



Governor Dan McKee's Overdose Task Force

March 11, 2026

Richard Leclerc; Director, Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals

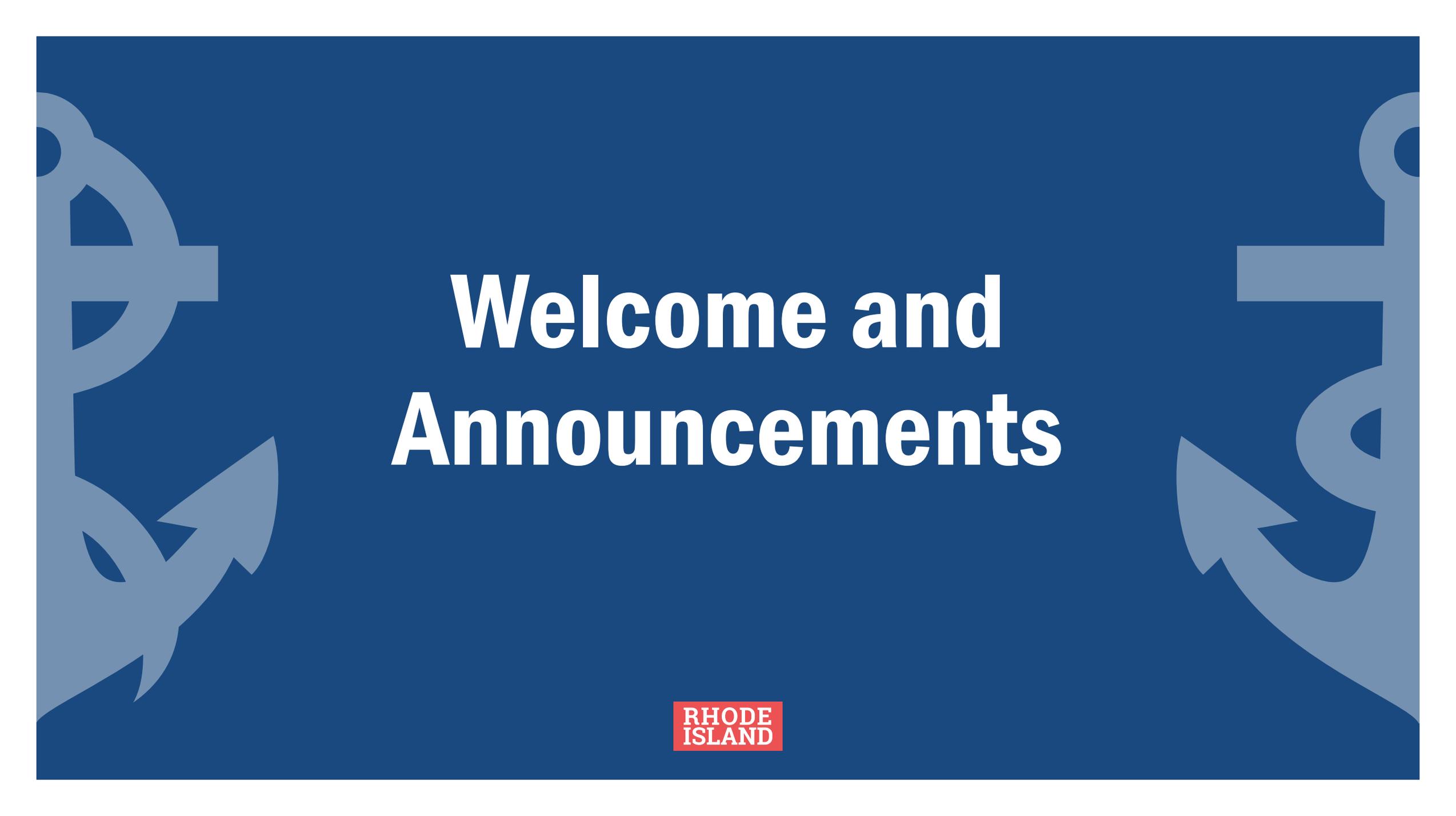
Jerome Larkin, MD; Director, Rhode Island Department of Health

Alex Gautieri, MSW; Task Force Community Co-Chair

Ana Novais, MA; Assistant Secretary, Rhode Island Executive Office of Health and Human Services

Cathy Schultz, MPH; Task Force Director, Rhode Island Executive Office of Health and Human Services

