

GOVERNOR DANIEL J. MCKEE'S OVERDOSE TASK FORCE

September 2025 Semi-Annual Report

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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. The main components of this report include state and federal investments, performance of primary and secondary indicators, future plans, and continued strategic alignment across the continuum of care.

Governor Dan McKee's Overdose Task Force has set forth the following priority outcomes: reducing fatal overdoses, improving people's lives, addressing inequities, using data to inform action, and addressing social determinants of health. The Task Force and its work groups remain the central body focused on the whole of government approach to meeting these goals. The Task Force strategic plan remains in alignment with Rhode Island's 2030 Plan - Enhancing Public Health and Wellness and Priority 3 of Health and Human Services – address addiction, improve the behavioral health system, and combat stigma, bias, and discrimination.

Summary of Overarching Priority Goals

The Governor's Overdose Task Force set forth a short-term 2025 goal to reduce fatal overdoses by 12%, and a long-term 2030 goal to reduce fatal overdoses by 30%. In order to achieve these goals and improve people's lives, the following approaches have 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:** Sustaining targeted naloxone distribution to people who use drugs and their families, including private locations.
- **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 and ensuring treatment on demand.
- **Recovery Supports:** Increasing recovery support, which lowers the risk of overdose related deaths by addressing substance and opioid use.¹

