



Opioid Settlement Funded Project Annual Report December 29, 2025

Opioid 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 Rhode Island 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 to 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 the Overdose Crisis with Settlement Dollars

In January 2022, Rhode Island joined the national opioid settlement with three major opioid distributors, providing more than \$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 more than \$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 OSAC, 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 OSAC receives public input from a wide array of professional and community participants on how to spend opioid settlement dollars in alignment with [Governor Dan McKee's Overdose Task Force](#).

EOHHS works closely with the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) and the Rhode Island Department of Health (RIDOH), along with the Rhode Island Department of Corrections, the Rhode Island Executive Office 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 in the slide 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, the OSAC has adopted the [Task Force’s Strategic Plan](#) otherwise known as the “Roadmap.” The slide below illustrates the main priorities that work across the continuum of care with the overall priorities 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 OSAC members 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. Jacob Bissaillon
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	Chief Jeffrey Varone
Representative from City/Town in Newport County	Chief Humphrey Donnelly IV
Representative from City/Town in Providence County	Maria Santos
Representative from City/Town in Washington County	Chief Shawn Lacey
Expert Representatives	Dr. Alexandria Macmadu Dennis Bailer Katie Hansen
Community Representatives	Samantha Binienda Meko Lincoln
Non-Voting Chair	Dr. Brandon Marshall

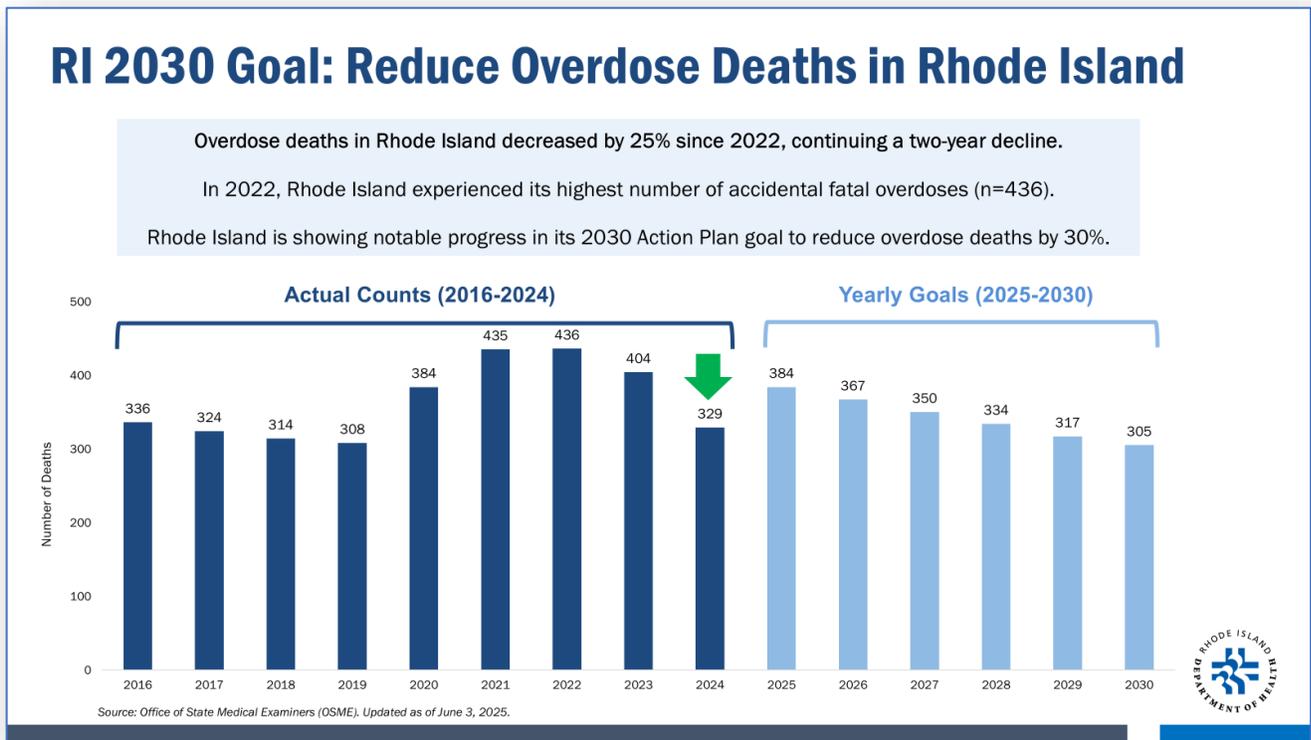
As mentioned in the 2024 Annual Report, EOHHS developed an application process for the available community member and expert seats of Dr. Justin Berk and Angie Ankoma. In February of 2025, interested applicants submitted their applications for consideration. Decision criteria were scored based on diversity and experience including, lived experience. In March 2025, Dr. Brandon Marshall, Chair of the OSAC, facilitated an executive session and committee vote, and welcomed Katie Hansen as an expert representative and Samantha Binienda as a community representative.

