



Governor Dan McKee's Overdose Task Force

June 11, 2025

Richard Leclerc; Director, Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals

Jerome Larkin, MD; Director, Rhode Island Department of Health

Alex Gautieri, MSW; Task Force Community Co-Chair

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Cathy Schultz, MPH; Task Force Director, Rhode Island Executive Office of Health and Human Services

RHODE
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Welcome and Announcements

**RHODE
ISLAND**

Recovery Day at the Capitol

**RHODE
ISLAND**



Need Safe Rx & Cannabis Storage?

It's in the bag!

Get yours FREE at riprevention.org/campaigns



Request Free Naloxone at Prevent Overdose RI



**PREVENT
OVERDOSE RI** 

- Visit PreventOverdoseRI.org/Get-Naloxone to take the University of Rhode Island Community First Responder (URI CFRP) Program's brief, online naloxone training ([English](#), [Spanish](#)).
- At the end of the training, you can request a free naloxone nasal spray kit and have it shipped to your home at no cost.
- The URI CFRP also offers [free naloxone training](#) for organizations, schools, and businesses.

Honoring Juneteenth



7th Annual Parade and Festival | June 22 | Roger Williams Park Temple to Music, Providence
Event details are available on JuneteenthRI.com

Celebrating Pride Month in Rhode Island

Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) Pride Month is a time to celebrate together and recognize the impact LGBTQ individuals have had on our collective history locally, nationally, and internationally.

[Rhode Island PrideFest and Parade](#)

[South County Pride Parade](#)

[Newport Pride Festival](#)

[West Warwick Pride Celebration](#)

[Woonsocket Pridefest](#)

[East Providence Pride Celebration](#)

[North Kingstown Pride Parade](#)

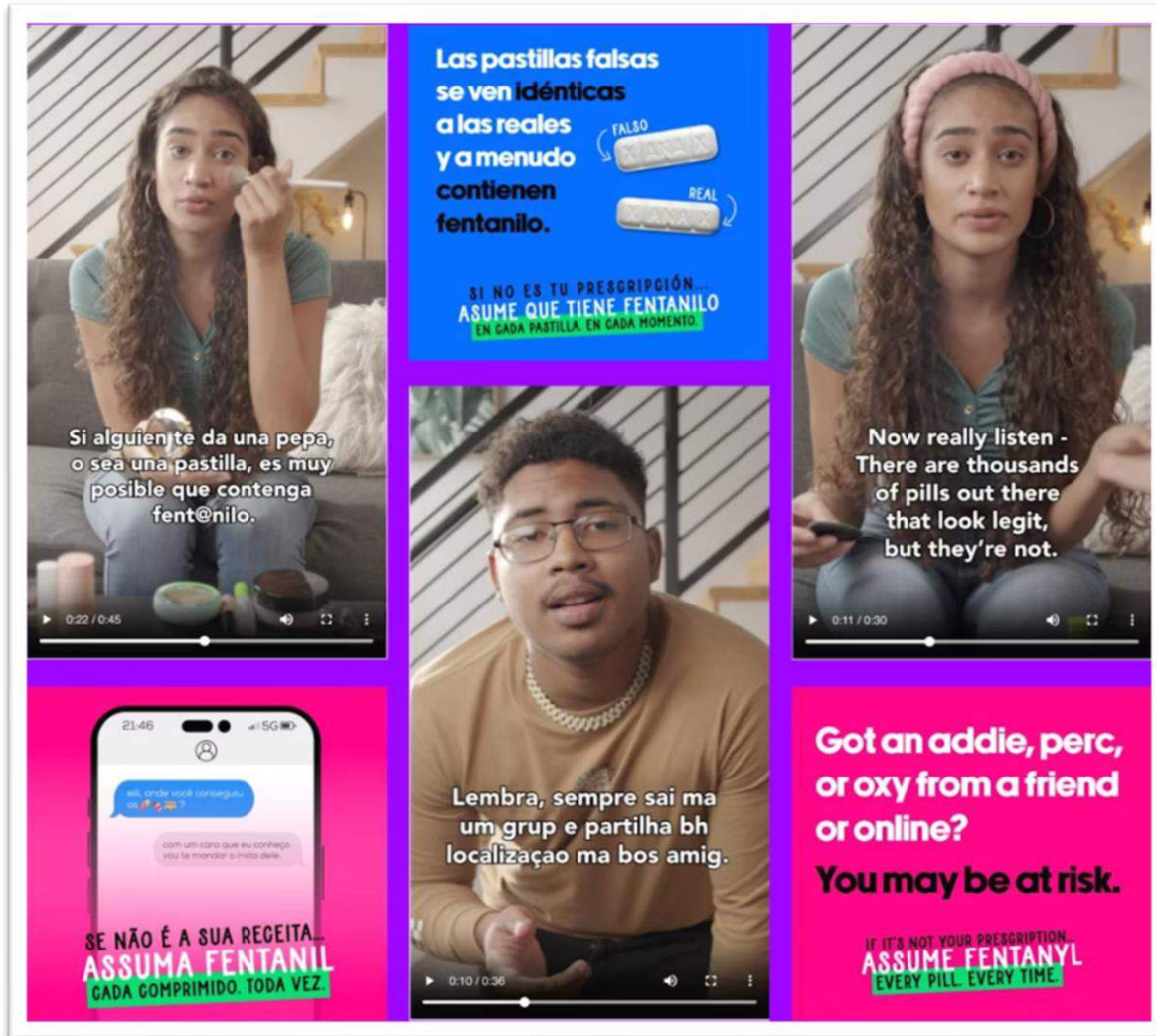
[Westerly Pride in the Park](#)

[Queer Block Island](#)

Additional event details are available at [ProvidenceJournal.com](https://www.providencejournal.com)

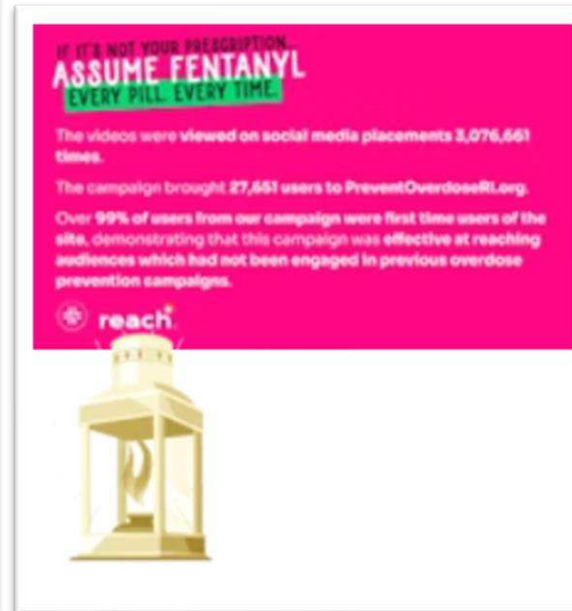


Assume Fentanyl Campaign Award Recognition



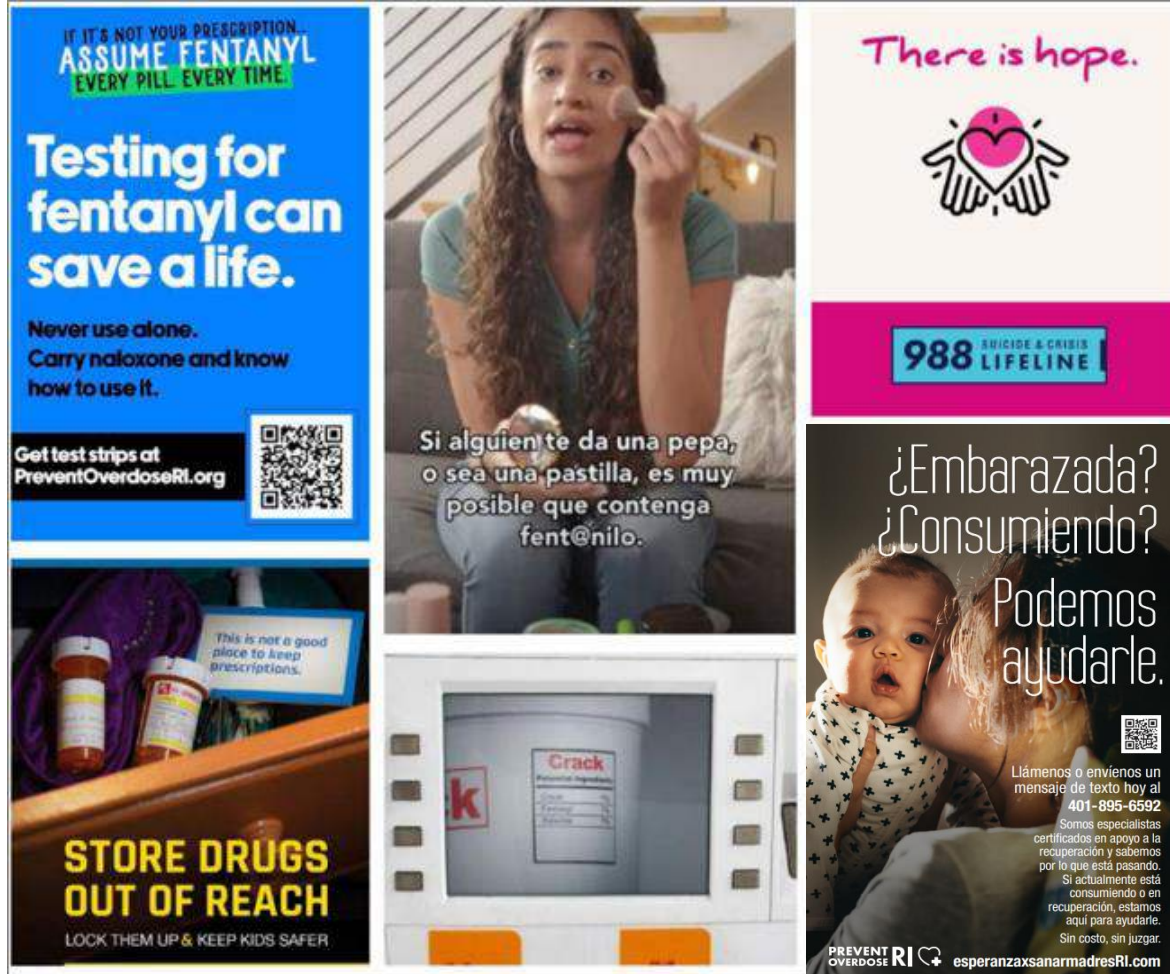
NESHCo
NEW ENGLAND SOCIETY FOR
HEALTHCARE COMMUNICATIONS

Lamplighter Awards



**RHODE
ISLAND**

Rhode Island Relaunches Public Awareness Campaigns



- The Facts
- Polysubstance Use
- Youth Unintentional Poisonings
- 988 Lifeline
- Pregnant? Using? We Can Help.
- If It's Not Your Prescription, Assume Fentanyl.
- Every Pill. Every Time.
- Three Words Can Make a Difference. Are You OK?

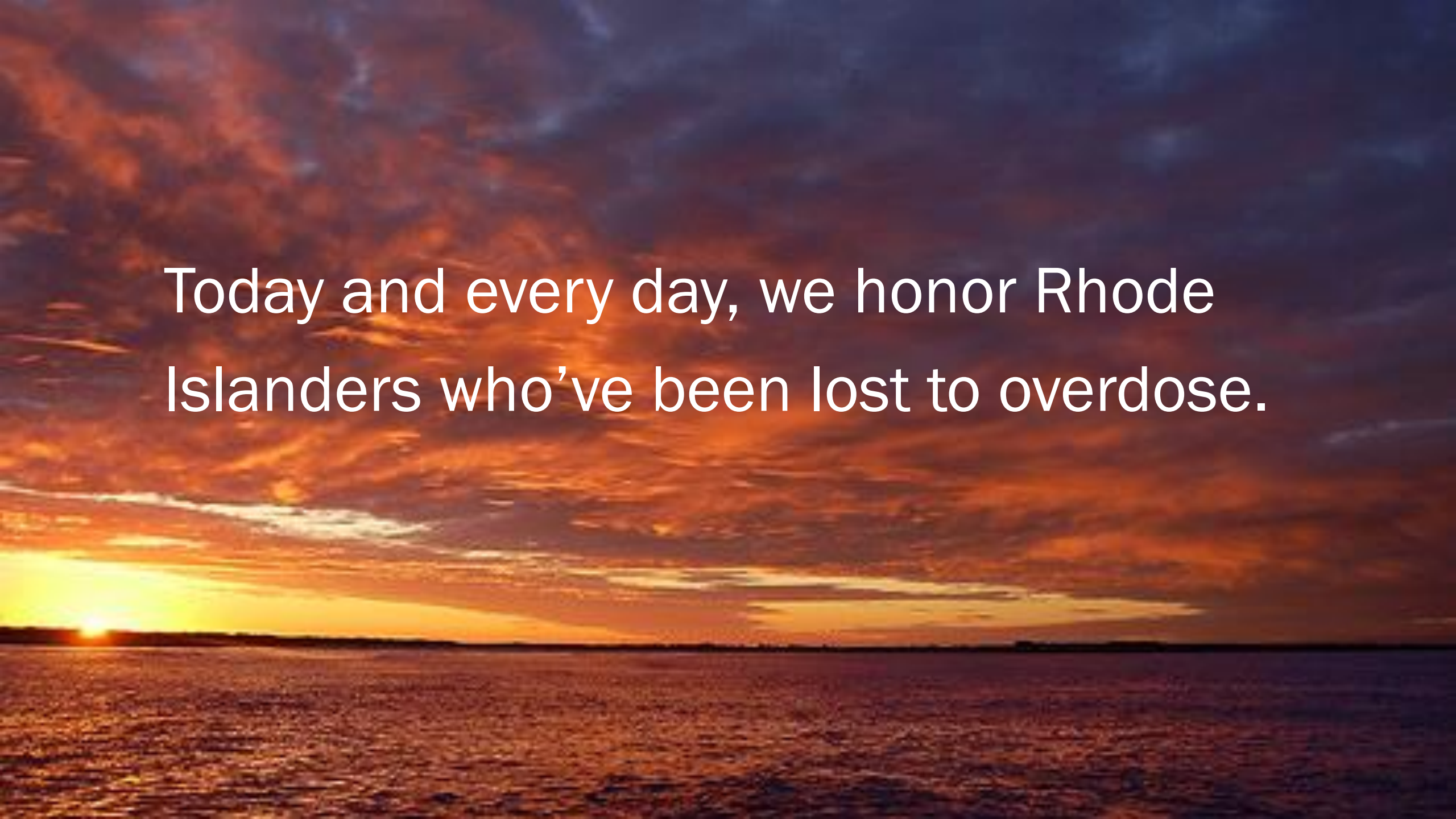


Rhode Island Fatal Overdose Data

January 1, 2024 – December 31, 2024

Governor Dan McKee's Overdose Task Force
June 11, 2025






Today and every day, we honor Rhode
Islanders who've been lost to overdose.

