



## MEMORANDUM

**TO:** Carrie Bridges Feliz, Chair || Opioid Settlement Advisory Committee  
**FROM:** Ana P. Novais, Acting Secretary, Executive Office of Health and Human Services  
**DATE:** July 18, 2022  
**SUBJECT:** SFY 23 Opioid Settlement Advisory Committee Recommendations

*PRIVATE AND CONFIDENTIAL: This message is meant only for the review of the Opioid Settlement Advisory Committee until the July 21<sup>st</sup> meeting when this information will be shared with the public.*

To the Opioid Settlement Advisory Committee:

As the next Opioid Settlement Advisory Committee meeting approaches, I would like to share my perspective about the **importance and urgency** of this Committee's recommendations for the allocation of State Fiscal Year 2023 (SFY23) opioid settlement funds and our path forward.

- Most importantly, I want to thank each of you for your service to Rhode Island through your work on this Committee. Making decisions about such a significant financial investment in our overdose response effort is both an exciting opportunity and an incredible responsibility with its own unique challenges.
- This Committee has some tough choices to make in a short time frame. There will inevitably be compromises and ideas we wish we had more time to explore before making decisions. And so, I am writing to encourage you to continue to work expeditiously toward our shared goal: putting these funds to work saving lives and improving the quality of life for our fellow Rhode Islanders.
- I know that you are aware of the data and that this is an unprecedented time for Rhode Island's overdose response. We simultaneously have more resources than ever before and a worsening overdose crisis that requires our swift response.
- **In 2021, we lost 436 of our family members, friends, colleagues, and neighbors to accidental drug overdoses. This is higher than any year previously recorded. In 2022, we have already lost at least another 87 members of our community.** Investing these settlement funds in meaningful interventions to prevent overdoses must be our top priority. **To that end, I am urging the Committee to finalize your recommendations at the upcoming July 21<sup>st</sup> meeting.**

### EOHHS-Led Efforts to Assist in Decision-Making

In response to the last Opioid Settlement Advisory Committee meeting, our EOHHS staff conducted the following activities to assist with your decision-making at the July meeting:

1. Utilize the evidence-base, where applicable, in review of community feedback
2. Review recently enacted budget items and ongoing cross-agency funding needs
3. Assess opportunities to partner across government to maximize the leveraging of funds

### ***Evidence Base Review:***

As you consider SFY23 recommendations, I want to share the Rhode Island Department of Health's Drug Overdose Prevention Program and the Rhode Island Department of Behavioral Health, Developmental Disabilities, and Hospitals document on [Drug Overdose Prevention Program's Master List of Evidence-Based and Innovative Interventions for Drug Overdose Prevention](#). This document was created in 2019 with the goal of compiling and summarizing the evidence-based and innovative drug overdose interventions available in Rhode Island according to the four original strategic pillars: Prevention, Rescue, Treatment, and Recovery. The report indicates which interventions have demonstrable evidence to prove their efficacy and which have peer-reviewed research. I encourage you to review this document, as our staff have done, in addition to the other resources we use below as tools to help guide your decision-making.

- Education: [What Works Clearinghouse](#)
- Health and Human Services: [Research and Evaluation Clearinghouses](#)
- Labor: [Clearinghouse for Labor Evaluation and Research](#)

### ***Enacted Budget Highlights from Related Funding Sources:***

Our team has reviewed the enacted budget for the Opioid Stewardship Fund and McKinsey Settlement for SFY23 funds. Included in this funding are the following: Overdose Task Force Director; evidence-based communications campaigns only on polysubstance use, fentanyl, and harm reduction; SUD residential services, recovery housing, recovery-friendly workplaces; RIDOC MAT, treatment and recovery programs, as well as rapid overdose death detection; naloxone vending machines, naloxone, harm reduction infrastructure, and needle exchange; and Regional Prevention Coalition funding to support local priorities and resource gaps; Peer Recovery Specialist workforce recruitment and retention initiative; Providence/Pawtucket Drop-In Centers and safe smoking kits, including fentanyl test strip supplies. For more information, please see the full [State budget](#).

### ***Cross-Agency Funding Needs for Substance Use Programs:***

Our team has also been working with staff from all relevant State agencies to catalog the funding on substance use-related programming throughout State government. This allows you to see what else is funded for SFY23 through the various grants that State agencies receive (including Block Grants, the State Opioid Response Grant, and the Overdose Data to Action Grant). You can find the document with the proposed spending ideas attached. The document indicates whether items are currently funded at all.