¹ 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>

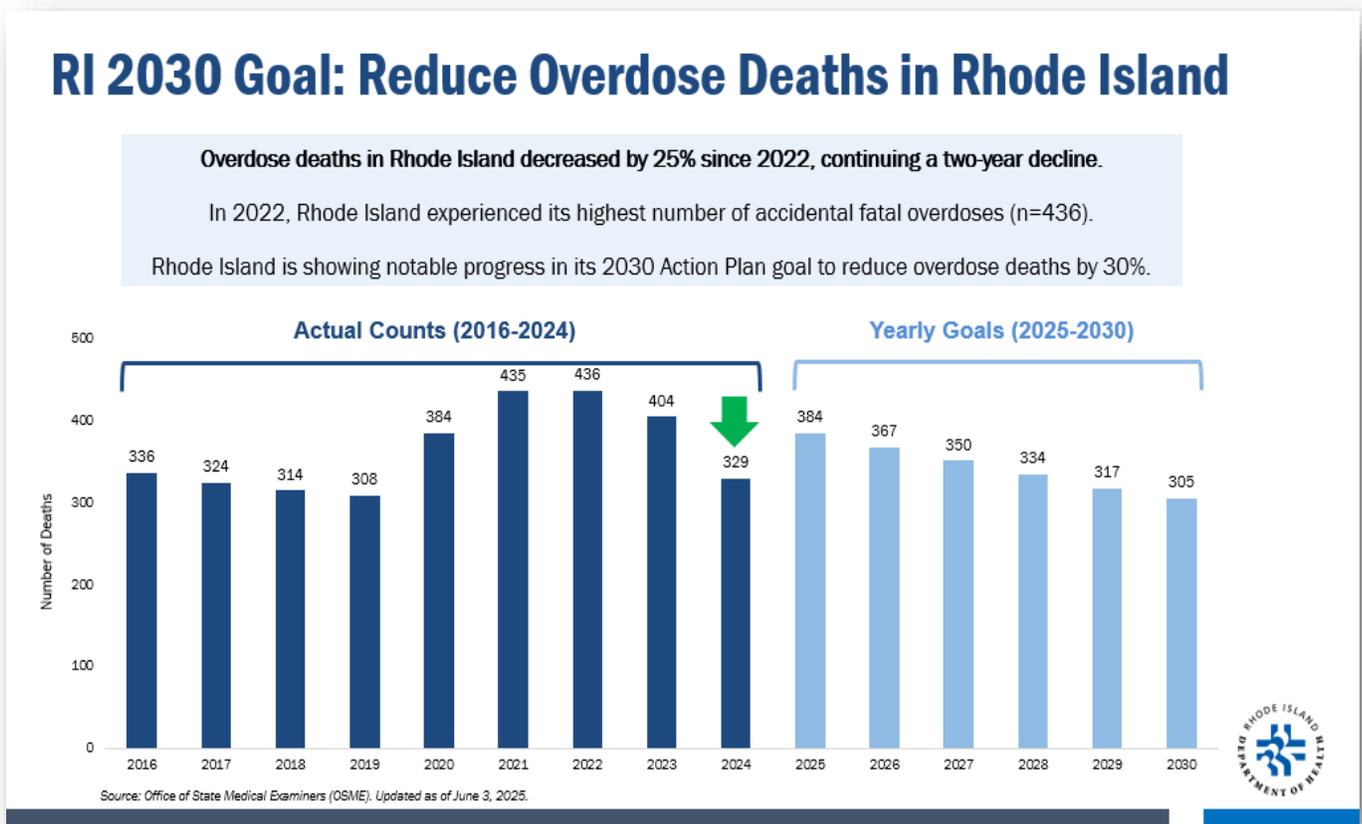
2030 Goal: Reducing Overdose Deaths

According to the Rhode Island Department of Health (RIDOH) Office of State Medical Examiners (OSME), data show a 25% reduction in overdose deaths compared to 2022. This is the second consecutive year the state witnessed a decrease in overdose deaths since 2019. Furthermore, 2024 data show that 329 individuals lost their lives to accidental overdose in Rhode Island. This reduction far exceeds the short-term 2025 goal of reducing fatal overdoses by 12% and is on track to meet our 2030 goal to reduce fatal overdoses by 30%. This data demonstrates that 2024 saw a 19% decrease in deaths compared to 2023.

Please visit the [Prevent Overdose RI Data Dashboard](#) for additional overdose trends and other data sources.

Figure 2: Rhode Island's Priority Goal to Reduce Fatal Overdose by 30% by 2030

The chart below shows the State's accidental fatal overdoses in Rhode Island from 2016-2024. The dark blue bars depict figures from past years, while the light blue bars depict future projections.² There was a 19% decrease in deaths from 2023 (404 deaths) to 2024 (329 deaths).



² 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](#), aims to reduce overdose deaths back to their 2018 values by 2030.

Key Takeaways from the OSME and State Unintentional Drug Overdose Reporting System (SUDORS)

- The statewide rate of fatal accidental drug overdoses was 27.2 per 100,000 people. At least one life was lost in nearly all municipalities with the five highest burdened municipalities being Woonsocket (58.1 per 100,000), Providence (45.4 per 100,000), Pawtucket (33.3 per 100,000), Cranston (25.5 per 100,000), and Warwick (21.7 per 100,000).
- The proportion of overdoses involving opioids (69%), fentanyl (57%), and illicit drugs alone (51%) declined when compared to previous years. Stimulant-involved overdoses (66%) continued to increase over time.³
- Opioids contributed to 69% of fatal overdoses, while cocaine contributed to 61%. For the first time since 2013, cocaine-involved overdose deaths (61%) surpassed fentanyl-involved overdose deaths (57%).³
- Overall, 60% of fatal overdoses occurred among individuals 45 and older, which were the only age group that showed an increase in fatal overdoses compared to 2023.
- Data continues to show that 82% of fatal overdoses occurred in private locations (e.g., private residence, garage, recreational vehicles, etc.).

Snapshot of Performance

It is paramount to ensure that collected data are comprehensive, cross-agency, and streamlined to help inform the State and its partners of gaps, emerging issues, and needs in our communities. This collective effort and focused efforts across the continuum of care is showing positive results beyond just a reduction in lives lost. By using the Task Force's strong infrastructure, strategic approach, and including those directly impacted by the overdose crisis, Rhode Island is moving in the right direction in reducing fatal overdoses and improving people's lives.

