

GOVERNOR DANIEL J. MCKEE'S OVERDOSE TASK FORCE

September 2026 Semi-Annual Report

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Executive Summary

The September 2026 Overdose Task Force Semi-Annual Report provides an overview of progress toward achieving Rhode Island's priority goals of reducing fatal overdoses and improving people's lives. The report's main components include information on the state's 2025 fatal overdose reduction, performance of primary and secondary indicators, State and federal investment summaries, and public data dashboard updates.

Summary of Overarching Priority Goals

The Governor's Overdose Task Force has a 2030 goal to reduce fatal overdoses by 30%. To achieve these goals and improve people's lives, the following approaches have been adopted from the [2026-2028 Task Force Strategic Plan](#):

- **Use Data to Drive Action:** Initiating a Community Overdose Engagement (CODE) local-level response plan in Rhode Island's highest-burden communities and targeting private locations.
- **Prevention:** Implementing primary prevention across the lifespan.
- **Expanded Harm Reduction:** Continuing and increasing targeted fentanyl-focused harm reduction services.
- **Targeted Rescue Activity:** Sustaining targeted naloxone distribution to people who use substances and their families, including private locations.
- **Ensuring Equity:** Increasing targeted harm reduction and treatment for non-Hispanic Black and non-White 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 substance and opioid use.¹

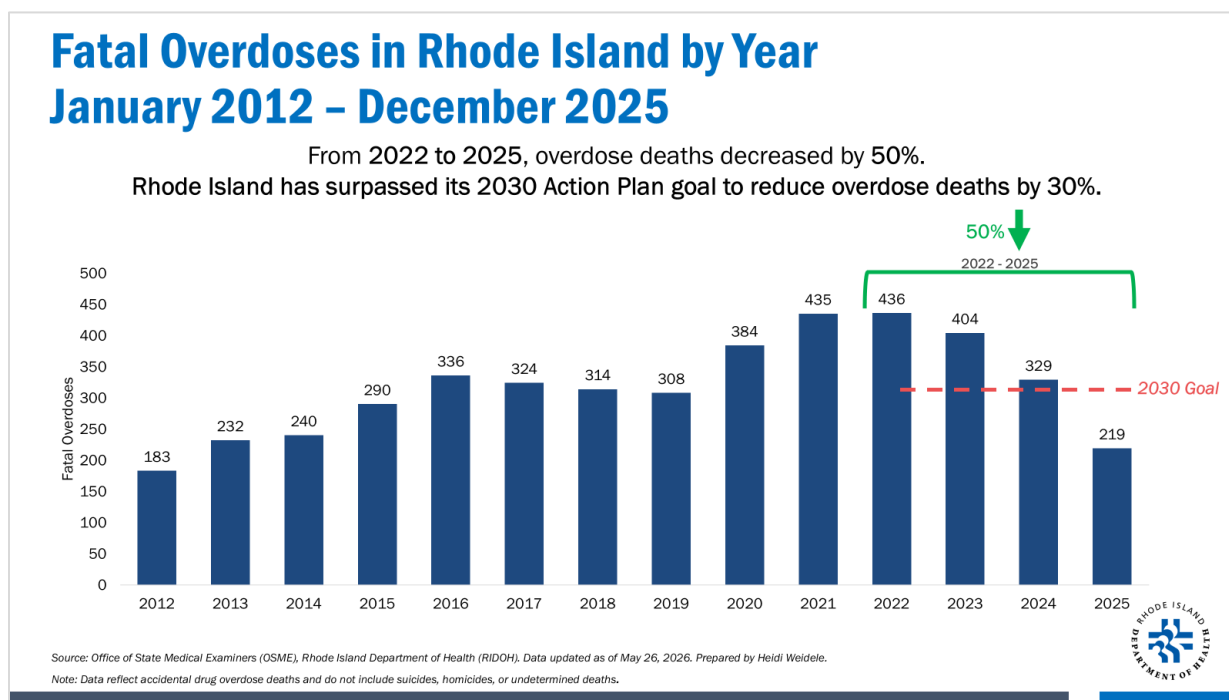
2030 Goal: Reducing Overdose Deaths

According to the Rhode Island Department of Health (RIDOH) Office of State Medical Examiners (OSME), 2025 data show a 50% reduction in overdose deaths compared to 2022. This marks the third consecutive year that fatal overdoses decreased statewide in Rhode Island. This is the lowest number of overdose deaths the state has seen since 2012, when overdose deaths began to precipitously rise, and overdose was recognized as a major public health crisis. As of 2025, Rhode Island has surpassed its goal to reduce fatal overdoses by 30% by 2030. Preliminary data for 2026 show a continued decrease in overdose deaths in the first quarter of the year compared to Q1 2025.

¹ 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>

Figure 1: Rhode Island's 2030 Priority Goal to Reduce Fatal Overdoses by 30%

The bar graph below shows [Rhode Island fatal overdose data](#) from January 1, 2012, through December 31, 2025. Each bar represents the number of lives lost each year from 2012 to 2025. In 2025, overdose deaths decreased by 50% from 2022, with 219 lives lost to accidental overdoses in 2025, down from 329 in 2024 and 436 in 2022.