- You will see that the funded programs include dollars for naloxone distribution, recovery housing, and provision of MAT treatment, for example. However, many of the items on the list are funded, but not at levels that may be appropriate to meet the need.
- We have noted this as well – hearing the strong community support for things like harm reduction, including a potential Harm Reduction Center and Street Outreach; for treatment programs that focus on our BIPOC community and people who use stimulants; for the needs of trauma supports for families, first responders, and peers; for all sorts of prevention programs especially but not only for youth; and for a range of social determinants of health supports, including housing and basic needs.

### ***State Agency Partnerships to Leverage Funding:***

Our team remains committed to developing and leveraging partnerships with other State agencies in service of this Committee's work. Because housing has been a recurring theme in the recommendations from community

members and subject-matter experts, my team has already begun conversations with various agencies across government to maximize leveraging other funding to allow the opioid settlement dollars to be used most effectively. For example:

- Because housing is a fundamental social determinant of health, EOHHS—under my direction—has developed a strong partnership with the **Department of Housing** under the leadership of Secretary Josh Saal to ensure that we align potential housing recommendations from the Committee with this work to enable us to understand where both plans overlap and maximize the impact of our collective resources.
- Given the status of many critical Medicaid reimbursement rates, which I recognize as an important issue to address and that I understand has also been a recurring topic of discussion for this group, EOHHS—through our Medicaid Program—will be working with the **Office of the Health Insurance Commissioner** to review rates for adequacy and future funding consideration. Because changing Medicaid rates requires thorough review, Federal authority, and General Assembly approval, a standard rate increase is not feasible.
- Regarding the behavioral health continuum of care, EOHHS—through the **Medicaid Program**, is working across our health and human services agencies to explore options for the future and maximize alignment with home and community-based settings work, as has already happened for Certified Community Behavioral Health Clinics and Children’s Behavioral Health System of Care.
- Lastly, opportunities to work with other State partners continue. For example, the **Department of Labor and Training** and the **Office of the Postsecondary Education Commissioner** are collaborating with us on workforce development and planning.

**Summary of Potential Funding Recommendations for Committee Review**

My team has prepared a recommended list of funding priorities for the Committee’s review that represents community-identified needs by Evidence Update Focus Area and inclusive of **evidence-based interventions**, **chronic funding gaps**, and **de-duplicated efforts by aligning across agencies**:

Evidence Update Focus Area	Community-Identified and EOHHS Prioritized Need	Recommended Funding Level
<i>Social Determinants</i> <b>\$3.45 M</b>	First Responder/Peer Recovery Specialist Trauma Supports	\$1.0 M
	Basic Needs Provision for High-Risk Clients and Community Members	\$700,000
	Housing Capital, Operating, and Services for High-Risk Communities	\$1.75 M
<i>Harm Reduction</i> <b>\$4.5 M</b>	Expanded Street Outreach—Including Undocumented Resident Engagement	\$1.5 M
	Harm Reduction Centers Infrastructure and Technologies	\$2.25 M
	Alternative Post-Overdose Engagement Strategies	\$750,000
<i>Treatment</i> <b>\$2.8 M</b>	BIPOC Industry Workers and Chronic Pain Treatment and Prevention	\$500,000
	Bricks & Mortar Facility Investments, Treatment On-Demand, and Contingency Management	\$1.5 M
	Additional Substance Use Disorder (SUD) Provider Investments	\$800,000
<i>Recovery</i> <b>\$2.0 M</b>	Recovery Capital and Supports—Including Family Recovery Supports	\$900,000
	Substance-Exposed Newborn Interventions and Infrastructure	\$600,000
	Recovery Housing Incentives	\$500,000
<i>Prevention</i> <b>\$6.0 M</b>	Enhanced Surveillance and Communications (e.g., Race/Ethnicity Data and Multilingual Media)	\$1.0 M
	Project Success Expansion for School Mental Health	\$4.0 M
	Non-Profit Capacity Building and Technical Assistance	\$1.0 M
<i>Governance</i> <b>\$1.25 M</b>	Project Evaluation	\$500,000
	Emergency Response Set-aside	\$500,000
	Program Administration	\$250,000

## Logistics and Guidelines for Moving Forward

Once the Committee has made their formal recommendations for SFY23, I will review and respond to these recommendations as quickly as possible. Our agency will provide a formal written response and justification if I am unable to accept any given recommendation based on infeasibility or lack of adherence to the Opioid Settlement Agreement. Once the Committee's recommendations are approved, my team at EOHHS will steward the recommendations through the State's procurement process.

