



Governor Dan McKee’s Overdose Task Force

Summary Findings from the 2026 Annual Recommendations Process

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PREPARING THIS REPORT

Each year, the Governor’s Overdose Task Force collects input and recommendations from community members to inform its annual planning and prioritization process. The primary purpose of the annual recommendation process is to solicit feedback on core strategic plan priority areas, emerging issues, and overall input for annual planning.

Community response timeline:

Date	Process Activity
April 2026	The Governor’s Overdose Task Force sent out an Annual Recommendations Survey to statewide stakeholders to gather feedback about its core strategic plan and priorities . The survey was developed by the Prevent Overdose RI Team from the People, Place & Health Collective at Brown University School of Public Health .
May 2026	The Annual Recommendations Survey findings were presented at the May 2026 Overdose Task Force Community Conversation . Task Force participants had the opportunity to discuss the findings and give additional feedback.
May 2026	Recommendations from the Community Conversation were collated and presented to the Opioid Settlement Advisory Committee for consideration and prioritization.
June 2026	This report, <i>Summary Findings from the 2026 Annual Recommendations Process</i> , was created, and the results were shared at the June 2026 Governor’s Overdose Task Force meeting.

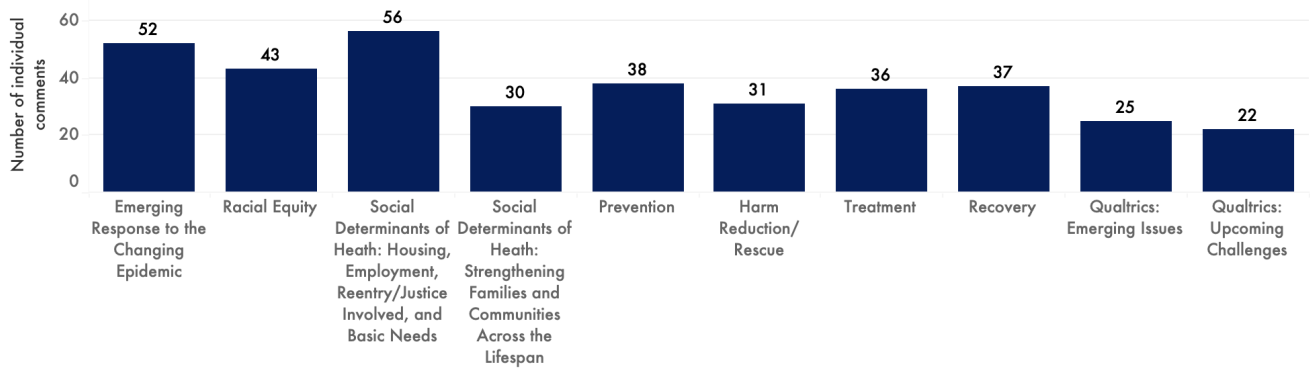
Community response collection process:

In the survey, respondents could choose which Task Force work groups they were most involved in and rank which strategies they considered most important. The survey also asked open-ended questions about the Task Force’s emerging issues and future challenges. Key priorities and common themes were identified from all open-ended responses. A total of 33 people completed the survey from April to May 2026.

The Annual Recommendations Survey findings were presented at the May 2026 Overdose Task Force Community Conversation. Task Force participants had the opportunity to discuss the findings and give additional feedback. As a final step in this community feedback process, the recommendations were collated and presented to the Opioid Settlement Advisory Committee for consideration and prioritization.

Community responses by pillar and venue:

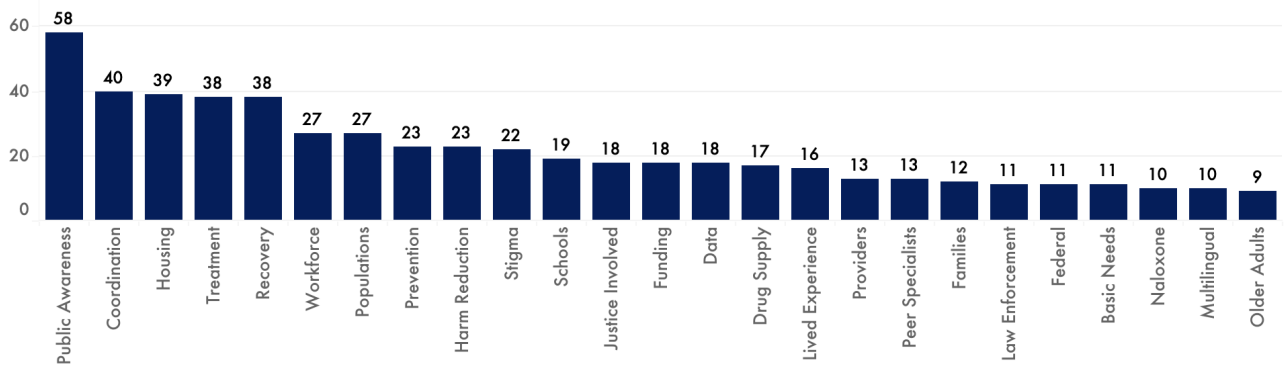
In total, there were 370 individual pieces of feedback from the Community Conversation (approximately 35 people in person and approximately 90 online) and 33 Annual Recommendations Survey responses.