Looking ahead to 2026, the expert representative seat held by Dennis Bailer and community representative seat held by Meko Lincoln are set to expire. EOHHS will once again organize an application process to fill this position. Both current members and new applicants will be eligible to apply for these open seats on the committee.

Summary of Overarching Priority Goals

It is essential to determine whether the investments being made with the additional funds from the opioid settlements, along with other funding sources, are having a meaningful impact. In early 2023, the Task Force set a goal to reduce fatal overdoses by 30% by 2030, aiming to bring overdose death rates below 2019 levels. According to the Office of the State Medical Examiners, fatal overdose data for 2024 show a 24.5% reduction in lives lost compared to 2022. This brings the total number of fatalities in 2024 to 329, which is significantly lower than the projected 407 deaths. In the first half of 2025, the rate of fatal overdoses decreased by 33%

compared to the first six months of 2024. Data for the second half of 2025 are still being collected, with final figures expected in the coming months.



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.

Budgetary Overview

From Fiscal Year (FY) 2023 through 2026, approximately \$69 million dollars from the opioid settlement funds has been allocated in the following priority areas: racial equity, governance, data, social determinants of health, prevention, harm reduction/rescue, treatment, and recovery.

The chart below reflects the FY23, FY24, FY25, and FY26 opioid settlement allocations and total spent according to each pillar or category. According to the Rhode Island Financial Accounting System (RIFANS) and the newly implemented Enterprise Resource Planning (ERP) Workday System, approximately \$26 million dollars has been spent from FY23 through FY25 (June 30, 2025). Please 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 that are supported by braided opioid settlement and 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).

The table below breaks out each pillar by project with details for each allocation and total amount spent, as recorded in RIFANS and ERP Workday through June 30, 2025. As noted above, additional amounts have been invoiced but not reflected in the table below.