- As a reminder, we are not permitted to designate funds for specific organizations. The Department of Administration (DOA) requires that all purchases with State funds to follow their purchasing protocol. The State must adhere to procurement processes that involve review by EOHHS and DOA as well as a public competitive bid process. On average, this process may take months.
- However, because of the urgency of these purchases, EOHHS will make every effort possible to expedite this process. I have already hired a Purchasing Liaison who will assist with this process and am hiring two additional team members who will support this Committee's ongoing work.
- *While the SFY23 funds go through procurement, the Committee must shift its focus in August to determining recommendations for State Fiscal Year 2024, with an October deadline.*

## Summary

In closing, I am grateful to have the opportunity to work in partnership with a committee comprised of diversity, lived experience, brilliance, and both state and local partners. Our recommendations to you have been selected using our three core values at EOHHS:

- **Voice**—listening to our community and providers,
- **Choice**—making sure our systems are designed with options, and
- **Equity**—infusing a focus on our most-impacted populations throughout our interventions.

I have the utmost faith in the Committee's ability to make decisions at the July meeting. However, in the unlikely event that a decision cannot be reached, EOHHS does have the budget authority to allocate the SFY23 funds and I will use the information we have gathered to guide procurement. The General Assembly is counting on us to move as quickly as possible. I also believe that the Committee would agree that delaying implementation any further and preventing Rhode Islanders from receiving lifesaving support they require and deserve would be unethical given historic deaths.

As always, my team and I remain committed to supporting the Committee as we move forward together.

## List of Funding Priorities for Consideration by the Opioid Settlement Advisory Committee - July 2022

Program	Activity Grouping or Main Suggestion	Item Summary	Estimated Funding Needed for FY23	Funded now?	Current Funding Source?	Priority from Work Group, Community Open Letter, or Survey	Primary Pillar Alignment
Extend Three Words Can Make a Difference Campaign	Expand Communications Campaigns	Three Words Make a Difference Campaign	Unspecified	Yes?		Communications WG	9. Public Communications & Messaging
Communications - Extend Small Amount/Fentanyl Risks Campaign	Expand Communications Campaigns	Small Amount/Fentanyl Risks Campaign	Unspecified	Seeking Expansion	Stewardship Fund	Communications WG	9. Public Communications & Messaging
Communications - Substance Exposed Newborn Campaign	Expand Communications Campaigns	Substance Exposed Newborn Campaign	Unspecified	Seeking Expansion		Communications WG	9. Public Communications & Messaging
New Campaign: Accidental Drug Poisonings & Youth/Children	New Communications Campaigns	Accidental Drug Poisonings Campaign	Unspecified	Seeking Expansion	COVID Block Grant	Communications WG	9. Public Communications & Messaging
New Campaign: CDC's Polysubstance Use Campaign	New Communications Campaigns	CDC Polysubstance Use Campaign	Unspecified	Yes	McKinsey	Communications WG	9. Public Communications & Messaging
New Campaign: Harm Reduction Centers	New Communications Campaigns	Harm Reduction Centers Campaign	Unspecified	Yes	McKinsey	Communications WG, Community Open Letter	2. Rescue / Harm Reduction

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<p>We propose that the funding for the Post Overdose Placement Team be increased and replace the HOPE Initiative as the State’s primary overdose outreach effort and be led by Recovery and Harm Reduction peer specialists in coordination with other key stakeholders. Centering police in this response reinforces the idea that this is a criminal justice issue, rather than the public health issue that it truly is. Furthermore, we feel that peer recovery specialists are better suited for this, and police can create a counterproductive response.</p>	<p>Alternative Post-Overdose Engagement</p>	<p>Post-Overdose Placement Team</p>	<p>Unspecified</p>	<p>No</p>		<p>Community Open Letter</p>	<p>2. Rescue / Harm Reduction</p>