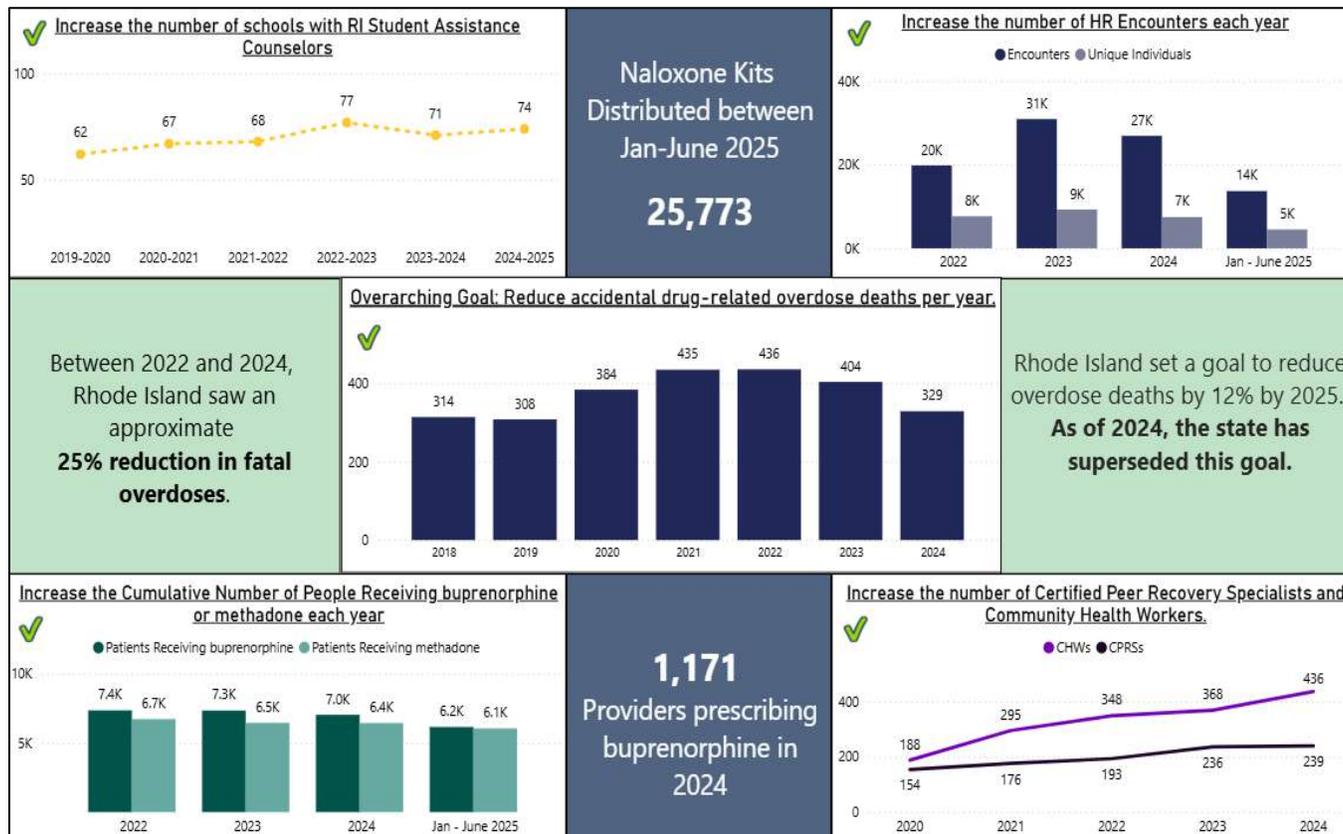
The following is an updated snapshot of performance or the "Scorecard" from the Overdose Data Council (ODC), led and staffed by EOHHS. These targets allow the State to assess its progress across the following priority areas: prevention, harm reduction, treatment, and recovery.

³ Note: Substance categories are not mutually inclusive, and more than one substance can contribute to cause of death.

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.

↗ In Progress
 ✓ On Track
 ✗ Off Course



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

State and Federal Investment Summary

As indicted in the March 2025 Semi-Annual Report, EOHHS partnered with the Office of Management and Budget (OMB) to launch a 2023 state fiscal year (SFY) program-based budget initiative focusing on substance use disorder (SUD) programming to provide greater insight into the state's response to the overdose crisis. The aim was to provide a comprehensive view of the state and federal investment in SUD-related programs by organizing budgetary data. This program-based budgeting analysis of specific programs and services, allowed for better transparency, whole of government coordination, and more efficient allocation of funds toward shared policy goals. OMB and EOHHS are finalizing an updated 2025 fiscal year collection of information and anticipates an analysis to be completed by late October 2025.

