



Opioid Stewardship Fund Annual Report for the State Fiscal Year 2025 Submitted January 30, 2026

“In accordance with the Opioid Stewardship Act (R.I. Gen. Laws § 21-28.10-10) there is hereby established, in the custody of the executive office, a restricted-receipt account to be known as the ‘Opioid Stewardship Fund.’ Monies in the opioid stewardship fund shall be kept separate and shall not be commingled with any other monies in the custody of the Executive Office. The Opioid Stewardship Fund shall consist of monies appropriated for the purpose of such account; monies transferred to such account pursuant to law; contributions consisting of promises or grants of any money or property of any kind or value, or any other thing of value, including grants or other financial assistance from any agency of government; and monies required by the provisions of this chapter or any other law to be paid into or credited to this account. Monies of the Opioid Stewardship Fund shall be available to provide opioid treatment, recovery, prevention, education services, and other related programs, subject to appropriation by the General Assembly.

“By January of each calendar year, the Department of Health, Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), the Executive Office of Health and Human Services (EOHHS), the Department of Children, Youth and Families (DCYF), the Rhode Island Department of Education (RIDE), the Rhode Island Office of Veterans' Services, the Department of Corrections (DOC), and the Department of Labor and Training (DLT) shall report annually to the Governor, the Speaker of the House, and the Senate President which programs in their respective departments were funded using monies from the Opioid Stewardship Fund and the total amount of funds spent on each program.”

All state funding recommendations, including Stewardship allocations, rely on input from the broad, public/private Governor’s Overdose Task Force and their participants’ expertise on the overdose crisis and on the best abatement strategies. The Task Force recommendations are based on the following Task Force Priorities:



Budget and Funding Areas

In State Fiscal Year 2025, state agencies allocated approximately \$5 million dollars from the Opioid Stewardship Fund annually in the following priority areas: governance, data, prevention, harm reduction and rescue, treatment, and recovery. While projects funded with Stewardship dollars often have dollars from other funding sources braided into their budgets to ensure that we leverage as many types of funding as we can to support Rhode Islanders in need, this Annual Report contains updates on Stewardship Funding only.

According to the Rhode Island Financial and Accounting Network System (RIFANS) and the new financial software, Enterprise Resource Planning (ERP), state agencies spent just under \$6.5 million in Stewardship dollars in SFY25. Speed of spending is dependent on several factors including program planning and development, timing of contracts, workforce capacity, and the process of vendor invoice submission and the state invoicing process. The remaining \$2.1 million unspent in SFY25 was carried forward to be spent in SFY26.

The table below breaks out each pillar by project with details of dollars spent in SFY2025:

Pillar/Priority	Stewardship SFY25 Enacted Budget	Stewardship SFY25 Spent
Administration and Community Engagement	\$450,599	\$404,946
Administration: capacity for alignment, program development and contract oversight	\$360,199	\$347,221
Task Force and workgroup community co-chair stipends	\$90,400	\$57,725
Data	\$1,031,004	\$665,286
BHOLD	\$185,555	\$44,312
PDMP FTE/Integration	\$247,304	\$242,667
Naloxone Overdose Surveillance	\$150,000	\$143,569
Analytical drug testing Forensic Toxicology Lab	\$260,000	\$138,638
RODD	\$188,145	\$96,100
Prevention	\$1,299,569	\$1,227,250
Investment in school based mental health (Student Assistance)*	\$799,569	\$764,100
Regional Substance Abuse Prevention Task Force	\$500,000	\$463,150
Harm Reduction & Rescue	\$2,248,989	\$1,626,541
Drop-in centers	\$88,623	\$69,655
Harm reduction infrastructure	\$486,514	\$314,276
Hope Initiative	\$735,193	\$565,290
Naloxone distribution/supply	\$779,468	\$537,571
Narcan Vending Machine	\$109,191	\$89,749
Needle Exchange	\$50,000	\$50,000
Treatment	\$2,207,930	\$1,656,767
Alcohol Detox	\$100,000	\$108,416
Brick & mortar treatment facilities (Development of Add. SUD Residential Services)	\$38,826	\$2,678
Equipment	\$347,345	\$347,345
Expanded Medication for Addiction Treatment with Injectable Buprenorphine	\$378,100	\$378,100
MAT Expansion	\$1,143,659	\$798,723
Opioid Withdrawal Management	\$0	\$0
SUD workforce supports	\$200,000	\$21,505
Wrap-around services for MOUD	\$0	\$0