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Harm Reduction Training: ensuring that Harm Reduction message need to be shared, communicated, and reflected by both those in executive leadership of many organizations (recovery housing, treatment providers, etc.) and those on the ground in those same organizations. This is a paradigm shift that we need to invest in beyond our harm reduction community. Harm reduction materials (such as Narcan and fentanyl test strips), as well as anti-stigma training and training on the principles of harm reduction need to be provided for the following types of organizations: Treatment providers, Recovery housing providers, and Medical providers	Harm Reduction Culture Change	Harm Reduction Training and Anti-Stigma Support	Unspecified	No		Community Open Letter	2. Rescue / Harm Reduction
Infrastructure support for peer-based or smaller “boots on the ground” organizations.	Non-Profit Capacity Building	Infrastructure Funding for Grassroots Overdose Organizations	Unspecified	Seeking Expansion	Stewardship Fund - \$500,000 for Recruitment and Retention	Community Open Letter	7. Governance / Infrastructure

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Increased housing options for people who are not ready for/not interested in recovery. For people who are unstably housed, the risk for overdose and other health issues remains high without a stable place to live. Individuals who are stably housed in a supportive setting have higher engagement in services (MAT, primary care/mental health services, etc.). Stable housing allows for consistency of care, which is crucial in overdose prevention	Housing Capital	Non-Recovery Housing for People Who Use Drugs	Unspecified	Seeking Expansion	New General Revenue	Community Open Letter, Survey	5. Social Determinants of Health
CPRS experience many of the same secondary trauma as FR, and are “first responders” but are often not treated as such (see training priority - #39). Training/support should be given to peers as well, with specific changes made to the training to be appropriate for peer staff.	Trauma Supports	Peer Resource Specialist Supports	Unspecified	No		Community Open Letter, Survey	2. Rescue / Harm Reduction
Secure & Interactive heat map dashboard of suspected non-fatal overdoses	Enhanced Surveillance	Interactive Heat Mapping	\$50,000.00	No		Data WG	6. Data & Analytics
Enhancement of Overdose Fatality Review Team - 1 FTE	Staff Augmentation	Overdose Fatality Review Team	\$150,000	Seeking Expansion		Data WG	6. Data & Analytics



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Improvement of Critical Data from the Office of State Medical Examiners - 1 FTE	Staff Augmentation	Office of State Medical Examiners	\$170k for QA Officer FTE + Increase medical examiner's budget by 20-25% (to offset cost of contract medical examiners).	Seeking Expansion		Data WG	6. Data & Analytics
Family Event - "Remembering loved ones lost to SUD and honoring the families they left behind"	Trauma Supports	Family Loss Bereavement Events	Unspecified	Seeking Expansion		Family Task Force WG	5. Social Determinants of Health
Community Reinforcement and Family Training (CRAFT) Program for friends/family of a loved one with SUD	Build Family Recovery Capital	CRAFT Program for SUD Families	Unspecified	Seeking Expansion		Family Task Force WG, Survey	5. Social Determinants of Health
Family Peer Recovery Specialist training, as distinct from Peers who are in recovery themselves	Build Family Recovery Capital	Family Peer Recovery Specialist Training	Unspecified	Seeking Expansion		Family Task Force WG, Survey	4. Recovery
Campaign: Targeting friends and family members of those with SUD, including durable outreach materials	Expand Communications Campaigns	Family and Friends with SUD	Unspecified	Seeking Expansion	McKinsey	Family Task Force WG, Survey	9. Public Communications & Messaging
Establish post-overdose response teams via Mobile Integrated Community Paramedics and HOPE Initiative pre-arrest diversion	Alternative Post-Overdose Engagement	Post-Overdose Placement Team	Unspecified	No	Could connect to Safe Landings funded in a pilot by SOR	First Responders	2. Rescue / Harm Reduction
Improve First Responder training in overdose documentation including better documentation of race/ethnicity by EMS	Data Improvements	Training for Data Collection by First Responders	Unspecified	No		First Responders WG	8. Race Equity

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Implement and Expand Safe Station models across RI at fire stations	Expand Rescue Locations	Safe Station Expansion	Unspecified	Seeking Expansion	Funded by municipalities and with Recovery Community Centers.	First Responders WG	2. Rescue / Harm Reduction
Expand leave-behind programs across 89 EMS agencies; designate a community overdose officer per municipality to track efforts completed post-overdose	Staff Augmentation	Municipal Community Overdose Officers	Unspecified	Seeking Expansion		First Responders WG	2. Rescue / Harm Reduction
Implement a First Responder opioid Training and Recovery Center - to provide client-centered, culturally competent, holistic individual/group treatment for First Responders experiencing secondary trauma and/or compassion fatigue	Trauma Supports	First Response Training and Recovery Center	\$1,500,000.00	No		First Responders WG, Survey	2. Rescue / Harm Reduction
Establish robust early detection and emergency response systems to ID high-risk overdose settings and mitigate drug user health harms	Enhanced Surveillance	High-Risk Setting Warning System	\$600,000.00	No		Harm Reduction WG	2. Rescue / Harm Reduction
Utilize a social determinants of health approach for HR to provide housing and other basic needs using existing infrastructure	Housing Capital	Housing First Units	\$750,000	Seeking Expansion	Various	Harm Reduction WG, Community Open Letter, Survey	5. Social Determinants of Health
Increase peer-to-peer HR encounters in community settings to educate, distribute supplies, and make referrals	Expand Street Outreach	Peer Recovery Specialist Encounters	\$750,000	Seeking Expansion	Various	Harm Reduction WG, Community Open Letter, Survey	5. Social Determinants of Health

