi/10.1126/sciadv.abm8147>

## Snapshot of Performance

It is paramount to ensure that collected data is comprehensive, cross-agency, and streamlined to help inform the State and its partners of gaps, emerging issues, and needs in our communities. The following is an updated 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). In partnership with the respective State agencies, academic and community partners, the ODC has completed a review and refresh of the performance metrics tracked across the priorities and core strategies. To assess progress across the continuum of care, achievable targets or aims have been updated in prevention, harm reduction, treatment, and recovery.

**Figure 4: Snapshot of Overdose Data Council Progress Report**

This graph is a snapshot of the most recent progress report from the Overdose Data Council.



*Note: The dashboard snapshot featured above is sampled from an internal overdose dashboard housed at EOHHS. The abbreviation HR stands for Harm Reduction.*

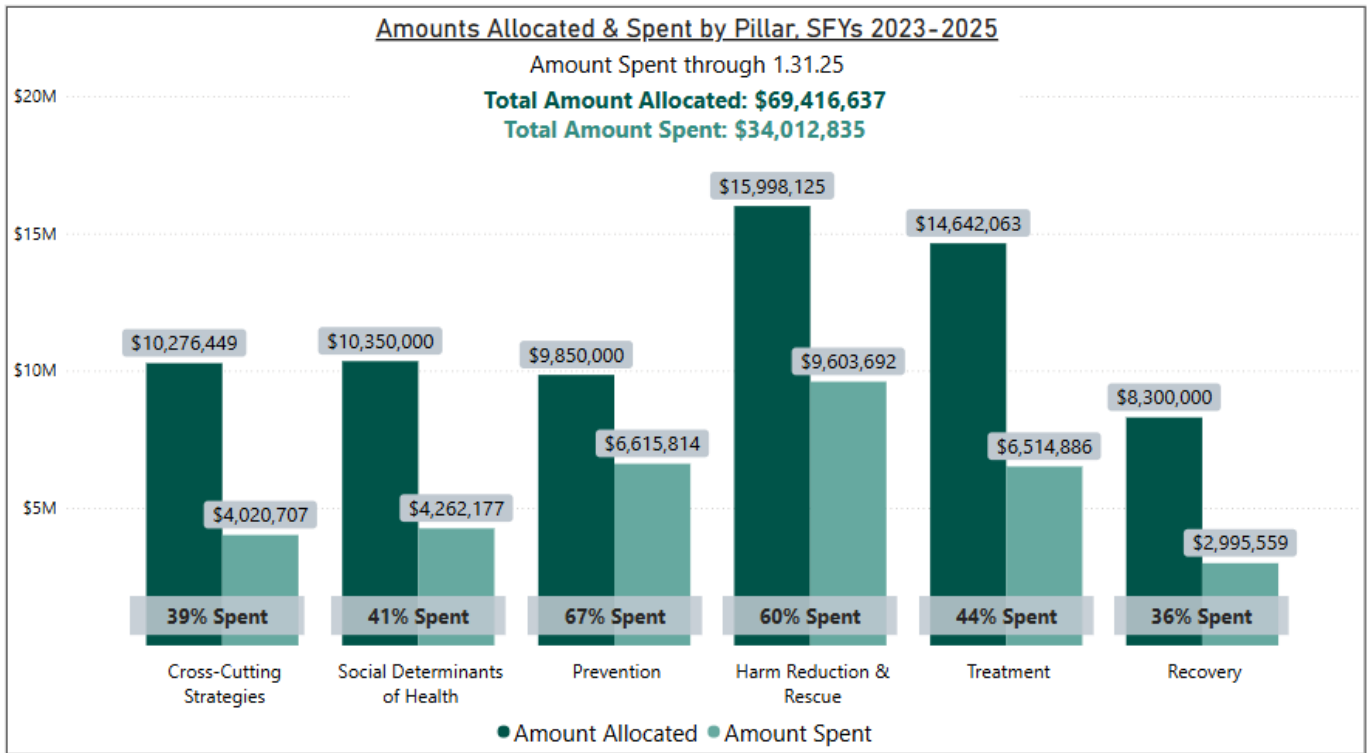
## State Investment Summary

Since 2023, the state has invested over \$94 million dollars to address Rhode Island’s overdose crisis. This includes an additional \$25.2 million dollars that has been allocated for State Fiscal Year 2026. EOHHS works closely with the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH), Rhode Island Department of Health (RIDOH), the Rhode Island Department of Corrections (RIDOC), the Department of Housing (DOH), and Rhode Island Foundation to carry out planning and implementation of State account activities. These agencies have encumbered approximately \$25 million dollars of funding and are in the final stages of procuring an additional \$8 million dollars across more than 60 programs and in approximately 100 contracts, grants, and/or Memorandums of Understanding (MOUs).

The graph below reflects the FY23 through FY25 state investments and total spent through January 31, 2025, as reflected in the Rhode Island Accounting System (RIFANS) by strategic pillar or category. It is also important to note that this spending does not include invoices that have not been fully processed, and it is dependent on several factors including program planning, development, and workforce capacity. In addition, some of these projects are expansions of existing initiatives and are braided with federal funding. Some federal contracts do not always allow funding to be carried forward, requiring those dollars to be spent first (before less restricted funding like the restricted receipt state dollars). Spending increased by over 60% from FY23 to FY24, and we anticipate that spending will continue to speed up.