Theme creation process:

Each piece of feedback was reviewed and assigned keywords (e.g., funding, coordination, drug checking, older adults). For each response venue, keywords were tallied, and main themes were identified. For each main theme, verbatim quotes were used to support it.

Sample of top 25 keywords:



EMERGING RESPONSE TO THE CHANGING EPIDEMIC

Enhancing coordination and collaboration: Break down organizational silos to build unified responses, including expanding regional partnerships across New England states.

- *"Organizations need to partner and not work in silos."*
- *"Community-based multi-disciplinary teams such as situation tables."*
- *"Opportunities - coordination across New England states."*
- *"Opportunities for impact & collaboration - We need to create time in our meeting agendas (If appropriate/relevant) to discuss how our groups can coordinate/partner/collaborate on current projects/initiatives/funding opportunities."*

Monitoring and education on the evolving drug supply: Expand drug checking in community settings and launch public awareness campaigns about emerging substances (e.g., xylazine, nitazenes, kratom).

- *"Less fear around Kratom more education."*
- *"Can we work on education in schools on emerging drug supply."*
- *"Expand drug checking in community settings."*
- *"Up to date information on new added substances in opioids, such as Cychlorphine and xylazine in different languages to ensure equitable distribution of information."*
- *"Including more data and public awareness campaigns around factors alcohol plays."*

Targeted treatment expansion: Scale up evidence-based treatment options tailored specifically for stimulants and ensure opioid settlement funds are directed toward long-term, sustainable programs.

- *"Evidence-based Treatment for Stimulants."*
- *"Increase stimulant use treatment options."*
- *"Opportunities for improvement simply stated is to put good use of the opioid settlement money to provide some long-term sustainable funding to programs that are working."*

RACIAL EQUITY

Culturally responsive and multilingual infrastructure: Actively expand services, including housing and employment opportunities, to support marginalized communities. Educate providers on cultural competencies and not just “check the box” to improve access to care.

- *"Including multilingual options besides Spanish."*
- *"Incentivize opening of Spanish-speaking recovery housing."*
- *"Steps may be in those programs' respective websites, but not available in Spanish or Portuguese/Creole."*
- *"It also makes sense that at least some of these facilities have bilingual providers and personnel."*
- *"Improved efforts to reach African American and Black communities - Faith Based?"*

Inclusion of diverse voices and lived experiences: Prioritize and sustain efforts that represent the community they serve; directly engage communities of color, individuals with lived experience, and active drug users in decision-making, message development, and leadership roles.

- *"Making sure people of color are involved in the process of ensuring racial equity."*
- *"Center the voice of people with lived experience."*
- *"Let drug users develop messaging and training and be the voice of their community."*
- *"Incorporation of peer counselors is a very important spoke of the treatment arm. These are people with lived experiences with whom people who use drugs are more likely to have a kinship with and be willing to open up to when it comes to getting treatment."*
- *"Involving representatives like the Equity Institute, DARE, Racial & Environmental Justice Committee (REJC), DEI Officers from different colleges or other employers throughout the state."*

Dismantling structural barriers and stigma: Expand and increase programs that support re-entry and justice-involved people and advocate for criminal justice reform.

- *"Stopping exclusion indicators based on demographics like zip code, education level, etc."*
- *"Stop discrimination based on justice involvement."*
- *"Overcoming social and community stigma attached to accessing treatment resources, especially for men of color."*

- *"Understand there is fear of law enforcement, especially now. Fear of ICE causes isolation, there may be private drug use and overdoses in the home that do not call 911 out of fear."*
- *"Restorative and transformative justice approaches need to be applied so that Black people and people of color who struggle with addiction do not continue to be criminalized and are provided with treatment and housing support instead."*

SOCIAL DETERMINANTS OF HEALTH: HOUSING, EMPLOYMENT, RE-ENTRY/JUSTICE INVOLVED, AND BASIC NEEDS

Expansion of affordable and specialized recovery housing: Meet the critical demand for permanent, supportive housing tailored to distinct populations (e.g., Spanish speakers, Veterans, LGBTQ+ individuals, and youth).