A full-page background image showing a sunset over a body of water. The sun is a bright yellow orb on the left horizon, casting a long, shimmering reflection across the dark water. The sky is filled with layers of clouds, some of which are illuminated from below by the sun, creating a palette of deep oranges, reds, and purples. The upper portion of the sky transitions into a dark, deep blue. The overall mood is somber and contemplative.

Every life lost is one too many.



We also recognize our fellow Rhode
Islanders who've lost a loved one
to overdose.

Presentation Overview

- Rhode Island General Data Trends
 - Office of State Medical Examiners (OSME) Data
 - State Unintentional Drug Overdose Reporting System (SUDORS) Data
- Key Takeaways
- RIDOH Opioid and Stimulant Use Data Hub
- Questions



Office of State Medical Examiners (OSME)

How Does RIDOH Report on Fatal Drug Overdoses?

- The Rhode Island Department of Health (RIDOH) reports on drug overdose deaths using data from the OSME.
- The cause and manner of death are based on clinical judgment, experience, and consideration of the following:
 - Autopsy results
 - Toxicology testing
 - Scene investigation
 - Medical history
- RIDOH reports on drug overdose deaths whereby the manner of death is recorded as “Accident” and does not include manners such as suicides, homicides, or undetermined deaths.



Race and Ethnicity Groups

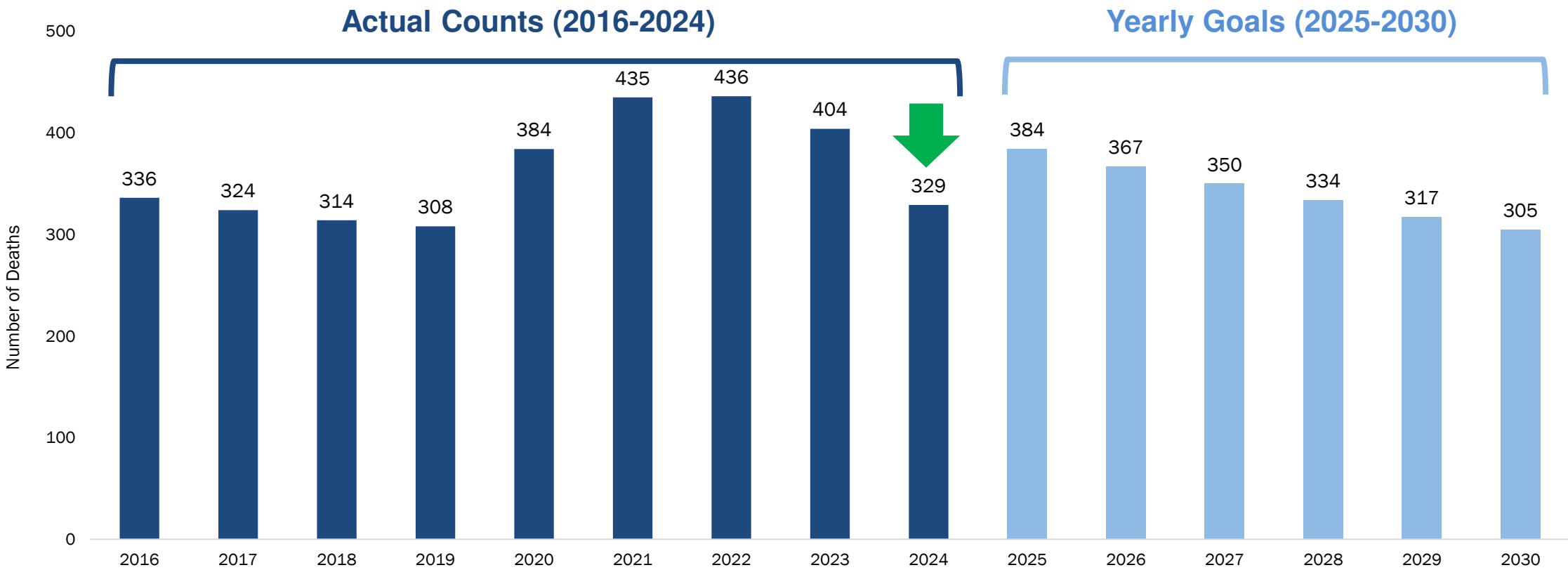
Ethnicity	Race	Combined Race and Ethnicity
Hispanic or Latino	Asian	Hispanic or Latino (of any race)
	Black or African American	
	White	
	Unknown	
Non-Hispanic or Unknown	Black or African American	Black, non-Hispanic or unknown ethnicity
	White	White, non-Hispanic or unknown ethnicity
	Additional Race Categories	Asian, non-Hispanic, American Indian or Unknown Race

RI 2030 Goal: Reduce Overdose Deaths in Rhode Island

Overdose deaths in Rhode Island decreased by 25% since 2022, continuing a two-year decline.

In 2022, Rhode Island experienced its highest number of accidental fatal overdoses (n=436).

Rhode Island is showing notable progress in its 2030 Action Plan goal to reduce overdose deaths by 30%.

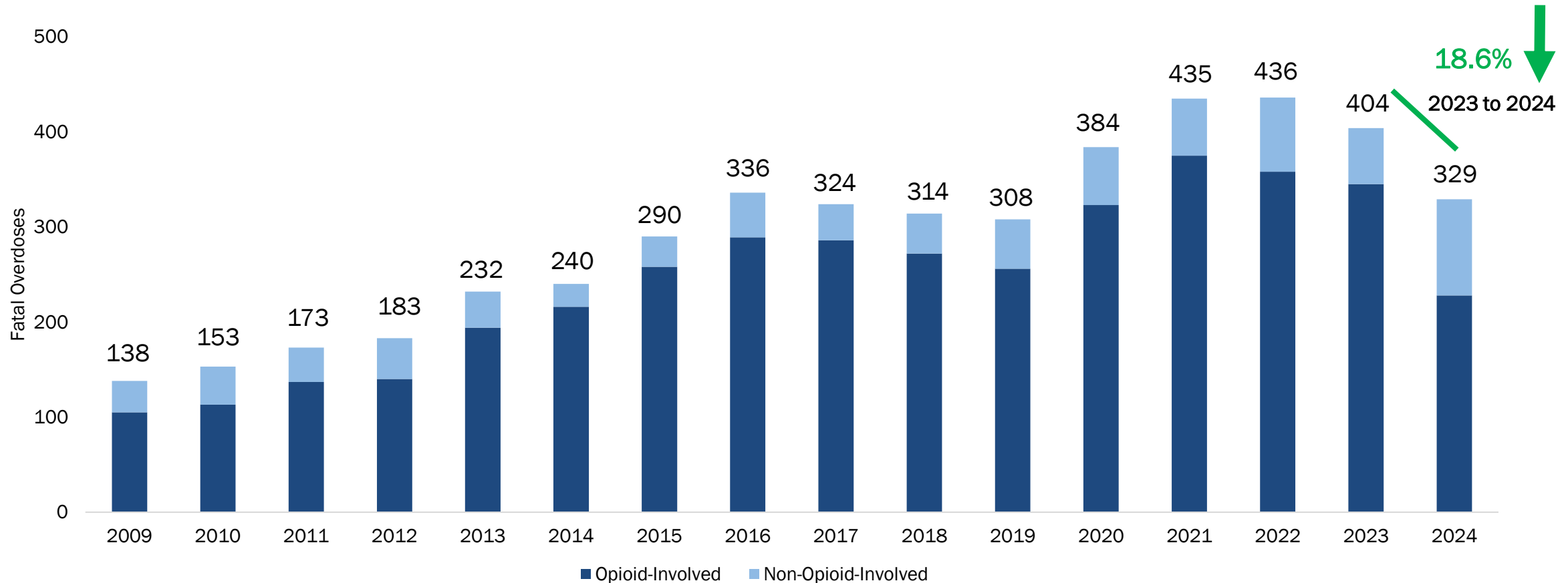


Source: Office of State Medical Examiners (OSME). Updated as of June 3, 2025.



Fatal Overdoses in Rhode Island by Year

January 2009 – December 2024



Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 30, 2025. Prepared by Heidi Weidele.

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.





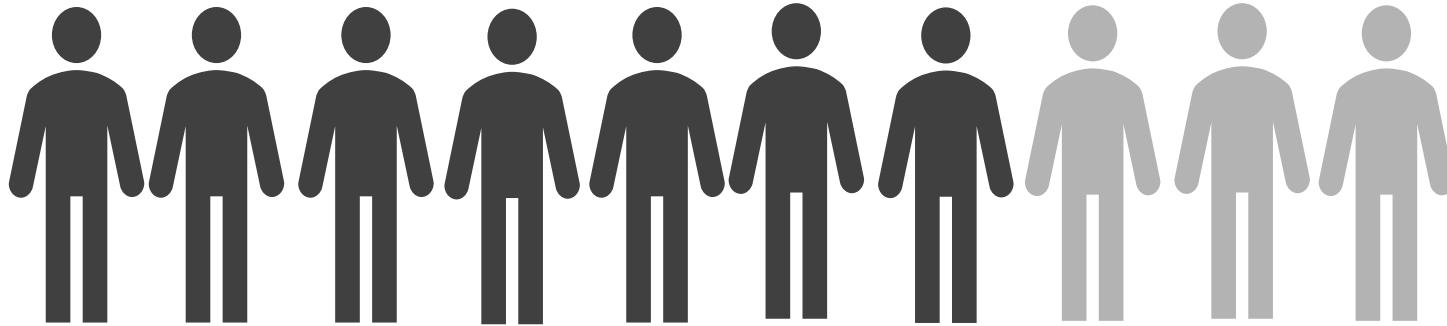
Demographics

Proportion of Fatal Overdoses by Sex

January 2024 – December 2024



Most individuals who died from a drug overdose were **male (70%, n=230)**, as categorized by the OSME.



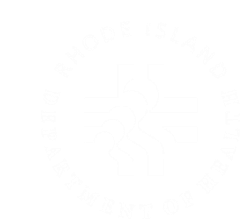
Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 30, 2025. Prepared by Heidi Weidele.

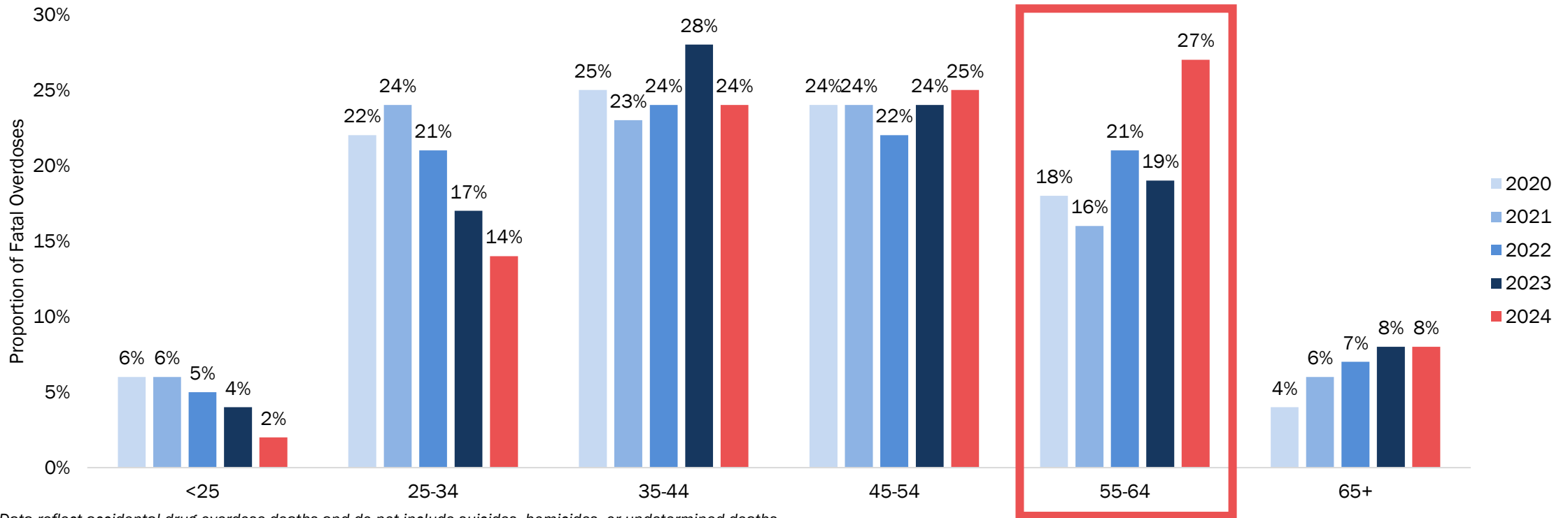


Fatal Overdose by Age Category

January 2020 – December 2024



In 2024, the proportion of overdoses among individuals **age 55 to 64 increased**.



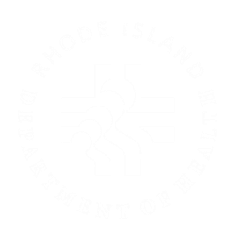
Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 30, 2025. Prepared by Heidi Weidele.