**Figure 5: Combined Allocations and Spent for Fiscal Years 2023 through 2025**

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



**Measuring Success and Ongoing Evaluation**

As part of an effort to provide greater insight into the state's response to the overdose crisis, EOHHS partnered with the Office of Management and Budget (OMB) to launch a program-based budget initiative focusing on substance use disorder (SUD) programming. The aim was to provide a comprehensive view of the state's investment in SUD-related programs by organizing budgetary data by intended purpose rather than simply by department. Program-based budgeting organizes information around specific programs and services, allowing for better transparency, whole of government coordination, and more efficient allocation of funds toward shared policy goals. The survey tool underwent a pilot phase in October 2023, and an updated version was distributed to relevant state agencies during a project kick-off meeting in June 2024. The results of this survey are in the process of being finalized and will be forwarded upon completion.

Additionally, EOHHS has partnered with the University of Rhode Island to develop an overarching evaluation plan of the Governor's Overdose Task Force Roadmap. The approach to the comprehensive evaluation is multi-faceted which involves assessing and considering multiple perspectives and using various methods, rather than relying on

a single, narrow evaluation. The frameworks include collective impact that focuses on collaboration, shared measurement, and coordinated activities by combining many funded projects from multiple funding streams to evaluate the impact of investments towards reducing fatal overdoses and improving people’s lives and the Cascade Care Model that will look at populations that are at risk, diagnosis, initiated and retained treatment, and sustained recovery.

## 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.

### Timeline of Next Steps:

Activity	Timeline	Status
Increasing transparency and communications across state agencies through the implementation of process and programmatic tracking systems and other tools	June 2025	On Track
Finalizing internal dashboards across all pillars, investments, and impact outcomes	June 2025	On Track
Launch a public programmatic performance and metric dashboard	July 2025	On Track