- *"More recovery housing for special populations, spanish speaking, veterans, LGBTQ, youth, etc."*
- *"Funding for spanish speaking recovery houses."*
- *"Major Issue: housing options for people in treatment/early in recovery."*
- *"We need more safe and supportive housing, so we need to address zoning laws and resident attitudes and stigma about shelters/supportive housing units."*
- *"even more spotlight on housing and the very strong data-driven and anecdotal connections to substance use, treatment and recovery. We need to do much more and address this more directly in a targeted way with the Dept of Housing."*

Structured justice-involved reentry support: Increase opportunities for expungement, reduce barriers to employment and housing, and address basic needs for re-entry populations.

- *"Having structures (therapy, housing, transportation) in place before people are released."*
- *"The courts finally seem to be "softening" towards PWUD. It's good to see them involved in the GOTF."*
- *"Continued MOUD treatment for those entering society from the ACI."*
- *"I would love to see the GOTF support more re-entry programs which support individuals who were recently incarcerated for a substance-use related offence receive housing, employment, and basic need support."*
- *"More opportunities for expungement."*

Workforce development and basic needs: Ensure basic needs are being met, such as food, housing, transportation, and employment; Provide stable and harm reduction-focused living environments, including temporary and permanent housing.

- *"Basic needs fund for food - This can no longer be provided - it's hard to think about the future when your stomach is growling."*
- *"As Maslow depicted in his pyramid of needs food and shelter, need to be a priority. It's near impossible for anyone to stay clean let alone embark on Recovery if basic needs aren't taken care of."*

- *"Availability of affordable housing, buying a house, renting apartment, A living wage for workers. The pay of most working people does not match the cost of living in Rhode Island and makes it difficult for people who DON'T have a substance use problem, let alone those who do."*
- *"Invest in RIPTA and RIDE. Better transportation means more access to recovery services (methadone), housing, healthcare and mental healthcare, and jobs."*
- *"Amos House's job training program is great and needs more support so it can expand. The expungement clinics held by community partners are a great opportunity for us to continue offering. We need pathways to gainful employment for systems involved people and people in recovery."*

SOCIAL DETERMINANTS OF HEALTH: STRENGTHENING FAMILIES AND COMMUNITIES ACROSS THE LIFESPAN

Family-centered engagement and intergenerational supports: Sustain and expand support for pregnant and parenting individuals and create collaboration opportunities with faith-based programs, health equity zones (HEZs), and community health programs to improve families' trust and engagement.

- *"More attention to generational trauma, ACES data and what it means for our work to support children and youth as a key area of prevention, more attention to helping families to help their loved ones."*
- *"Engaging parents, caregivers and families is a significant issue. Families have many challenges- food and housing insecurity, negative news, the cost of living, unhealthy coping mechanisms, lacking parenting skills, difficulty navigating behavioral health systems."*
- *"It is immensely important to involve the family in a comprehensive care model for each individual who suffers with substance use disorder. It is incumbent on the providers and healthcare team to help bridge and understanding of how this is not a moral issue but one of brain wiring disorder."*
- *"Support groups in communities are effective ways to engage family and caregivers if they are not willing to travel into the city or another town for services."*
- *"Rigorous family trauma clinical support."*

Lifespan-inclusive peer and clinical resources: Address social isolation for older adults, youth, and people living with disabilities and increase inclusion and accessibility.

- *"Elder care facilities and skilled nursing facilities for people with SUD with access to PRS."*
- *"Including older adults in all aspects of the work."*
- *"Easily accessible and more group therapy or peer support groups throughout the state for teenagers to the elderly population if individual therapy is not readily available."*
- *"Youth development programs like after-school and mentoring programs can support young people who live in system-involved households or have parents/caretakers with SUD."*
- *"Expand and sustain perinatal peer recovery support for pregnant and postpartum people."*

Unified leadership and funding alignment: Align planning activities and improve coordination between education, health, housing, and criminal justice systems.