Pillars/Priorities	Abatement Allocations FY23	Abatement FY23 Spent	Abatement Allocations FY24	Abatement FY24 Spent	Abatement Allocations FY25	Abatement FY25 Spent	Abatement Allocations FY26
Racial Equity	\$0	\$0	\$300,000	\$0	\$500,000	\$0	\$350,000
Investment in racial equity strategies and implement infrastructure	\$0	\$0	\$300,000	\$0	\$500,000	\$0	\$350,000
Data	\$620,000	\$207,906	\$0	\$270,970	\$600,000	\$507,762	\$1,500,000
Analytical drug testing Forensic Toxicology Laboratory drug	\$0	\$0	\$0	\$0	\$0	\$0	\$500,000
Enhanced surveillance Data analysis	\$620,000	\$207,906	\$0	\$270,970	\$600,000	\$507,762	\$1,000,000
Governance	\$1,250,000	\$329,598	\$1,600,000	\$505,004	\$2,250,000	\$1,205,638	\$2,600,000
Administration: capacity for alignment, program development and contract oversight	\$250,000	\$179,896	\$600,000	\$221,701	\$750,000	\$454,695	\$800,000
Emerging issues, including changes in drug supply, housing crisis, etc.	\$500,000	\$149,702	\$500,000	\$33,100	\$1,000,000	\$385,084	\$1,000,000
Evaluation: capacity for evaluation	\$500,000	\$0	\$500,000	\$250,203	\$500,000	\$365,859	\$800,000
Social Determinants of Health	\$4,830,000	\$933,043	\$2,620,000	\$2,365,138	\$2,250,000	\$1,939,454	\$2,100,000
Basic needs provision for high-risk clients and community members	\$700,000	\$179,849	\$0	\$448,253	\$500,000	\$235,910	\$250,000
Communications: translations, paid campaigns, and capacity	\$380,000	\$3,194	\$0	\$114,352	\$300,000	\$160,681	\$600,000
Homelessness prevention, medical respite, and mobile medical respite (wound care)	\$1,750,000	\$0	\$2,620,000	\$802,534	\$1,200,000	\$1,175,964	\$1,000,000
Non-profit capacity building (RIF) and technical assistance (UW)	\$1,000,000	\$750,000	\$0	\$0	\$250,000	\$116,900	\$0

Trauma-informed supports	\$1,000,000	\$0	\$0	\$1,000,000	\$0	\$250,000	\$250,000
Prevention	\$4,000,000	\$1,824,097	\$1,950,000	\$2,176,205	\$2,400,000	\$1,655,901	\$2,700,000
Community mental health: youth	\$2,500,000	\$1,375,000	\$575,000	\$1,125,000	\$1,200,000	\$874,973	\$1,200,000
Investment in school-based mental health	\$1,500,000	\$449,097	\$1,375,000	\$1,051,205	\$1,200,000	\$780,928	\$1,500,000
Harm Reduction and Rescue	\$4,500,000	\$713,996	\$2,650,000	\$2,498,871	\$3,300,000	\$3,433,436	\$5,475,000
Drop-in centers	\$0	\$0	\$150,000	\$57,017	\$500,000	\$318,835	\$500,000
Expand existing outreach	\$500,000	\$306,496	\$1,000,000	\$770,291	\$750,000	\$628,206	\$750,000
Harm reduction infrastructure/naloxone	\$0	\$0	\$0	\$0	\$500,000	\$282,643	\$900,000
Harm reduction technologies and strategies	\$250,000	\$7,500	\$0	\$189,858	\$300,000	\$125,324	\$550,000
New outreach focusing on BIPOC communities	\$1,000,000	\$0	\$250,000	\$229,420	\$0	\$666,401	\$625,000
Overdose prevention center	\$2,000,000	\$400,000	\$1,250,000	\$867,642	\$1,000,000	\$1,332,358	\$1,250,000
Post-overdose	\$750,000	\$0	\$0	\$384,644	\$250,000	\$79,668	\$700,000
Public health vending machines (drug user health supplies)	\$0	\$0	\$0	\$0	\$0	\$0	\$200,000
Treatment	\$2,800,000	\$1,133	\$1,150,000	\$1,645,794	\$4,150,000	\$1,016,165	\$2,425,000
Brick-and-mortar treatment facilities (Development of additional substance use disorder (SUD) residential services)	\$1,200,000	\$0	\$0	\$688,272	\$2,000,000	\$126,008	\$250,000
Chronic pain treatment and prevention for BIPOC industry workers	\$500,000	\$1,133	\$0	\$160,879	\$300,000	\$219,402	See Recovery
Contingency management	\$300,000	\$0	\$0	\$390,262	\$0	\$99,331	\$250,000
Medications for opioid use disorder (MOUD) services	\$0	\$0	\$550,000	\$384,698	\$550,000	\$525,296	\$900,000
Opioid withdrawal management	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Stimulant use disorder treatment	\$800,000	\$0	\$0	\$0	\$500,000	\$0	\$325,000
SUD residential services	\$0	\$0	\$300,000	\$0	\$0	\$0	\$0
SUD workforce supports	\$0	\$0	\$300,000	\$177	\$0	\$46,128	\$200,000