2025 Data Takeaways from the OSME and State Unintentional Drug Overdose Reporting System (SUDORS)

- In 2025, the *statewide rate* of fatal accidental drug overdoses was 16.4 per 100,000 people.
- The *highest rates* of fatal overdose by municipality were observed in Woonsocket (48.8 per 100,000 people) and Providence (42.7 per 100,000 people).
- The municipalities with the *highest counts* of fatal overdoses were Providence (n=81), Woonsocket (n=21), Warwick (n=13), and West Warwick (n=12).
- The number of overdoses involving opioids (n=159), fentanyl (n=124), and illicit drugs alone (n=118) declined when compared to previous years.²
- Overall, the rate of fatal overdose was highest among individuals aged 35 to 64.
- Non-Hispanic Black Rhode Islanders had the highest burden of fatal overdose (31.6 per 100,000 residents), followed by non-Hispanic white Rhode Islanders (16.5 per 100,000 residents) and Hispanic or Latino Rhode Islanders (13.4 per 100,000 residents).
- Most fatal overdoses (74%) occurred in private locations (e.g., a person's residence, garage, recreational vehicles).

² Note: Substance categories are not mutually inclusive, and more than one substance can contribute to the cause of death.

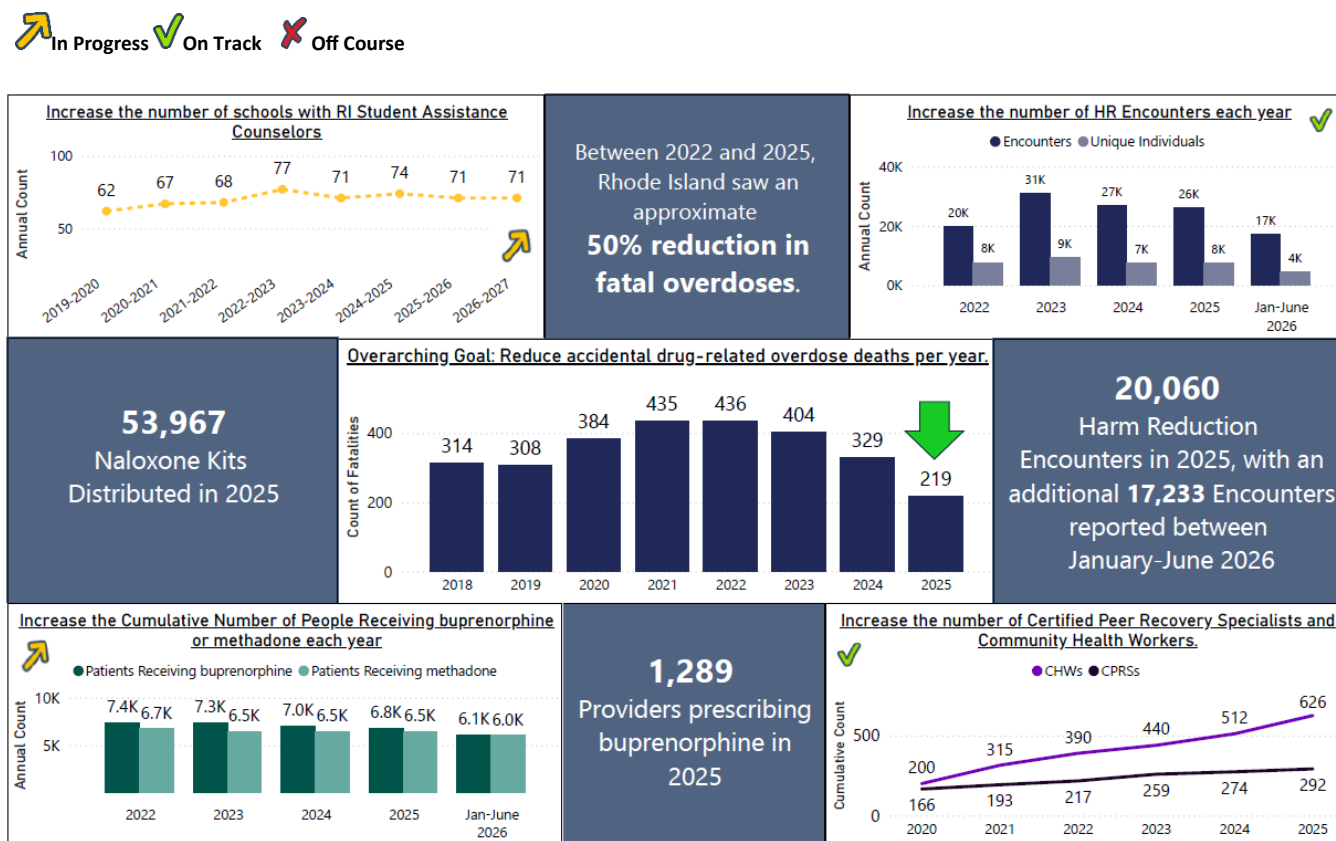
Data Snapshot of Performance

It is paramount that collected data are comprehensive, cross-agency, and streamlined to inform the State and its partners of identified gaps, emerging issues, and community needs. By working together across the continuum of care, the Overdose Task Force is helping turn these data into action. With strong infrastructure, a coordinated approach, and the voices of people directly impacted by the overdose crisis guiding this work, Rhode Island is moving in the right direction by reducing fatal overdoses and improving people's lives.