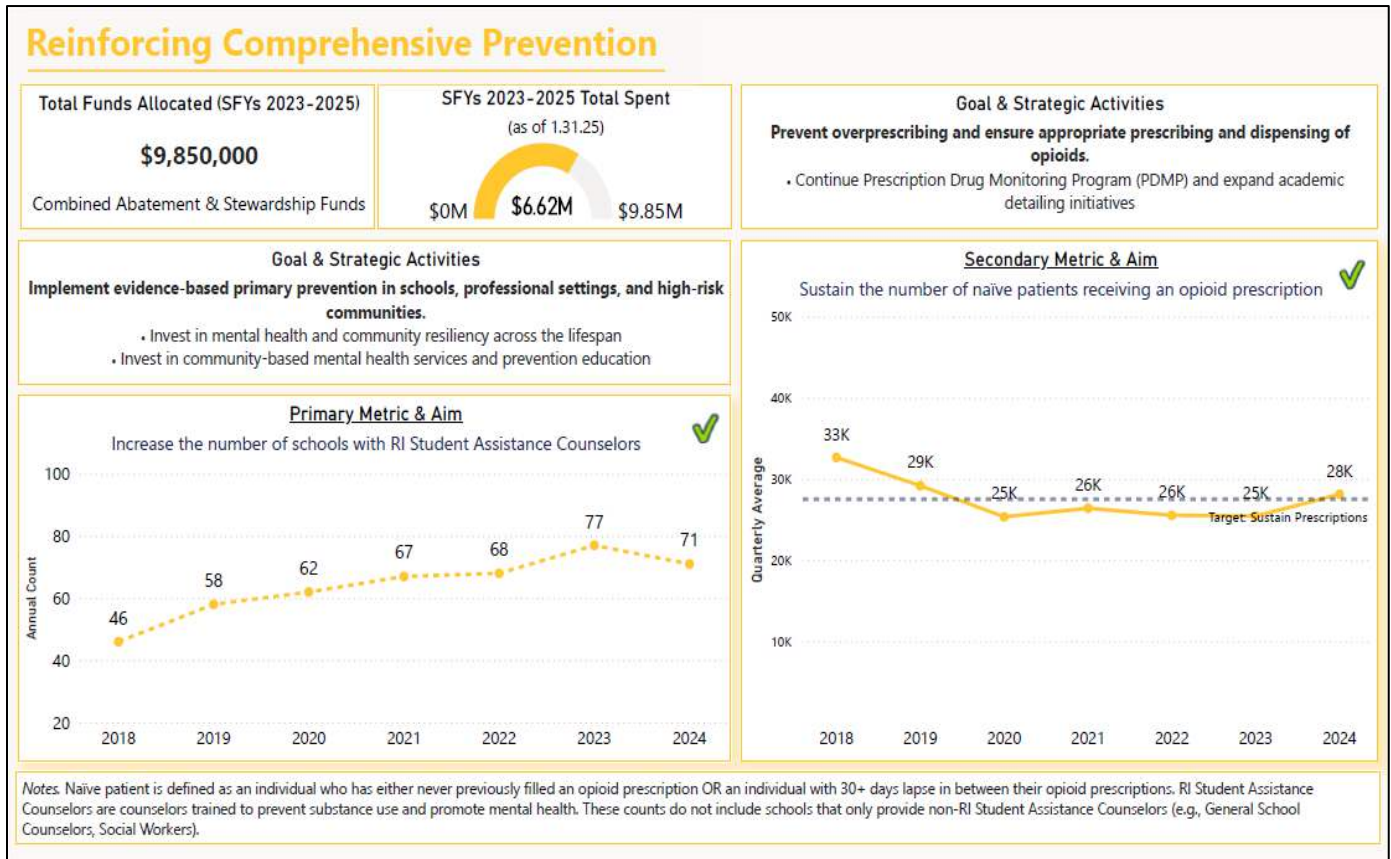
For questions or concerns pertaining to this Semi-Annual Report, please contact Rhode Island’s Overdose Task Force Director, Cathy Schultz at [Cathy.A.Schultz@ohhs.ri.gov](mailto:Cathy.A.Schultz@ohhs.ri.gov).