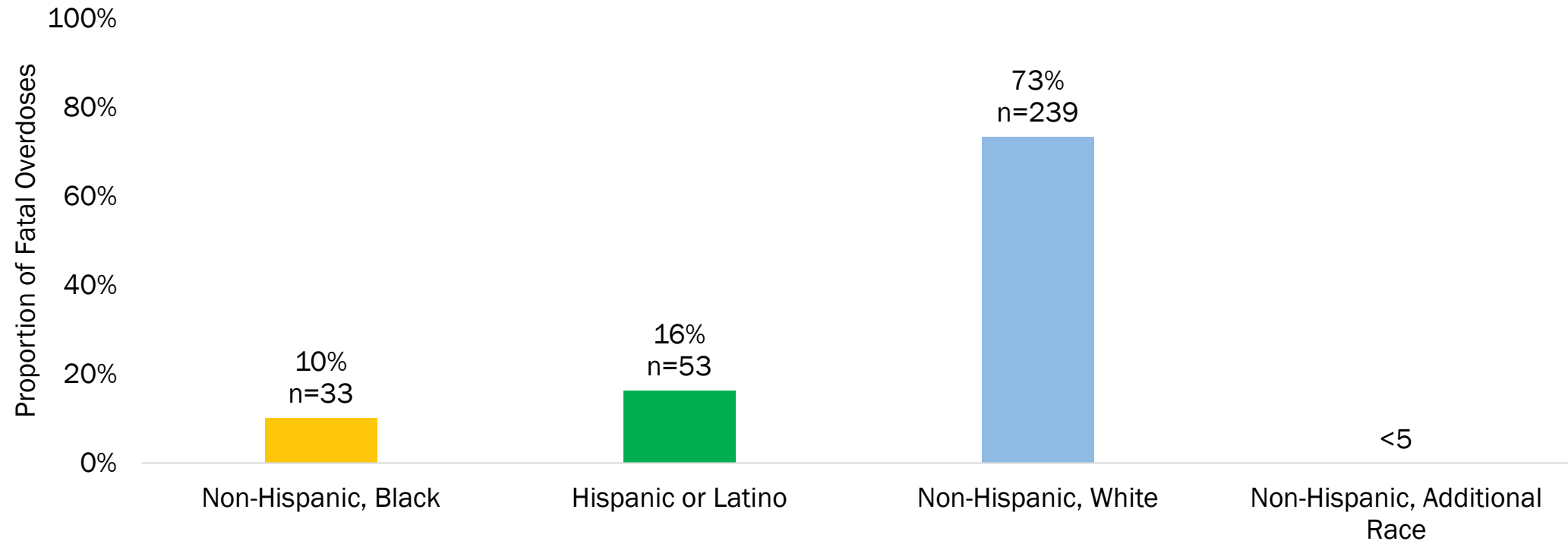


Fatal Overdose by Race and Ethnicity

January 2024 – December 2024



More than **7 in 10 overdoses** occurred among **non-Hispanic, white** individuals.



Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. 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.

Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 30, 2025. Prepared by Heidi Weidele.





Ensuring Health Equity in Data

Ensuring Health Equity in Data: Count and Percentage

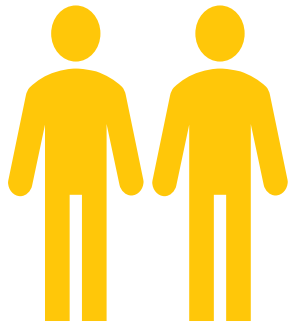
Using overdose data, there are three ways that RIDOH can report on overdoses.

- **Count:** The number of individuals with a certain condition.
 - 33 individuals who died of an overdose were non-Hispanic and Black.
- **Percentage:** The number of individuals with a certain condition, divided by the total population with that condition.
 - 10% of individuals who died of an overdose were non-Hispanic and Black
(33 overdoses among non-Hispanic, Black individuals / 329 total overdoses)

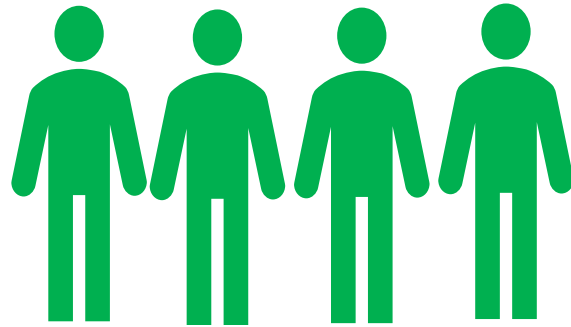
Ensuring Health Equity in Data: Rate

- **Rate:** the number of individuals with a certain condition, divided by the total Rhode Island population of that group.
 - 42.7 non-Hispanic, Black individuals died of an overdose for every 100,000 non-Hispanic, Black Rhode Islanders (30 overdoses / 70,225 non-Hispanic, Black individuals living in RI)*100,000
(limited to Rhode Island residents)

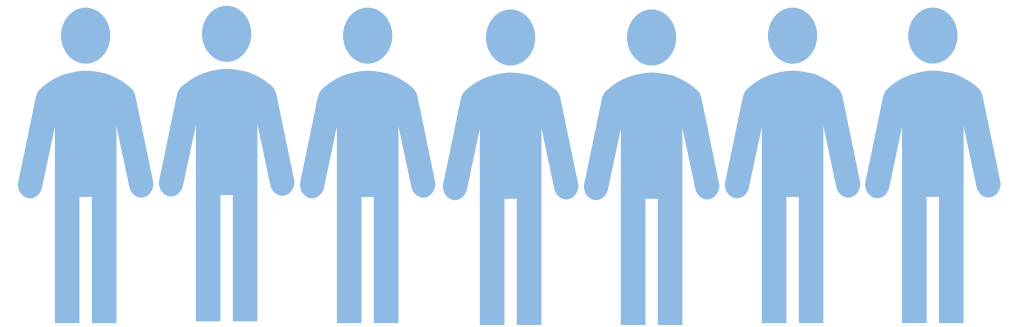
Non-Hispanic, Black Population



Hispanic or Latino Population



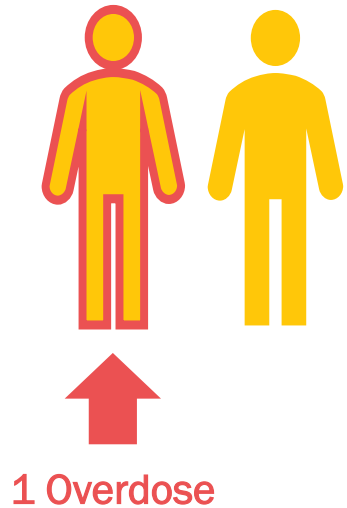
Non-Hispanic, white Population



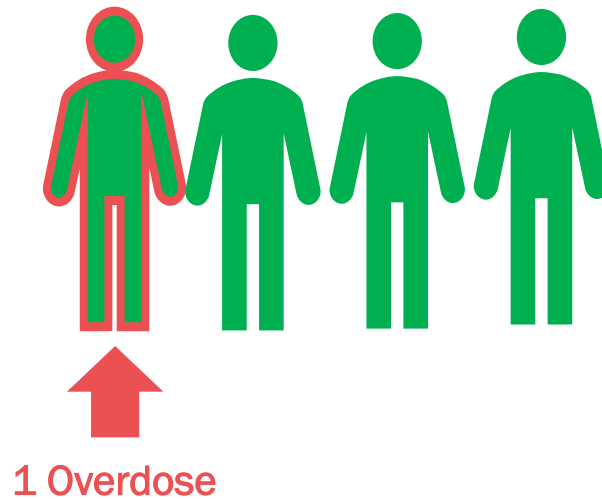
Ensuring Health Equity in Data

The **same count** of overdoses in a **smaller population** means that the **rate of overdose** is **higher**.

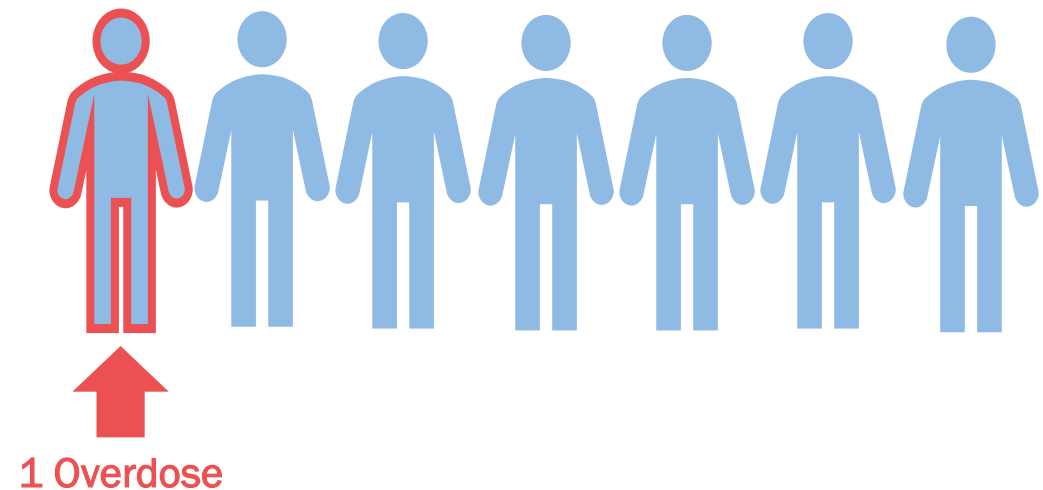
Non-Hispanic, Black Population



Hispanic or Latino Population

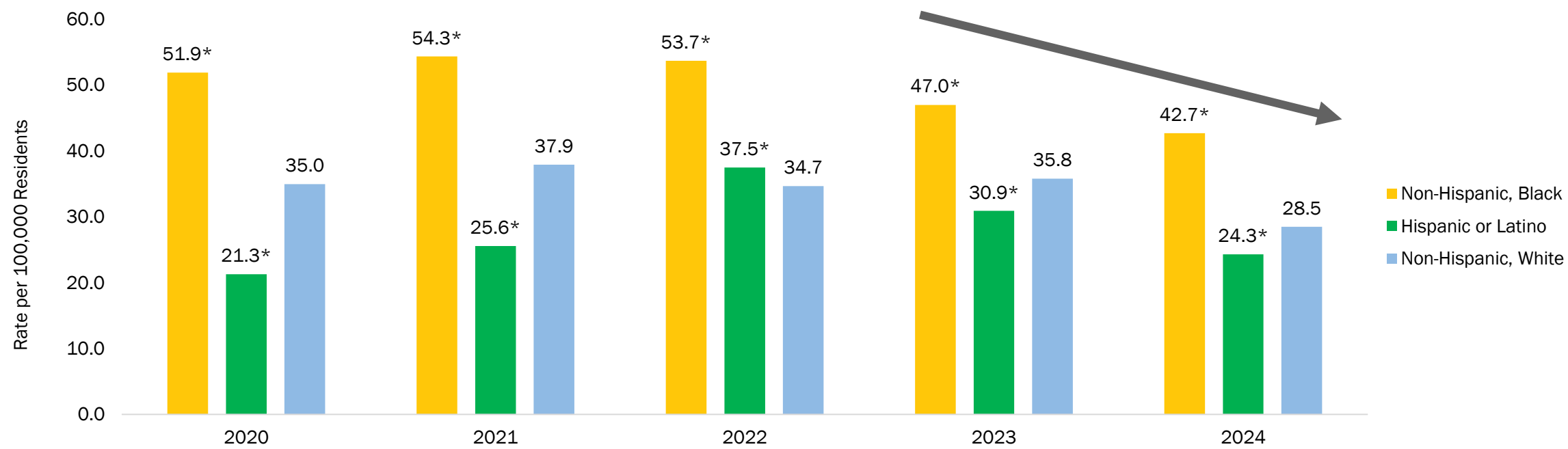


Non-Hispanic, White Population



Overdose Rate by Race and Ethnicity Among Rhode Island Residents, January 2020 – December 2024

In 2024, the rate of fatal overdose decreased among all race and ethnicity groups.



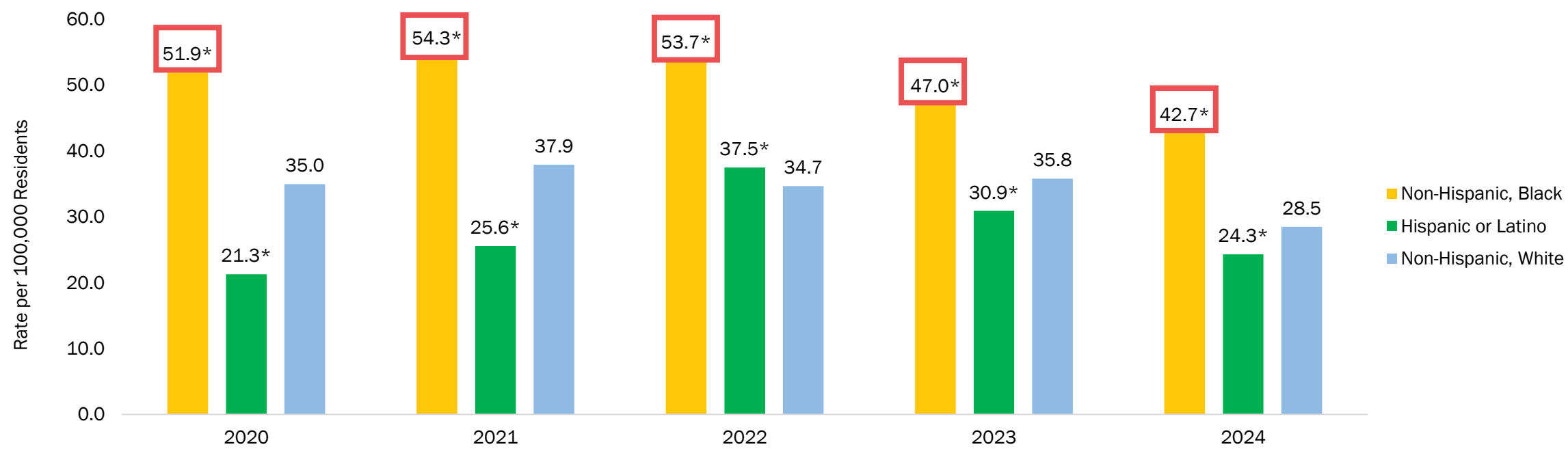
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 30, 2025. Prepared by Heidi Weidele.