Youth treatment infrastructure	\$0	\$0	\$0	\$0	\$800,000	\$0	\$500,000
Incorrect charges/not in the budget	\$0	\$0	\$0	\$21,505	\$0	\$0	\$0
Recovery	\$2,000,000	\$152,422		\$1,004,782	\$3,000,000	\$1,555,800	\$3,550,000
Family supports/family connection and utilize families as a resource	\$450,000	\$0	\$0	\$450,000	\$450,000	\$450,000	\$450,000
Chronic pain treatment and prevention for BIPOC industry workers	See Treatment	See Treatment		See Treatment	See Treatment	See Treatment	\$600,000
Recovery capital supports	\$450,000	\$0	\$0	\$242,458	\$250,000	\$38,426	\$0
Recovery Friendly Workplaces Initiative	\$0	\$0	\$0	\$0	\$0	\$0	\$200,000
Recovery Housing: Alcohol Use	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Recovery Housing: Incentives	\$500,000	\$0	\$0	\$0	\$500,000	\$213,575	\$750,000
Recovery Infrastructure	\$0	\$0	\$0	\$0	\$1,300,000	\$400,000	\$800,000
Substance Exposed Newborns (SEN)	\$600,000	\$152,422	\$0	\$312,324	\$500,000	\$453,799	\$750,000
Grand Total	\$20,000,000	\$4,162,193	\$10,270,000	\$10,466,764	\$18,450,000	\$11,314,156	\$20,700,000

Looking forward, for fiscal year 2027, the OSAC were presented with a proposal based on community and State agency recommendations for the allocations for FY27 based on estimated settlement revenue totaling \$10 million dollars. The OSAC members came to a consensus vote to approve allocations of \$10 million dollars focused on program sustainability according to recommendations presented by EOHHS, input from respective State agencies, and community engagement sessions. These recommendations were approved by Secretary Charest in October 2025.

Opioid settlement revenue significantly decreased from approximately \$20 million dollars in FY26 to \$10 million dollars in FY27. Spending trends for the past two fiscal years show that approximately \$11 million dollars is being spent annually and based on forecasted settlement revenue, any unspent funds from FY23 through FY26 that have carried forward will be essential in maintaining existing initiatives and responding to emerging issues.

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. In June 2025, an [Opioid Settlement Overview as of June 2025](#) was provided to the OSAC and shared on EOHHS' [OSAC webpage](#) along with all meeting presentations and recordings. In addition, RIDOH, BHDDH, and EOHHS provided programmatic updates to the OSAC, highlighting successes and progress of selected settlement funded programs.

A public settlement page went live on PreventOverdoseRI.org in 2024 to improve transparency of funding allocations, public input avenues, and funding opportunities. EOHHS has also added a [Contact Form](#) to increase the general public's access to inquire and provide input to the committee. Finally, 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 shared during the upcoming [Governor's Overdose Task Force](#) meeting on January 14, 2026.

Program Highlights and Summary

The information below provides an update on major programs and their programmatic milestones. Please note that this is not an exhaustive list of programs funded by the OSAC.

COMMUNICATIONS

Supporting the Maintenance of PreventOverdoseRI.org (PORI)

EOHHS continues to partner with Brown University School of Public Health to support Rhode Island's main landing page for communications and resources on the local overdose crisis. The website provides up-to-date information on the Governor's Overdose Task Force and its nine work groups, as well as public health announcements and messaging, access to free overdose prevention training, naloxone, and other harm reduction tools. PORI also offers a public data dashboard on the overdose crisis. The following is a summary of engagement and highlights:

- This website had 270,230 views between January and November 30, 2025.
- New and updated webpages included *Help a Loved One, Get Help, Prevent Unintentional Youth Poisonings, and Request a Free Medicine Storage Lock Bag*.
- In September 2025, a neighborhood-level data dashboard was integrated into the PreventOverdoseRI.org platform. This dashboard was designed to support community planning and overdose response, as well as inform decision-making.