## Appendix

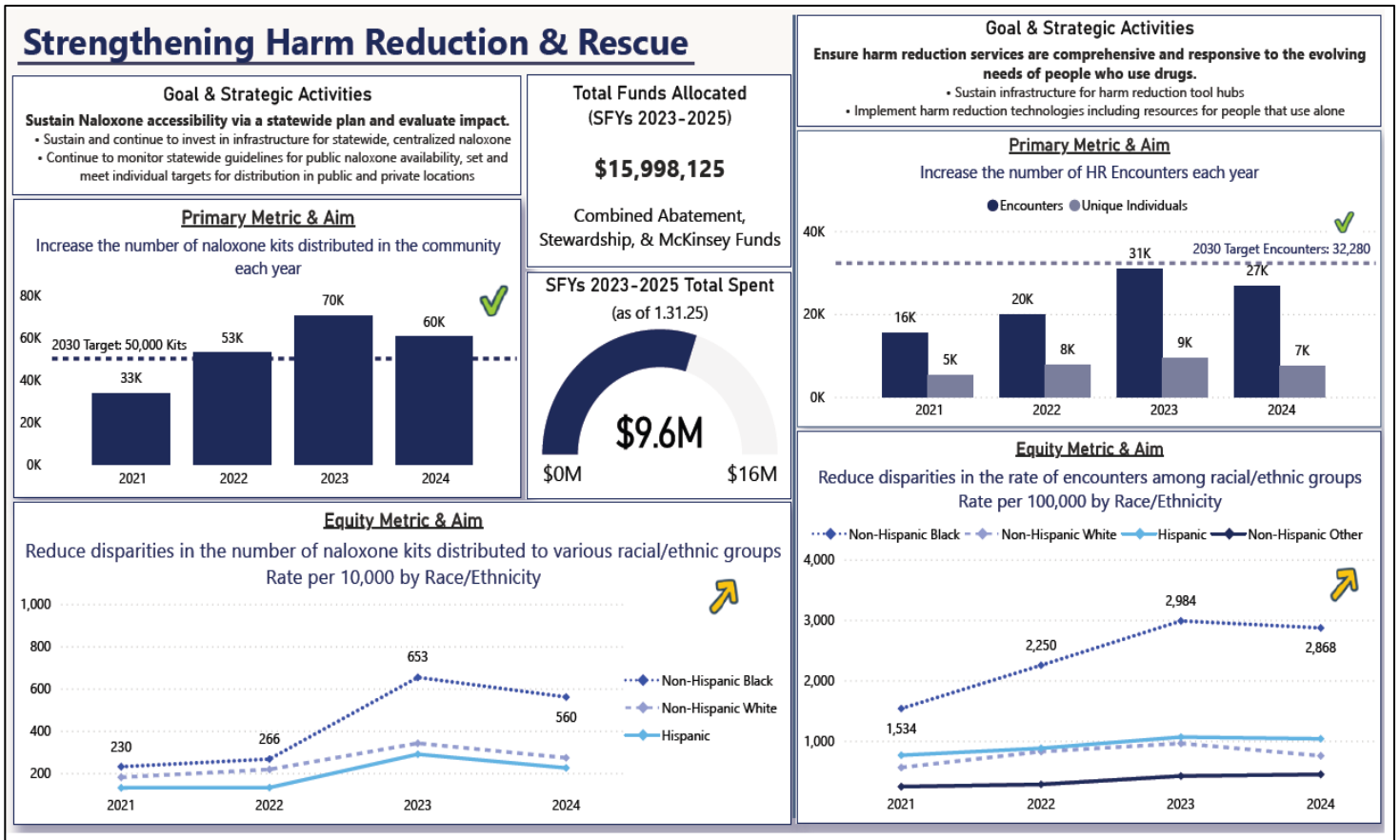
The dashboard snapshots featured below are sampled from an internal overdose dashboard housed at EOHHS. These snapshots are not exhaustive of the entire dashboard.