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 June 2, 2025; 2023 estimate applied for 2024 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.



Overdose Rate by Race and Ethnicity Among Rhode Island Residents, January 2020 – December 2024

Non-Hispanic, Black Rhode Islanders continued to have the highest rate of fatal overdose compared to other race and ethnicity groups.



Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 30, 2025. 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 June 2, 2025; 2023 estimate applied for 2024 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.





Substances Contributing to Cause of Death

Definition: Substance-Involved Fatal Overdose

If a substance is “involved” in a fatal overdose, it means that the substance was listed by the OSME as a contributing cause of death.

It’s important to note that not all substances present in a person’s system at the time of death necessarily caused the overdose.

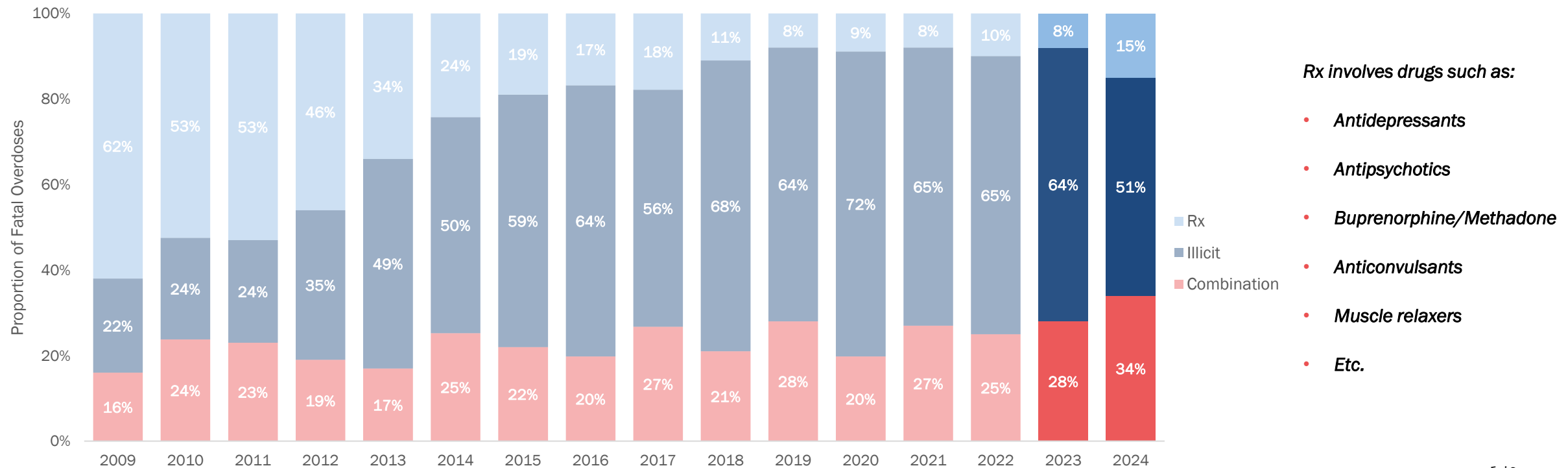
Factors to consider:

- The types of substances in a person’s system
- How much of a particular substance was taken
- Whether/how the substances interacted together
- If the individual had medical conditions impacted by substances they had taken
- Other circumstances

Fatal Overdose by Drug Type

January 2009 – December 2024

The proportion of fatal overdoses involving **illicit drugs alone** decreased from **64% (n=257)** in 2023 to **51% (n=165)** in 2024. Approximately **half of overdoses** continue to involve **prescription drugs alone** or in **combination** with illicit drugs.



Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 30, 2025. Prepared by Heidi Weidele.

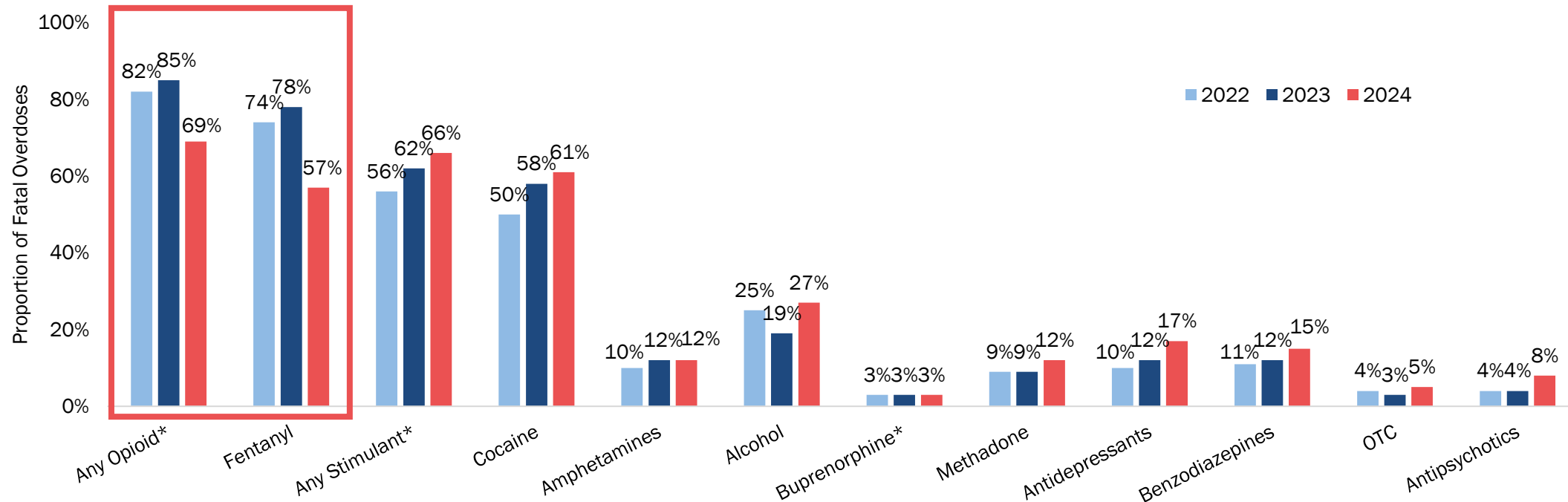
Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Excludes overdoses with unknown or missing drug type. Percentages may add to more than 100% due to rounding. *Buprenorphine indicates any buprenorphine product and does not indicate whether it was prescribed to treat pain, substance use disorder, or was obtained without a prescription.



Substances Contributing to Fatal Overdose

January 2022 – December 2024

From 2023 to 2024, the number of overdoses involving opioids and fentanyl sharply declined.



Note: Substance categories are not mutually exclusive. More than one substance can contribute to cause of death.

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 30, 2025. Prepared by Heidi Weidele.

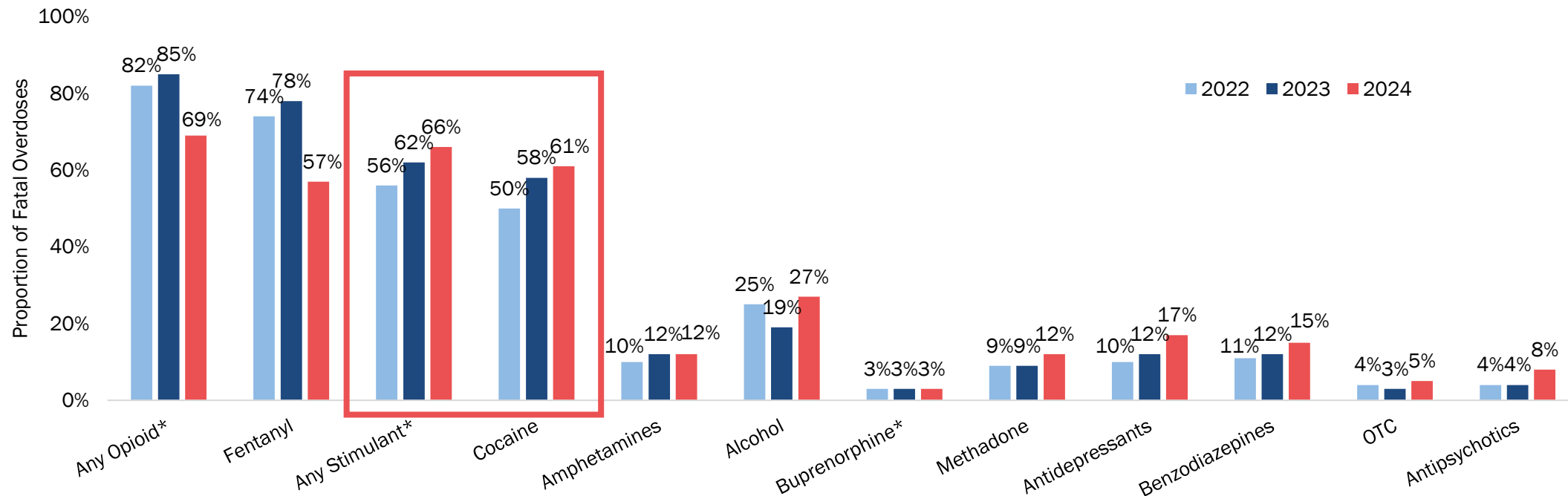
*Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. *Any opioid includes fentanyl- involved overdoses. Stimulant-involved overdoses include overdoses where cocaine, amphetamine, or methamphetamine contributed to cause of death. Buprenorphine indicates any buprenorphine and does not indicate whether it was prescribed to treat pain, substance use disorder, or was obtained without a prescription.*



Substances Contributing to Fatal Overdose

January 2022 – December 2024

From 2023 to 2024, the proportion of overdoses involving cocaine and other stimulants continued to increase.



Note: Substance categories are not mutually exclusive. More than one substance can contribute to cause of death.

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 30, 2025. Prepared by Heidi Weidele.

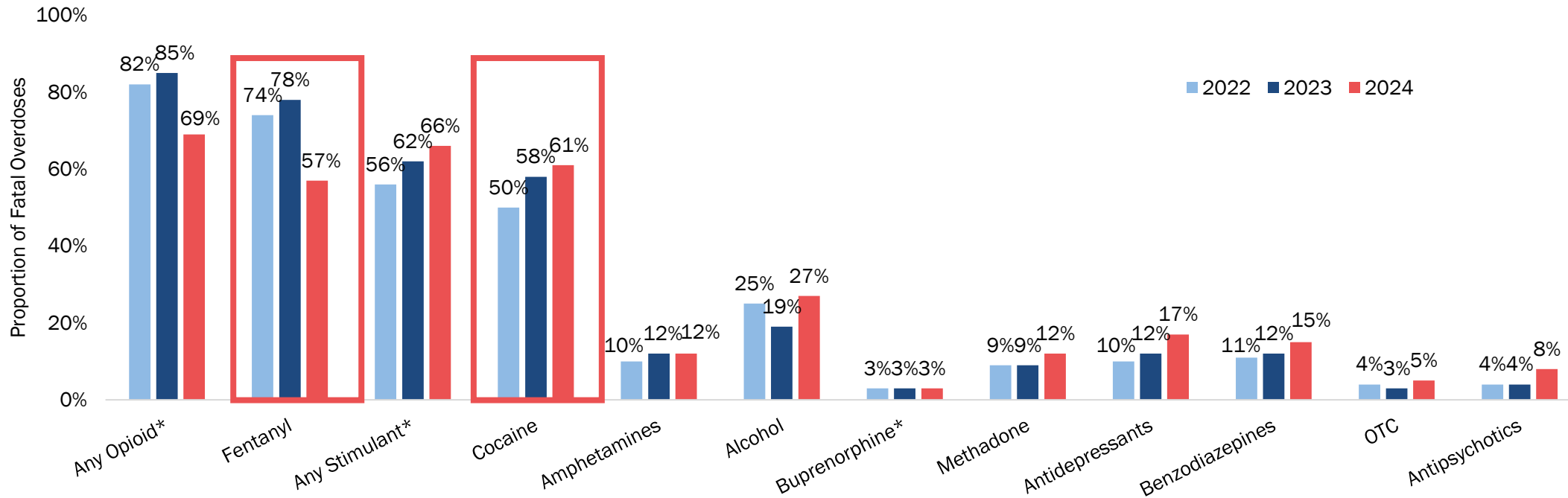
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Substances Contributing to Fatal Overdose

January 2022 – December 2024

In 2024, cocaine-involved overdose deaths surpassed fentanyl-involved overdose deaths for the first time since 2013.



Note: Substance categories are not mutually exclusive. More than one substance can contribute to cause of death.

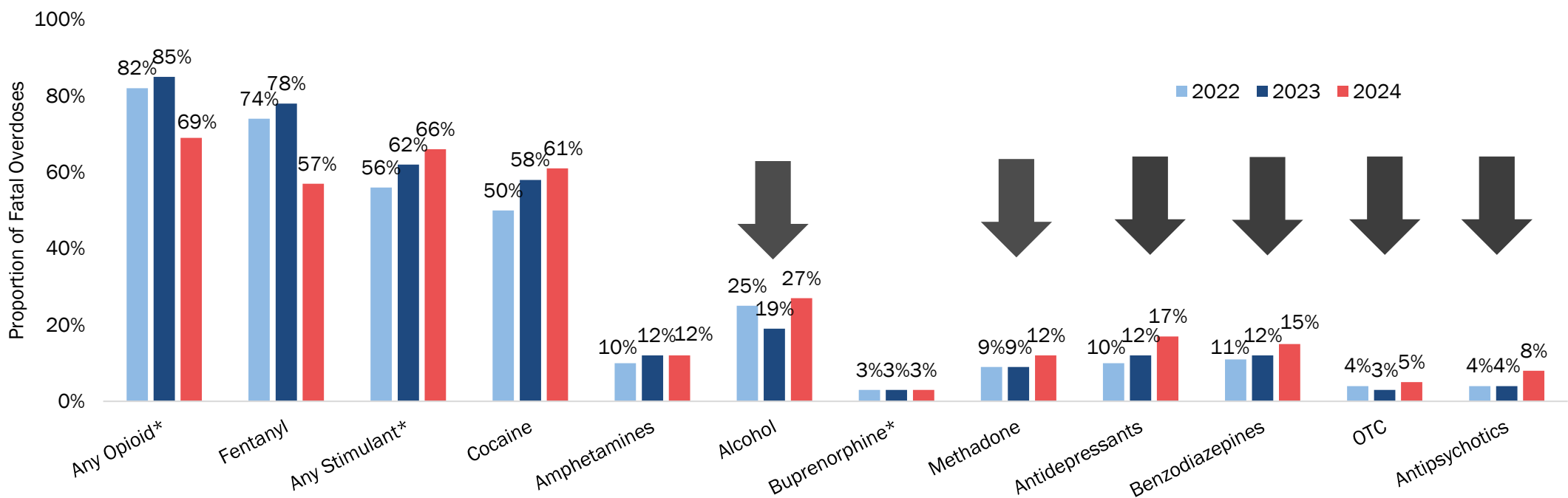
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 30, 2025. Prepared by Heidi Weidele.

*Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. *Any opioid includes fentanyl-involved overdoses. Stimulant-involved overdoses include overdoses where cocaine, amphetamine, or methamphetamine contributed to cause of death. Buprenorphine indicates any buprenorphine and does not indicate whether it was prescribed to treat pain, substance use disorder, or was obtained without a prescription.*



Other Substances Contributing to Fatal Overdose

January 2022 – December 2024



Note: Substance categories are not mutually exclusive, meaning that more than one substance can contribute to cause of death.

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 30, 2025. Prepared by Heidi Weidele.

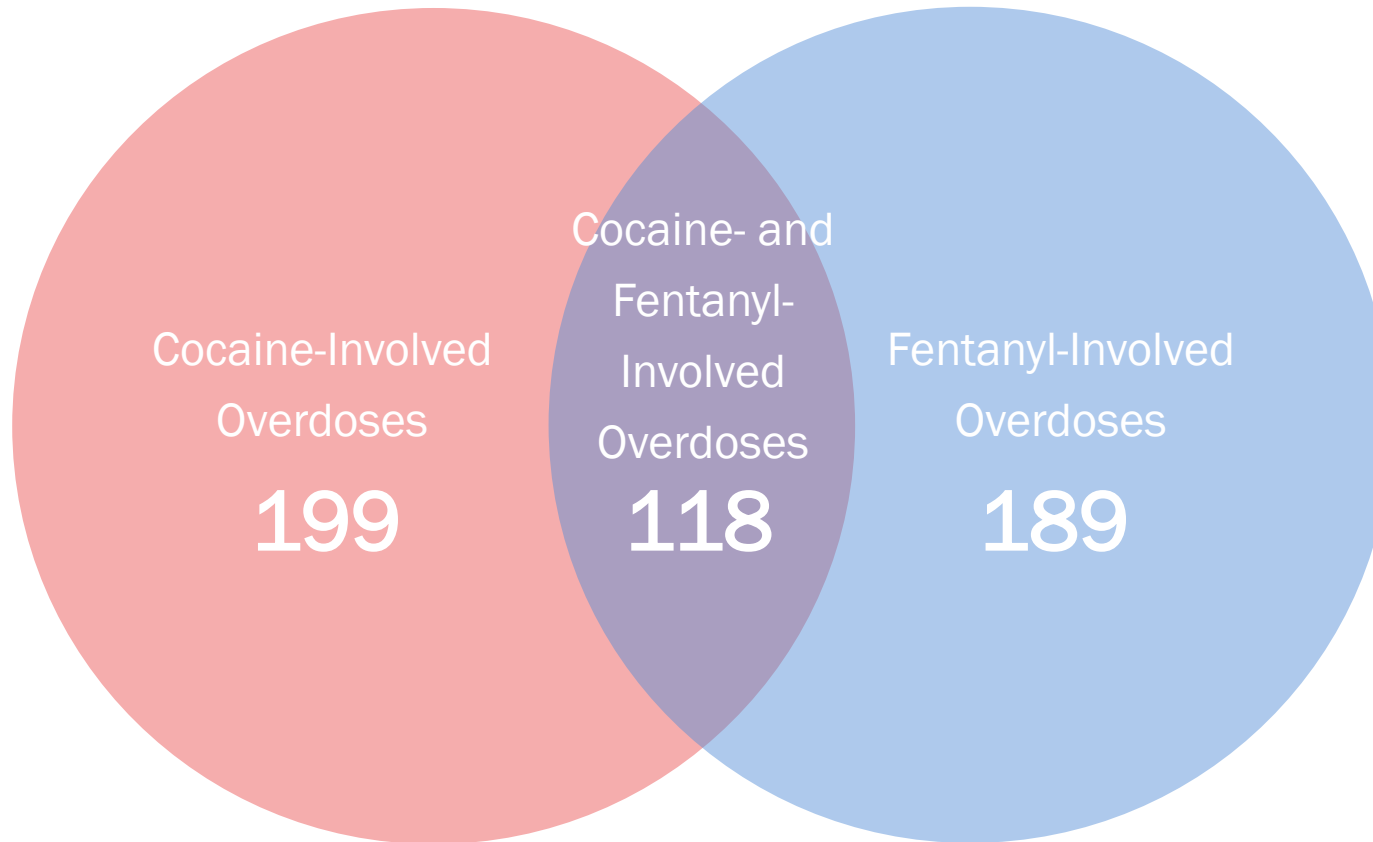
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Cocaine- and Fentanyl-Involved Fatal Overdoses

January 2024 – December 2024

In 2024, **118 overdoses** involved both **cocaine** and **fentanyl** as a cause of death.



Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 30, 2025. Prepared by Heidi Weidele.

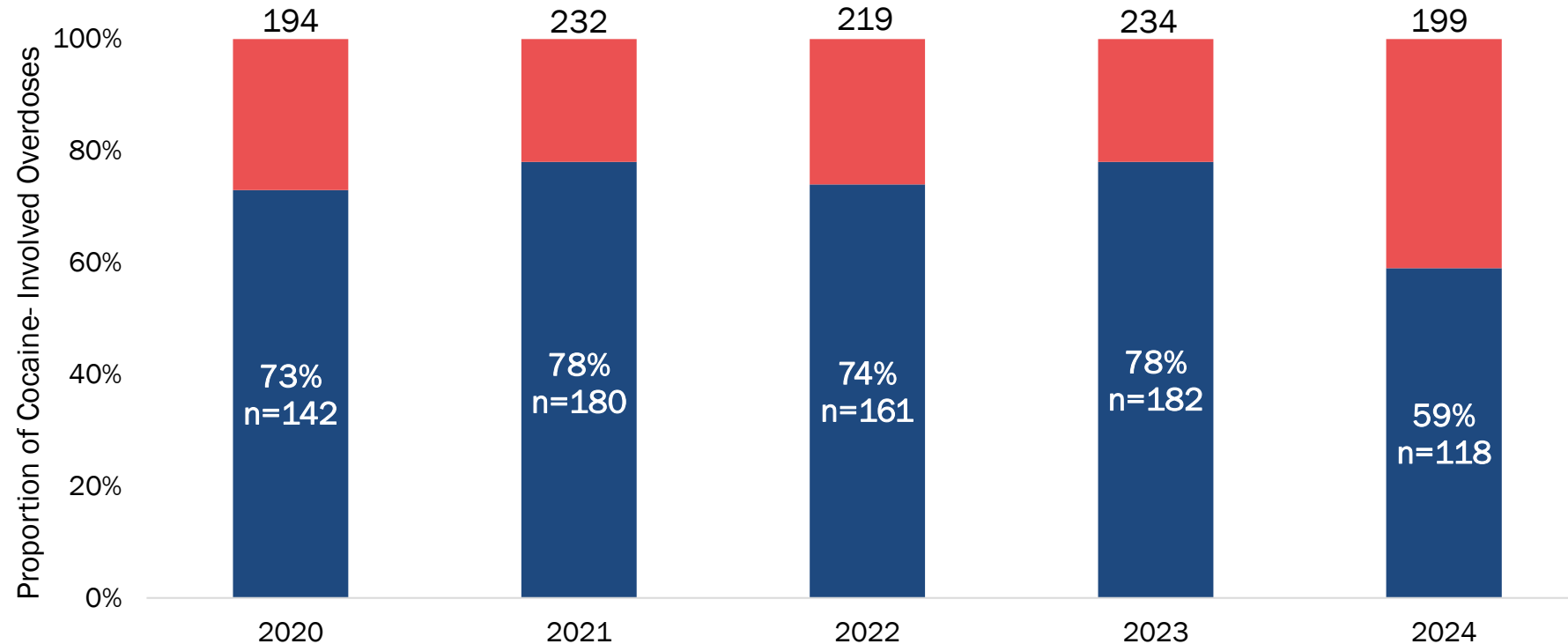
Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Toxicology results do not differentiate between a person's intentional polysubstance use or potential fentanyl contamination.



Cocaine- and Fentanyl-Involved Fatal Overdoses

January 2020 – December 2024

In 2024, **approximately 3 out of 5** people who died from a **cocaine-involved overdose** also had **fentanyl** in their system.



Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 30, 2025. Prepared by Heidi Weidele.

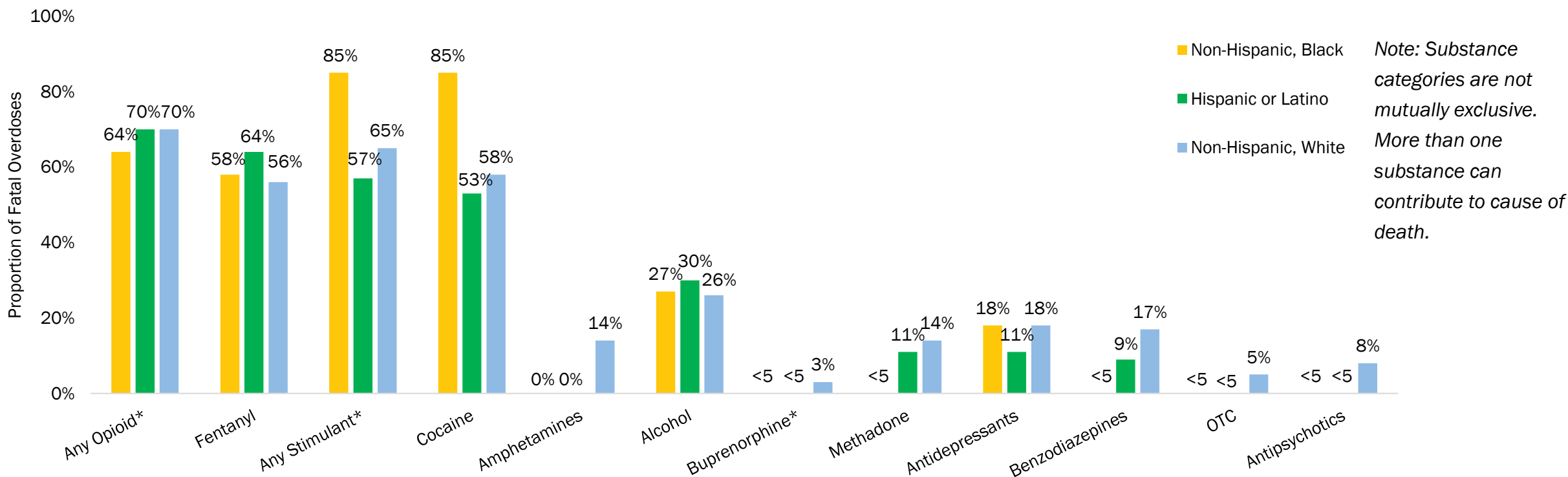
Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Toxicology results do not differentiate between a person's intentional polysubstance use or potential fentanyl contamination. Drug categories are not mutually exclusive. More than one substance may have contributed to the cause of death.



Fatal Overdose by Substance and Race and Ethnicity

January 2024 – December 2024

Stimulant-involved overdoses were more common among **non-Hispanic, Black** individuals.



Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 30, 2025. Prepared by Heidi Weidele.

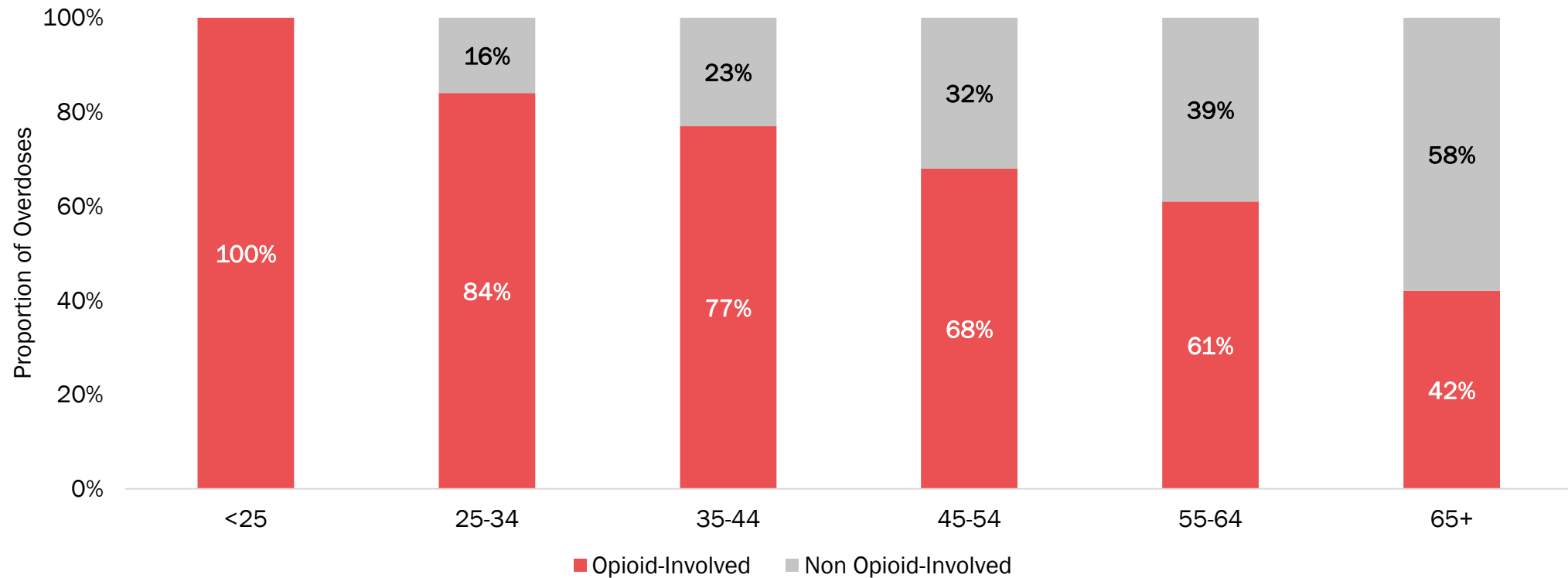
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Opioid-Involved Overdose by Age Category

January 2024 – December 2024

Older individuals are less likely to experience an opioid-involved overdose than younger individuals.



Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 30, 2025. Prepared by Heidi Weidele.

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. *Any opioid includes fentanyl- involved overdoses



Other Substances of Concern

January 2024 – December 2024

Novel (“Designer”) Benzodiazepines: 9 (3% of overdoses)

- Novel benzodiazepines that are not approved for medical use in the US. Includes bromazolam, clonazepam, and etizolam, etc.

Ketamine: Fewer than 5

- A dissociative anesthetic (typically administered in hospital settings) with a recent increase in prescribing, e-prescribing, recreational use, and off-label use (mental health, chronic pain, etc.).

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

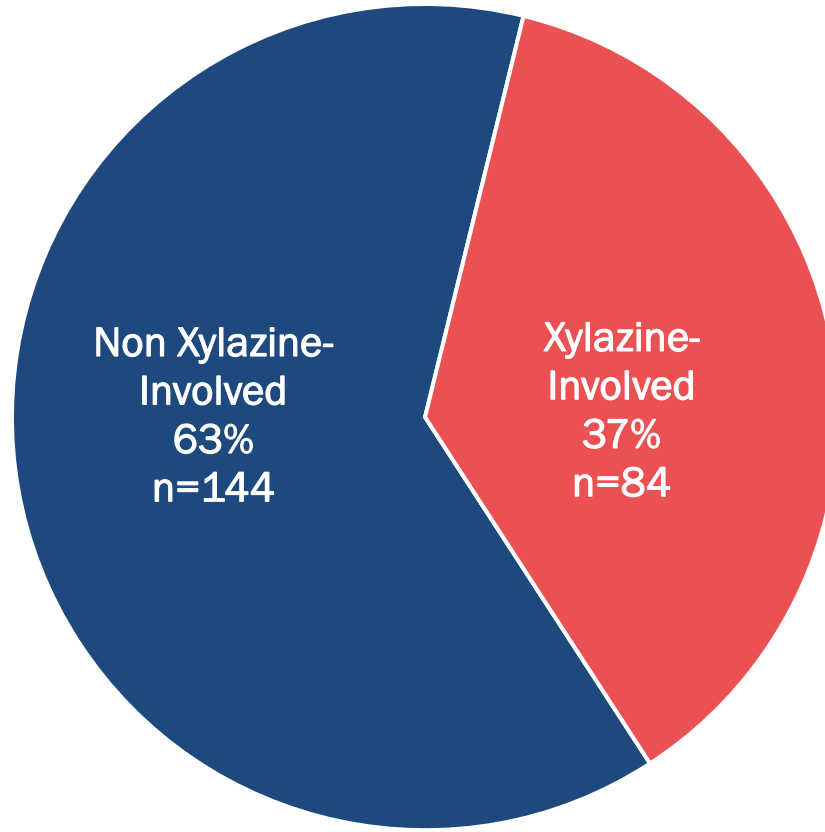
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 30, 2025. Prepared by Heidi Weidele.



Xylazine-Involved Fatal Overdoses

January 2024 – December 2024

More than **1 out of 3** people who died from an **opioid-involved overdose** also had **xylazine** contributing to their cause of death.



Xylazine is a non-opioid animal tranquilizer, not approved for human use.

Over time, xylazine has become more prevalent as an adulterant in the US drug supply.

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 30, 2025. Prepared by Heidi Weidele.





Overdose Locations

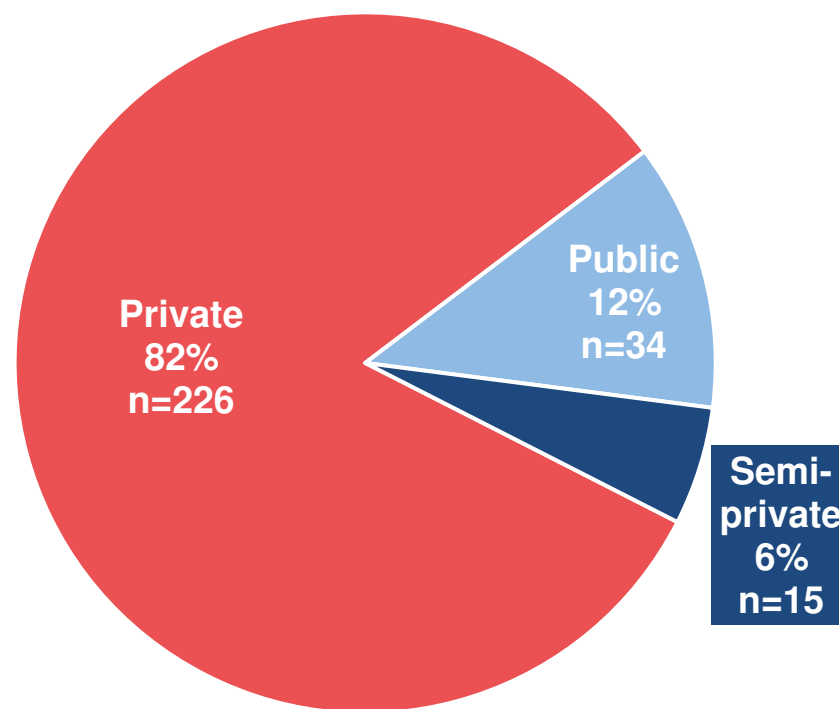
Types of Overdose Locations

January 2024 – December 2024



The OSME collects information about the locations of fatal overdoses. These locations are classified as **Private**, **Semi-Private**, or **Public**. In 2024, **82%** of fatal overdoses occurred in **private settings like a home**.

Private	Private residence, garage, camper
Semi-Private	Hotel, motel, shelter, assisted living facility, nursing home, hospital, prison, group home, treatment facility, transitional housing
Public	Business, parking lot, bar, sidewalk, wooded area, office, motorways/roads, cemetery, park, abandoned property, railroad tracks



Fatal Overdoses by Incident Municipality

January 2024 – December 2024

- In 2024, at least one fatal overdose took place in almost all Rhode Island municipalities.
 - The municipalities with the highest rates of fatal overdose:
 1. Woonsocket: 58.1 per 100,000
 2. Providence: 45.4 per 100,000
 3. Pawtucket: 33.3 per 100,000
 4. Cranston: 25.5 per 100,000
 5. Warwick: 21.7 per 100,000
- Statewide: 27.2 per 100,000**



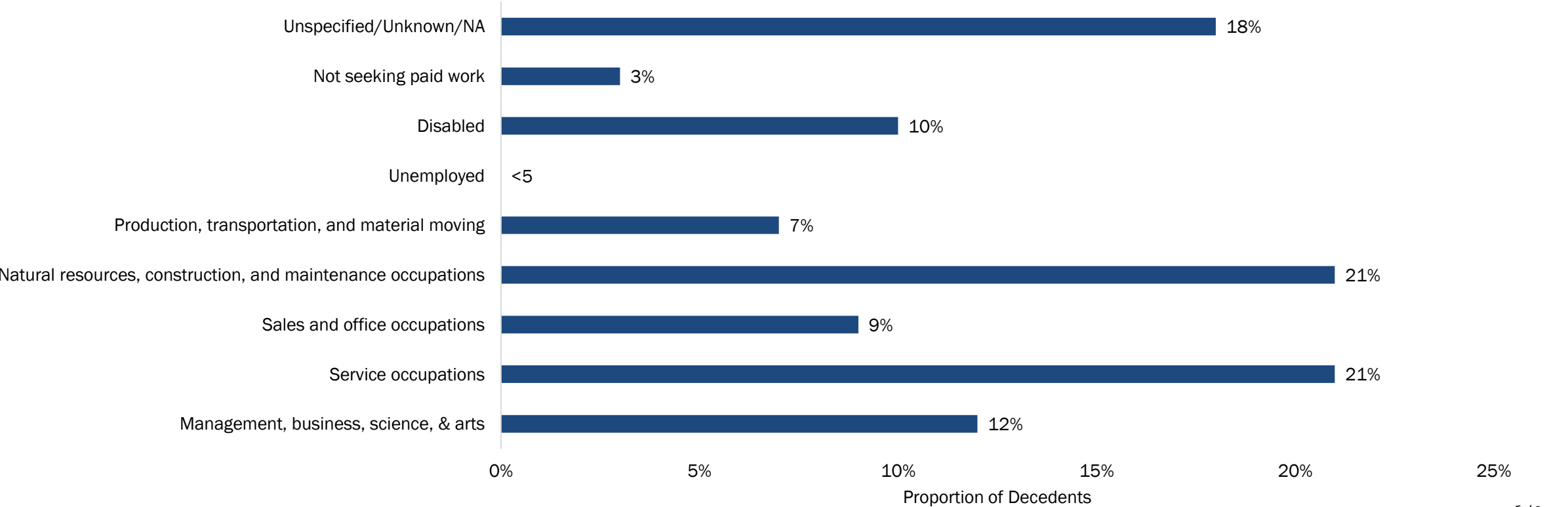
State Unintentional Drug Overdose Reporting System (SUDORS)

What Is SUDORS?

- SUDORS captures unintentional (accidental) or undetermined drug overdose deaths that occur in Rhode Island.
- Information is abstracted from the death certificate and the medical examiners record, which often include medical and law enforcement records.
- For the purposes of this presentation, we are including **unintentional and undetermined drug overdose deaths occurring between January 1, 2024 and June 30, 2024.**

Decedent Usual Occupation, January 2024 – June 2024

Among individuals who experienced a fatal overdose in the first six months of 2024, the most common occupations were **natural resources, construction, maintenance, and service occupations**.

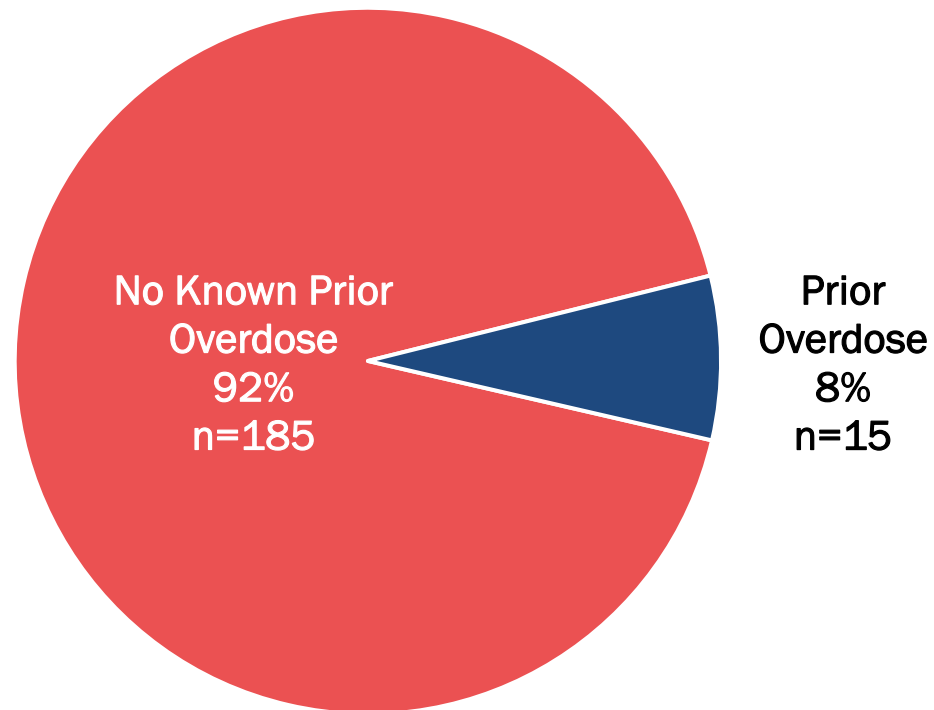


Source: State Unintentional Drug Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Data updated as of April 15, 2025. Prepared by Heidi Weidele.
Note: Data reflect accidental and undetermined drug overdose deaths. Due to rounding, percentages may add to more than 100.



History of Prior Overdose, January 2024 – June 2024

Among individuals who experienced an overdose in Rhode Island, **92% of decedents had no known history of experiencing a prior medically attended* overdose.** It may be assumed that, for most decedents, their fatal overdose was their first medically attended overdose.



While a history of non-fatal overdose is considered a risk factor for subsequent fatal overdose, most decedents had no known history of a prior medically attended* overdose.

**Medically attended overdose pertains to overdoses where an individual engaged with emergency or medical services at the time of the event.*

Source: State Unintentional Drug Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Data updated as of April 15, 2025. Prepared by Heidi Weidele.