The 2023 SUD Survey reports that the State spent more than \$245 million on SUD programs and treatment services and Medicaid claims accounted for nearly 70% of this spending (\$171 million), see Figure 3. Medicaid claims show that 20,000 unique individuals have received services for SUD in SFY23. Descriptions of these Medicaid services included inpatient and outpatient treatment, rehabilitative services, residential treatment, detoxification, psychiatric services, while pharmaceutical claims accounted

for approximately 6,500 individuals. As illustrated in Figure 4 below, EOHHS, the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH), and RIDOH are collectively responsible for approximately 75% of the total non-Medicaid SUD funding activity in Rhode Island, which accounts for 31% of spending (\$77 million) in additional resources that are not funded by Medicaid.⁴

Figure 3: Medicaid Claims Substance Use Overview

This chart provides an overview of Medicaid claims versus non-Medicaid SUD spending. Nearly 70% of 2023 fiscal year spending (\$171 million) were Medicaid claims, which accounts for \$160 million toward treatment services, and 4% of Medicaid claim totaling \$11 million were for Medicaid Pharmaceutical claims. Non-Medicaid claims accounted for 31% of SUD related services.⁴

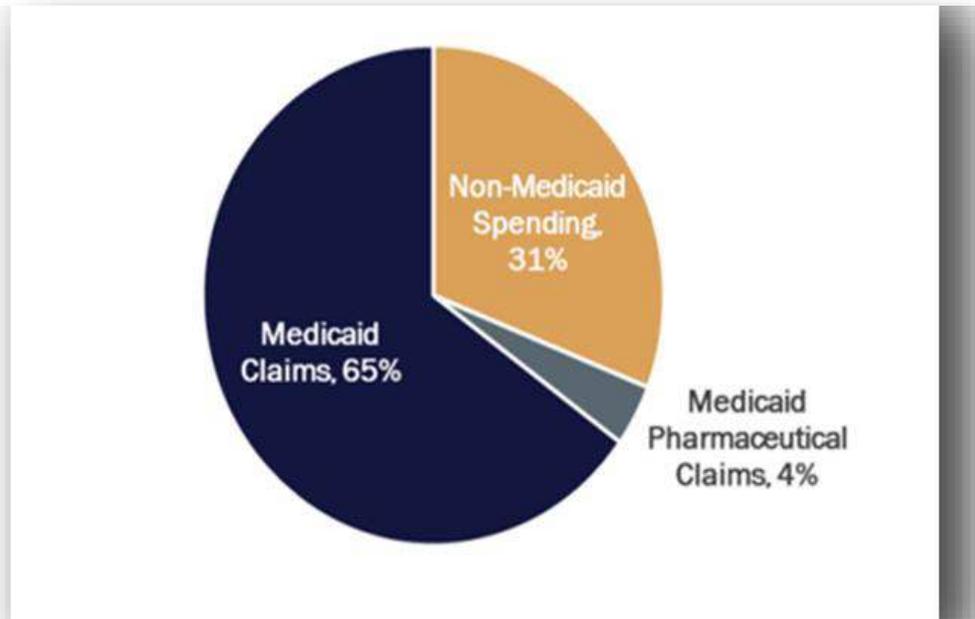
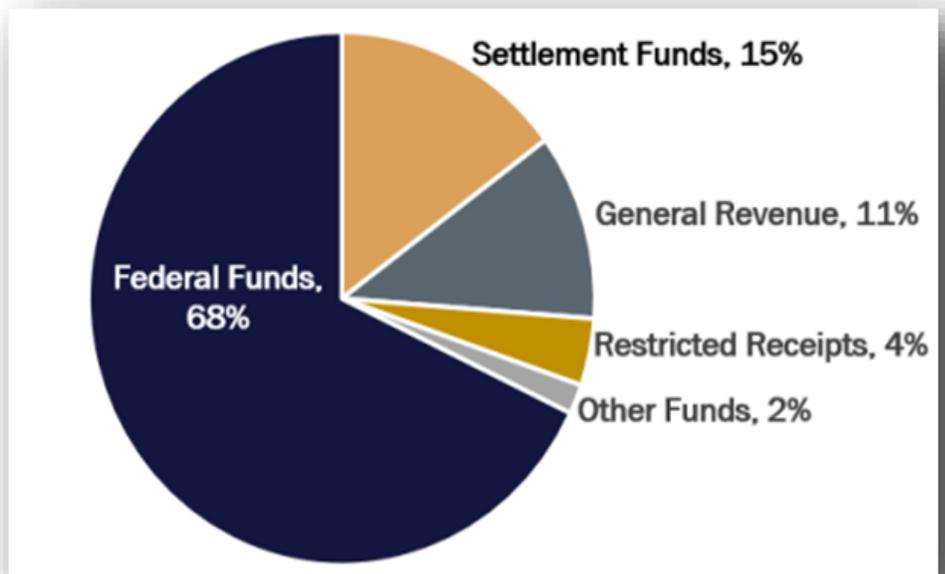


