



Opioid Settlement Funded Project Annual Report December 11, 2024

Settlement Background: In accordance with [Title 42-7.2-10. Appropriations and disbursements](#), “there is hereby created within the general fund of the state and housed within the budget of the office of health and human services a restricted receipt account entitled “Rhode Island Statewide Opioid Abatement Account” for the purpose of receiving and expending monies from settlement agreements with opioid manufacturers, pharmaceutical distributors, pharmacies, or their affiliates, as well as monies resulting from bankruptcy proceedings of the same entities. The Executive Office of Health and Human Services (EOHHS) shall deposit any revenues from such sources that are designated for opioid abatement purposes into the restricted receipt account. Funds from this account shall only be used for forward-looking opioid abatement efforts as defined and limited any settlement agreements, state-city and town agreements, or court orders pertaining to the use of such funds.”

Rhode Island’s Efforts to Address Our Overdose Crisis with Settlement Dollars: In January 2022, Rhode Island joined the national opioid settlement with three major opioid distributors, providing over \$90 million in funding for state and local efforts to address Rhode Island’s opioid crisis. Together with settlements secured by Attorney General Peter Neronha against multiple opioid manufacturers and pharmaceutical companies, Rhode Island’s approved opioid litigation recoveries total over \$300 million in cash and life-saving medications over 18 years. These settlements are split between the state, which receives 80% of the funds, and Rhode Island’s 39 municipalities, which share 20% of the funds.

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

EOHHS works closely with the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) and the Rhode Island Department of Health (RIDOH), along with the Department of Corrections, the Department of Housing, and other state agencies to carry out planning and implementation of opioid abatement activities.

Guiding Decision Making Principles: The committee continues to use the six guiding Opioid Litigation Principles that were adopted in the first OSAC meetings. As outlined below, this framework provides guidance to committee members to ensure recommendations are adding to existing initiatives, making evidence-based and data-informed decisions, investing in community-based youth prevention, focusing on racial equity, and developing transparent processes:

Guiding Principles for Decision-Making

To guide decisions for use of these funds, the Committee agreed to:

Spend money to save lives.	It may be tempting to use the dollars to fill holes in existing budgets rather than expand needed programs, but the Committee should use the funds to add to rather than replace existing spending.
Use evidence to guide spending.	At this point in the overdose epidemic, researchers, clinicians, and community partners have built a substantial body of evidence demonstrating what works and what does not. States and localities should use this information to make funding decisions.
Invest in youth prevention.	Support children, youth, and families by making long-term investments in effective programs and strategies for community change.
Focus on racial equity.	This process should be guided by public health leaders with the active engagement of people and families with lived experience, clinicians, as well as other
Develop a fair and transparent process for funding recommendations.	This process should be guided by public health leaders with the active engagement of people and families with lived experience, clinicians, as well as other key groups.
Consider future sustainability in all recommendations.	Although there may be some on-time funding recommendations, the Committee should consider the financial sustainability of all investments and try to plan for investments that can be sustained long-term.

**The first five items are paraphrased and summarized from the Johns Hopkins' "The Principles To Guide Jurisdictions In The Use Of Funds From The Opioid Litigation, We Encourage The Adoption Of Five Guiding Principles".*

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Strategic Framework and Cross-Cutting Components: To ensure alignment with the State’s overarching priorities, OSAC has adopted the Task Force’s strategic plan otherwise known as the Roadmap. Below illustrates the Roadmap’s main priorities that work across the continuum of care with the overall priority of reducing fatal overdoses, improving people’s lives, addressing racial inequities, using data to inform action, and addressing social determinants of health:



Opioid Settlement Advisory Committee Membership: Below is a list of current members of the OSAC followed by updates on newly appointed members, appointment of new chair, and upcoming term expirations:

Speaker of the House or designee	Designee: Rep. Raymond Hull
Senate President or designee	Designee: Sen. Josh Miller
Chief Justice of Rhode Island Supreme Court or designee	Designee: Julie Hamil
Attorney General or designee	Designee: Adi Goldstein
Director of the Department of Health or designee	Designee: Dr. Philip Chan
Director of the Department of Behavioral Health, Developmental Disabilities, and Hospitals	Director Richard Leclerc
Mayor of City of Providence or designee	Designee: Rachel Ferrara
Representative from a city/town in Bristol County	Patricia Resende
Representative from city/town in Kent County	Open Seat
Representative from city/town in Newport County	Joseph Pratt
Representative from city/town in Providence County	Todd Manni
Representative from city/town in Washington County	Chief Matthew Moynihan
Expert Representatives	Dr. Alexandria Macmadu Dr. Justin Berk Dr. Brandon Marshall
Community Representatives	Angie Ankoma Meko Lincoln
Non-Voting Chair – Newly Appointed	Dr. Brandon Marshall

As mentioned in the 2023 Annual Report, EOHHS developed an application process for the available community member and expert seats of Ernesto Figueroa and Dr. Brandon Marshall, respectively. In February of 2024, interested applicants submitted their application for consideration. Decision criteria included diversity and experience including lived experience. In March 2024, the OSAC chair facilitated a committee vote based on stated criteria and welcomed Dr. Alexandria Macmadu as an expert representative and Meko Lincoln as a community representative. Moving forward in 2025, Dr. Justin Berk, expert representative and Angie Ankoma, community representative seats are scheduled to expire in April 2025. EOHHS will once more facilitate an application process to fill those seats. Both existing and new potential members will be able to apply for the open committee seats.

In addition, Carrie Bridges announced her resignation as the committee chair, which is a non-voting Governor appointment. In early December 2024, Governor Dan McKee announced his appointment of Dr. Brandon Marshall to serve as the incoming OSAC chair. EOHHS staff are in the process of onboarding Dr. Marshall, and he will facilitate the next scheduled OSAC meeting on January 15, 2025.

Finally, the representatives from Bristol County, Kent County, Newport County, Providence County (other than the City of Providence), and Washington County are up for new appointment in March 2025. EOHHS and the OSAC chair will work with the League of Cities and Towns to fill these transitioning seats.

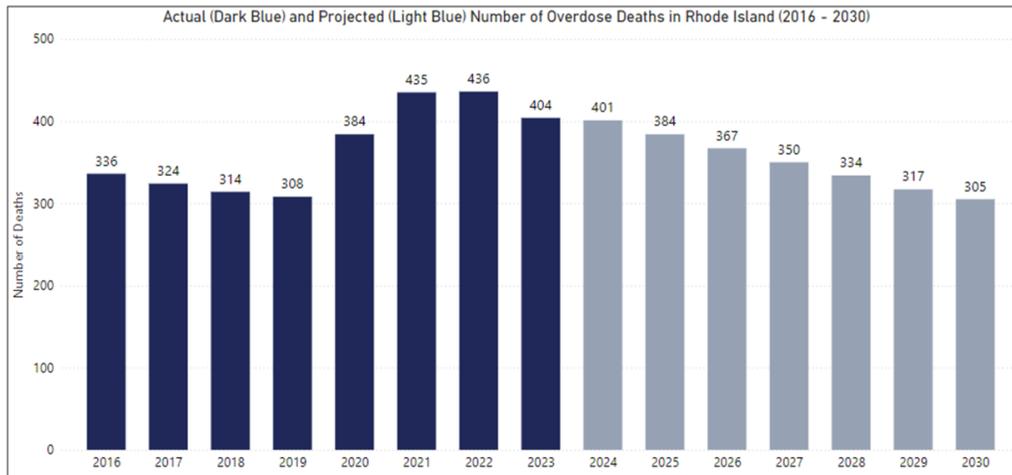
Summary of Overarching Priority Goals: It is critical to determine if investments being made with the additional funds through the opioid settlements, in conjunction with other funding, is impactful. In early 2023, the Task Force set a 2030 goal to reduce fatal overdoses by 30%, returning fatal overdose rates to below 2019 levels. According to the RIDOH Office of the Medical Examiner, fatal overdose data for 2023 show a 7.3% reduction in lives lost compared to 2022. This brings the 2023 death count to 404, which is significantly below the projection

of 417 fatalities. Additionally, the rate of fatal overdoses decreased by 11% among non-Hispanic, Black Rhode Islanders and 15% for Hispanic or Latino Rhode Islanders.