Recovery	\$1,342,844	\$856,578
Recovery Friendly Workplaces	\$308,059	\$189,492
Recovery Housing - Alcohol Use	\$942,995	\$583,655
Substance Exposed Newborns (SEN) - peer navigator and surveillance	\$91,790	\$83,431
Grand Total	\$8,580,936	\$6,437,368

** Please note: Investment in school based mental health (Student Assistance) line item was created for BHDDH to reallocate unspent funds to the RI Student Assistance Program. To date, \$764,100 out of the \$799,569 has been spent in SFY25.*

EOHHS, BHDDH, RIDOH, and RIDOC are each managing components of the Stewardship funded activities, and through contract management are tracking metrics, including people served, activities achieved, etc. Past annual reports have been added to the State’s PreventOverdoseRI.org website to improve public facing informational access. In addition, the Governor’s Overdose Task Force provides a [Semi-Annual Report](#) that includes a snapshot on the progress of state and federally funded projects, metrics on outputs, and number of people served.

Below, are programmatic descriptions and output summaries for a variety of Stewardship funded programs. Please note that these programs may be braided with other funding sources including Settlement and federal funding.

GOVERNANCE

Administration:

Stewardship funds support administrative positions for overdose prevention: the Director of the Governor’s Overdose Task Force and fiscal staff for the Stewardship Fund. These positions provide key leadership and support to the interagency and public/private overdose prevention and intervention initiatives. Please note that the original budget for this line item was an estimate by the Office of Management and Budget based on expected start dates and salary amounts. Additionally, these funds support yearly stipends for community co-chairs in each of the Task Force workgroups as well as the Community Co-Chair for the Task Force.

DATA/SURVEILLANCE

Prescription Drug Monitoring Program (PDMP):

To monitor the State’s Prescription Drug Monitoring Program (PDMP), the Stewardship Fund partially funds seven administrative and data analytics staff at RIDOH. The PDMP is used to identify and prevent drug diversion at the prescriber, pharmacy, and patient levels by collecting Schedule II-V controlled substances and opioid antagonist prescriptions dispensed by pharmacies. This enables healthcare professionals to determine which controlled substances patients are receiving and from where, and to assist in the prevention of prescription drug misuse, avoid contraindicated prescription drug combinations, and assess treatment adherence and efficacy. RIDOH is in the process of pursuing Centers for Medicare and Medicaid Services (CMS) Certification for the PDMP, which will allow for additional sustainability of the program through a federal funding match.

Rhode Island Behavioral Health On-Line Database (RI-BHOLD):

The Rhode Island Behavioral Health On-Line Data (RI-BHOLD) system is a centralized system that collects clinical treatment information from all behavioral healthcare providers licensed by BHDDH. Under the federal regulation 42 CFR Part 2, BHOLD is the only database in the state that is able to collect substance use treatment information across all payers, providers, and ages. This provides an invaluable perspective for assessing key outcomes,

service gaps, and population characteristics. BHDDH is in the process of investing \$350,000 over three years – matched 90% by the Centers for Medicare and Medicaid Services (CMS) – to update the system.

Stewardship funding Office of State Medical Examiners (OSME):

Overdose death postmortem investigations comprise a substantial portion of the OSME overall workload. Data generated from OSME overdose fatality investigations inform the state’s prevention work addressing substance use disorder, including identifying the demographic groups and geographic regions most impacted. This data is also used to identify the type of substances that contribute to overdose fatalities, allowing RIDOH to adjust prevention efforts in response to the changing drug supply. This data is also used by RIDOH to capture key elements of overdose deaths to populate both the overdose fatality portion of the publicly available RIDOH Opioid and Stimulant Use data hub and the federal SUDORS database. Additionally, information from OSME case files is abstracted to support the work of the multidisciplinary RIDOH Overdose Fatality Review Committee. Stewardship funding supports staff at OSME that are instrumental in performing the critical operational tasks that allow for the expedient performance of autopsy and case closure of overdose fatality investigations to allow for the timely reporting of drug overdose fatality statistics.

Harm Reduction and Naloxone Data Tracking:

To monitor the distribution of harm reduction supplies, the Stewardship Fund partially funds two epidemiologists at the Rhode Island Department of Health. This allows the state to track all naloxone distributed in Rhode Island by community agencies and pharmacies (including the 50,000 kits from the Teva Settlement), and all kits distributed by EMS leave behind programs. RIDOH captures linkages to care, harm reduction supply distribution (e.g. safer injection kits, safer smoking kits, fentanyl test strips, and wound care kits), and basic need supply distribution from contracted agencies at RIDOH. Stewardship funds allow for the collection, dissemination, and management of this data.