- *"Providing leadership for planning and funding to mesh these needs."*

- *"Collaboration between substance use treatment providers, family shelters, schools, hospitals and dept of corrections/ training school."*
- *"Better collaboration between schools and DCYF. Feel like school staff have not had the opportunity to learn about the neurobiology of substance use, the trauma that the parent, partner, and the children in the family can experience. Need the opportunity to learn about wrap around and the services that can be utilized within the DCYF organization before a child is taken from them."*
- *"Community is strong in this state (i.e. everyone working together)."*

PREVENTION

School and youth-based initiatives: Sustain and increase school- and community-based mental health, substance use, afterschool, mentorship, and leadership development programs for youth and young adults.

- *"Significant issues: social media reaching children and youth that promote vaping and cannabis use as cool or safe. Another significant barrier is in reaching young adults who are not in school with prevention messaging particularly around counterfeit medications that could be fentanyl."*
- *"I believe that RISAS counselors should be in EVERY school - Elementary through High School, Public, Private and Charter. This way age appropriate conversations can begin early and often."*
- *"Mandatory prevention and mental health discussions happening in classes and not just one quick lesson in a gym or health class. Needs to be more consistent of a conversation with these kids and teens."*
- *"We have had difficulty with the schools giving us time to implement prevention programs during the school day due to requirements regarding learning hours."*
- *"If there's going to be intervention in school, probably needs to start sooner than later. It needs to be well fought out and integrated in age-appropriate. No one likes to be talked at so it's important to take an inclusive approach."*

Prevention and safe prescribing practices: Expand the prevention framework beyond youth to target older adults, while continuing to educate medical providers on safe, non-opioid pain management choices; Sustain the Rhode Island Prescription Drug Monitoring Program (PDMP) and expand academic detailing initiatives.

- *"Thinking about prevention across the lifespan - not just w/youth. Older adults, the type of substance used. etc. Targeted strategies."*
- *"Doctors should ALWAYS be offering non-opioid choices to manage temporary pain. Maybe they need more education?"*
- *"As for safe prescribing practices, there are various governmental and state agencies that address this issue. Obviously, having a healthy respect for opioid medication and understanding what it's good for and what its drawbacks are is essential in regards to safe prescribing."*
- *"Initiating awareness and educational campaigns in communities where many older (likely more Rx) people are."*
- *"Screening (and education) by primary care providers."*

System integration and sustainable funding: Secure continuous, long-term state funding for prevention and integrate prevention across pillars, including culturally appropriate and bilingual programming/services and staff.

- *"Increasing & maintaining funding for prevention across the life cycle."*
- *"We need integrated systems of care to make mental and behavioural health more accessible along with physical health."*
- *"The state is raking in millions of dollars in cannabis money, and it should go to PREVENTION efforts beginning in schools: we need SACs in EVERY school."*
- *"Built more bridges between prevention workgroup and harm reduction workgroup."*
- *"Emerging issue: considering prevention as part of the care continuum (recurrence of use)."*

HARM REDUCTION AND RESCUE

Ensuring harm reduction services are comprehensive and responsive to the evolving needs of people who use drugs (PWUD): Sustain harm reduction infrastructure and expand communication to educate communities on the public health value of syringe service programs, drug checking, and overdose prevention centers to lower overdose risk and encourage people not to use alone.

- *"We need more communication and education about the value of safe usage sites. Needle exchange programs are misunderstood and have a bad reputation of inviting/supporting drug use. The public needs to better understand the benefits of these strategies."*
- *"This one still seems tough because stigma around harm reduction methods. I think a social campaign could be valuable to destigmatize this."*
- *"Education on harm reduction tools - not to be "policed" as to discover those who use."*
- *"Going Well: the OPC."*

Widespread naloxone supply saturation and post-overdose care: Continue naloxone saturation in local communities; Improve post-overdose engagement that meets the needs of PWUD and connects individuals to treatment services and recovery support.

- *"Flooding the community with naloxone and anti-stigma trainings."*
- *"Make naloxone more available in high schools and colleges."*
- *"Going Well: easy free access to Naloxone! Keeping up the conversation and reminding folks where they can get it for free is key!"*
- *"To address risks and benefits towards harm reduction approach directly with patients in Tx. Cont. to offer free narcan kits and post on social media data related to harm reduction."*
- *"Moving beyond Naloxone is a challenge, significant gap for this group."*

Training to address first responder stigma and overdose response: Regularly train and retrain law enforcement, EMS, and first responders on anti-stigma approaches, modern overdose responses, and resources like the 988 Lifeline.