RHODE
ISLAND



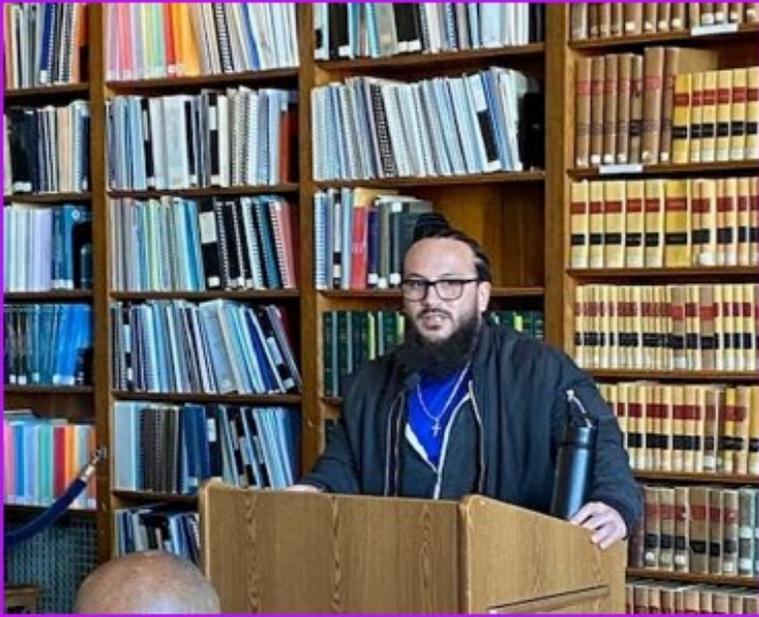
Welcome and Announcements

**RHODE
ISLAND**

**WOMEN'S
HISTORY
MONTH**

**MARCH
2026**





Recovery Day at the State Capitol

It was a day of
community support,
resources, and
advocacy for all
Rhode Islanders.



WOMEN'S fund

R H O D E I S L A N D

OUR MISSION:

Invest in women and girls through research, advocacy, grant making and strategic partnerships designed to achieve gender equity through systemic change.



Our Accomplishments Since 2001

We have:

Graduated 150+ advocates from our Women's Policy Institute.

Produced 32 evidence-based policy briefs on the status of women and girls in Rhode Island.

Successfully advocated for legislative policies including:

- Equality in Abortion Coverage Act
- Workplace pregnancy protections
- Doula Health Insurance Reimbursement Act
- Preventing source of housing discrimination
- Paid sick and safe leave
- Paid family leave
- Fair Pay Act
- Reproductive Privacy Act
- Repeal of the tampon tax
- Increases to minimum wage



Our work impacts
EVERYONE
who lives/works
in RI.

The Global Gender Gap Index 2025 Rankings



Rank	Country	Gender gap closed	Gender gap score	Change in score versus 2024
1	Iceland		0.926	-0.010 ▼
2	Finland		0.879	0.004 ▲
3	Norway		0.863	-0.012 ▼
4	United Kingdom		0.838	0.049 ▲
5	New Zealand		0.827	-0.008 ▼
6	Sweden		0.817	0.001 ▲
7	Republic of Moldova		0.813	0.023 ▲
8	Namibia		0.811	0.006 ▲
9	Germany		0.803	-0.006 ▼
10	Ireland		0.801	-0.001 ▼