PREVENTION

Regional Substance Use Prevention Task Force Coalitions:

BHDDH has allocated \$500,000 in Stewardship funding to continue the support for seven Regional Prevention Task Force (RPTF) coalitions during calendar year 2025 covering the entire state. The RPTFs implemented interventions targeting Black, indigenous, and people of color (BIPOC) and/or Latinx communities, older adults, and families with young, elementary school aged children. The RPTFs also supported two state-wide Drug Take Back Day events in April and October 2025.

- The coalitions collected 299 boxes, or 7,348.8 pounds, of unused or expired medications in 2025 for permanent disposal
- 350,100 people viewed public service announcements for the "Count It, Lock It, Drop It"
- A 6-week Chronic Pain and Chronic Disease Management and Powerful Tools for Caregivers program for older adults served 295 people
- A 6-week Matter of Balance/Action Steps for older adults served 931 people
- A 6-week Bingocize for older adults served 930 people
- 783 people participated in trainings which addressed awareness of overdose risk among elders, identify how to prevent overdose or reverse overdose and naloxone training, and how to obtain and use the reversal agent naloxone
- 2679 BIPOC and Latinx reached through community education campaign

To evaluate the RPTF’s programmatic work, an 8-item pre-test and post-test were administered to assess changes in participants’ knowledge related to opioids, Narcan/Naloxone, and safe storage practices.

During the contract year, 529 pre-tests and 491 post-tests were completed, with 474 matched responses analyzed using McNemar's test ($p < 0.05$ was considered statistically significant). Participants demonstrated statistically significant improvements across all eight knowledge items: awareness of opioid overdose risks (81.9% to 95.8%), recognition of opioid overdose signs and symptoms (32.1% to 89.3%), understanding of behaviors that increase overdose risk (87.5% to 96.8%), knowledge of what Narcan/Naloxone is (65.2% to 93.2%), how to use Narcan/Naloxone (20.3% to 87.9%), how to safely store medications at home (85.9% to 98.5%), why safe medication storage is important (92.1% to 99.6%), and where to dispose of expired or unused medications locally (64.3% to 97.6%).

Overall, these results suggest that the RPTF successfully raised awareness of overdose risks and promoted the availability of prevention services through targeted interventions for BIPOC, Latinx communities, and older adults.

HARM REDUCTION

Naloxone Centralized Distribution and Supply:

RIDOH supported the University of Rhode Island Pharmacy's naloxone Hub with a contract to manage the inventory, distribution, and training of the 50,000 naloxone kits provided to Rhode Island by the Teva pharmaceutical opioid settlements. URI distributed naloxone kits to Rhode Island community-based organizations and administers a Get Naloxone Mail Program. In calendar year 2024, this program's naloxone distribution and management supported the work of 39 different community-based organizations throughout Rhode Island.

Harm Reduction Infrastructure:

RIDOH supported Miriam Hospital's Preventing Overdose and Naloxone Intervention (PONI) program to manage the inventory and distribution of harm reduction tools to peer outreach organizations. Tools include fentanyl test strip kits, safer smoking kits, NaloxBox, wound care kits, and more. In addition, PONI formed a Drug User Advisory Board to inform harm reduction and other overdose prevention work for the state.

RIDOH also provided Stewardship funds (braided with Settlement funds) to peer-led harm reduction organizations to support the distribution of overdose reversal and harm reduction tools, education and trainings, and peer support. These organizations have encountered over 34,000 unique individuals. Between January 2023 and September 2024, there were 52,357 encounters. These encounters included the distribution of over 50,000 kits of naloxone (110,000 doses) and over 55,000 other harm reduction tools.

Harm Reduction Vending Machine and Needle Exchange:

RIDOH has partnered with AIDS Care Ocean State (ACOS) to provide needle exchange services and Harm Reduction Vending Machines, partly with Stewardship funds. ACOS provides needle exchange and other harm reduction delivery across the state and has a brick-and-mortar facility in Providence. The Harm Reduction Vending Machines are being used to dispense low-barrier, easy access harm reduction tools to help prevent overdoses and reduce the spread of infectious diseases like HIV and Hepatitis C. Through these vending machines, individuals can access free sterile syringes, naloxone, wound care and hygiene kits, and fentanyl test strips any time of day or night.

Needle Exchange:

RIDOH-funded harm reduction agencies offer sterile needles to clients who inject drugs and provide for safe disposal of used needles. From January through September 2024, RIDOH-funded harm reduction agencies (ACOS, Project WEBER/RENEW, Parent Support Network, and Community Care Alliance) distributed 437,592

sterile needles. This number includes needles distributed by vending machines and all types of encounters including delivery and street outreach.