- *"Need to train/retrain groups like police/first responders in Naloxone, stigma and overdose response; follow Providence's lead de-implementing police at every 911 overdose call in every community statewide; consider integrating/promoting other harm reduction goals like Safespot use and drug checking."*
- *"Training and supplies for EMS providers."*
- *"Reducing law enforcement and address bias and discrimination."*
- *"Sustain and use 988."*

TREATMENT

Lowering barriers to medications for opioid use disorder (MOUD): Expand low-threshold access to MOUD.

- "We need more people on injectable MOUD/ make it easier to get."
- "Pharmacy based methadone—make it easier for people to get and stay on methadone."
- "Access to take home medications."
- "More focus on the importance of treatment and medication in recovery."

Ensuring equitable access to diverse treatment options: Ensure access to racially equitable and culturally competent treatment services for all substances, including stimulants and alcohol.

- "The BIPOC Affinity group continues to provide a safe space to discuss barriers and facilitators experienced by professionals of color addressing substance use disorder in their respective fields. I believe that suggestions from this group could be used to further efforts to address racial equity in substance use. I think that investment should be made for formative research on StUD and treatment and StUD and stigma."
- "MOUD treatment services for racial and ethnic minorities need to be addressed further."
- "Overcoming social and community stigma attached to accessing treatment resources, especially for men of color. Continued collaboration with community agencies can help with this."
- "...we need treatment specific for stimulant use! We have Ocean State in Johnston with their Stimulant Use Track, the Bridge Clinic who will do some off-label prescribing, and Open Door Health who focuses on the LGBTQ+ community. But it isn't enough. We need a Safe Landings, Living Room, etc. type program for folks who use stimulants to have a safe place until they can get into their outpatient treatment appointments."

Removing socioeconomic and structural obstacles: Tackle the financial constraints of uninsured/underinsured populations, resolve transportation barriers, and create support networks for the loved ones of individuals in treatment.

- "Address transportation barriers to treatment."
- "Lack of financial resources for folks who don't have Money/ insurance."
- "Treatment availability in people's first languages and cultural competent treatment."
- "We need additional support for family and friends of those going into treatment. Ex: A family member or friend tells you they want to get into treatment - how can we assist the

support system of the person seeking treatment so that we can all work collaboratively to help them during their treatment and recovery? It takes a village."

- *"Accessible treatment options, not having to call for a bed every 30 days."*

RECOVERY

Strengthening and sustaining the workforce: Develop and expand job-training opportunities for people in recovery and address barriers faced by people with justice involvement.

- *"We must continue to provide the recovery services with sustaining recovery community centers around the state and have the ability to pay our peer specialist an adequate rate of pay as the professionals they are."*
- *"Address transportation, housing, employment, discrimination, stigma, justice involvement - increase recovery capital."*
- *"We need to work with hospital systems so that hospital leadership recognizes the value of Peer Recovery Support Specialists. As we continue to train CPRS Specialists, we will continue to face obstacles in replying them of hospitals are resistant to meaningfully integrating them into hospital care."*
- *"Equity for the certification test peers take - not available in languages other than English, educational requirements, etc."*
- *"Collaborate with faith leaders and other community leaders to help them to become trained as CPRSs."*

Supporting multiple pathways to recovery: Support and expand all pathways of recovery, including faith-based partnerships, non-traditional, and evidence-informed models.

- *"Education on all pathways to recovery."*
- *"Allow more pathways including non-evidence based pathways (include evidence informed)."*
- *"More family support so families can support their loved ones."*
- *"Collaborate with faith leaders and other community leaders to help them to become trained as CPRSs."*
- *"Address transportation, housing, employment, discrimination, stigma, justice involvement - increase recovery capital."*

Integrating continuity of care and housing retention: Increase housing at all stages of recovery, including recovery housing, affordable housing, justice-involved barriers, and transitional housing.

- *"Siloed providers and supports and EMR systems make is difficult to work with other partners and systems."*

- *"Major issue: housing supports across the continuum of care for people with SUD especially justice involved and evictions."*
- *"Ultimately, we need an integrated care approach that recognizes the value of CPRS, CHWs, doulas, mental health care providers, etc and allowing patients to have cross-cutting teams lf service providers that collaborate effectively with each other."*
- *"Going well: Expanding access to recovery housing."*
- *"Addressing the root cause(s), and following up over time. After care and follow up are opportunities."*

FINDINGS FROM THE ANNUAL RECOMMENDATIONS SURVEY

Prompt: What emerging issues or topics (local, statewide, or national) are most important to you or your organization this year?