The following is an updated performance snapshot, or “scorecard,” from the Overdose Data Council (ODC), which is led and co-chaired by the Rhode Island Executive Office of Health and Human Services (EOHHS) and a community co-chair. Scorecards allow the State to track and assess progress across the priority areas of Prevention, Harm Reduction, Treatment, and Recovery.

Figure 2: Snapshot of the Overdose Data Council (ODC) Progress Report

The figure below shows the ODC’s updated data scorecard from the most recent ODC Progress Report. It offers a snapshot of the Overdose Task Force’s progress across the priority areas of Prevention, Harm Reduction/Rescue, Treatment, and Recovery.



Note: The dashboard snapshot featured above is sampled from an internal overdose dashboard housed at EOHS. The abbreviation “HR” stands for “Harm Reduction”.

State and Federal Investment Summary

As highlighted in the September 2025 Semi-Annual Report, the Rhode Island Office of Management and Budget (OMB), in partnership with EOHHS, launched a substance use disorder (SUD) program-based survey for state fiscal year (SFY) 2023. This [SFY 2023 SUD program-based budgeting report](#) cataloged 94 programs across 11 State agencies to create Rhode Island's first comprehensive inventory of SUD programs to improve the efficiency and outcomes of State government programs. In September 2025, OMB and EOHHS conducted a second round of the program-based survey for SFY 2025 programming and spending. This [SFY 2025 SUD program-based report](#) identified 108 programs across 12 agencies. This program-based analysis of specific programs and services allowed for better transparency, whole-of-government coordination, and more efficient allocation of State and federal funds toward shared policy goals. OMB and EOHHS plan to conduct annual surveys each fiscal year to improve coordination of investments and spending across all State agencies.

The SFY 2025 report indicates that the State budgeted approximately \$267.8 million across all funding sources for SUD programs and services. Agencies reported spending approximately \$249.5 million of this amount, with 68.9% budgeted for Medicaid claims and 26.9% for non-Medicaid programs. Additionally, this report includes summary information on the State's use of Medicaid to support and the recent development of Certified Community Behavioral Health Clinics (CCBHCs). While not directly related to the results of the survey, a short discussion of Medicaid activity and CCBHCs is important context for understanding the full landscape of SUD programming operating within the State (see Figure 3).

Figure 3: Rhode Island Medicaid versus Non-Medicaid Funding

In SFY 2025, the State budgeted approximately \$267.8 million across all funding sources for SUD programs and services. Agencies reported spending approximately \$249.5 million of this amount, including \$195.8 million in Medicaid claims and \$53.7 million in non-Medicaid program spending.

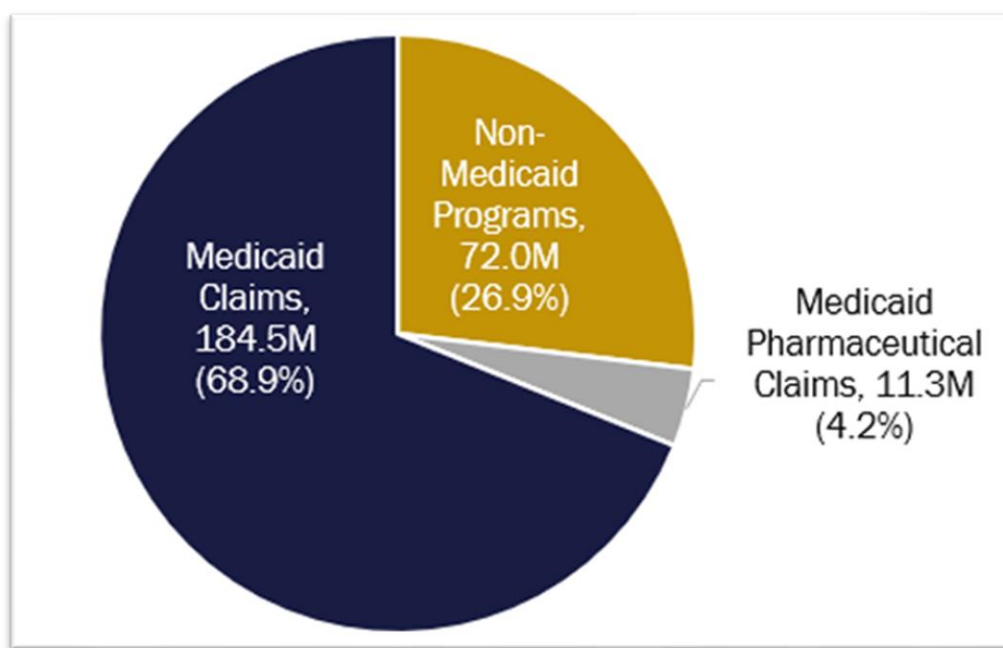


Figure 4:
Medicaid
Spending
of Funds

**Non-
Program
by Source**

Agencies reported spending \$53.7 million on non-Medicaid SUD programs in SFY 2025. Survey results also indicated that opioid settlement funding represented 24.5% of total SUD programmatic funding, while federal funding and general revenue accounted for 66.8%. Approximately 45% of non-Medicaid spending on SUD programs came from federal funds, followed by opioid-related settlements at 24.5% and general revenue at 21.7%. The remaining 8.7% came from other restricted receipts and other funds.