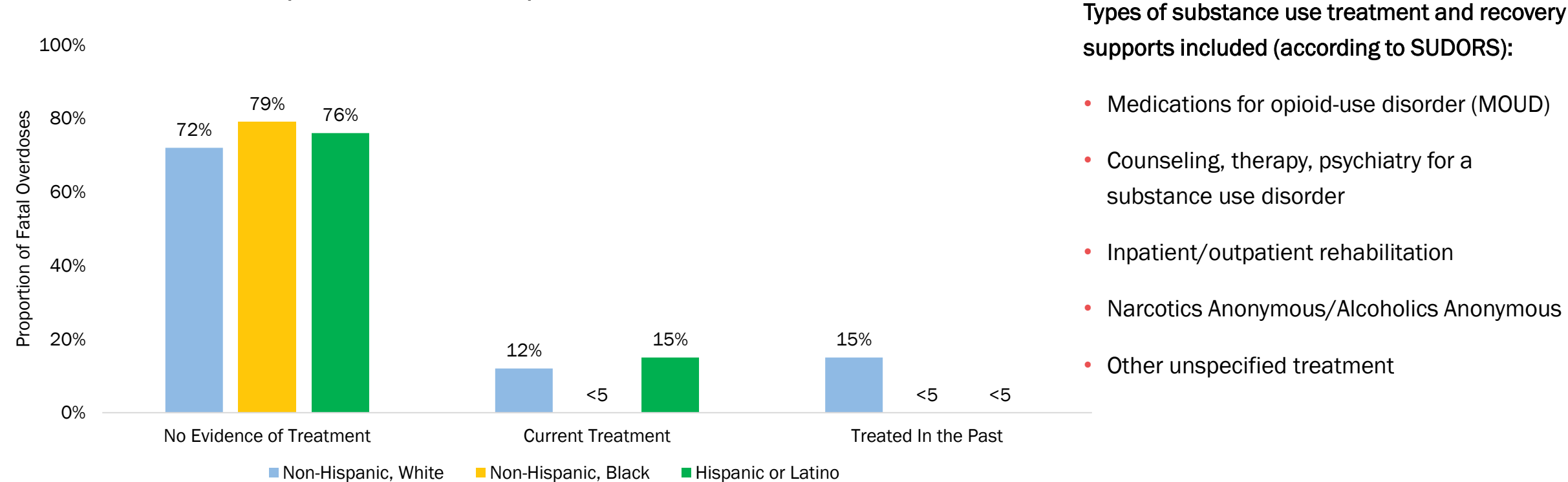
Note: Data reflect accidental and undetermined drug overdose deaths. SUDORS captures known overdose history through case investigations, medical records, and law enforcement records. As such, the number of decedents with overdose history may be undercounted.



Substance Use Treatment by Race and Ethnicity

January 2024 – June 2024

Non-Hispanic, Black and Hispanic or Latino individuals were less likely to ever receive treatment for substance use compared to non-Hispanic, white individuals.



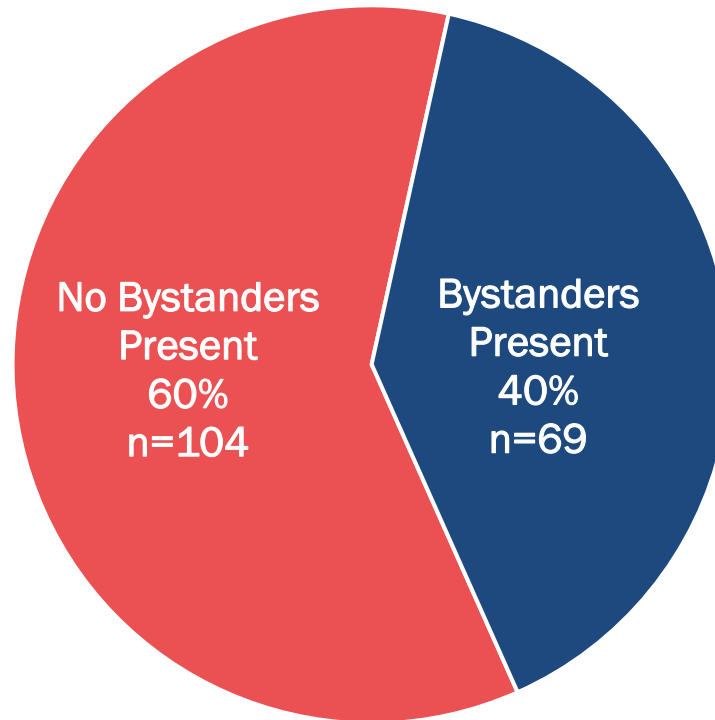
Source: State Unintentional Drug Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Data updated as of April 15, 2025. Prepared by Heidi Weidele.

Note: Data reflect accidental and undetermined drug overdose deaths. 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.



Bystander Presence, January 2024 – June 2024

Among overdoses with known circumstances related to bystander presence at the time of fatal overdose, 60% did not have a bystander present.



The CDC defines a bystander as an individual who is:

- Age 11 and older;
- Physically nearby during or shortly preceding the drug overdose; and
- Able to respond to the overdose.

Source: State Unintentional Drug Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Data updated as of April 15, 2025. Prepared by Heidi Weidele.

Note: Data reflect accidental and undetermined drug overdose deaths. Excludes overdoses with unknown circumstances related to bystander presence.



Key Takeaways

- From 2023 to 2024, all overdose deaths decreased by 18.6%.
- The proportion of overdoses involving individuals age 55 to 64 continued to increase.
- In 2024, the rate of overdose decreased among all race and ethnicity groups. Non-Hispanic, Black Rhode Islanders continued to experience the highest rate of fatal overdose.
- The proportion of overdoses involving opioids (69%), fentanyl (57%), and illicit drugs alone (51%) declined compared to previous years. Stimulant-involved overdoses (66%) continued to increase over time.
- For the first time since 2013, cocaine-involved overdose deaths (61%) surpassed fentanyl-involved overdose deaths (57%).

Key Takeaways (Continued)

- Older individuals are less likely to experience an opioid-involved overdose than younger individuals.
- Stimulant-involved overdoses continued to be more common among non-Hispanic, Black individuals.
- Most overdoses continued to happen in private settings (82%) and without a bystander present (60%).
- For most individuals (92%), their fatal overdose was their first medically attended overdose.
- Non-Hispanic, white individuals were more likely to have received treatment for substance use disorder (28%) compared to non-Hispanic, Black (21%) and Hispanic or Latino individuals (24%).

RIDOH Opioid and Stimulant Use Data Hub

For more information, visit RIDOH's Opioid and Stimulant Use Data Hub at health.ri.gov/od-datahub

- Fatal Overdose Information
 - Data for Download
 - Overdose Heat Maps
 - Data Requests
 - Other Substance Use Epidemiology
- Program Surveillance Systems



Fatal Overdoses



Real-Time
Overdose Tracking



Non-Fatal Overdose
ED Visits



Non-Fatal Overdose
EMS Runs



Harm Reduction
Supply Distribution



Naloxone
Distribution



Controlled
Substance
Prescribing



Non-Fatal Overdose
Toxicology

For more data, resources, and free naloxone, visit PreventOverdoseRI.org.

**PREVENT
OVERDOSE RI**



Questions?

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Substance Use Epidemiology Program
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Racial Equity Work Group Update

June 11, 2025

Governor Dan McKee's Overdose Task Force

Nya Reichley, MPA; Community Outreach Coordinator, Drug Overdose Prevention Program, RIDOH
Donna (Dee Dee) Williams; Senior Director of Community-Based Services and Housing Supports,
Horizon Healthcare Partners


Carlene Fonseca; Owner, The Greatest You Consulting and Member of Pawtucket/Central Falls
Health Equity Zone

**RHODE
ISLAND**

Racial Equity Work Group Purpose Statement



This work group seeks to address racial equity in healthcare, advocate for criminal justice and legislative reforms, and increase the diversity in leadership roles in the ***eight other work groups across the Governor's Overdose Task Force***. It empowers members to bring a racial equity lens to all other work groups.



Priority Areas

- **To embed racial equity** across overdose prevention, treatment, recovery, and harm reduction activities in Rhode Island.
- **Integrate equity language into all overdose-related Requests For Proposals (RFPs)** such as for housing, treatment, and prevention.
- **Advocate for the requirement of data disaggregation by race, ethnicity, disability, and language.**
- **Build a formal workforce pipeline for Black, Indigenous, and People of Color (BIPOC) professionals in recovery coaching, behavioral health, and peer work.**
- **New strategic shift:** Adding *advocacy and legislation* as a standing agenda item in all Racial Equity Work Group meetings moving forward.

Year-in-Review Highlights



1. Civic Advocacy Panel and Legislative Training (April 2025)

- Hosted elected officials, policy advocates, and recovery leaders to teach how to testify, influence policy, and share personal stories to bring about change.

2. Tobacco Equity and Recovery Intersection (December 2024)

- In collaboration with the RIDOH Tobacco Control Program, spotlighted menthol marketing in Black and Brown communities and its link to addiction and recovery barriers. Advocated for statewide awareness and cessation tools with a culturally responsive lens.

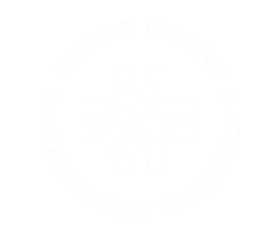
3. Recovery Housing Access Gaps (September 2024)

- Identified racial and cultural barriers for BIPOC women in recovery housing. Advocated for equity clauses in housing RFPs and bilingual supports through the RI Hope & Recovery Hotline, 401-942-STOP.

4. Collaboration Across Work Groups (2024-2025)

- Partnered with Treatment and Recovery Work Groups to integrate equity approaches into stimulant use disorder treatment, medication access, and post-incarceration care.

Featured Meeting



Addressing Racial Disparities in Behavioral Health and Recovery
with Haner Hernández, Ph.D., CPS, CADCI, LADC I









Key Themes and Lessons Learned

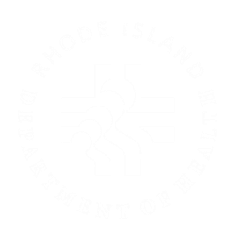
- **Representation is a strategy:** BIPOC leaders increase community engagement and retention.
- **Linguistic and cultural competence matter:** Language access and values alignment were noted barriers in recovery housing and care.
- **Trust is built over time:** Equity isn't only about outcomes—it's about how systems *feel* to those navigating them.
- **Policy needs community input:** Feedback loops are essential. We cannot change what we don't name.

2025–2026 Focus: Topics From the REWG Survey

Based on the Racial Equity Work Group 2025 Topic Poll results and group feedback, the following are the most-requested areas for future exploration:

-  Historical trauma and racial discrimination in substance use
-  Disability and access to care in substance use disorder systems
-  Equity in supportive housing and recovery housing RFPs
-  Building a diverse, community-rooted behavioral health workforce
-  Youth and family inclusion in overdose prevention conversations
-  Tracking the equity impact of policy and legislative shifts

BIPOC Affinity Group

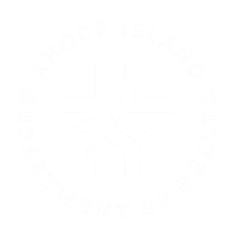


The purpose of this group is to:

- Identify ways staff could align our work with a racial equity lens;
- Network to discuss professional development needs and training opportunities;
- Share experiences and challenges; and
- Identify solutions and support systems.

The BIPOC Affinity Group will be a space to understand the experiences, challenges, and barriers professionals of color face while providing services.

BIPOC Affinity Group



Partnered with Haig and Associates Consulting to provide professional development and capacity-building training, including:

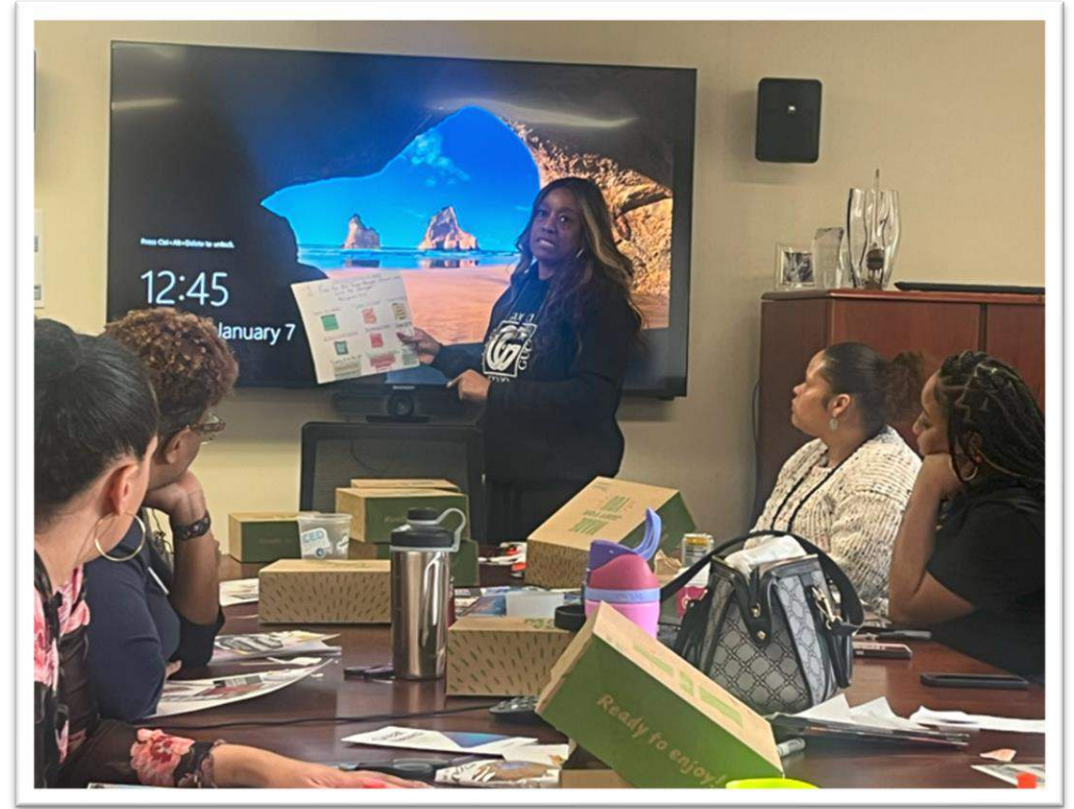
- “Understanding Bias and Microaggression in the Workplace”
- “What is Anti-Oppressive Practice?”

Additionally, we identified two diversity, equity, and inclusion conflict resolution strategies to integrate into professional practices.

BIPOC Affinity Group

The Affinity Group continues to partner with The Greatest You Consulting to provide self-care and wellness activities:

- Mindful Wellness Yoga Session
- Managing Stress and Burn Out in the Helping Profession
- Compassion Fatigue and Secondary Trauma in Recovery Work



January 2025 Affinity Group
Vision Boarding Session

How Can You Collaborate with Us?