● Europe ● Eastern Asia and the Pacific ● Sub-Saharan Africa

United States of America

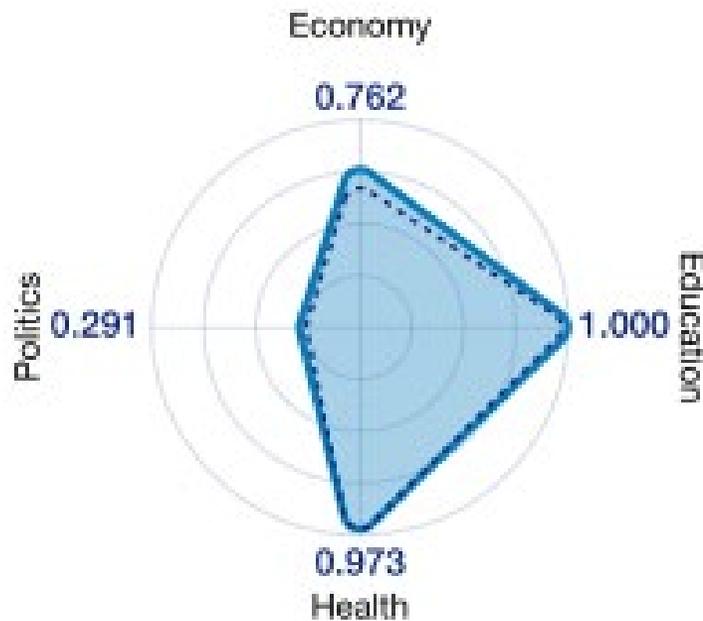
0.756

42nd

2025

Global Gender Gap Index 2025 Edition

United States of America score
average score



Overview

Index and Subindex	2025		2024	
	Score	Rank	Score	Rank
Global Gender Gap Index	0.756	42nd	0.747	43rd
Economic Participation and Opportunity	0.762	23rd	0.765	22nd
Educational Attainment	1.000	1st	1.000	1st
Health and Survival	0.973	58th	0.970	77th
Political Empowerment	0.291	55th	0.251	63rd

Current Research

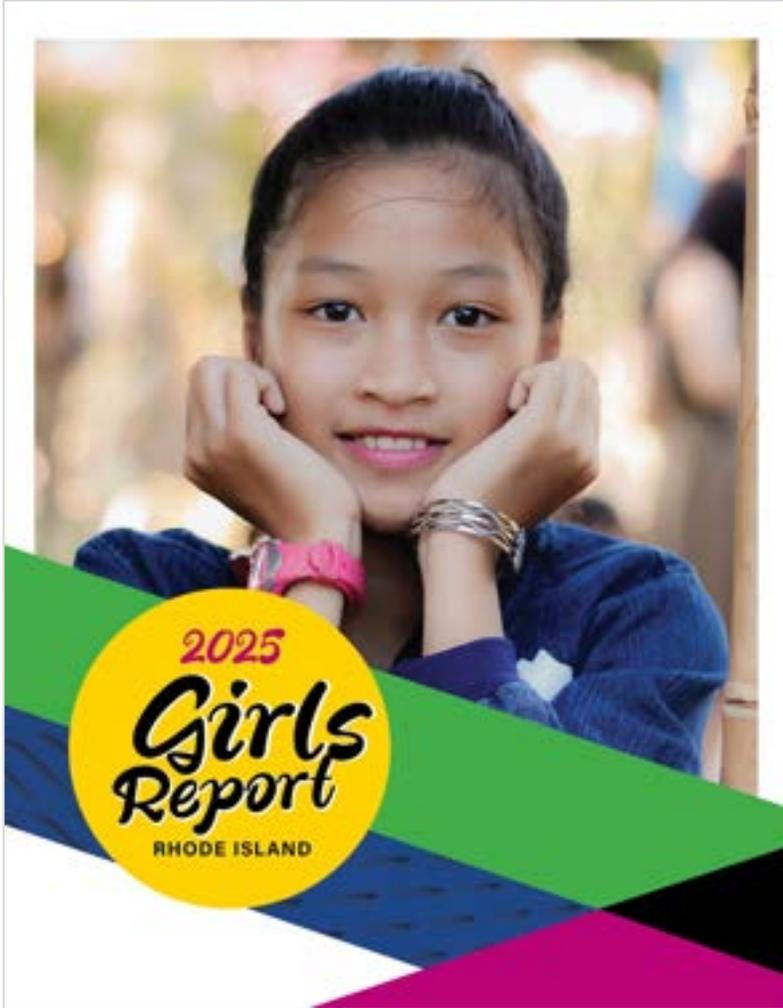
Publications Archive

- 2025 Girls Report Rhode Island
- 2024 Diversity of State Boards & Commissions Report
- 2024 Census of Directors and Chief Executives of Rhode Island's Largest Nonprofit Organizations
- 2024 Full Compilation WWBI Policy Briefs
- 2024 Women's Health & Safety Policy Brief



