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## Interim Report: Governor's Overdose Task Force 2026-2028 Strategic Plan

### Purpose

The purpose of this report is to share the approved 2026-2028 Overdose Task Force Strategic Plan, also referred to as the "Roadmap." This plan aligns with [Rhode Island's 2030 Plan](#) and the priority of [creating a healthier Rhode Island by supporting behavioral health](#). The plan can be found on pages 4 through 8, which includes refined core strategies, goals, and targets across the four Task Force pillars of prevention, harm reduction and rescue, treatment, and recovery. These sections also include examples of ongoing and recommended activities to support this work.

The intention of this refinement is not to change course, but to ensure Rhode Island continues moving in a positive direction toward meeting the goals of saving and improving the lives of Rhode Islanders impacted by the overdose crisis.

The design of this Strategic Plan refinement was to intentionally:

- Translate Task Force and community input into systems-level priorities;
- Align strategies with measurable outcomes that are currently tracked by the Overdose Data Council; and
- Enable ongoing course correction using an aligned, whole-of-government approach to performance monitoring rather than static reporting.

### Process Overview

The refinement process was designed to integrate stakeholder input while maintaining alignment with each Task Force pillar and existing Overdose Data Council scorecard metrics. This multi-step process ensures strategy development and measurement are synchronized and duplicative efforts are avoided.

#### Step 1: Input → Strategy → Measurement:

Input for this strategic alignment was gathered through a structured, multi-source process conducted between October 2025 and November 2025. The process did not generate isolated program ideas. Instead, it identified systems-level improvements and leverage points. These insights were used to refine existing core strategies across the Task Force four pillars and the cross-cutting operating system.

## Primary Inputs

- Task Force work group listening sessions occurred from October to November 2025;
- Input was collected from a statewide community strategy and metric survey from October 2025 to November 2025;
- Facilitated strategic workshop with Task Force members and community partners took place during the November 2025 Task Force meeting; and
- Overdose Data Council alignment and refinement efforts occurred across all strategies in December 2025 and January 2026.

## Input Methods

- Qualitative information on system barriers and opportunities;
- Quantitative prioritization informed by a community strategy and metric feedback survey; and
- Identification of cross-cutting drivers affecting outcomes across pillars (i.e., equity, data, workforce, coordination).

## Step 2: Translation Mechanism, Inputs, and Strategic Response

Identified input themes and corresponding strategic responses are detailed in the table below. These findings were incorporated into the strategic refinement of core strategies to strengthen alignment and overall effectiveness.

Input Theme Identified	Strategic Response
Fragmented systems and programs	Improve system planning across state agencies led by the Overdose Task Force and center community voice in decision-making.
Access to treatment defined by availability, not speed	Decrease inequities and increase accessibility in treatment-on-demand and across the lifespan.
Harm reduction coverage too thin	Improve targeted population-level coverage framing, particularly in private locations and people who use drugs recreationally.
Recovery undermined by housing instability and employment	Address social determinants of health to increase recovery capital for individuals, families, youth, and communities.
Equity treated as optional	Embed equity-centered governance at all levels and across all pillars.

### Step 3: Final Review and Approval Process

- National Benchmarking: The team reviewed national goals, data trends (including drug supply), policies, and research to ensure each strategy reflected evidence-based and evidence-informed practices.
- Analytic Review: Agency division directors and analytics teams reviewed community input, refined strategies, and data council overdose metrics and targets, in partnership with State and academic experts.
- Leadership Input: Task Force leadership, workgroup State and community co-chairs reviewed and informed the 2026-2028 Strategic Plan.
- Community Review: The Strategic Plan refinement was shared with the Task Force followed by an update from the Overdose Data Council to review the progress of scorecard aims, status, and targets.
- Pillar-to-Scorecard Alignment Framework: Each pillar was aligned with the existing statewide Overdose Data Council scorecard metrics. Strategy development and performance measurement were reviewed and fully synchronized to avoid parallel or duplicative efforts.

### Looking Ahead

The State remains on track to meet its 2030 goal of reducing the number of lives lost to fatal overdoses by 30%. Data presented at the January 2026 Task Force show a 33% decrease in lives lost to fatal overdose in the first six months of 2025 compared to the first six months of 2024. While significant work remains, these data show that recent investments in prevention, harm reduction, treatment, recovery, and efforts to address social determinants of health are contributing to measurable progress in improving the lives of those impacted by the overdose epidemic.