Public Awareness Campaigns

The BHDDH, EOHHS, and RIDOH Behavioral Health Statewide Communications Team developed and implemented a new paid media campaign titled, [No Matter Why You Use](#), to prevent overdose deaths among Rhode Islanders ages 45 to 64. This campaign brought audiences to resources and information on PreventOverdoseRI.org. It was funded by Substance Abuse and Mental Health Services Administration (SAMSHA) State Opioid Response (SOR) dollars, braided with \$100,000 from opioid settlement funds. The following is a summary of the campaign's performance metrics:

- Website traffic to PreventOverdoseRI.org was 80% higher year over year during this period, primarily through paid media efforts, with September 2025 reaching the highest level of recorded website sessions at 43,428.
- During the campaign flight, there were a total of 129 clicks to "Order a free medicine lock bag" and 40 clicks to "Pick up a free lock bag" on the website, 54 of which can be directly attributed to paid media efforts.

Ensuring Translation of Communications on the Overdose Crisis

EOHHS has allocated \$75,000 to ensure access to overdose prevention information through the translation of culturally competent educational resources, printed materials, and paid media campaigns.

EMERGING ISSUES

Addressing Emerging Issues

EOHHS has expanded its partnership with the Rhode Island Foundation by awarding \$300,000 in grants that respond to developing issues in the overdose epidemic. This includes outreach to private locations and targeted outreach to populations that are disproportionately impacted or marginalized, including communities of color, LGBTQ+ communities, and older Rhode Islanders. Funded organizations include AIDS Care Ocean State Inc., Rhode Island Public Health Institute, and Healthcentric Advisors.

EVALUATION/DATA/SURVEILLANCE

Evaluation Capacity

EOHHS is in year two of a three-year contract with the University of Rhode Island (URI) to increase evaluation capacity. This investment is focused on a comprehensive evaluation of the Task Force Strategic Plan (“Roadmap”) using the continuum of care framework. Community engagement across the Task Force work groups and the Task Force has been finalized, and a draft report highlighting recommended updates to the Task Force Strategic Plan has been submitted for review. These findings will be reviewed and documented in the updated Task Force Strategic Plan due to be completed and approved in January 2026.

Surveillance Systems and State Health Laboratory

Funds have been allocated to support the enhancement of RIDOH’s overdose surveillance systems, including:

- Supporting contract medical examiners to reduce the delays in death reporting.
- Enhancement of the Overdose Fatality Review Team (OFR) to meet national OFR standards.
- Monitoring and tracking of all opioid settlement-provided naloxone distributed by community agencies.
- Maintenance of the updated and automated non-fatal opioid overdose surveillance system which provides daily tracking of statewide overdoses.
- Purchase of key bio surveillance lab supplies to enhance non-fatal overdose testing.
- Fulfillment of all data requests from settlement contracted partners for the evaluation and planning of opioid settlement projects.

SOCIAL DETERMINANTS OF HEALTH

Trauma Supports for Peer Recovery Specialists and First Responders

EOHHS has expanded its partnership with the Rhode Island Foundation with a second round of funding through grants totaling \$625,000 for existing and new programs for trauma support services. Organizations will provide innovative, trauma-informed services to first responders and peer recovery specialists. The focus

is on addressing post-traumatic stress due to exposure to overdoses and other determinants of health. Organizations that received funding are 2nd Act, Family Services of Rhode Island, and Strategic Prevention Partnerships.

Supports for Justice-Involved Substance Use Disorder (SUD) and Opioid Use Disorder (OUD) Clients

EOHHS has partnered with the Rhode Island Department of Corrections through a Memorandum of Understanding to provide care packages containing basic needs, transitional supplies, vital records, and resources to people released from the ACI or who are currently justice involved (i.e., on probation or parole) and have an OUD or at risk of an opioid overdose. The following is a summary of outputs for calendar year 2025:

- 677 individuals have received care packages upon discharge. This includes 337 distributions of food, 43 duffel bags, 199 string bags, and 217 backpacks filled with various supplies and resources.