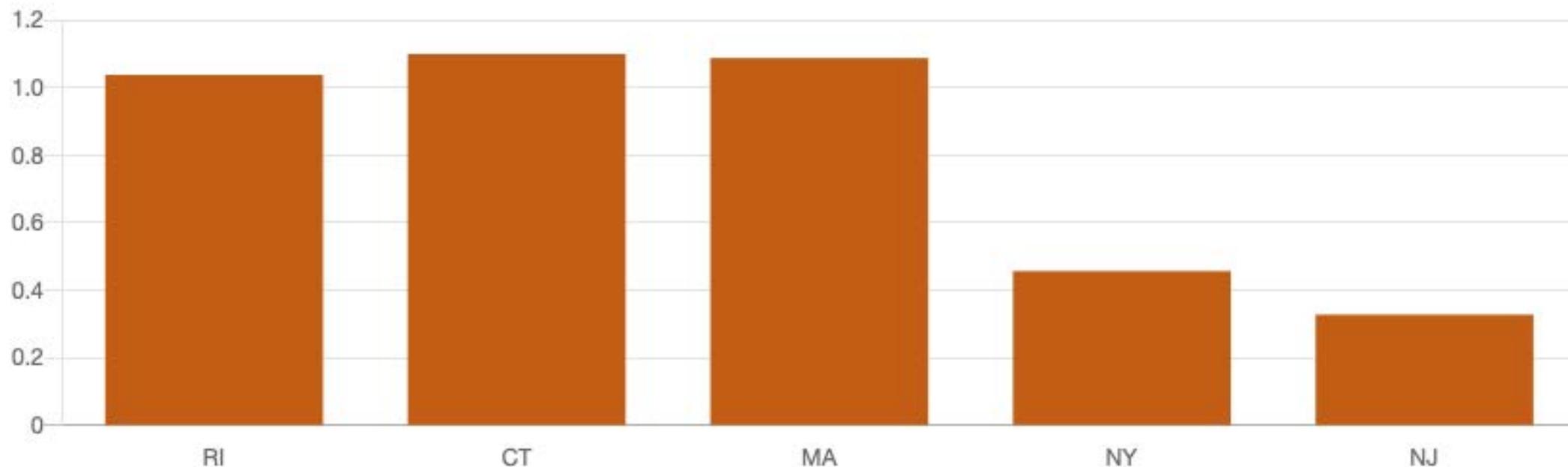
RI Women's Well-Being Index

An online, interactive tool, the Women's Well-Being Index provides access to publicly available data specific to regional, city, and statewide levels and aggregated for gender and race.



Clinical Care for Women in Rhode Island and Nearby States

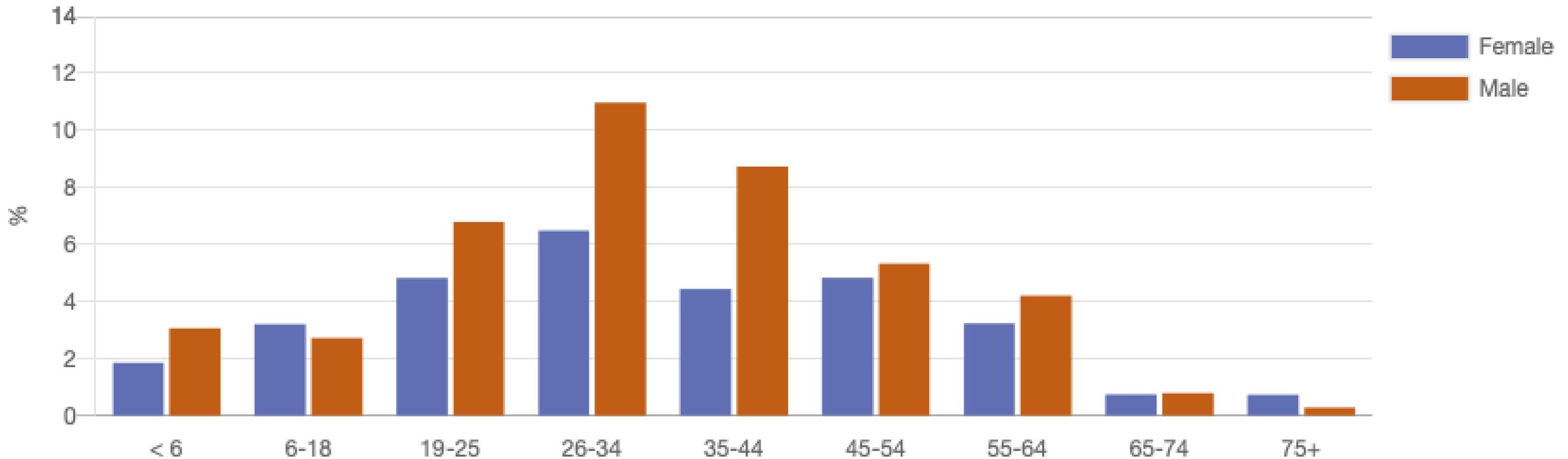
This report assesses women's clinical care quality, ranking the state 4th overall with a State Value of 1.037, reflecting above-average performance. The state excels in access to care, particularly in prenatal care (2nd), maternity care deserts (1st), and uninsured rates (4th), while preventive services like dental visits (1st) and flu vaccinations (4th) also rank highly. However, areas like cervical cancer screening (27th) and low-risk cesarean deliveries (45th) indicate opportunities for improvement in certain preventive and quality care measures.