In anticipation of the next semi-annual report due by March 31, 2026, the following updates are being prepared for submission:

- Snapshot of progress from the Overdose Data Council;
- State and federal investment update from the Opioid Settlement, Stewardship, and Office of Management and Budget (OMB) substance use disorder (SUD) State Fiscal Year 2025 results; and
- Overdose Task Force membership updates, which will include increased State agency and provider representation focused on addressing social determinants of health including housing and employment.

For questions pertaining to this Interim Report, please contact [Cathy Schultz](#), MPH, Overdose Task Force Director, Rhode Island Executive Office of Health and Human Services.



## Governor's Overdose Task Force 2026-2028 Strategic Plan

Governor Dan McKee's [Overdose Task Force](#) and its [work groups](#) serve as a central body guiding a whole-of-government approach committed to lifting up community voices. The 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 Strategic Plan, also known as the "Roadmap," aligns with [Rhode Island's 2030 Plan](#) and its priority of [creating a healthier Rhode Island by supporting behavioral health](#).

The refined 2026-2028 Overdose Task Force Roadmap includes clear goals, measures, and targets to track progress and respond to changing policies and emerging issues. It maintains the original four pillars of prevention, rescue, treatment, and recovery, while focusing on the cross-cutting priorities to guide statewide initiatives. The activities provided highlight existing efforts and recommended actions; however, they are not representative of a complete list.

To achieve these goals and improve people's lives, the following approaches have been adopted:

- **Use Data to Drive Action:** Initiating state and local level overdose response plans in Rhode Island's highest burden communities, addressing changes in the drug supply, and targeting private locations.
- **Prevention:** Implementing primary prevention across the lifespan.
- **Expanded Harm Reduction Coverage:** Continuing and increasing harm reduction services that are responsive to the rapidly evolving drug supply, particularly for people who use drugs recreationally and in private locations.
- **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 services for non-Hispanic Black and 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 the recurrence of substance and opioid use.<sup>1</sup>

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<sup>1</sup> Erin J. Stringfellow, et al. (2022) *Reducing opioid use disorder and overdose deaths in the United States: A dynamic modeling analysis*. Science Advance 8. <https://www.science.org/doi/10.1126/sciadv.abm8147>

## CROSS-CUTTING STRATEGIES

**Strategy:** Implementing cross-cutting, system-wide supports such as coordination, racial equity, data to inform action, education, and long-term sustainability across all four pillars. By using this approach, strategies within each pillar work together as one connected system that can adapt as overdose risks and community needs change. The cross-cutting strategies are:

- **Ensuring Racial Equity:** Ensure that racial equity is being embedded as a priority across all pillars.
- **Building Strong Governance and Community Engagement:** Enhance governance, transparency, and inclusive decision-making across levels of government and ensure community voice is centered in decision making.
- **Expanding Data Capacity and Surveillance:** Maintain a unified, equity-driven overdose data system that enables real-time action, disaggregated analysis across key demographic, geographic, and structural factors, and secure data sharing among state agencies and community partners.
- **Communications and Messaging:** Build community capital through education, public messaging, and narrative change that reduces stigma, strengthens social connectedness, and increases community trust and engagement across the overdose continuum.
- **Addressing Social Determinants of Health:** Prioritize housing stability, economic opportunity, and culturally responsive services for populations disproportionately impacted by overdose.

## REINFORCING COMPREHENSIVE PREVENTION

**Strategy:** To prevent the initiation of substance use by implementing evidence-based, equity-centered primary prevention in schools, workplaces, healthcare, and high-risk settings. Primary prevention strategies include appropriate prescribing and injury prevention practices.