OUD/SUD Problem-Solving and Statewide Housing Navigation Supports

EOHHS has partnered with Crossroads of Rhode Island to provide housing problem-solving services to prevent and divert people from entering homelessness and to increase recovery capital. Enrolled clients receive ongoing assistance from case managers to support their tenancy and maintain housing. The following is a summary of outputs from October 2024 to November 2025:

- 16 households received financial support with a security deposit to move into permanent supportive housing.
- 58 households received support with partial rental subsidies to remain housed.
- 32 housing units were made available through landlord incentive funds.

Medical Respite

EOHHS, the Rhode Island Executive Office of Housing, and BHDDH partnered to sustain three medical respite programs operated by Westbay Community Action and Thundermist Health Center. These programs provided safe, temporary place for people to stay who are experiencing homelessness and living with acute medical conditions and OUD or who are at risk of an overdose.. In addition, this program provided wrap-around, behavioral health (substance use and mental health), and housing navigation supports. In calendar year 2025, capacity increased to 53 respite beds across three sites. To date, 281 people received these respite services. The program was recognized by the Rhode Island Coalition to End Homelessness as a highly impactful program and received the “Community Impact Award” in September 2025. Eighty-six percent of clients who entered the program completed or partially completed their treatment plan at the time of discharge, which demonstrates the effectiveness of the robust medical, behavioral, and social supports provided in this program.

Mobile Wound Care (Street Medicine)

EOHHS has continued its partnership with Westbay Community Action to develop and deploy a mobile wound care outreach team that consists of trained nursing and case management staff. This team provides wound care services, especially those related to xylazine use, to people experiencing homelessness. Outreach is offered to individuals in encampments, drop-in centers, and community events. The team partners with v

community-based organization partners, including Community Care Alliance, Project Weber/RENEW, House of Hope, CODAC Behavioral Healthcare, Better Lives RI, and Thrive Behavioral Health. From December 2023 through October 2025, this program has served 359 patients.

PREVENTION

School-Based Prevention Services

BHDDH provided funding to Coastline EAP, which contributed to the expansion of the Rhode Island Student Assistance Services (RISAS) 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 \$700,000 for two-year contracts dedicated to community-based youth prevention projects. These grants support evidence-based or evidence-informed community-based trauma supports, opioid prevention services, and leadership opportunities for Rhode Island youth and young adults. Organizations that received funding are Providence Children and Youth Cabinet, The Providence Center, and Substance Use and Mental Health Leadership Council of RI (Youth Pride). Types of programs range from evidence-based health promotion programs, social-emotional development trainings, recovery supports, case management, and counseling services.

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, including: Project Weber/RENEW, AIDS Care Ocean State, and Community Care Alliance. The organizations carryout 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 hepatitis C testing, and recovery supports.

- Between January 2024 and September 2025, peers providing mobile outreach services encountered 47,162 individuals:
 - 12,361 of these were unique individuals; and
 - 8,878 unique individuals served were unstably housed.

TEVA Naloxone and Naloxone Distribution

The URI Community First Responder Program serves as the state's centralized naloxone distribution center. The URI CFRP continues to distribute 50,000 TEVA settlement naloxone kits, which are free to community-based organizations, including the mobile outreach teams, individuals, colleges/universities, state parks, and beaches to respond to newly passed legislation.

- Between January 2023 and September 2025, the total amount of naloxone distributed to hospitals, pharmacies, and community partners was approximately 171,423 naloxone kits (this includes the 50,000 kits of naloxone from TEVA).

Overdose Prevention Center (OPC)

In January 2025, EOHHS' contracted partner, Project Weber/RENEW, opened the nation's first State-regulated OPC, or harm reduction center. The OPC's primary focus is to reduce the negative consequences of drug use by offering an integrated environment that offers both harm reduction services and treatment referrals for substance use disorder.