Source: 2023 *America's Health Rankings*

Females Without Health Insurance

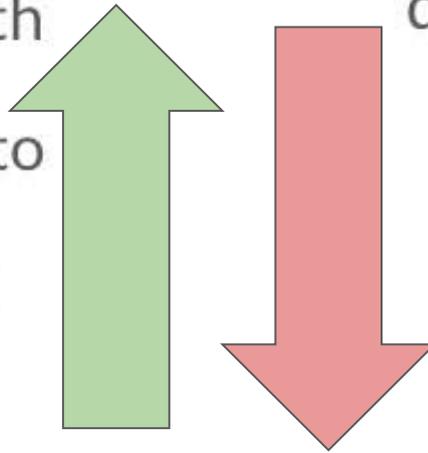
The percentage of females without health insurance varies across age groups, with the highest rates observed among young adults aged 19-34. While uninsured rates decline in older age groups, a small percentage of elderly women still lack coverage, highlighting potential gaps in healthcare access.



Source: ACS 2023 5-year estimates, table B27001

Good and Bad News Regarding Physical Wellness for Girls

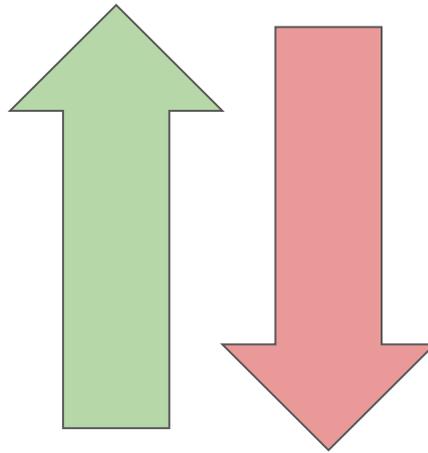
Under 1% of youth in RI are homeless AND nearly 98% of youth have health insurance and access to reproductive health care (with a parent's consent).



The rate of physical and sexual dating violence is growing, with 17.7% of girls reporting that they have experienced sexual dating violence.

Good and Bad News Regarding Emotional Wellness

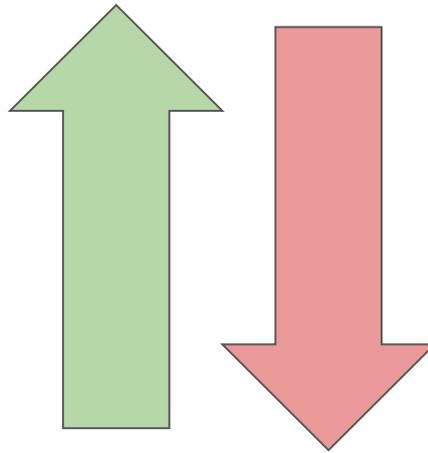
By 11th grade, 64% of girls indicated that there was an adult at school they could talk to if they had a problem.



37% of middle-school girls report being cyberbullied AND girls are 2x more likely than boys to feel sad or hopeless for 2+ weeks in a row, to seriously consider suicide, and, for middle-school girls, to make a plan for or attempt suicide.

Good and Bad News Regarding Social Wellness

Teen pregnancy is at its lowest level yet, with 8.2 births per 1,000 teens (.8%).



18.1% of girls in RI live below the Federal Poverty Level AND 22.7% of girls experience at least one Adverse Childhood Experience (ACE) such as abuse, neglect, and household dysfunction.

Challenges/Opportunities Related to Research

- Changes in Federal government collection and distribution of data.
- Rhode Island Girls Report 2.0 expansion to the LGBTQ+ community.
- Looking for volunteers and access to data.