- **Monthly Meetings**

- The Racial Equity Work Group meets virtually on Zoom the last Thursday of every month from 10 a.m. to 11:30 a.m.
- The BIPOC Affinity Group meets on the first Tuesday of every month from 11:30 a.m. to 1 p.m. Please note that this meeting is intended for folks who identify as BIPOC and work in the substance use disorder field.
- **For more information, please email Monica Tavares and Carol Stone.**
- Work groups or community-based organizations looking for expert insight are encouraged to connect with the Racial Equity Work Group for valuable, community-informed input from work group members.

In Unity, Thank You!

Monica B. Tavares
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Education and Outreach
Coordinator, RIDOH
Monica.Tavares@health.ri.gov

Donna (Dee Dee) Williams
Community Co-Chair, REWG
Senior Director, Community-
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Supports, HHP
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Carlene Fonseca
Community Co-Chair, REWG
The Greatest You Consulting
Member of Pawtucket/Central
Falls Health Equity Zone
CarleneFonseca13@gmail.com



RHODE
ISLAND
RAPHA
PROJECT

Where Women's Healing Begins

About Us

RAPHA is a new project under Horizon Healthcare Partners.

- Women funded by the RIDOH BIPOC Overdose Prevention Grant
- Team of three beautiful BLACK women
- Focus on women struggling with substance use, mental health, and trauma
- We prioritize women of color and love on all women



The Beginning of the RI RAPHA Project

- The RAPHA Project was developed because mainstream programs were seeing a gap in accessing/completing services for women, but especially women of color. Women were more likely to stop or leave treatment because of cultural challenges. There is a lack of staff that look like them, and/or staff that didn't share their values, beliefs, or history. These issues outweighed getting the help that they needed.
- Women are the center of their families and communities. Whether it is their children, their partner, health concerns, insecurities or stigma, women always put others first. The RAPHA Project wants to help women stand together and start to heal themselves so these challenges can be overcome.

Why Healing Circles?

- Worldwide, healing circles have been a fundamental part of Indigenous traditional healing practices for generations.
- A healing circle is a method of promoting healing based on traditional belief systems.
- It is a form of group support for individuals struggling with addictions, violence, grief, trauma, and more.
- Many Aboriginal people in the social services field are utilizing Healing Circles, Talking Circles, or Sharing Circles to incorporate traditions, values, and beliefs that mainstream recovery methods have overlooked.

RAPHA Circles

We provide RAPHA Circles which are healing circles. We create a safe, accepting, and judgement-free space where women can explore the many avenues of healing and what that means to them. This includes discussions on topics that get to the core of pain, testimonies that shed light on victories and challenges, and activities that are fun and creative.

“With respect to drug use, high levels of social support are associated with lower rates of drug initiation, illicit drug use, and substance dependence, as well as better drug treatment retention and outcomes.” - Dobkin et al., 2002; El-Bassel, Chen, & Cooper, 1998

The Goals of RAPHA Circles

- To begin the healing process by removing obstacles.
- To promote understanding, forgiveness, and self confidence.
- To prevent or solve problems and alleviate suffering.
- To build trust, instill hope, and deepen everyone's capacity to heal.
- To nurture sisterhood, share everyday experiences, and build peer support.
- To learn from others and learn about life without substances.
- Build skills to help identify triggers and how to push through them safely.

Examples of Activities Included

- Journaling and writing prompts
- Meditation and breath work
- Vision boards and goal setting
- Music and movement
- Creative safer sex workshops
- Street safety
- Beauty breaks

WOMAN
♀
POWER



The Logistics of RAPHA

- We are providing RAPHA Circles in our community.
- Individual RAPHA Circles are available as well.
- We provide naloxone (Narcan[®]) training for agencies and individuals.
- Community recruitment circles/pop ups/events.
- Babysitting for community space circles provided.

Collaborations and Opportunities

Women's Recovery Homes

Pawtucket Library

Anchor Recovery

OpenDoors

Project Weber/RENEW

Amos House Programs for Women and Children

SSTARbirth

Crossroads

Day One

AIDS Care Ocean State

Our First Community Rapha Circle Event



How You Can Help

- You or your agency can host a RAPHA Circle for clients/staff.
- You can refer your clients/staff to one of our community locations.
- You can stay connected with us:

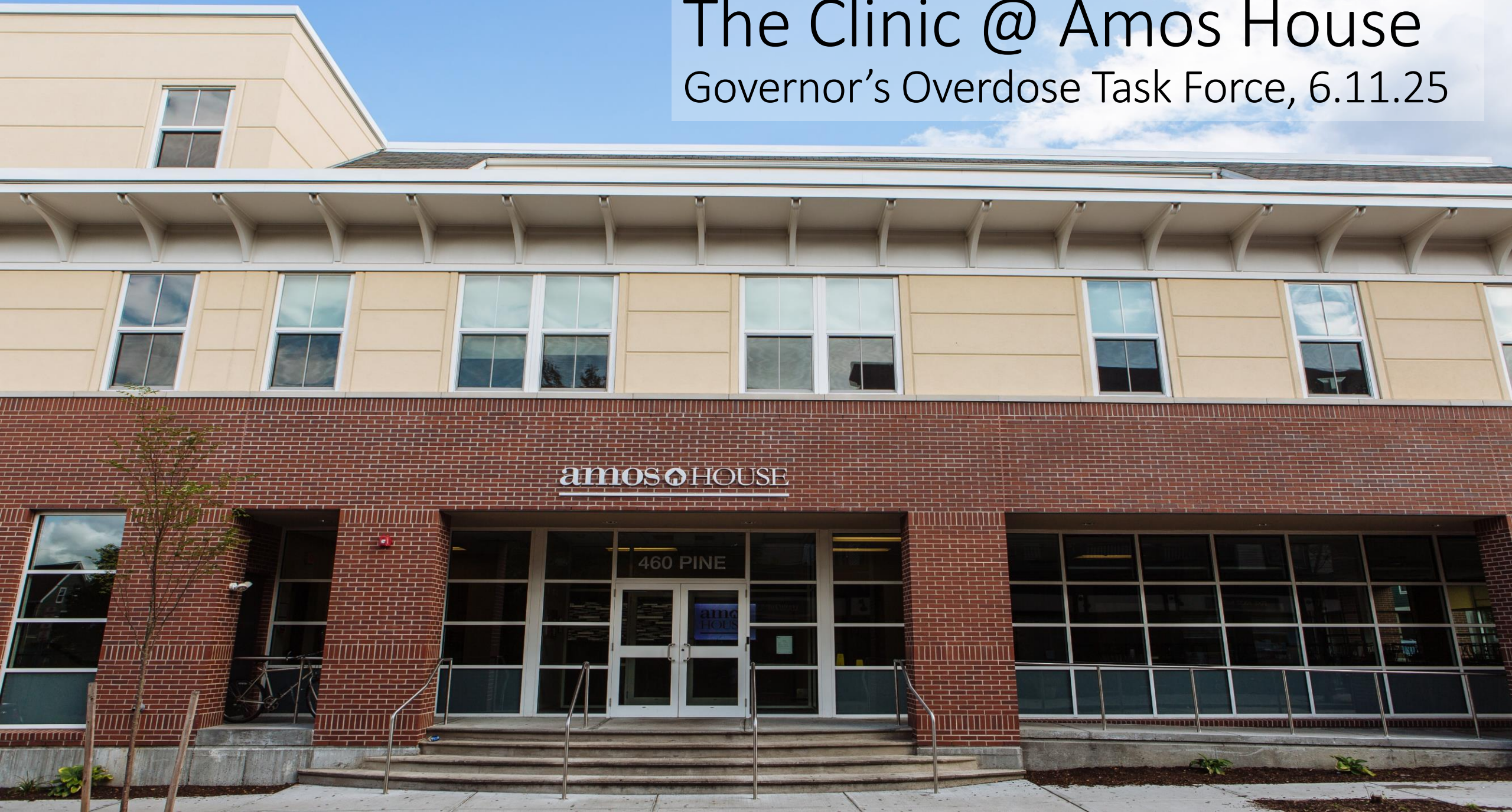
On Instagram: [@The.RAPHA.Project](#)

Email: RIRAPHAProject@gmail.com

Website: hhpartners.org/ri-rapha-project

The Clinic @ Amos House

Governor's Overdose Task Force, 6.11.25



Amos House Services

Shelter for Families/55+	Reunification Housing
Job Training/Employment Services	Permanent Supportive Housing
Outreach and Crisis Social Services	Financial Opportunity Center
Soup Kitchen	Food Distribution
Recovery-Based Shelter (90 Day Programs)	Businesses for Good
Outpatient Behavioral Health Care	Medical Care (in development)



Why the
Clinic,
Why
Now?

Amos House Guests – Demographics

- 70% non-white
- 70% identify as having a disability
- 76% report having a substance use disorder or mental illness
- 25% report at least one chronic health condition
- Significant majority report household income of \$0 to less than \$20,000
- 84% unhoused/unstably housed
- 25% “Chronically Homeless”

Expansion into Health Care

- Licensed as a Behavioral Health Organization (General Outpatient) in September 2023
- Licensed as an Organized Ambulatory Care Facility in July 2024
- Licensed for Intensive Outpatient Programming in February 2025
- Future directions: Fully Integrated Care

Eligibility: Anyone who wants to receive services at Amos House (based on capacity).

Services: First 18 Months

- **General Outpatient Behavioral Health**

- 2 full-time clinicians (Now hiring!)
- 2 part-time prescribers
- Intensive Outpatient Program (Coming soon- now hiring!)

- **Medical**

- Nurse triage (wound care, injections, medication management, and care coordination)
- Bridge care
- Cancer screening

Integration into Outreach

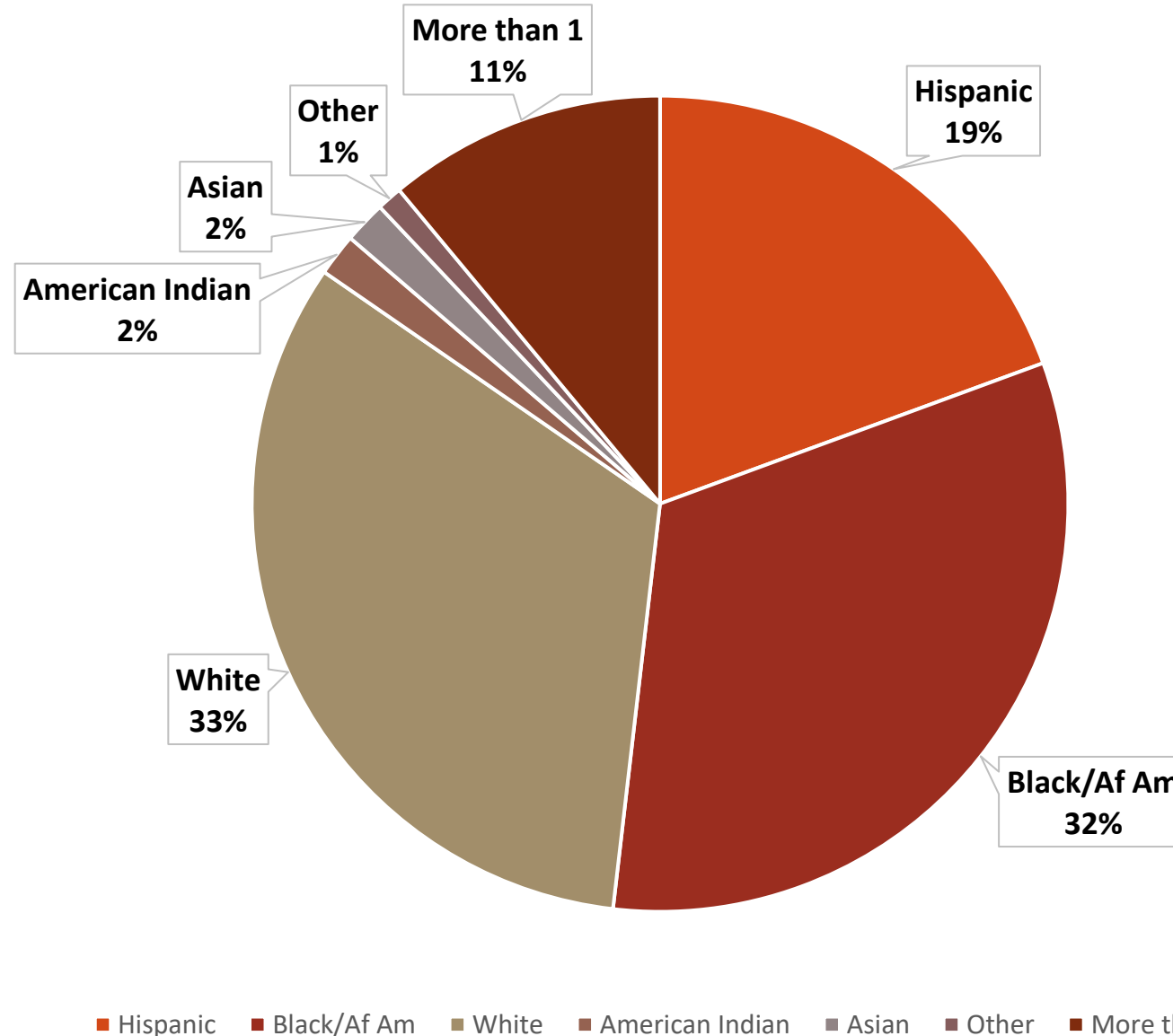
Amos House's Essential Services Team is often the “gateway” into other Amos House services.

- Basic needs assistance (e.g., food, clothes/toiletries)
- Housing assessments and shelter placements/centralized waitlist
- Harm reduction
- Relationship building and triage
- Care coordination

People Served: First 18 Months

- 3,354 clinic encounters for 291 unique individuals
 - 1,153 nurse visits
 - 932 visits with an MD/nurse practitioner
 - 1,191 therapy visits

Client Race/Ethnicity





What Care Means at Amos House

Questions?

Contact Me:

Sarah Martino, MPA

Director of Health Services

smartino@amoshouse.com

401-272-0220 ext. 270

Contact the Clinic:

Ph: 401-274-9373

Fax: 401-252-8410

Public Comment