- Between January and November 2025, the OPC had 6,619 visits, of which 653 were unique individuals.
- There were approximately 4,000 referrals to treatment, peer support, case management services, and other resources offered by the OPC.
- 159 overdose interventions were conducted, with zero fatal overdoses.

Post Overdose

RIDOH has established a partnership with the Rhode Island Hospital to provide support for their Addiction Care Today (ACT) program. This post-overdose engagement program offers same-day walk-in or scheduled appointments for individuals seeking support and/or treatment services for any substance use disorder. The co-location of this program inside Rhode Island Hospital offers individuals that have experienced an overdose a low-barrier, treatment on demand resource to receive non-Medicaid, billable services and medications for opioid use disorder (MOUD).

- Since February 2025, there have been more than 1,000 visits to the clinic.
- From May 2025 to September 2025, 98 unique patients had an initial evaluation with a clinic counselor.
- 58% were prescribed MOUD and 33 were given take-home naloxone.

Mobile Outreach Focused on the BIPOC Community

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

- Project Weber/RENEW has enhanced their targeted outreach to BIPOC communities through expanding outreach and overdose prevention in Kennedy Plaza, as well as evening and weekend outreach programs in Providence, Pawtucket, and Central Falls. These outreach opportunities provide legal support to lift financial and legal barriers for court-involved individuals and offer overdose prevention trainings, public events, and media campaigns that address bias and stigma. Approximately 2,000 individuals were served between January 2024 and September 2025.
- Amos House continued to provide support to individuals impacted by the opioid crisis in neighborhoods with predominantly BIPOC residents. Services included training and distribution of naloxone and harm reduction supplies, basic needs, and peer recovery support. Amos House offered regular opportunities for rapid HIV and HCV testing, along with walk-in hours for urgent medical needs and cancer screenings two

days a week. Amos House provides care regardless of insurance status, including care for individuals who are undocumented. 1,603 individuals were served between January 2024 and September 2025.

- Horizon Health Care Partners (HHP) has continued to grow the Rapha Circles by working closely with Black churches and community organizations that support BIPOC communities, focusing especially on Black/African-American women in Providence, Pawtucket, Central Falls, and Woonsocket. Through the Rapha Healing Circles, participants are connected to resources, including job training programs, help with SSI/SSDI applications, SNAP benefits, overdose prevention education, and naloxone. HHP also provides linkage to care such as behavioral health or substance use assessments and treatment. 944 individuals were served between January 2024 and September 2025.

TREATMENT

Brick-and-Mortar Treatment

BHDDH has invested settlement dollars braided with federal funding to add one 14-bed, all male SUD facility and 70 additional residential beds between three different residential treatment facilities: Zinnia, Bridgemark, and Galilee Mission. In 2026, we expect to add 16 more male beds and 16 female beds.

First Impressions Grant

BHDDH, through delegated authority, was able to offer limited settlement funds to renovate eight SUD residential treatment facilities. The applicants needed to not only list how they would utilize the funds to improve client first impressions upon entry, with the focus of adding cultural, trauma-informed, and recovery-based effects, but also to offer pictures of the improvements made. This grant was focused on helping to improve engagement and reduce discrimination by offering a welcoming environment.

Gender specific residential treatment for adolescents ages 12-17

Family Services of RI and Tides Family Services have been awarded “start-up” opioid settlement funds in response to a BHDDH request for proposal. These organizations will complete two residential youth SUD inpatient treatment facilities in one year. One agency will open an SUD facility with 10 beds for males and the second organization is planning to build a female-only facility with eight beds.

Contingency Management

BHDDH has encumbered settlement and 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 retain people in treatment. To date, DynamiCare has served 140 people, with a 44% retention rate and actively receiving treatment retention support services.

Stimulant Use Disorder Treatment

BHDDH is in process of completing the contract process with a vendor that has been tentatively awarded funds to develop and implement an evidence-based stimulant use disorder program to the targeted population. The work is expected to begin in February of 2026.