Figure 4: SUD Program Spending by Funding Source

This chart provides an overview of SUD program spending by funding source. Federal funding accounted for the largest portion at 68%, opioid settlement totaled 15%, general revenue totaled 11%, restricted receipts totaled 4%, and other funding sources was 2%.⁴



⁴ <https://omb.ri.gov/sites/g/files/xkgbur751/files/2025-04/SUD%20Survey%20Results.pdf>

State Investment Summary

The graphs below reflect the SFY23 through SFY25 state investments and total spent, as reflected in the Rhode Island Financial Accounting Network System (RIFANS) and newly implemented Enterprise Resource Planning (ERP) system. 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 allow funding to be carried forward, requiring those dollars to be spent first (before less restricted funding like the restricted receipt state dollars). Spending has increased through FY25 by approximately 76%, and we anticipate that spending will continue to speed up. The Opioid Settlement Advisory Committee (OSAC) and the State continue to prioritize sustainability of programs that are making positive impacts and systemic infrastructure, such as naloxone distribution, uninsured and underinsured treatment services, and recovery focused programs.

The figures below show Settlement, Stewardship, and McKinsey restricted receipt accounts by state fiscal years and pillars (priority area). These do not include federal funding sources. The totals reflect allocated and spent funds only, excluding obligated amounts not yet spent, such as in contract, procurement, or pending review.

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

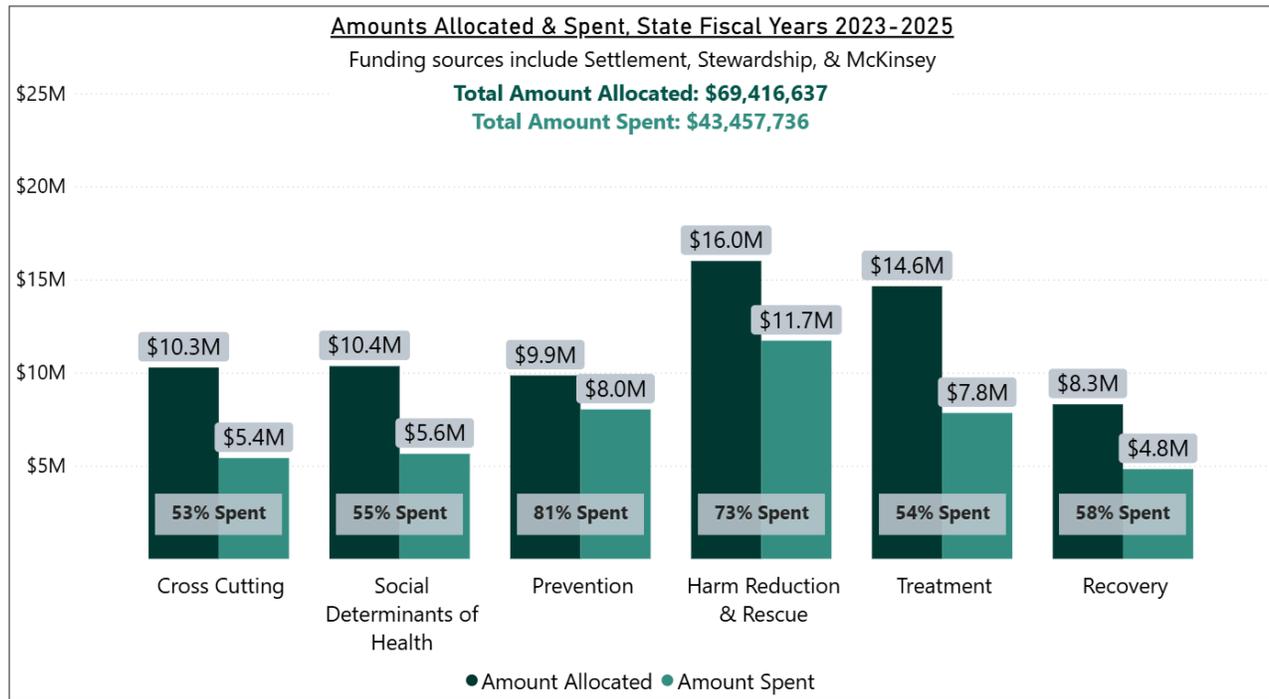
This is a bar graph summary of SFY23 through SFY25 allocations and total spent by fiscal year. *