👉 In Progress    ✅ On Track    ❌ Off Course



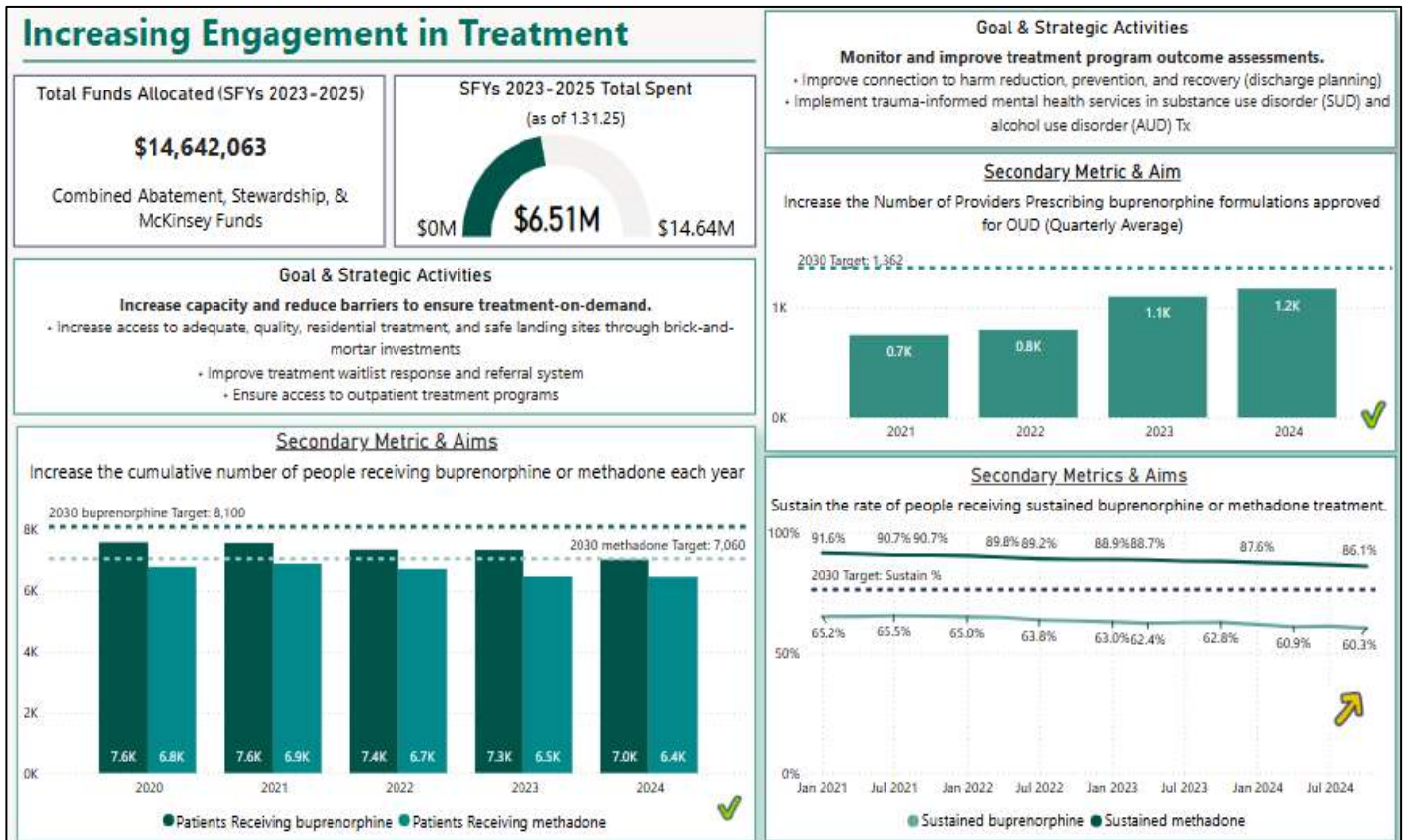
Sources: Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH); Prescription Drug Monitoring Program (PDMP); Rhode Island Department of Health (RIDOH)