2026 Policy Priorities

Women's Health:

- Require health plans to cover services provided by licensed, certified professional midwives and lactation counselor services (H7275 & 7277)
- Require all health insurers to provide a 12-month supply of all FDA-approved contraceptives (H7323/S2254)
- Protection of Healthcare Providers Act (H7185/S2033)
- Remove the intent requirement of the definitions of abuse within the chapter on “abuse in healthcare facilities,” deleting “willful” (H7488)

Other Important Legislation

- Rhode Island Voter Rights Act - codifying national law and against voter intimidation at the polls
- Rhode Island Federal Constitution Act allowing lawsuits for violations committed under color of federal law (H7202)
- Equity Impact Statements Act (H7236)
- Tax the top 1% (H7313/S238)
- Survivor Protection from Retaliatory Lawsuits (H7206/2603)

Coalitions WFRI is part of:

- Save RIPTA
- Voter Access Coalition
- Equity Coalition
- Coalition for Reproductive Freedom
- Healthcare Coalition
- Right from the Start Childcare Coalition

Opportunities!

- Women's Policy Institute
- Policy and Advocacy Committee
- Feminist Activist Book (FAB) Club
- RI Girls 2.0

WFRI Upcoming Events

- March 12: Women in Finance- Power, Equity, & Leadership
- March 23: Feminist Activist Book Club: The Frozen River
- March 25: Champions Drive Change (Topgolf)
- March 27: The Campaign School at Yale
- March 31 and April 1: 401Gives (volunteers needed!)
- April 8 from 12-4pm: Elevate Your Career
- April 9-May 31: Application for Women's Policy Institute
- August 26: Toast to Tenacity & Gubernatorial Forum
- September 23: Women Leading Change



Thank you!

Keep Up To Date With Us!

Kelly Nevins, CEO
Women's Fund of Rhode Island
401-262-5657

www.wfri.org



Follow us on all platforms!
@Womensfundri

Subscribe
to our newsletter!





Stephen Murray, MPH, NRP

Associate Director of Overdose Prevention, CARE Unit, Boston Medical Center

Director, SafeSpot Overdose Hotline

Adjunct Clinical Assistant Professor, Boston University School of Public Health

From January 2025 to June 2025, 85% of fatal overdoses occurred in private (78%) and semi-private (7%) locations in Rhode Island.

Private: Private residence, garage, camper

Semi-private: Hotel, motel, shelter, assisted living facility, nursing home, hospital, prison, group home, treatment facility, transitional housing

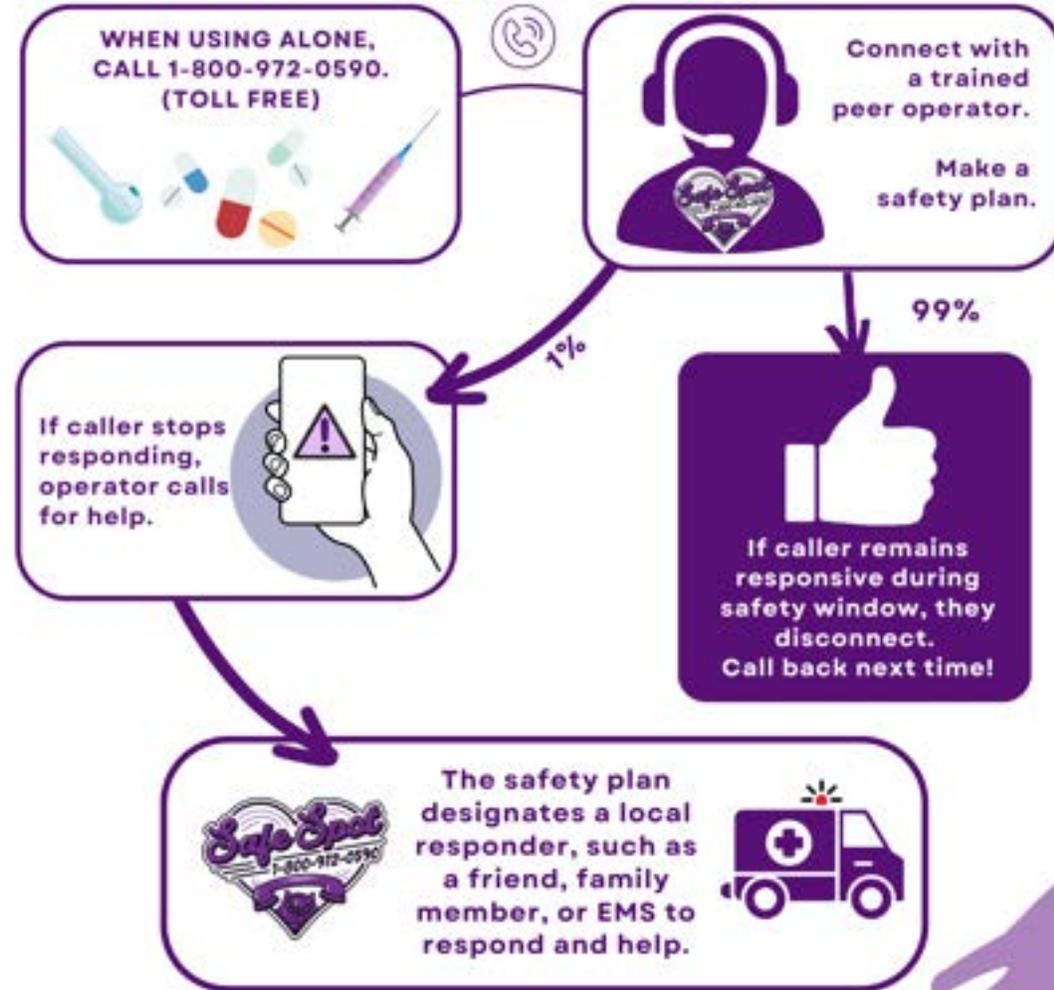
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of November 25, 2025.