Rhode Island's 2030 Goal: Reduce Overdose Deaths by 30%

In 2023, fatal overdoses decreased by 7.3%, the first decrease in overdose deaths since 2019. Additionally, the rate of fatal overdose decreased by 11% among non-Hispanic, Black Rhode Islanders and 15% among Hispanic or Latino Rhode Islanders.

Total overdose deaths fell significantly below the 2023 goal, with 404 fatalities compared to 417.



Note: This goal was calculated based on a review of state and national plans to address overdose deaths, focusing on the northeast region of the US. Consensus has indicated that aligning Rhode Island's 2030 goal with the CDC's Healthy People 2030 goal was preferred. The long-term goal, explained here [health.gov], aims to reduce overdose deaths back to their 2018 values by 2030.

Budgetary Overview: From Fiscal Year 2023 through 2025, over \$48 million dollars from the opioid settlement funds has been allocated in the following priority areas: racial equity, governance, data, social determinants of health (SDOH), prevention, harm reduction/rescue, treatment, and recovery.

The chart below reflects the FY23, FY24 and FY25 opioid settlement allocations and total spent according to each pillar or category. EOHHS, BHDDH, and RIDOH have encumbered approximately \$25 million dollars by creating more than 75 contracts, grants, and/or MOUs within the pillars. According to the Rhode Island Financial Accounting System (RIFANS), over \$14.6 million dollars have been spent – however, this is only through State Fiscal Year 2024 (June 30, 2024). It is also important to note that this spending does not include amounts to date, and it is dependent on several factors including program planning, development, and workforce capacity. In addition, some of the settlement funded 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 settlement dollars). Spending increased by over 60% from FY23 to FY24, and we anticipate that spending will continue to speed up. The State in partnership with University of Rhode Island (URI) and Brown University are continually evaluating the impact of these investments by tracking programmatic performance and monitoring trends in surveillance data.

This table breaks out each pillar by project with details of each allocation and total spent, as recorded in RIFANS through 6/30/2024. As noted above, additional amounts have been invoiced but not reflected in the table below.