* Note: The totals reflect allocated and spent funds only, excluding obligated amounts not yet spent, such as in contract, procurement, or pending review.

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

This is a bar graph summary of SFY23 through SFY25 allocations and total spent by pillar (priority area). *



*Note: The totals reflect allocated and spent funds only, excluding obligated amounts not yet spent, such as in contract, procurement, or pending review.

Measuring Success and Strategic Refresh

EOHHS, in partnership with the University of Rhode Island (URI), is in the final stages of developing logic models for each of the four main pillars of the Overdose Roadmap: Prevention, Harm Reduction, Treatment, and Recovery. These models are being informed by a comprehensive review of the strategic plan’s current alignment, relevant empirical research, and recommendations generated by community work groups. Concurrently, we are conducting an in-depth assessment of the alignment between existing indicators, performance targets, and the proposed recommendations within the logic models. This process will facilitate a rigorous re-evaluation of progress to date and support data-driven modifications to core strategies.

Throughout the month of October, the Director of the Task Force will collect, align, and organize feedback from several Task Force work groups. The results of these findings and a facilitated listening session activity will be presented at an in-person Governor’s Overdose Task Force Community Conversation on November 12th at the Rhode Island Department of Administration. An interim report will be submitted by January 30, 2026, with a draft of the updated 3-year strategic plan for review and approval.

Conclusion

The State remains on track to meeting its 2030 goal of reducing the number of lives lost to fatal overdoses by 30% from 2022 and improving the lives of Rhode Islanders impacted by the overdose epidemic, including families, communities, and our youth. 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 are improving our communities and the lives of those impacted by the overdose epidemic.

Timeline of Next Steps:

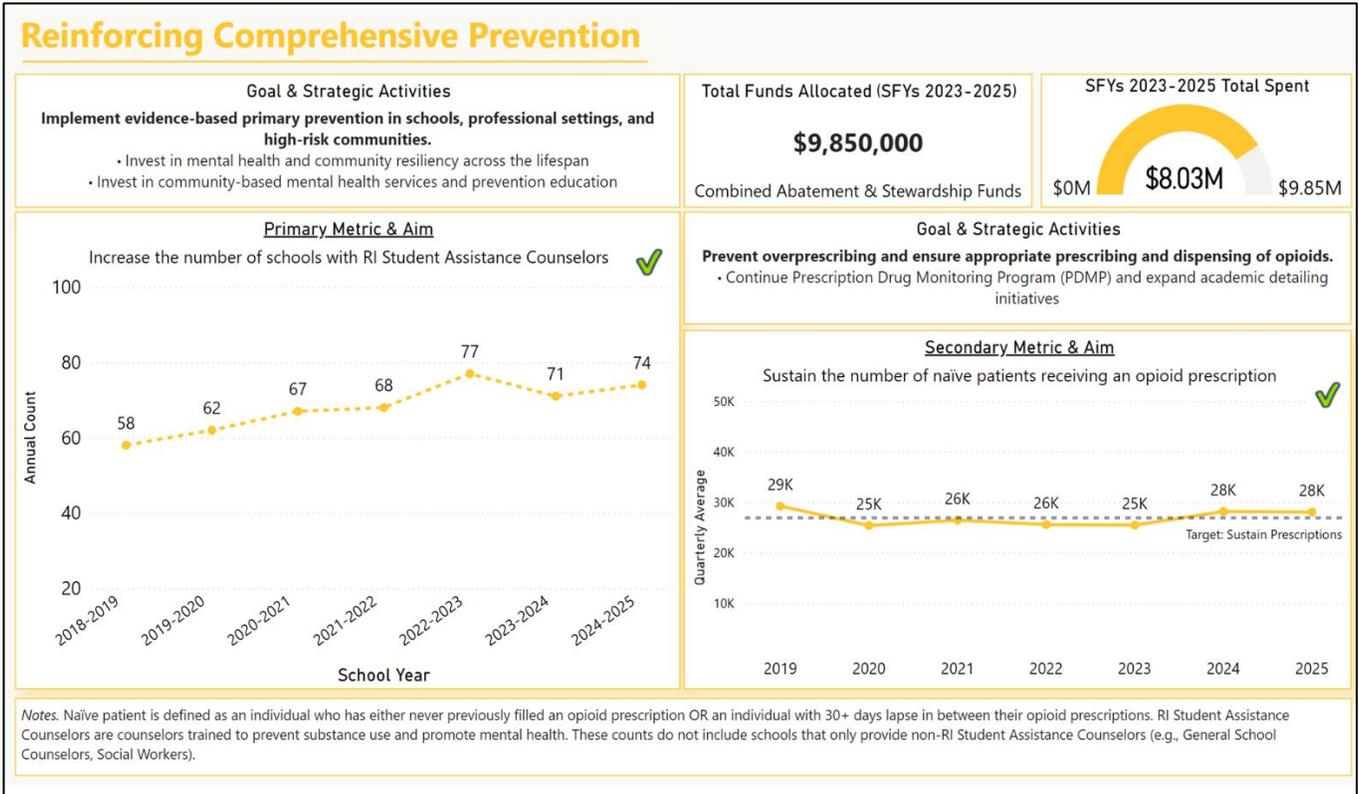
Activity	Timeline	Status
Launched Updated Public Dashboards	July 2025	Complete and Ongoing
Published 2025 State Fiscal Year OMB SUD Survey	October 2025	On Track
Finalized the 2026-2028 Task Force Strategic Plan	January 2026	On Track

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 EOHS. 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)

👉 In Progress ✓ On Track ✗ Off Course

Strengthening Harm Reduction & Rescue

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

Total Funds Allocated (SFYs 2023-2025)

\$15,998,125

Combined Abatement, Stewardship, & McKinsey Funds

SFYs 2023-2025 Total Spent

\$11.72M

\$0M \$16M

Primary Metric & Aim

Sustain the number of naloxone kits distributed in the community each year

Year	Naloxone Kits Distributed
2022	50K
2023	70K
2024	60K
Jan - June 2025	26K

Equity Metric & Aim

Increase the number of naloxone kits distributed across racial/ethnic groups

Rate per 100,000 by Race/Ethnicity

Year	Non-Hispanic Black	Non-Hispanic White	Hispanic
2022	~2,800	~2,200	~1,200
2023	~6,200	~3,500	~2,800
2024	~5,200	~2,800	~2,200
Jan - June 2025	~2,800	~1,200	~1,000

Goal & Strategic Activities

Ensure harm reduction services are comprehensive and responsive to the evolving needs of people who use drugs.