Harm Reduction Vending Machines:

There are 14 Harm Reduction Vending Machines throughout the state including at the Men's Intake Service Center, Women's Corrections, probation offices, Kennedy Plaza, and several community-based organizations. Cumulatively, since 2021 there have been 43,169 encounters dispensing various harm reduction supplies. Between January and November of 2024, there were 19,810 vending machine encounters.

TREATMENT

Rhode Island Department of Correction Medication for Opioid Use Disorder:

The Stewardship funds continued to fund and expand the substance use programming operated by CODAC that consists of evidence-based Medication for Opioid Use Disorder (MOUD), recovery supports, and opioid use withdrawal management programs. This program provides both oral and injectable medications, recovery supports, and follow-up care to an average of approximately 365 individuals on a monthly basis, which is roughly 15 – 16 % of the overall RIDOC population.

Substance Use Workforce Support – Family Therapy Supports:

BHDDH encumbered \$250,000 in Stewardship dollars, braided with Settlement dollars, for a University of Rhode Island (URI) supervision and training program for newly licensed Marriage and Family Therapists (LMFT) to receive specific, SUD clinical support and training to assist families in overcoming obstacles associated with their loved one's substance use disorder (SUD) through individual and/or through group therapy.

To date, 10 LMFT-A graduates have received clinical supervision from an experienced LMFT/SUD trained clinical supervisor and placed in 8 different locations treating primarily family members or partners that have a loved one with a substance use disorder. In addition, this program is in the process of developing a peer led family workforce.

Hope Initiative:

The Hope Initiative is the only statewide program of its kind. It is a law-enforcement supported outreach program developed to address the opioid epidemic in a timely manner. The Hope Initiative outreach team, consist of a clinician and/or peer support specialist and plain clothes appropriately trained, member of law enforcement that provides support services to family members and individuals who recently survived a non-fatal overdose. This intervention includes the distribution of relapse prevention materials that include prevention and resource literature, naloxone, or fentanyl test strips, referrals. Telephonic and face to face contact outreaches are delivered to encourage individuals towards treatment or recovery resources. Funding has supported employment for 2 additional Certified Peer Recover Specialist, CPRS, who served as an integral part of their team who assisted with 283 first time contacts.

Investment in SUD workforce:

Planning and development of a statewide Behavioral Health conference is in process. The conference which will happen in the Spring of 2026, will be addressing the need to improve care coordination for Rhode Island adolescences and their families struggling with co-occurring Mental Health and Substance-Use-Disorders. BHDDH and Department of Children Youth and Family (DCYF) staff will be working with national conference speakers to maximize the benefits of this one-time, full day conference.

Alcohol Detox (Uninsured/underinsured)

From June 30,2025 to present, our Alcohol Detoxification for under and uninsured clients provided alcohol detoxification services to 69 clients. During this fiscal year, we witnessed an increase in funds utilized due to the Butler Hospital employee strike that lasted for 12 total weeks. As a result, these funds were able to support additional support to our inpatient clinical partners to meet the increased number of clients in need of detoxification services.

RECOVERY

Recovery Housing (including Alcohol Use):

Stewardship funds are currently being braided with Opioid Settlement and federal funds to maintain recovery housing capacity and infrastructure. These funds specifically support alcohol use disorder, which are not allowable under Opioid Settlement and some federal funds. There has been a total of 763 unique individuals served in various recovery housing programs from July 2024 through June 2025.

Recovery Friendly Workplaces (RFW):

The Recovery Friendly Workplace (RFW) initiative is a voluntary, employer-driven program that helps businesses create work environments that support mental health, substance use recovery, and overall employee well-being. Through training, policy guidance, and leadership engagement, RFW helps employers reduce stigma, improve retention, and strengthen workforce stability across industries. During SFY 2025, Rhode Island's RFW initiative continued to grow steadily, engaging hundreds of employers across public and private sectors, including municipalities, healthcare, manufacturing, hospitality, construction, and small businesses. Participating employers collectively represent tens of thousands of workers statewide, extending the program's impact well beyond individual worksites.

By the end of SFY 2025, the initiative had moved beyond awareness-raising into practical implementation, with employers adopting recovery-supportive policies, training supervisors, and embedding recovery-friendly practices into day-to-day operations. In 2025, the RFW program added 50 new certified workplaces with over 7,000 employees. This RFW work positions Rhode Island as a national leader in integrating recovery, mental health, and workforce development, while reinforcing the connection between economic stability and long-term recovery outcomes.

CONCLUSION

The Stewardship Fund is an important part of the state's overdose response. EOHHS is pleased to have the opportunity to manage the Opioid Stewardship Funds and to help Rhode Island state agencies carry out this critical work to address the state's overdose crisis.