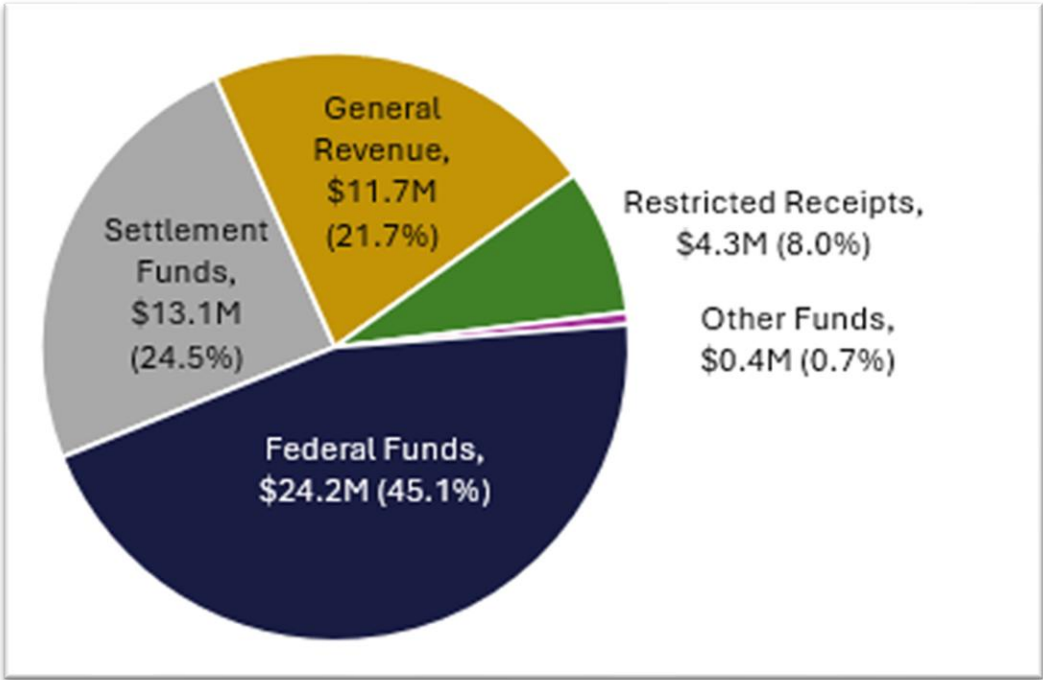
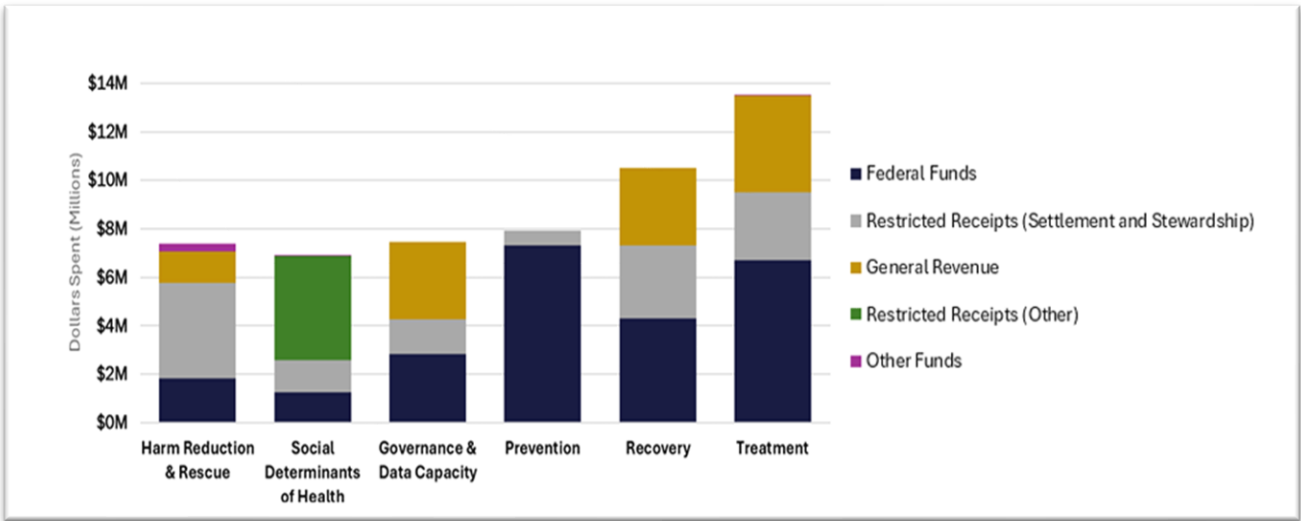


Figure 5: Non-Medicaid SUD Program Spending by Pillar and Source of Funds, FY2025

Federal funding varied significantly across the pillars. Among non-Medicaid spending, the largest share of overall funding was directed to Prevention, Treatment, and Recovery pillars while fewer than 20% of funding supported Social Determinants of Health, Harm Reduction, and Rescue pillars.