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Establish Harm Reduction Center(s) to promote safer drug use, to ensure equitable accommodations for all substances used, especially safer smoking	Harm Reduction Infrastructure	Harm Reduction Center(s)	\$2,000,000.00	No		Harm Reduction WG, Race Equity WG, Community Open Letter, Survey	2. Rescue / Harm Reduction
Support self-service 24-hour Harm Reduction (HR) tools, including HR Vending Machine and necessary supplies	Harm Reduction Infrastructure	Harm Reduction Vending Machines	\$1,000,000	Seeking Expansion	Various	Harm Reduction WG, Survey	2. Rescue / Harm Reduction
New Campaign: Statewide Education Campaign to change the perception of SUD and BH	New Communications Campaigns	Anti bias and discrimination campaign for SUD and BH	\$500,000.00	No		Prevention WG	9. Public Communications & Messaging
Implement the Toxic Stress Toolkit across pediatric providers, schools, and childcare settings with training and resources	Youth Prevention	School, child-care, and pediatric-based toxic stress prevention training	\$250,000.00	No		Prevention WG	1. Prevention
Increase afterschool, mentorship, and leadership development programs for youth and young adults in high-risk areas	Youth Prevention	Afterschool mentorship, and leadership development in high-risk areas	\$2,500,000	Seeking Expansion	Various	Prevention WG	1. Prevention
Fully expand Project Success Student Assistance Counselors to all Middle and High Schools	Youth Prevention	Project Success Counselors to Middle and High School	\$5,000,000	Seeking Expansion	Block Grants	Prevention WG, Survey	1. Prevention
Pilot expanded resources and content for BIPOC construction-industry workers and any biases around medical and non-opioid treatments	Injury and Pain Management	Prevention for BIPOC construction workers	\$750,000.00	No		Prevention WG, Survey	1. Prevention

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Funding to increase data support to provide disaggregated data by race/ethnicity	Data Improvements	Race and Ethnicity Data Collection	Unspecified	Seeking Expansion	RIDOH/CDC Grant	Race Equity WG	8. Race Equity
Increase funding for consultant to develop health and race equity training to Governor's Task Force work groups and community members	Health Equity Supports	Race Equity Training	\$100,000	Seeking Expansion	Block Grant	Race Equity WG	8. Race Equity
New Campaign: Marketing of SUD and OD prevention education specifically targeting minorities and people of color	New Communications Campaigns	SUD and OD prevention campaign for BIPOC communities	Unspecified	No		Race Equity WG	9. Public Communications & Messaging
Training for treatment and detox providers on treatment plans or stimulant users	Workforce Development	Training for stimulant treatment	Unspecified	Unknown		Race Equity WG	8. Race Equity
Professional development and training for co-chairs and members of the Work Group to expand leadership, knowledge, and expertise in the field	Workforce Development	Task Force Work Group leadership development	Unspecified	No		Race Equity WG	8. Race Equity
More access for stimulant users to detox and treatment	Treatment Access	Treatment access for stimulant users	Unspecified	Seeking Expansion	Medicaid	Race Equity WG, Survey	8. Race Equity
Expand the 5 approved recovery centers abilities to offer vouchers to support basic needs to support recovery efforts	Basic Needs Provision	Basic Needs Vouchers for Recovery Centers	\$240,000.00	No	There are limited Block grant funding but many basic needs are unallowable federal costs. This would be for all unfunded items.	Recovery WG	4. Recovery