Assessment: Emerging issues include material needs, such as housing and food; wraparound supports, such as Medicaid, family services, and job training; and challenges, such as keeping pace with emerging substances and the resulting long-term health impacts.

Supporting Quotes:

- *"To me, we need to ground the concept of harm reduction to youth, young adults, parents, and families... orienting the concept back to basics with everyday life, like wearing seatbelts, wearing a helmet..."*
- *"#1 is housing and affordability... If people aren't housed there's only so much we can do for them by providing harm reduction and recovery supports."*
- *"The PWR Providence drop-in center is an incredible example of this. On top of substance use services -- offering food, laundry, a place to sit, therapy... services for free with no strings attached."*
- *"newly emerging illicit and addictive products that have ZERO FDA oversight!"*
- *"maintaining awareness of new drugs and their risks."*
- *"changes to Medicaid qualification."*
- *"Protecting access to services for people who are Medicaid eligible, building a continuum of low-barrier and on-demand services, attacks on immigrants, LGBTQIA+ community members, and other vulnerable community members."*
- *"Preventing long-term disabilities, e.g., TBI, in overdose victims across the lifespan."*

FINDINGS FROM THE ANNUAL RECOMMENDATIONS SURVEY

Prompt: What challenges do you or your organization face this coming year?

Assessment: The feedback focused on challenges surrounding funding, federal changes, and sustainability. The feedback is dominated by the word "funding." Specific challenges include changes to Medicaid.

Supporting Quotes:

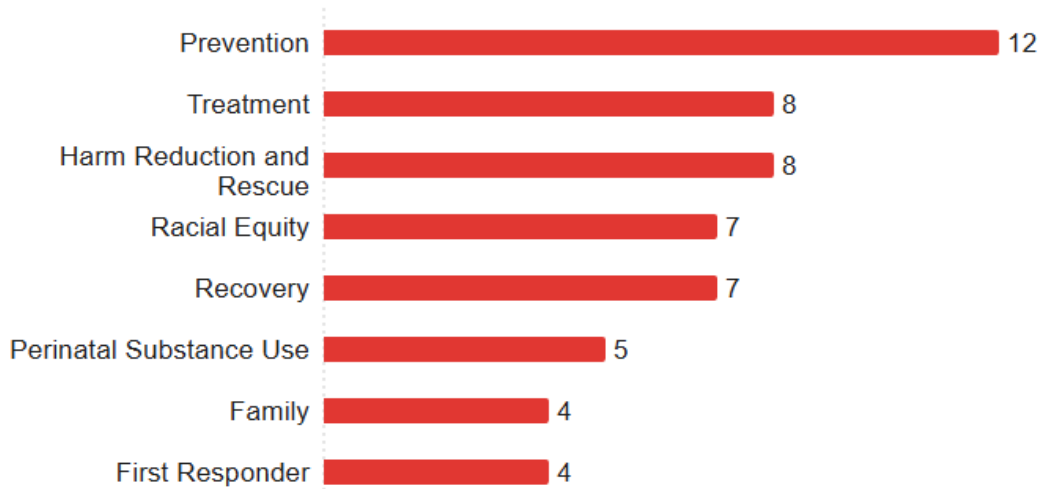
- *"Funding after the opiate settlement funds end."*
- *"Dwindling funding and lack of sustainability planning for prevention funds."*
- *"Administrative burdens including those imposed by managed care organizations that impact both service delivery and revenue; clients losing Medicaid benefits and having to provide free care..."*
- *"Potential staffing/hiring; Continued funding for services."*
- *"A ton of academic research exists as to how to better cater to youth and young adults about substance use and harm reduction, but I feel like that's where the buck stops. There have been very few implementations."*
- *"The impact of the new Big "beautiful" bill and its impact on access to Medicaid."*
- *"funding cuts."*
- *"Funding."*

FINDINGS FROM THE ANNUAL RECOMMENDATIONS SURVEY

Survey participants could indicate which work groups they were most involved in, and were asked which [Strategic Plan priorities](#) they wanted to give input on. For each priority respondents indicated, they could then prioritize the strategy levers.