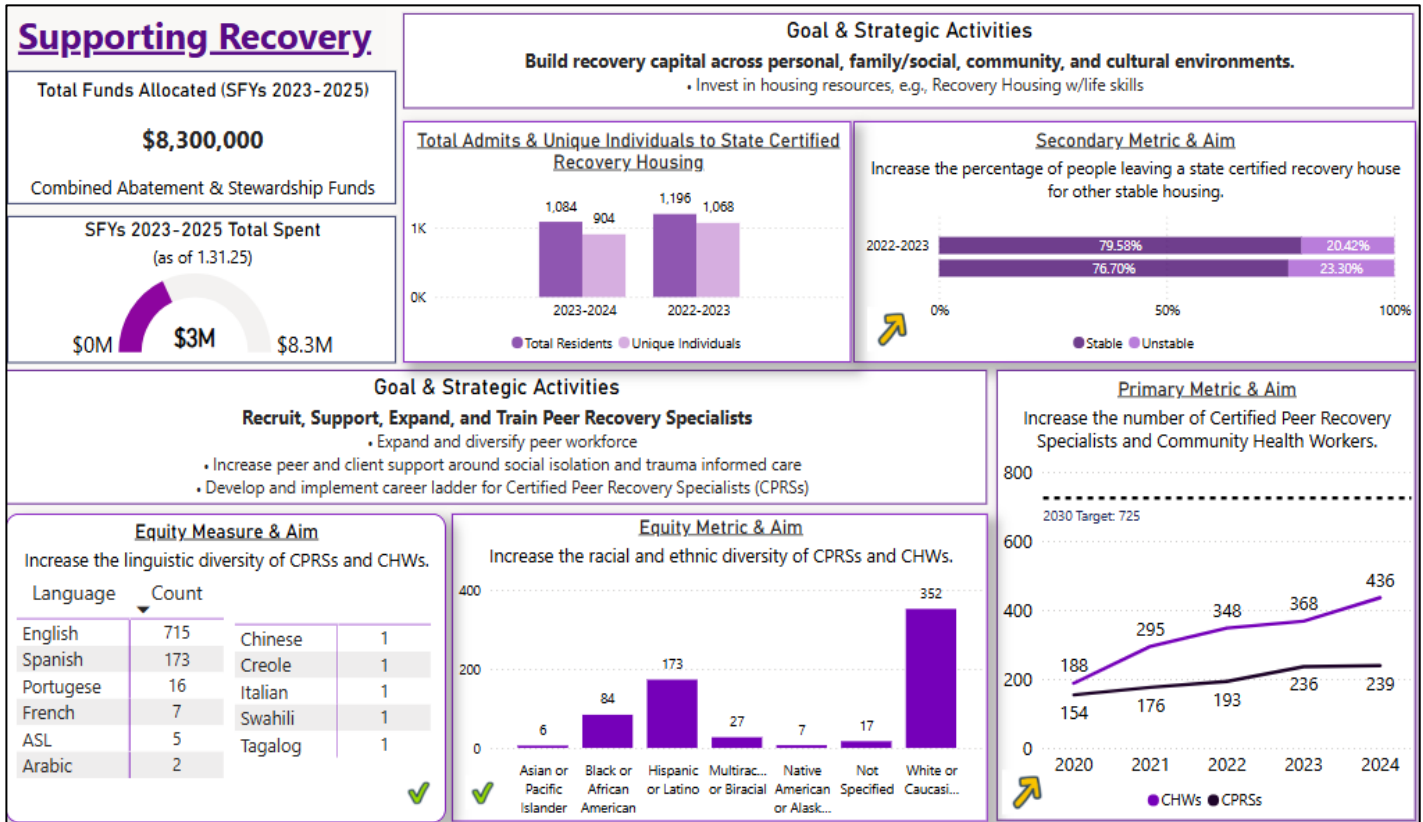
Sources: Naloxone Distribution Dataset, Harm Reduction Dataset, CHP/CHHSTE, Rhode Island Department of Health (RIDOH)

 In Progress 
  On Track 
  Off Course



Notes. (1) Sustained engagement in buprenorphine and methadone is defined as treatment engagement for at least 180 days without a gap of more than 7 days. (2) Regarding cumulative counts of individuals receiving buprenorphine, counts are limited to individuals who received buprenorphine treatment via a pharmacy and does not capture individuals provided treatment outside of the pharmacy setting. This may include those receiving some injectable buprenorphine formulations and those receiving buprenorphine while in a clinic.

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



Note. Data for State Certified Recovery Housing include State-funded beds in certified recovery housing. Stable housing includes independent living and dependent living. Dependent living includes group homes, nursing homes, and recovery housing.

Source: Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH); Rhode Island Certification Board (RICB)