Increasing Licensed Family Therapists in SUD facilities

Eight newly graduated, Masters-level family therapists from URI will be embedded and working in a Rhode Island treatment facility. The program objective is to incorporate family support and education, which is a key source of strength for individuals in early recovery and their families.

Increasing access to Opioid Use Disorder Medications (MOUD) and Counseling

Each of the 17 opioid treatment programs (OTP) in Rhode Island have funds to support individuals in need of MOUD, such as methadone or buprenorphine, as well as counseling support services. This project works in conjunction with Rhode Island's non-monetary TEVA settlement, which provides free buprenorphine.

RECOVERY

Building Futures Recovery in the Construction Industry

This program was developed to implement a recovery community within building, construction, and trades council members, with a focus on BIPOC industry workers. The program encourages access to treatment and connection to communications and intervention strategies with unions and employers in Rhode Island's construction industries. The following are highlighted data:

- From October 2023 to November 2025, 195 participants in the pre-apprenticeship and apprentice programs have completed Building Future's "Our Response, Our Recovery" curriculum.
- Approximately 3,170 kits of naloxone were distributed to individuals working in the building and construction trade industry.
- 38 individuals were trained and function as industry peers.
- 60 individuals received clinical support or referrals.
- There were approximately 2,770 views of their updated resource website occurring from May 2025 to November 2025, because of campaign promotions.

Supporting RIDOH's Perinatal Substance Use (formerly Substance-Exposed Newborns) Program

RIDOH's Perinatal Peer Services provides certified peer supports and services to pregnant and postpartum people and families by meeting people where they are – through family planning, in the family court, linkages to care, including treatment, and provides support through the recovery process. The following is a summary of progress and positive outcomes:

- **December 2022 to October 2025:** 208 referrals to perinatal peer services received. 99% outreached; 71% engaged and provided services.
- **September 2024 to September 2025:** More than 1,300 reproductive health kits (condoms, pregnancy tests, sexual and reproductive health information) were distributed to women of childbearing age and pregnant women, and there were more than 450 referrals to prenatal care.

Individual and Family Supports

In partnership with the Rhode Island Foundation, \$850,000 has been awarded to eight organizations for individual and family supports. These grants support programming by organizations made up of or serving individuals, families, and communities impacted by the opioid crisis or have lost loved ones. Organizations that

received funding are Centro de Innovación Mujer Latina in Providence; Clinica Esperanza in Providence; Families Reaching Into Each New Day (Friends Way) in Warwick; Justice Assistance in Cranston; Mathewson Street United Methodist Church in Providence; Sojourner House in Providence; Thundermist Health Center in West Warwick; and Wellbeing Collaborative in Wyoming.

Recovery Infrastructure

EOHHS, RIDOH, and BHDDH are partnering to develop workforce development and oral health projects to increase recovery capital and to provide opportunities for the peer workforce.

- **Oral Health:** EOHHS is in the process of contracting with Amos House on the “Coordination of Advanced Dental Services for People in Recovery,” a pilot program aiming to support recovery capital for at least 35 people in recovery that need restorative dental work related to substance use. This program, in addition to supporting individuals with care coordination and restorative treatment plans, will strengthen the dental provider workforce by providing anti-stigma trainings and support dental practices in providing appropriate care and services to people in recovery. The program is estimated to start in January 2025.
- **Workforce:** EOHHS is in the process of contracting with Rhode Island College to engage key stakeholders to explore career ladder and related opportunities to support and retain the SUD and peer workforce. The initiative will focus on higher education pathways as well as other strategies to provide continuing education and career advancement.

MULTI-PILLAR INITIATIVES

Community Overdose Engagement (CODE)

Comprehensive Community Action; Eastbay Community Action; Thundermist Health Center; Wood River Health Center; Family Services of Rhode Island; Local Initiatives Support Corporation; and Women’s Resource Center were awarded funds to develop local overdose response plans, enhance existing local overdose response plans, and increase local level support in high-burdened communities.