Pillar/Priority	SFY23 Abatement Spent	SFY24 Abatement Allocations	SFY24 Abatement Spent	SFY25 Abatement Allocations
Racial Equity	N/A	\$300,000	\$0	\$500,000
Investment in racial equity strategies and implement infrastructure	N/A	\$300,000	\$0	\$500,000
Governance	\$329,598	\$1,600,000	\$505,003	\$2,250,000
Administration: capacity for alignment, program development and contract oversight	\$179,896	\$600,000	\$221,700	\$750,000
Emerging issues, including changes in drug supply, housing crisis, etc.	\$149,702	\$500,000	\$33,100	\$1,000,000
Evaluation: Capacity for evaluation	\$0	\$500,000	\$250,203	\$500,000
Data	\$207,906		\$270,970	\$600,000
Enhanced surveillance/Data analysis	\$207,906	\$0	\$270,970	\$600,000
Social Determinants of Health	\$933,043	\$2,620,000	\$2,365,138	\$2,250,000
Basic needs provision for high-risk clients and community members	\$179,849	\$0	\$448,253	\$500,000
Communications – translations, paid campaigns, and capacity	\$3,194	\$0	\$114,352	\$300,000
Homelessness prevention, medical respite, and mobile medical respite (wound care)	\$0	\$2,620,000	\$802,534	\$1,200,000
Non-profit capacity building (RIF) and technical assistance (UW)	\$750,000	\$0	\$0	\$250,000
Trauma Informed Supports	\$0	\$0	\$1,000,000	\$0
Prevention	\$1,824,097	\$1,950,000	\$2,176,205	\$2,400,000
Community mental health - youth	\$1,375,000	\$575,000	\$1,125,000	\$1,200,000
Investment in school based mental health (Student Assistance)	\$449,097	\$1,375,000	\$1,051,205	\$1,200,000
Harm Reduction & Rescue	\$713,996	\$2,650,000	\$2,498,871	\$3,300,000
Drop-in centers		\$150,000	\$57,017	\$500,000
Expand existing outreach	\$306,496	\$1,000,000	\$770,291	\$750,000
Harm Reduction Infrastructure/Naloxone	\$0	\$0	\$0	\$500,000
Harm reduction technologies	\$7,500	\$0	\$189,858	\$300,000
New outreach focusing on BIPOC communities		\$250,000	\$229,420	\$0
Overdose prevention center	\$400,000	\$1,250,000	\$867,642	\$1,000,000
Post-overdose		\$0	\$384,644	\$250,000
Treatment	\$1,133	\$1,150,000	\$1,624,288	\$4,150,000
Brick & mortar treatment facilities (Development of Add. SUD Residential Services)	\$0	\$0	\$688,272	\$2,000,000
Chronic pain treatment and prevention for BIPOC industry workers	\$1,133	\$0	\$160,879	\$300,000
Contingency Management		\$0	\$390,262	\$0
Medication for Opioid Use Disorder (MOUD) services		\$550,000	\$384,698	\$550,000
Stimulant use disorder treatment		\$0	\$0	\$500,000
SUD residential		\$300,000		
SUD workforce supports		\$300,000	\$177	\$0
Youth Treatment Infrastructure		\$0		\$800,000
Recovery	\$152,422	\$0	\$1,004,782	\$3,000,000

Family supports/family connection and utilize families as a resource	\$0	\$0	\$450,000	\$450,000
Recovery capital supports	\$0	\$0	\$242,458	\$250,000
Recovery Housing Incentives	\$0	\$0	\$0	\$500,000
Recovery Infrastructure	N/A	N/A	N/A	\$1,300,000
Substance Exposed Newborns (SEN) - peer navigator and surveillance	\$152,422	\$0	\$312,324	\$500,000
Miscellaneous			\$21,505	
Incorrect charges to settlement account - adjustments will be completed in FY25			\$21,505	
Grand Total	\$4,162,193	\$10,270,000	\$10,466,763	\$18,450,000

Looking forward, for fiscal year 2026, the OSAC members came to a consensus vote to approve allocations of \$20,700,000, sustaining most of the programs listed above and adding new dollars to be spent on treatment infrastructure, including additional funding for treatment options for stimulant use disorder, youth interventions, and infrastructure for recovery services.

Evaluation and Transparency: EOHHS, BHDDH, and RIDOH are each managing their respective components of the settlement funded activities by tracking program level metrics including the number of people served, and where feasible, geographic area, aggregate level participant demographics, and outcomes achieved. A public settlement page went live in 2024 to improve transparency of how money is being allocated, public input avenues, and funding opportunities on the PreventOverdoseRI.org website. An internal program dashboard has been finalized for program level outcome tracking as well as priority level indicators and target setting. The Overdose Data Council, an interagency council comprised of data analysts and epidemiologists led a process that included leadership, programmatic staff, and community individuals to ensure feasible, accurate, and appropriate targets that are key in tracking progress. Indicators for harm reduction, prevention, treatment, and recovery will be publicly available on this public dashboard in early 2025.

Program Highlights and Summary: The information below provides an update of programmatic milestones. Please note that this is not an exhaustive list of programs funded but does include major programs and their progress. Additionally, an Appendix is provided with the name of programs, funding sources, and vendors.

COMMUNICATIONS

Supporting the maintenance of www.PreventOverdoseRI.org

EOHHS continues to partner with Brown University to support Rhode Island’s main landing page for communications on the overdose crisis. This website includes up to date information on the Governor’s Overdose Task Force and its Work Groups, public health announcements and messaging, public access and trainings for free naloxone and other harm reduction tools as well as a public data dashboard on the overdose crisis. This website had 168,266 views between January and November 30, 2024. The websites newly created Settlement page has been viewed 1,332 times January through the end of November 2024.