- 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

Year	Encounters	Unique Individuals
2022	20K	8K
2023	31K	9K
2024	27K	7K
Jan - June 2025	14K	5K

Equity Metric & Aim

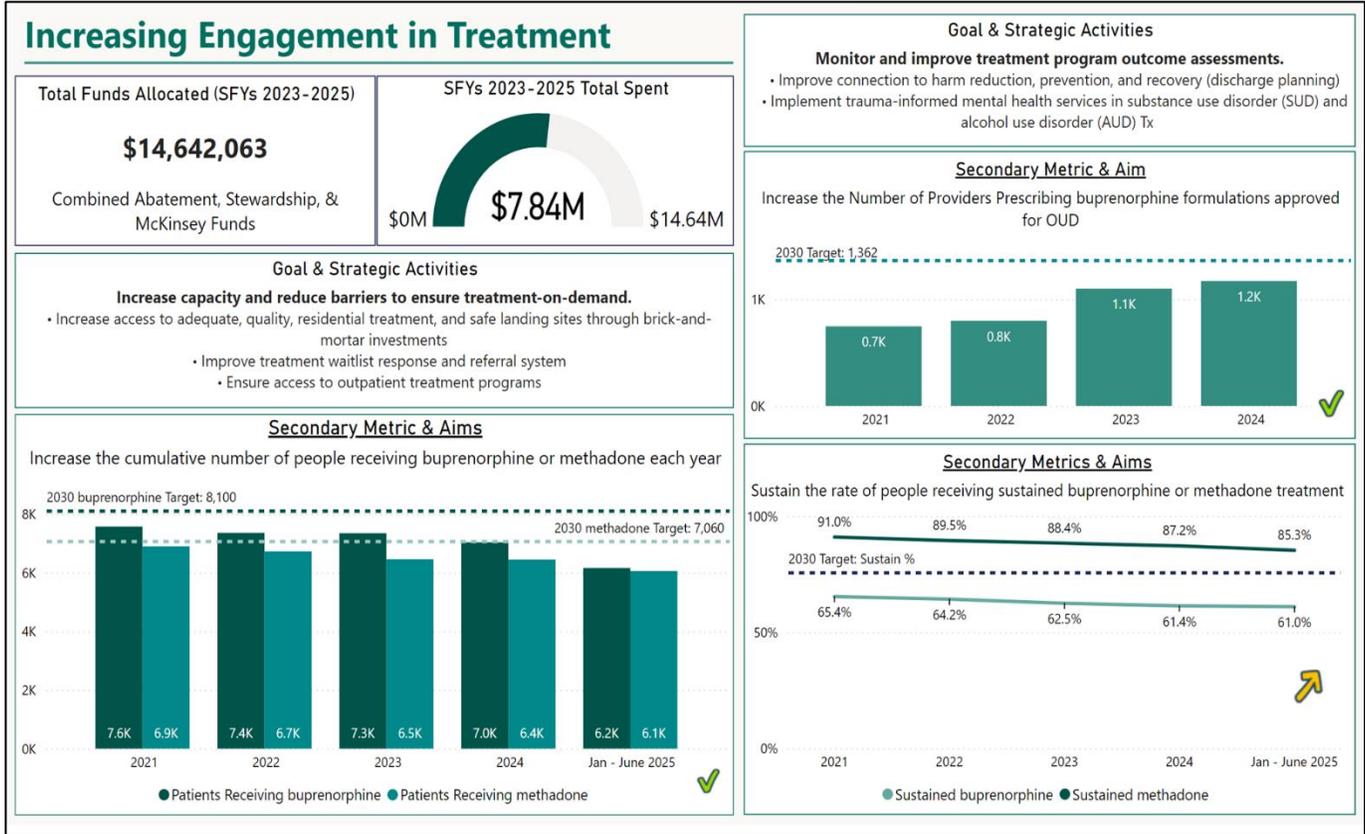
Increase the number of encounters across racial/ethnic groups

Rate per 100,000 by Race/Ethnicity

Year	Non-Hispanic Black	Non-Hispanic White	Hispanic
2022	~550	~200	~150
2023	~750	~250	~200
2024	~700	~220	~180
Jan - June 2025	~850	~250	~180

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

👉 In Progress ✓ On Track ✗ Off Course