Exposure to Changes in Medicaid

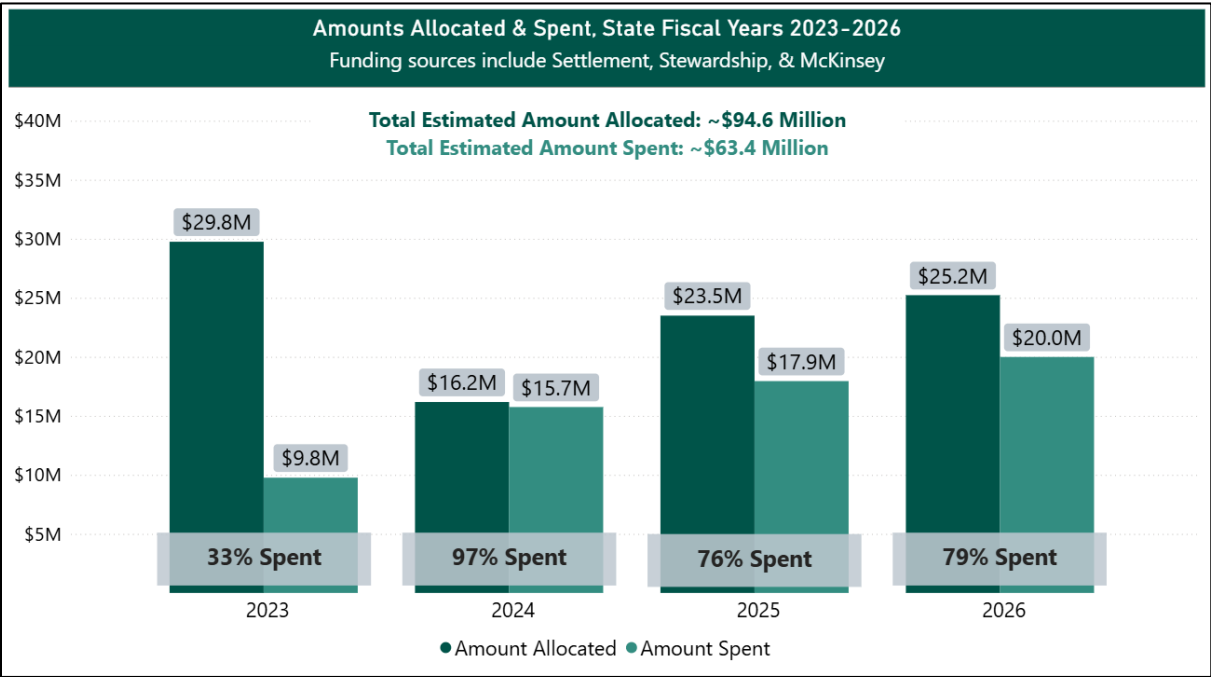
Rhode Island is highly exposed to federal changes from House Resolution 1 (Public Law No. 119-21, H.R.1) enacted in July 2025 and mandates nearly \$1 trillion in Medicaid spending reductions over the next decade. This includes changes to eligibility impacting certain non-citizens, new work requirements, and increased eligibility redeterminations. These new rules will go into effect in October 2026 and January 2027, with further impacts expected in calendar year 2028 when additional documentation is required for medical frailty, and some cost-sharing may begin for certain adults on Medicaid. Key areas of mitigation will likely need to focus on uncompensated care, access to treatment, maintenance of recovery, and insurance navigation supports.

State Investment Summary

The graphs below reflect SFY23 through SFY26 State investments and total spending, as reflected in the Rhode Island Financial Accounting Network System (RIFANS) and newly implemented Enterprise Resource Planning (ERP) System. It is important to note that this spending does not include invoices that have not yet been fully processed. Spending also depends on several factors, including program planning, development, and workforce capacity. Additionally, some projects represent the expansion of existing initiatives with braided federal funding. Some federal contracts do not allow funding to be carried forward, requiring those dollars to be spent first (before restricted funding like the restricted receipt State dollars). Spending has increased through FY26 by approximately 79%, and it is expected to continue. The Opioid Settlement Advisory Committee (OSAC) and the State prioritize the sustainability of programs that make positive impacts and strengthen systemic infrastructure, such as naloxone distribution, uninsured and underinsured treatment services, and recovery-focused programs.

Figure 5: Combined Allocations and Spent by Fiscal Years 2023 through 2026

This bar graph represents a summary of SFY23 through SFY26 allocations and total spent by fiscal year.*



*Note: The totals reflect allocated and spent funds only, excluding obligated amounts not yet spent, such as in contract, procurement, or pending review. Due to rounding, amounts by year may not sum to total estimated amounts listed.

Public Data Dashboards

EOHHS, in partnership with [Brown University’s People, Place, and Health Collective](#) (PPHC), is in the final stages of refreshing the Prevent Overdose RI (PORI) [Track Our Action Plan](#) webpage. These updates will include refreshed metrics, aims, and targets from the updated [2026–2028 Overdose Strategic Plan](#) (“Roadmap”).

Additionally, EOHHS and the PPHC are expanding the PORI [Opioid Settlement](#) webpage to include a programmatic dashboard scheduled to launch in December 2026. This dashboard will improve the transparency of opioid settlement funding and related investments.