Ensuring translation of communications on the overdose crisis

EOHHS has allocated \$80,000 to ensure access through the translation of materials including marketing campaigns.

EVALUATION/DATA/SURVEILLANCE

Evaluation Capacity

EOHHS has entered a 3-year contract with URI to increase evaluation capacity. This investment is focused on a comprehensive evaluation of the strategic plan (Roadmap) using the continuum of care framework. An evaluation plan has been finalized, and work is currently underway. Key information is being gathered and will be examined that will help us understand one of many questions including the extent to which programs are working toward addressing the comprehensive strategic plan's (Roadmap) desired outcomes.

Surveillance Systems and State Laboratory

Funds have been allocated to support enhancing RIDOH's overdose surveillance systems:

1. Supporting contract medical examiners to reduce the delay in death reporting.
2. Enhancement of Overdose Fatality Review Team (OFR) to meet National OFR Standards.
3. Creation of a heat map dashboard to allow harm reduction workers to create custom maps that they can use to track non-fatal and fatal overdoses in Rhode Island.
4. Created an updated automated integrated overdose surveillance system with daily tracking, which went live on October 2, 2023, after a year of work.
5. Purchased key bio surveillance lab supplies to enhance drug supply testing.

SOCIAL DETERMINANTS OF HEALTH

Trauma Supports for Peer Specialists and First Responders

EOHHS has expanded its partnership with Rhode Island Foundation to create a new grant program for basic needs and trauma supports.

Trauma Supports

The following six organizations were awarded over \$500,000 in funding: 2nd Act, Centro de Innovacion Mujer Latina (CIML), Local Initiative Support Corporation (LISC), Medicine Horse, Melior, and Thundermist Health Center. Organizations received this funding to provide innovative, trauma-informed services to first responders and peer harm reduction and recovery specialists. The focus is on addressing post-traumatic stress due to exposure to overdoses and other determinants of health.

Basic Needs

The following nine organizations were awarded over \$300,000 in funding: Access to Recovery, AIDS Care Ocean State, Bridgemark, Children's Friend and Service, Community Care Alliance, Crisis Intervention Teams of RI, Mathewson Street United Methodist Church, Project Weber/RENEW, and Rhode Island Hospital. This project help individuals and families who are impacted by opioid use or who are at risk of an overdose by providing funding for "care packages," such as bedding, food, clothing, and transportation among other expenses.

Homelessness Prevention

Housing Services Supports for Justice-Involved Substance Use Disorder (SUD)/Opioid Use Disorder (OUD) Clients

EOHHS has partnered with the Department of Corrections through a Memorandum of Understanding to provide care packages that include basic needs, transitional supplies, vital records, and resources for people with an OUD or are at risk of an opioid overdose who are being released from the ACI or currently justice involved such as those on probation.

ODU/SUD Problem-Solving and Statewide Housing Navigation Supports

EOHHS has partnered with Crossroads of Rhode Island to provide housing problem solving services and to prevent and divert people from entering the homeless crisis response system and coordinated entry system by providing staff engagement in housing problem solving conversations paired with the use of flexible funds to resolve the crisis.

Medical Respite

EOHHS in partnership with the Department of Housing has expanded Westbay Community Action's medical respite services targeting people with SUD or those at risk of an overdose by providing shelter to those healing from acute medical and behavioral health issues. To date, 201 people who might have otherwise been discharged/released to homelessness, have received respite services through Westbay Community Action, Thundermist Health Center, and Elwyn.

Mobile Wound Care

EOHHS has expanded services in partnership with Westbay Community Action to develop and deploy a mobile wound care outreach team that consists of trained staff to treat wounds and other injuries associated with substance use, particularly due to the impacts of Xylazine. This team of specialized medical professionals and a social worker work in partnership with local harm reduction organizations to provide treatment, support, and referrals using a trauma-informed lens. The program operates with 3 partners, Community Care Alliance, Parent Support Network, Project Weber Renew and serves clients living in encampments. Since December 2023, this program has served a total of 121 patients.