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Increase utilization of RI's recovery resources by working with a developer to design a web-based mapping system based on SAMHSA's 8 dimensions of wellness	Web Resource Hub	8 Dimensions of Wellness website	\$50,000.00	No		Recovery WG	4. Recovery
Post-overdose Placement Team - Team to provide coordinated placement for adults with serious SUD - connections to treatment, housing first model, peer support, and HR materials	Alternative Post-Overdose Engagement	Post-Overdose Placement Team	\$600,000.00	No		Recovery WG, Community Open Letter	5. Social Determinants of Health
Sustain and expand certified peer recovery specialist by funding an employee assistance program for trauma support, adding a hiring and retention reimbursement rate to build and sustain the workforce	Trauma Supports		Unspecified	No		Recovery WG, Community Open Letter, Survey	4. Recovery
Fund incentives to expand recovery housing, increase length of time to stay in recovery housing	Housing Operating	Subsidize Expanded Recovery Housing Lengths of Stay	\$450,000.00	No	No funds for incentive to expand. OSF and SOR funds base recovery housing costs.	Recovery WG, Community Open Letter, Survey	5. Social Determinants of Health
Infrastructure for statewide, centralized IM and IN naloxone ordering hub, and buprenorphine distribution, including storage, labeling, distribution, training, data collection, quality assurance, evaluation, and updated surveillance system to support the 50,000 donated Teva kits	Rescue Drug Infrastructure	Supporting the processing and distribution of the 50,000 naloxone kits, with training, data collection, and evaluation	\$450,000	Yes	Stewardship Fund - \$450,000 for FY23 but \$1,000,000/year ongoing to support the distribution of the Teva kits	Rescue WG	2. Rescue / Harm Reduction

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Funding for intramuscular (IM) and intranasal naloxone (IN) until 50,000 Teva kits are available	Rescue Drug Supply	Ensuing adequate naloxone until the 50,000 Teva kits are available	\$500,000	Yes	Block Grant?	Rescue WG	2. Rescue / Harm Reduction
Expanded naloxone distribution (Community Outreach) with a focus on BIPOC communities, including stimulant users and recreational drug users	Expand Street Outreach	BIPOC and Stimulant Community Outreach	\$1,000,000	Seeking Expansion	Various	Rescue WG, Community Open Letter	8. Race Equity
Pilot technology (i.e. mobile phone app) that triggers emergency response if person overdoses	Technology Innovations	Mobile app for overdose rescue	Unspecified	No		Rescue WG, Community Open Letter	2. Rescue / Harm Reduction
Community Outreach for Harm Reduction and Rescue (Survey adds: with services for the undocumented community)	Expand Street Outreach	Undocumented Wraparound Supports	\$1,000,000	Seeking Expansion	CDC, Stewardship Fund	Rescue WG, Survey	2. Rescue / Harm Reduction
Academic Detailer - 1 FTE, Prevention via increasing the # of primary care, prenatal, and pediatric providers who practice universal screening for SUD and mental health for all potential child-bearing Rhode Islanders	Staff Augmentation	Prevention staff for universal SUD screening	\$100,000.00	No		SEN Task Force WG	1. Prevention
Community-based multidisciplinary SEN teams (e.g., First Connections home visiting, community health workers)	Substance Exposed Newborn Interventions	Community-based multidisciplinary SEN teams	\$300,000	Yes	HCBS / SOR (through extension for 1 year only)	SEN Task Force WG, Survey	1. Prevention
SEN Surveillance Database - sparking prevention through a more robust and efficient public health surveillance system	Enhanced Surveillance	Substance-Exposed Newborn Database	\$50,000	Seeking Expansion		SEN Task Force WG, Survey	1. Prevention

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Evaluator for SEN Program - .5 FTE, to improve the program's ability to evaluate how well the program is doing in supporting our population and community providers	Staff Augmentation	Evaluator for SEN program	\$75,000.00	No		SEN Task Force WG, Survey	1. Prevention
Perinatal Peer Recovery Specialist - 1 FTE, to increase capacity of this specialized workforce, so that more pregnant and parent people engage in treatment and recovery	Staff Augmentation	Perinatal Peer Recovery Specialist for Substance-Exposed Newborn services	\$80,000	Seeking Expansion	SOR via DCYF to PSNRI	SEN Task Force WG, Survey	4. Recovery
Address continuity of care through an in-depth look (e.g. more training for clinicians, to include training on how to work most efficiently with peer recovery workers)	Care Coordination	Peer-Clinician Joint Training Program	Unspecified	No		Survey	3. Treatment
Focusing or refocusing research; base decisions on data (i.e. what treatment has the highest retention rate - what is working?)	Data Improvements	Intervention Evaluation and Research	Unspecified	No		Survey	6. Data & Analytics
Recovery Housing Expansion - Oxford House: There is one recovery house in RI that allows Women + Children. It's a chartered Oxford House (NARR standard level 1). This house has residents who cannot afford rent. This house will be closing within 2 months if they do not receive support. With the understanding that the 942-stop grant cannot pay for residents rent, other support can be given to Oxford House Inc.	Housing Operating	Subsidize Oxford House Recovery Housing	Unspecified	Seeking Expansion	SOR	Survey	4. Recovery