Note: Excludes unknown or missing settings.

How does virtual spotting work?

- If caller is going to be using alone and needs a spotter, call the 1-800 SafeSpot number.
- They are placed on hold until they can be connected to an operator/peer.
- Operator conducts a safety planning process, including:
 - Name (doesn't have to be real)
 - Substance / route being used (ex.: IV fentanyl)
 - Exact location, including address, door codes, apartment number, which room in the house they are in
 - Instructions to not sit up against a closed door
 - Lock up any pets
 - Hide any excess substances or paraphernalia in case of overdose
- Most calls end without incident

How to Use ?



<https://safe-spot.me>

What happens when a caller overdoses?

- + When a caller stops responding to the operator, the operator uses a service to connect with the nearest 911 dispatch.
- + The operator relays that they have a person on the phone who may be in respiratory arrest.
- + They give exact location and details.
- + Operator stays on the phone with the hotline caller until EMS/police arrive at the scene.
- + Due to variances in dispatch protocols, overdose hotlines cannot guarantee that law enforcement will not be there, arrest, etc.



Timeline of the hotline



Never Use Alone Massachusetts

- Started March 2020
- All volunteer (admin and operators)

Massachusetts Overdose Helpline

- Received \$100,000 RIZE funding in October 2022
- Part time director salary, part time coordinator, and paid training for all operators

SafeSpot

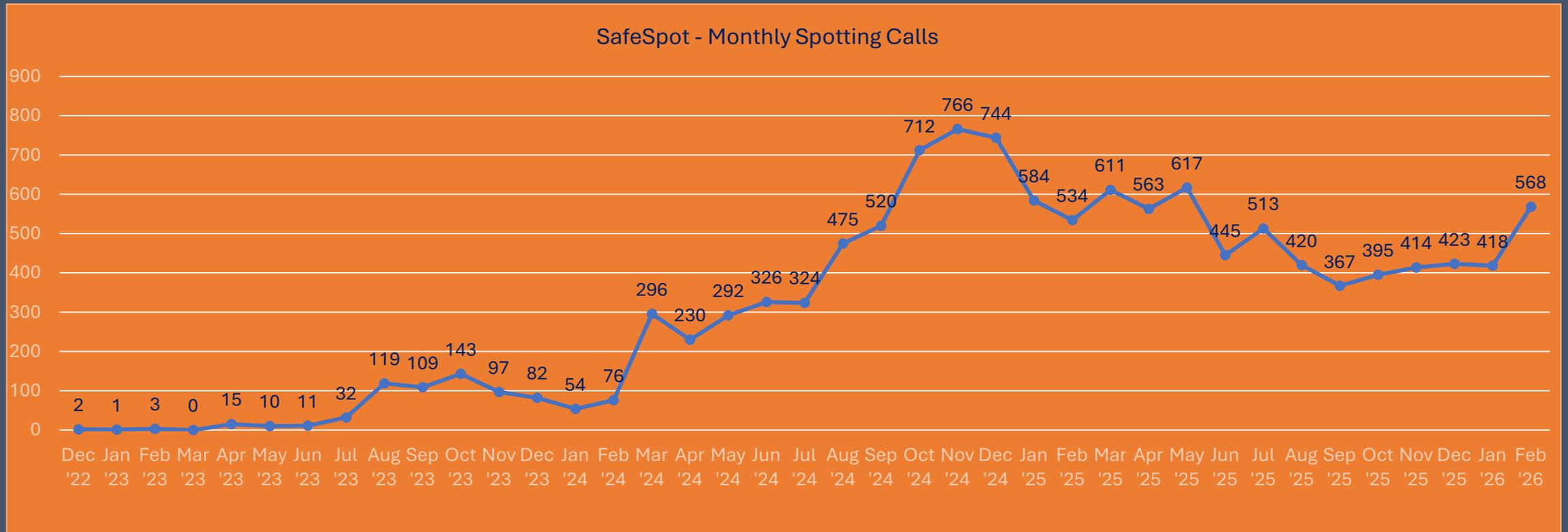
- Received \$350,000 in emergency state funding from Massachusetts in August 2023
- Successful procurement in 2024 for \$500,000/year x 2 years with the option for a 7-year extension
- Received funding from Connecticut, \$500,000/year x 3 years July 2025
- Received funding from Maine - \$200,000/year x 2 years December 2025