Non-Profit Capacity Building

RIDOH's Health Equity Zone's Training and Technical Assistance Program provides technical assistance and trainings for settlement funded partners and participants of the Governor's Overdose Task Force. To date, two learning communities were hosted in July and October 2024, resulting in 116 settlement funded partners and Task Force affiliated registrants. Participants were provided with the opportunity to network and participate in peer-based capacity building activities. These topics included grant writing and frontline staff wellness.

PREVENTION

School-Based Prevention Services

BHDDH provided funding to Coastline EAP which contributed to the expansion of Rhode Island Student Assistance Services (RISAS) in 77 middle and high schools across Rhode Island. RISAS is a statewide school and community-based alcohol, tobacco and other drug misuse prevention/early intervention program operating since 1987. As of today, 71 of 75 schools have Student Assistance Counselors trained to prevent substance use and promote mental health.

Community-Based Youth Prevention

EOHHS in partnership with Rhode Island Foundation awarded \$2,500,000 for a two-year community-based youth prevention project. This project is now in its second year with the following eight organizations participating: Coastline EAP, Parent Support Network, Providence Children and Youth Cabinet, The Providence Center, The Rhode Island Alliance of Boys & Girls Clubs, Rhode Island Sports Union, Substance Use and Mental Health Leadership Council of RI, and Woonsocket Prevention Coalition. Four projects service youth primarily in Providence, two state-wide, one in Woonsocket, and one in Kent/South County. Types of programs range from evidence-based health promotion programs, social emotional development trainings, to outreach, harm reduction, case management and counseling services. At the completion of year one, 1,699 individuals were served through all programs.

HARM REDUCTION

Supports for Existing Harm Reduction Agencies

This project is an expansion of peer led harm reduction and recovery support services. There are three organizations providing services across the state: Project Weber/RENEW, AIDS Care Ocean State, and Community Care Alliance. The organizations carry out mobile outreach, meeting people where they are and providing naloxone, needle exchange services, fentanyl test strips, and other harm reduction education and materials, as well as connection to treatment, HIV and HVC testing, and recovery supports.

Between January 2023 and September 2024, peers providing mobile outreach services encountered 52,357 individuals:

- 13,722 of these were unique encounters; and
- 8,469 people of the encounters served people who were unstably housed.

TEVA Naloxone and Naloxone Distribution

URI serves as the State's centralized naloxone distribution center. URI continues to distribute the 50,000 TEVA naloxone kits to community-based organizations – including the mobile outreach teams and individuals.

- Between January 2023 and September 2024, the total amount of naloxone distributed to hospitals, pharmacies, and community partners was approximately 115,085 naloxone kits (this includes the 50,000 kits of naloxone from TEVA).

Overdose Prevention Center

EOHHS is in contract with Project Weber/RENEW (PWR) to open the nation's first state-sanctioned Overdose Prevention Center also known as Harm Reduction Center. A ribbon cutting ceremony took place on December 11, 2024, at the new location of the center that is ideally located in the RI Hospital district on Willard Street in Providence. PWR has applied for a Harm Reduction Center license and is in the process of finalizing operational protocols and will be scheduling a walk through with RIDOH to finalize their review and approval process.

Safe Landings

BHDDH is in the process of finalizing review of potential partners for the Safe Landings program. Safe Landings is the first National Association of Recovery Residence level IV recovery house in RI. Safe Landings provides short term, non-medical (not in withdrawal) stabilization for individuals in crisis related to opioid or stimulant use, with the goal of reducing the number of Rhode Island deaths related to opioid overdoses.

Post Overdose

RIDOH is finalizing a continued partnership with Rhode Island Hospital to provide support for their Addiction to Care (ACT) program. This post overdose option will offer walk-in and same-day appointments for people that may have been discharged from the emergency department following an overdose or are interested in starting treatment. Their mission is to provide non-judgmental care, guidance, support, and individualized treatment services whether client's goals are to stop use, decrease use, or to use more safely.