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Housing and personal goods and services for individuals going through SUD treatment, individuals in SUD recovery, or current drug users are not always permitted so if the committee could fund an Administrative Services Organization (ASO) who can handle helping individuals with legal services, childcare, emergency food assistance, employer assistance, other items listed above, etc. would be a great way to get these resources DIRECTLY to the people most affected by the opioid epidemic. Massachusetts has an ASO that handles similar services and many other states have ASOs as well-- they're commonly funded by state dollars.	Basic Needs Provision	Administrative Services Organization for SUD Client Basic Needs	Unspecified	No		Survey	5. Social Determinants of Health
Within treatment, improve mental health eval and referral to MH treatment, with attention to warm hand-off/communication between an individual's substance-use counselors and other MH clinicians involved in their treatment	Care Coordination	Mental Health Handoff Improvements	Unspecified	Seeking Expansion	Medicaid/Commercial Insurance	Survey	3. Treatment



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State naloxone subsidy for pharmacy-based naloxone. The naloxone co-prescribing law requires the prescribing of naloxone to high-risk patients with the goal of reducing risk of overdose and death. However, some patients are faced with an unaffordable copay that prevents them from obtaining naloxone. A state naloxone subsidy would help to ensure that patients who are identified as high risk would be afforded the opportunity to obtain naloxone from the pharmacy.	Co-Pay Subsidies	Naloxone Co-Pay Subsidies	Unspecified	No		Survey	2. Rescue / Harm Reduction
Integration collaboration with other sectors, because health is a social issue. All this work might not help if there aren't good jobs, affordable housing, and community.	Cross-Sector Collaborations	Employment and Housing Initiatives	Unspecified	Seeking Expansion	Medicaid/Commercial Insurance	Survey	7. Governance / Infrastructure
Statewide pharmacy integration with the Prescription Drug Monitoring Program (PDMP).	Data Improvements	PDMP Integration	Unspecified	Seeking Expansion	SOR	Survey	6. Data & Analytics
Food and gift cards, to help people participate in programs	Engagement Incentives	Treatment and Recovery Participation Incentives	Unspecified	Seeking Expansion	Various	Survey	5. Social Determinants of Health

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Institute, at least, random testing for Xylazine in the samples received by RIDOH, who presently has the capacity to test if specifically requested. Monitor the supply and take appropriate actions if/when there is a significant presence in the illicit drug supply	Enhanced Surveillance	Xylazine Testing	Unspecified	No		Survey	2. Rescue / Harm Reduction
Support treatment for folks who unknowingly ingest opioids due to tainted drug supply	Expand Communications Campaigns	Tainted Drug Supply and Accidental Ingestion Campaign	Unspecified	Seeking Expansion	Medicaid/Commercial Insurance	Survey	3. Treatment
Long-term rehabilitation centers are crucial. Most residential rehabs are 30 days. Especially with addictions like heroin 30 days is not long enough to affectively work. While there is outpatient offered after the 30 days people with SUD generally do not utilize it therefore the relapse is much greater and many times with a disastrous ending.	Expand Residential Services	Pilot Expansion of Residential Stays for Long-Term Rehabilitation	Unspecified	Seeking Expansion	Medicaid/Commercial Insurance	Survey	3. Treatment
More Harm Reduction vending machine/access strategies, with the inclusion of pregnancy tests, which can be cost prohibitive.	Harm Reduction Infrastructure	Harm Reduction Vending Machines	Unspecified	Seeking Expansion	SOR/Stewardship Fund	Survey	2. Rescue / Harm Reduction