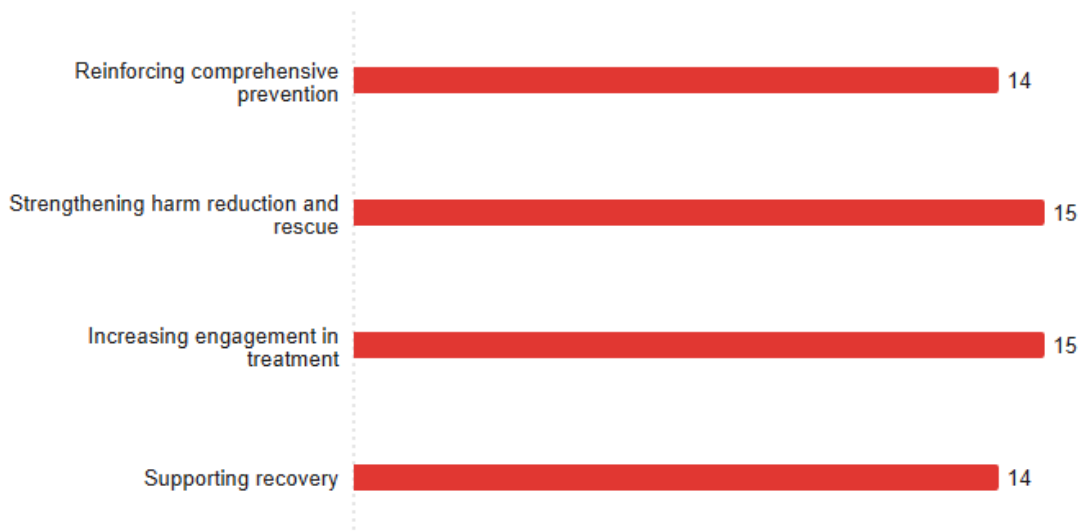
What Overdose Task Force work groups are you most involved in?

33 Responses



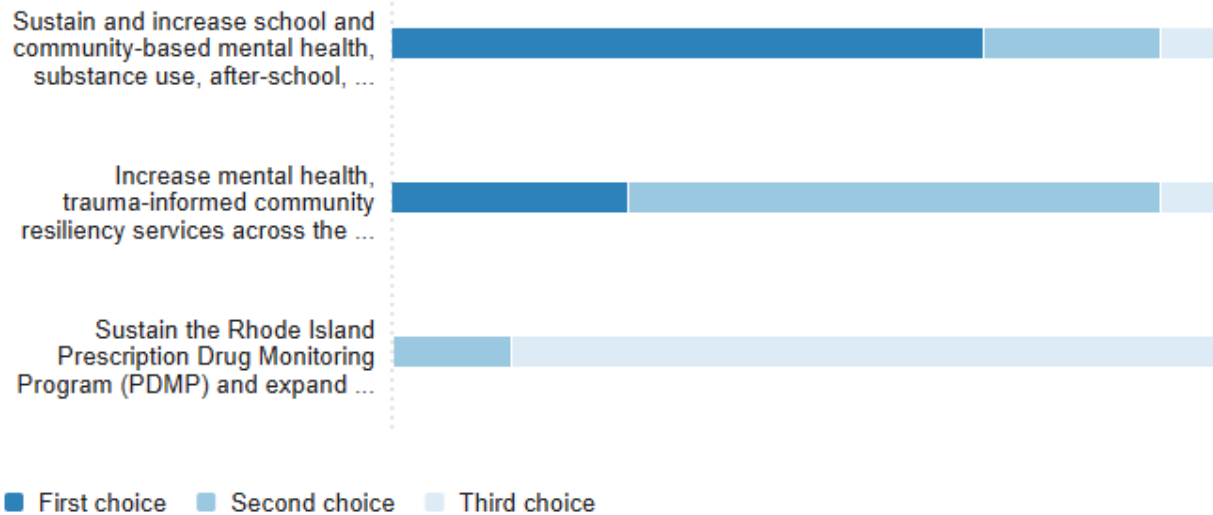
What strategic plan priorities do you want to provide input on?