Mobile Outreach Focused on the BIPOC Community

RIDOH is in the second year of this pilot program that is funding multiple agencies to carry out new mobile outreach activities with a focus on our BIPOC communities. Following is a summary for each of the funded organizations:

1. Project Weber/RENEW will sustain harm reduction and overdose prevention outreach in Kennedy Plaza, to expand day and night outreach programs, expand their Court Support program (which provides wrap-around case management, linkage to treatment, and harm reduction tools and basic needs), and provide anti-stigma trainings/public-facing events/media campaigns/etc. with the goal of reaching BIPOC communities and bringing more folks of color in to overdose prevention efforts.
2. Amos House will use strategic canvassing to provide naloxone and training, as well support and recovery information in neighborhoods with predominantly BIPOC residents. They will carry out activities to reduce stigma, and to establish community-based medical care on-site at Amos House or in the community through outreach, with basic primary care, screening for chronic conditions, wound care, and referrals to medical detox/treatment.
3. Horizon Health will conduct Rapha Healing Circle groups within BIPOC communities, specifically engaging people who identify as Black/African American women with a focus on Providence, Pawtucket, Central Falls and Woonsocket. Participants of the Rapha healing circle will be recruited through partnerships made with local stakeholders such as church groups, recovery houses and community mental health providers. HHP will refer Rapha Healing Circle participants to further behavioral health and substance use assessment and treatment as needed and will partner with URI and PONI to host trainings for the administration of naloxone to Rapha Healing Circles participants.

TREATMENT

Brick & Mortar Treatment

BHDDH has invested settlement dollars braided with federal funding to add 70 more residential beds between three different residential treatment facilities: Zinnia, Bridgemark, and Galilee Mission.

BHDDH is actively reviewing applications from a recent procurement opportunity for mothers with children residential treatment. Additionally, they are finalizing a residential youth treatment funding opportunity that should post in early 2025.

Contingency Management

BHDDH has encumbered settlement and State Opioid Response (SOR) funds for Contingency Management through a partnership with DynamiCare. This program provides evidence-based treatment for people currently in outpatient treatment who are using stimulants through motivational incentives to help people stay in recovery. To date, DynamiCare has served 140 people to date, with a 44% retention rate and actively receiving recovery and treatment retention support services.

Prevention and Treatment for BIPOC Construction Industry Workers

This project has developed a recovery community among Building & Construction Trades Council members, with a focus on BIPOC industry workers. The program is encouraging treatment as well as developing and implementing a communications and intervention strategy with unions and employers in Rhode Island's construction industries.

From January to September 2024, 81 participants in the pre-apprenticeship and apprentice programs have completed Building Future's "Our Response, Our Recovery" curriculum and approximately 899 kits of naloxone have been distributed to the building and construction trade industry. Eighteen individuals were trained and function as industry peers, 28 individuals received clinical support or referrals, and nearly 600 views of their updated resource website occurred from May to September 2024 as a result of campaign promotions.

Stimulant Use Treatment

With community input, BHDDH, RIDOH, and EOHHS are collaborating and planning to develop additional supports focused on treatment services for people who use stimulants including an expansion of contingency management. This is particularly important to address disparities in care for Rhode Island's communities of color, which as noted in the fatal overdose data, is particularly challenged both by stimulant use and a rise in fatal overdoses.

Workforce Support

BHDDH and EOHHS will also procure additional supports for the opioid treatment workforce by investing in training or other supports.

RECOVERY

Supporting RIDOH's Substance Exposed Newborns program.

RIDOH has partnered with Care New England to deploy a team of Certified Peer Recovery Specialists for pregnant and parenting people with OUD. These funds will provide enhancements to existing data systems to improve data collection for substance exposed newborns.