To access the most recent reports submitted to the Rhode Island General Assembly, please review the [Opioid Settlement Funded Project Annual Report, submitted December 29, 2025](#), and the [Opioid Stewardship Fund Annual Report for the State Fiscal Year 2025, submitted January 30, 2026](#).

Upcoming Activities and Next Steps

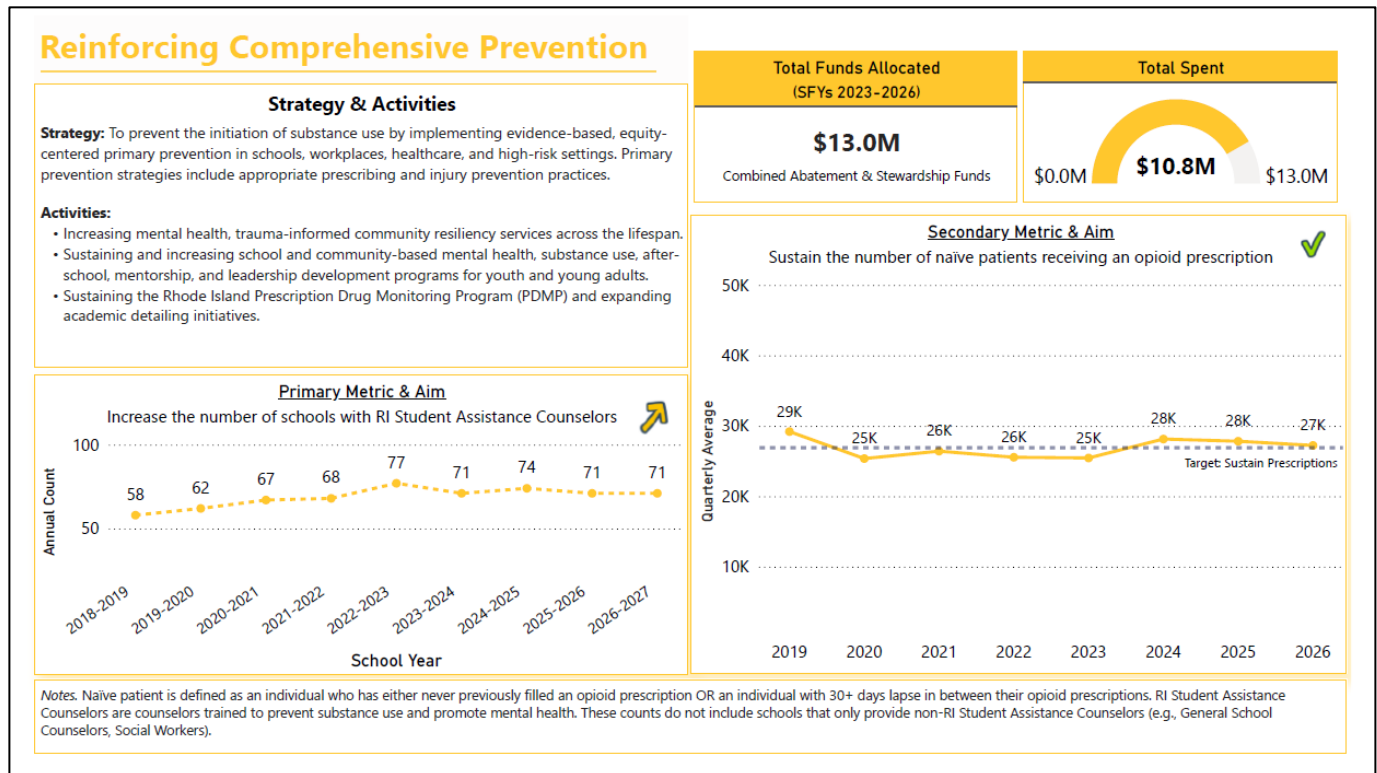
Activity	Timeline	Status
Refresh and complete the PORI Track Our Action Plan Public Dashboard	November 2026	On Track
Launch the PORI Opioid Settlement Programmatic Public Dashboard	December 2026	On Track

For questions or concerns about this Semi-Annual Report, please contact Rhode Island’s Overdose Task Force Director, Cathy Schultz, MPH; Cathy.A.Schultz@ohhs.ri.gov.

Appendix

The Appendix includes EOHS dashboards with sample data representing the Overdose Task Force's four main priorities: Reinforcing Comprehensive Prevention; Strengthening Harm Reduction and Rescue; Increasing Engagement in Treatment; and Supporting Recovery. These dashboards represent a portion of the agency's overall data and are not exhaustive.

👉 In Progress ✅ On Track ❌ Off Course



Sources: Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH); Prescription Drug Monitoring Program (PDMP); Rhode Island Department of Health (RIDOH)

👉 In Progress 🟢 On Track 🛑 Off Course

Strengthening Harm Reduction & Rescue

Strategy & Activities

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.

Activities:

- Sustaining harm reduction infrastructure and supportive environments that lower overdose risk and encourage people not to use alone.
- Ensuring harm reduction services are comprehensive and responsive to the evolving needs of PWUD through 24/7 access to harm reduction tools.