Strategy Lever	Scorecard Metric	2030 Target
School-based resilience infrastructure	Increase the number of schools with Rhode Island Student Assistance Services (RISAS) counselors.	Under Review
Safe prescribing practices	Sustain the number of opioid-naïve patients receiving opioid prescriptions.	Under Review
Equity focus	Increase the diversity of RISAS workforce.  Assess potential racial and ethnic disparities among students receiving services from student assistance counselors.	Under Review

Prevention activities include:

- Increasing mental health, trauma-informed community resiliency services across the lifespan.
- Sustaining and increasing school and community-based mental health, substance use, afterschool, mentorship, and leadership development programs for youth and young adults.
- Sustaining the Rhode Island Prescription Drug Monitoring Program (PDMP) and expanding academic detailing initiatives.

## STRENGTHENING HARM REDUCTION AND RESCUE

**Strategy:** Achieve targeted and statewide coverage of harm reduction resources by maximizing access to lifesaving tools (e.g., naloxone), adapting services to the evolving drug supply, and implementing equitable post-overdose engagement strategies that reduce mortality and improve linkages to care.

Strategy Lever	Scorecard Metric	2030 Target
Naloxone saturation	Sustain the number of naloxone kits distributed annually.	≥50,000
Community engagement	Increase the number of in-person harm reduction encounters each year.	32,280
	Increase the number of unique individuals served each year.	
Equity of reach	Increase the number of naloxone kits across racial and ethnic groups.	Under Review
	Increase the rate of encounters across racial and ethnic groups.	

Harm reduction and rescue activities include:

- Sustaining harm reduction infrastructure and supportive environments that lower overdose risk and encourage people not to use alone.
- Ensuring rapid overdose response to address the everchanging drug supply and emerging situations.
- Improving post-overdose engagement that meets the needs of people who use drugs (PWUD) and connects individuals to treatment services and recovery support.
- Ensure harm reduction services are comprehensive and responsive to evolving needs of PWUD through 24/7 access to harm reduction tools.
- Sustain and expand drug user health prevention services to people leaving corrections, pregnant people, youth, and recreational drug users.

## INCREASING ENGAGEMENT IN TREATMENT

**Strategy:** Ensure equitable, low barrier, and on-demand treatment services across the lifespan. Expand treatment access, workforce capacity, reducing social, cultural, and structural barriers, and addressing social determinants of health and disparities that limit engagement and retention in care.

Strategy Lever	Scorecard Metric	2030 Target
Post-overdose linkages to care	Increase the rate of people connected to treatment within six months of a non-fatal overdose (quarterly average).	Under Review
Retention	Sustain the rate of people of people receiving buprenorphine and methadone treatment.	≥70%
Capacity	Increase the number of active buprenorphine prescribers each year.	1,362
Scale	Increase the number of people receiving medications for opioid use disorder (MOUD) annually.	Buprenorphine: 8,100 Methadone: 7,060
Equity of access	Increase the rate of people connected to treatment within six months of a non-fatal overdose by race and ethnicity (quarterly average).	Under Review

Treatment activities include:

- Increasing access to quality, appropriate inpatient and outpatient treatment services across the lifespan (youth to older adults).
- Ensuring access to racially equitable and culturally competent treatment services for all substances including stimulants and alcohol.
- Expanding low-threshold access to MOUD.

## SUPPORTING RECOVERY

**Strategy:** Build and sustain recovery capital across housing, employment, family, community, and cultural domains by strengthening recovery-oriented systems, professionalizing the peer workforce, and supporting long-term recovery and intergenerational stability.

Strategy Lever	Scorecard Metric	2030 Target
Workforce capacity	Increase the number of certified peer recovery specialists (CPRSs) and community health workers (CHWs).	725
Housing stability	Increase the percentage of people leaving recovery housing for other stable housing.	Under Review
Equity focus	<p>Increase the racial, ethnic, and linguistic diversity of CPRSs and CHWs.</p> <p>Decrease disparities among people leaving recovery housing for other stable housing by race and ethnicity.</p>	Under Review

Recovery activities are as follows:

- Sustaining and supporting recovery community centers, recovery housing, and recovery capital supports.
- Supporting community-led events, such International Overdose Awareness Day and Rally4Recovery.
- Increasing faith-based recovery supports.
- Expanding family supports and family connections and utilizing families as a resource.
- Investing in oral health to increase recovery capital.
- Expanding and diversifying the peer workforce and professional development through internships and career ladders.
- Sustaining bi-generational care coordination for families affected by perinatal substance use and perinatal substance exposure.