Family Supports

In partnership with Rhode Island Foundation, \$461,000 has been awarded to six organizations for Family Supports. Grants will support programs by organizations made up of or serving families of people who use drugs, people in recovery, or people who have passed away because of an overdose. Organizations that received funding are Friends Way, Interfaith Counseling Center, Progreso Latino, Rhode Island Minister's Alliance, Sharieff's Foundation Project, and Substance Use and Mental Health Leadership Council.

Recovery Infrastructure

EOHHS, RIDOH, and BHDDH are developing local response funding opportunities, workforce development, and oral health projects to increase recovery capital to provide opportunities for the peer workforce and improve the recovery infrastructure.

Appendix

Pillar and Project	Funding Source(s)	Partners
Administration/Evaluation/Data		
Administration: capacity for alignment, program development and contract oversight	Settlement	EOHHS Staff
Evaluation: Capacity for evaluation	Settlement	EOHHS Staff and URI
Enhanced surveillance/Data analysis Overdose Fatality Review	Settlement, Stewardship, and CDC	RIDOH Staffing
Social Determinants of Health		
Communications – translations, paid campaigns, and capacity	Settlement, SAMSHA	Brown University, Campaigns, and MPA with translator services
Basic Needs/Reentry (RIF)	Settlement	Access to Recovery, ACOS, Bridgemark, CCA, Children’s Friend, Mathewson Street Church, PWR, RI Hospital, Thundermist CIT
Community mental health - youth (RI Foundation)	Settlement	Friends Way, Interfaith Counseling Center, Progresso Latino, Shareiff’s Family Foundation, SUMHLC
Investment in school based mental health (Student Assistance)	Settlement, Stewardship, Other	Coastline EAP (RI Student Assistance Services)
Justice Involved Homelessness Prevention Initiative	Settlement	Department of Corrections
Non-profit capacity building technical assistance	Settlement	RI Department of Health, Health Equity Zone,

		Training and Technical Assistance Program
Trauma Informed Supports	Settlement	2nd Act Inc., Centro de Innovacion Mujer Latina, Local Initiatives Support Corporation, Medicine Horse, Melior, Thundermist Health Center
Homelessness prevention, medical respite, and mobile medical respite (wound care)	Settlement, HCBS, CHF	Westbay Community Action, Alert
Harm Reduction & Rescue		
Drop-in centers	Settlement	Project Weber/RENEW - Pawtucket
Expand existing outreach	Settlement, Stewardship, CDC	Project Weber/RENEW, Community Care Alliance, and Aids Care Ocean State
Harm reduction infrastructure	Settlement and Stewardship	Preventing Overdose and Naloxone Intervention (PONI)
Naloxone distribution/supply	Settlement and Stewardship	URI, Project Weber/Renew, ACOs, and CCA
Harm reduction technologies	Settlement	Brave Technology Coop
New outreach focusing on BIPOC communities	Settlement	Project Weber/RENEW, Amos House, and Horizon Health
Overdose prevention center	Settlement	Project Weber/RENEW
Post-overdose	Settlement	In Review

Post-overdose	Settlement	Rhode Island Hospital
TEVA - Non-Monetary and Admin	Settlement	URI – Naloxone
Treatment		
Brick & mortar treatment facilities	Settlement	Bridgemark, Gallilee Mission, and Zinnia Health
Chronic pain treatment and prevention for BIPOC industry workers	Settlement	Building Futures
Contingency Management	Settlement and SAMHSA	Dynamicare
Medication for Opioid Use Disorder (MOUD) services	Settlement and SAMHSA	Lifespan (RI Hospital) and various OTPs
Stimulant use disorder treatment	Settlement	In Planning
SUD workforce supports	Settlement and Stewardship	Various learning opportunities
Recovery		
Family supports/family connection and utilize families as a resource	Settlement	Friends Way, Interfaith Counseling Center, Progresso Latino, Shareiff's Family Foundation, SUMHLC
Recovery Housing - Brick & Mortar, operation, and incentives	Settlement and SAMHSA	No new partnerships
Substance Exposed Newborns (SEN) - peer navigator and surveillance	Settlement	Parent Support Network