Total Funds Allocated
(SFYs 2023-2026)

\$22.6M

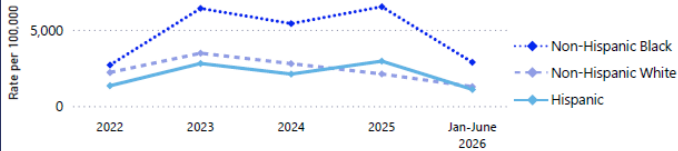
Combined Abatement, Stewardship, &
McKinsey Funds

Total Spent



Equity Metric & Aim

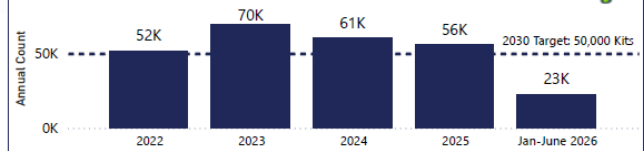
Increase the number of naloxone kits distributed across racial/ethnic groups
Rate per 100,000 by Race/Ethnicity



Note: Data on naloxone distribution by race and ethnicity are limited to community-based sources. Data is subject to change.

Primary Metric & Aim

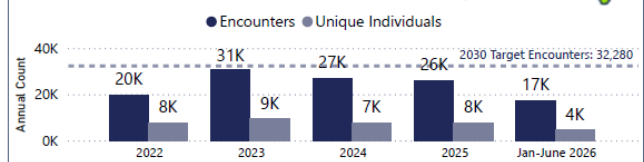
Sustain the number of naloxone kits distributed in the community each year. 🟢



Note: Sources of naloxone distribution for the data above include community organizations, hospitals, and pharmacies. Data is subject to change.

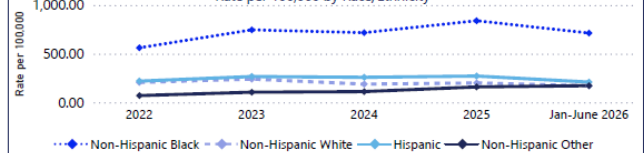
Primary Metric & Aim

Increase the number of HR Encounters each year. 🟢



Equity Metric & Aim

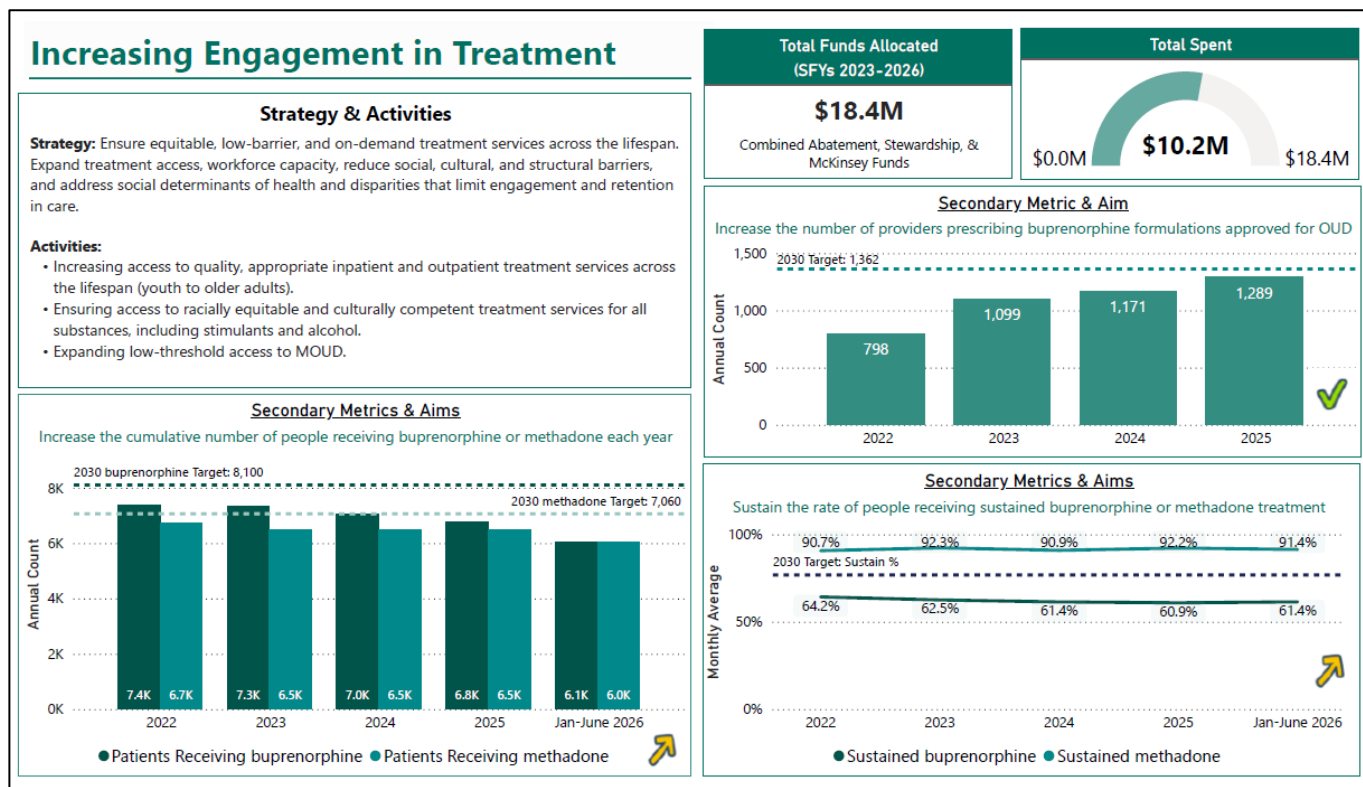
Increase the number of encounters across racial/ethnic groups
Rate per 100,000 by Race/Ethnicity



Note: The rate of engagement for in-person harm reduction encounters is 5 times greater for Non-Hispanic Black Rhode Islanders compared to Non-Hispanic White Rhode Islanders. Data is subject to change.