What data do we collect?

- We do NOT store name or address.
- We do NOT collect age, date of birth, gender, race/ethnicity.
- We do collect:
 - Use events (how many times someone uses on the call)
 - ZIP code (for understanding how our marketing is working)
 - Type of substance used
 - Route of use
 - Hold time
 - Call outcome (Mark as “Safe” versus “Overdose” versus “Disconnect”)
- **The service is anonymous and confidential.**

Data

- Since January 2023
 - More than 13,534 calls
 - More than 34,302 use events supervised
 - 35 overdoses





**THOSE WHO USE ALONE CAN DIE ALONE.
EVERYONE NEEDS A SAFETY PLAN.
LET US BE PART OF YOURS.**

There are times you may find yourself using alone. Maybe your partner went to pick-up, maybe your bestie is hooking up, or maybe you just don't feel like sharing your stash. Call us 24/7 at SafeSpot to keep you safe while you use on your terms.



**SCAN THIS TO
ADD US TO YOUR
CONTACTS**



**WWW.SAFE-SPOT.ME
1-800-972-0590**



SAFESPOT OVERDOSE SAFETY PLAN

Phone: 1-800-972-0590

website: safe-spot.me

Form adapted from
Westside Harm Reduction
in Ontario, Canada

YOUR INFORMATION

Name & Pronouns _____
Address _____
How to get in instructions _____

DRUG INFORMATION

What am I using?

- Opioids
 Cocaine or Meth
 Other _____



Route of use?

- Injecting Booty bumping
 Sniffing Smoking

SAFETY PLAN

- Test your drugs
 Clean your gear and/or skin
 Test dose



1. Is there naloxone available and/or next to you?

- Yes No

2. What do you need from me to feel safe?

3. When do you expect me to activate your safety plan?

4. Do you have a community responder that can get to you before 911? If yes let's get some info about them.

Name & Phone Number:

Do they know how to use naloxone?

- Yes No

SURROUNDINGS

Music: On Off

Lights: On Off

Pets: Yes No

If yes, have they been put away? Yes No

Live alone: Yes No

If no, can roommates give naloxone?

- Yes No

Doors Unlocked

Weapons Out of Sight

Other Drugs Out of Sight



Harm Reduction Tip: consider going low and slow especially when you've had a period of abstinence.

Both parties feel safe and comfortable with this safety plan and mutually agree to remote spotting

Populations of Interest

- Recent release from detox/jail/prison/long-term treatment
- Recent return to use
- People who use stimulants
- Elderly and disabled
- Intersections with serious mental illness
- Recently housed/moved into single-occupancy housing



How can you help refer people to SafeSpot?

- Ask your patient/client if they have heard about SafeSpot.
- Offer to call SafeSpot with them to check out how it works.
- Listen to the opening message with the patient and then press 1.
- Identify yourself and let the SafeSpot operator know this is an informational call.
- Afterward, have the patient/client scan the QR code on our poster/business card or flyer with their phone to add to their contacts.

Think through scenarios with them

- I know you normally use with _____, but what happens when they go to the (store, work, see their mom, pick up drugs)?
- I hear you that you are planning on staying abstinent this month – let's make a plan to stay safe just in case.
- Let's think of some of the times when you use with people, and some of the times when you use alone.

Please don't hesitate to reach out:



Stephen.Murray@bmc.org



@StephenHRNRP



/StephenHRNRP



@stephen-murray.com

Public Comment

RHODE
ISLAND