33 Responses



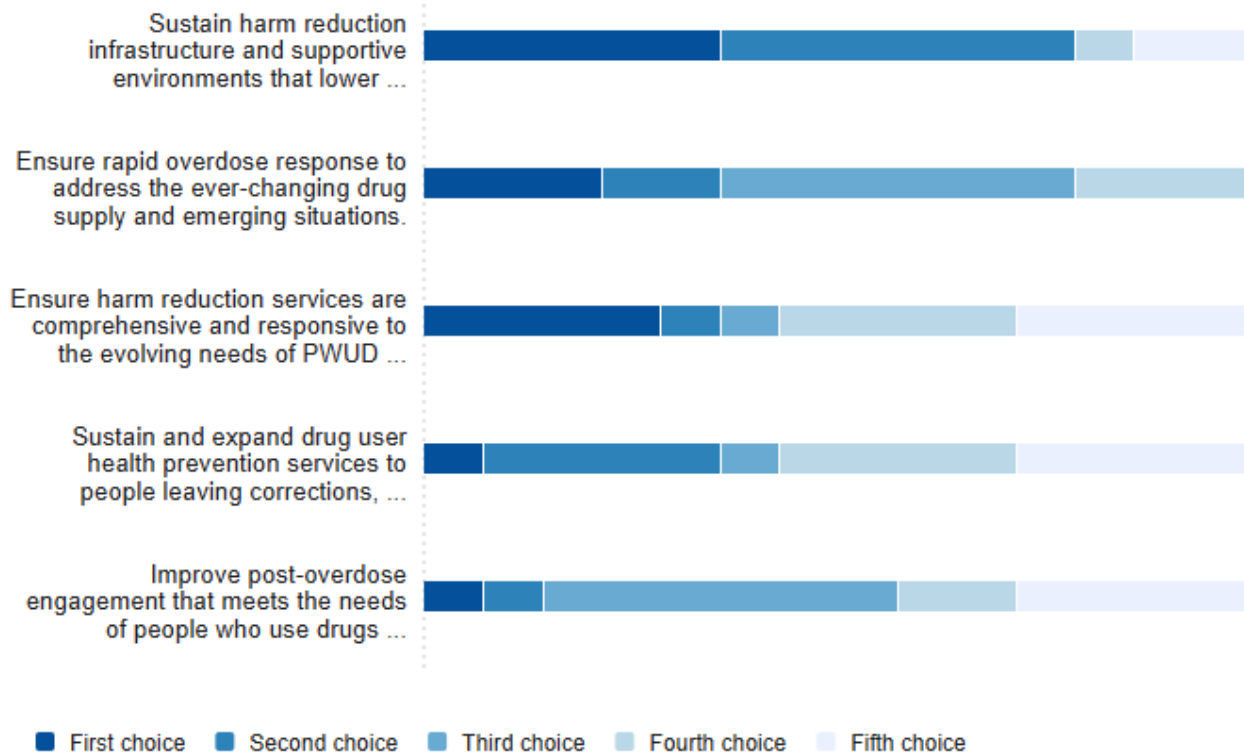
Reinforcing comprehensive prevention

14 Responses



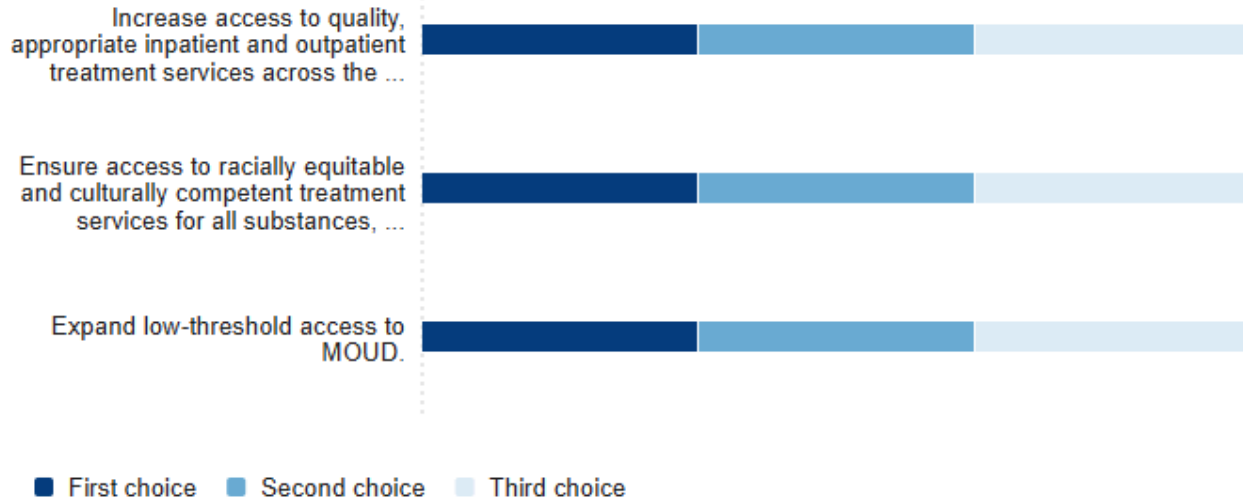
Strengthening harm reduction and rescue

14 Responses



Increasing engagement in treatment

15 Responses



Supporting recovery

14 Responses