Sources: Naloxone Distribution Dataset, Harm Reduction Dataset, CHP/CHHSTE, Rhode Island Department of Health (RIDOH)

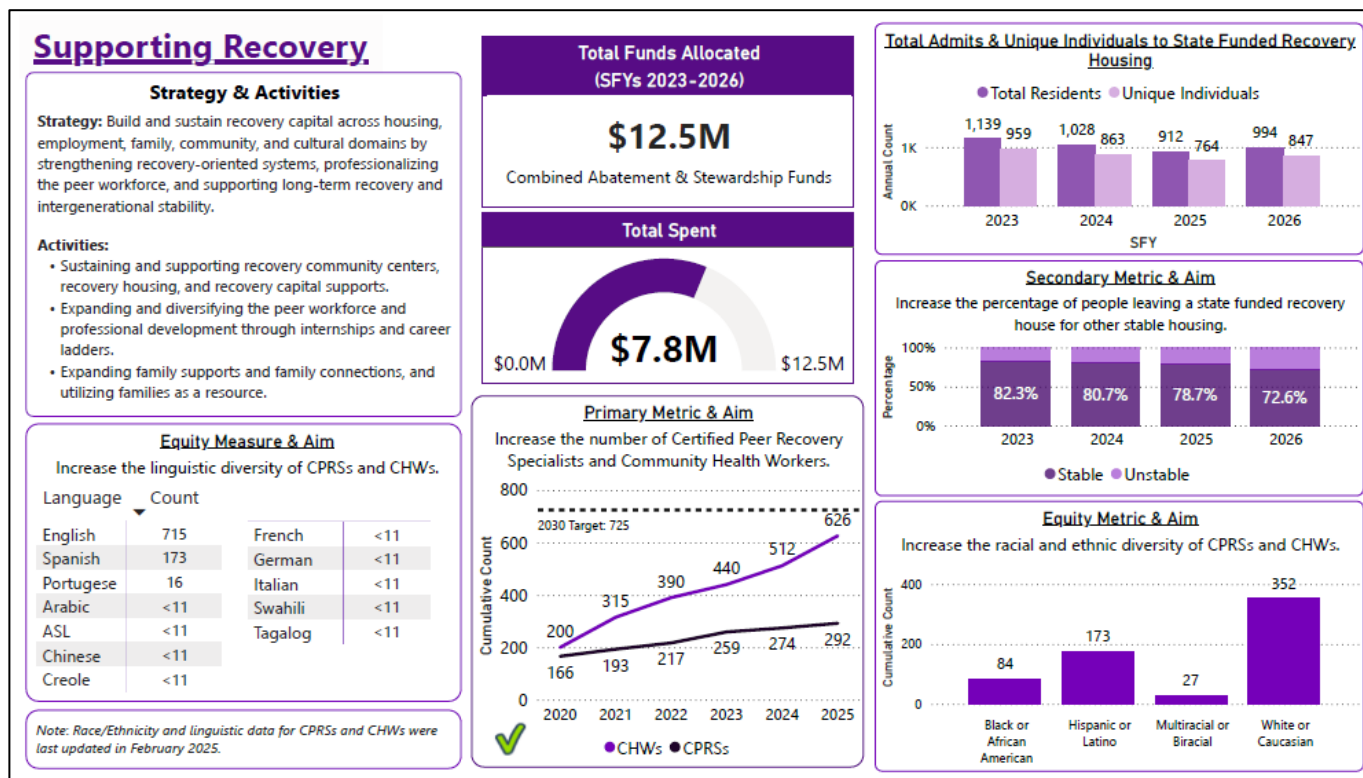
 In Progress
  On Track
  Off Course



Notes. (1) Sustained engagement in buprenorphine and methadone is defined as treatment engagement for at least 180 days without a gap of more than 7 days. (2) Regarding cumulative counts of individuals receiving buprenorphine, counts are limited to individuals who received buprenorphine treatment via a pharmacy and do not capture individuals provided treatment outside of the pharmacy setting. This may include those receiving some injectable buprenorphine formulations and those receiving buprenorphine while in a clinic.

Sources: Prescription Drug Monitoring Program (PDMP); Rhode Island Department of Health (RIDOH); Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH); Executive Office of Health & Human Services (EOHHS); RI Ecosystem

👉 In Progress 🟢 On Track 🛑 Off Course



Note. Data for State Certified Recovery Housing include State-funded beds in certified recovery housing. Stable housing includes independent living and dependent living. Dependent living includes group homes, nursing homes, and recovery housing. Source: Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH); Rhode Island Certification Board (RICB). The metrics that do not have a status are currently under review by the Overdose Data Council.