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At the very highest strategic level, the most important thing missing from these requests is actually coordination. Safe Stations are covered under multiple contracts both through RIDOH and BHDDH. Mobile outreach and peers in emergency departments are also funded by multiple programs in different departments. There's overlap between recovery and harm reduction that this PowerPoint makes very clear as the requests are similar.	Improved Governance and Stewardship	Ensuring state coordination and avoiding bureaucratic duplication	Unspecified	Not Applicable		Survey	7. Governance / Infrastructure
Address siloing of SUD treatment from other healthcare; facilitate provision of MAT by other healthcare organizations by looking at barriers to colocation or provision of MAT by primary care providers, particularly those working with the under/uninsured.	Integrated Care Improvements	Support integrated behavioral health care, with a focus on MAT	Unspecified	Seeking Expansion	Medicaid/Commercial Insurance	Survey	3. Treatment
Fund Opioid Policy work in RI to remove criminal penalties for drug possession and drug paraphernalia. Incarceration is a significant barrier for patients who seek recovery and exponentially increases risk of overdose death.	Justice Reform	Remove criminal penalties for drug possession	Unspecified	No		Survey	7. Governance / Infrastructure
In the long term (beyond FY23), Prevention is the overall most important priority	Prevention Initiatives	Universal Prevention	Unspecified	Seeking Expansion	Various	Survey	1. Prevention
Fund local prevention coalitions	Prevention Initiatives	Fund local prevention coalitions	Unspecified	Seeking Expansion	SOR, Block Grants	Survey	1. Prevention

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Care coordination for infants and pregnant people to address Substance Exposed Newborns	Rate Improvements	Raising rates for First Connections and Early Intervention	Unspecified	Seeking Expansion	Medicaid/RIDOH Grants	Survey	1. Prevention
Prescription Drug Monitoring Program and Rhode Island Board of Pharmacy are critical components of the Rhode Island Department of Health. Funding for these programs is limited and may not fully supported by state and/or federal dollars as time progresses. Funding for staffing of programs would benefit the public and programs. Both programs are staffed by pharmacists and serve pharmacists throughout the state. The PDMP also serves providers within the state. As discussed in previous questions, pharmacists are an integral part of public health and health care. Pharmacists are vital in all aspects of controlled substance prescriptions and should be deemed health care providers and reimbursed at equal rates for their services as other health care providers. A bill executed by the governor would help to ensure permanent status.	Rate Improvements	Pharmacy Reimbursement Rates	Unspecified		RIDOH/General Revenue	Survey	7. Governance / Infrastructure

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We need to invest in RECOVERY. Sober events, for example. Sober activities. Gym memberships for people in recovery. Financial assistance for those trying to get their drivers licenses back or get a car on the road. Etc. We need to find ways to support maintaining good quality of life for people once they leave treatment.	Recovery Capital and Supports	Investments in a variety of recovery supports, including financial assistance and SDOH	Unspecified	No		Survey	4. Recovery
RIDOH should be funded heavily with some of these funds. Many people in RIDOH played big roles in helping to get these funds through their work with the legal teams in the lawsuit. Licensing, Board of Pharmacy played very big roles in addition to the BMLD. Others at RIDOH also played very big roles.	Staff Augmentation	Investments in RIDOH's staff covered by the settlement priorities	Unspecified	Seeking Expansion	Various	Survey	7. Governance / Infrastructure

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<p>The Committee could hire people with lived experience as consultants to serve on the advisory committee to provide input on how opioid settlement funds should be spent. I suspect that it will be valuable for the committee to directly hear from the communities that are going to benefit (or continue to be harmed) by state policy and programming. Thank you for presenting to the Governor's Task Force and this opportunity to provide input. I have previously written about the importance of including those who actively use drugs in planning as well as the harms of criminalization in this policy paper. Feel free to share the link <a href="https://www.opioidlibrary.org/wp-content/uploads/2020/08/Park_OverdoseRiskSDH_Milbank_2020.pdf">https://www.opioidlibrary.org/wp-content/uploads/2020/08/Park_OverdoseRiskSDH_Milbank_2020.pdf</a></p>	Staff Augmentation	Hiring consultants with lived experience to provide Advisory Committee input	Unspecified	No		Survey	7. Governance / Infrastructure

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1.0 FTE Pharmacist academic detailer to provide mental health and substance use conditions outreach and training to healthcare professionals to combat bias, discrimination, and misinformation and improve workforce knowledge. Additionally, the academic detailer will support the Rhode Island Board of Pharmacy with conducting outreach and training to pharmacies and individual pharmacists needing additional support and guidance around controlled substance regulations and substance use disorders. The work of the academic detailer aligns with the goal of the prevention workgroup to identify and address drivers of addiction and dependence.	Staff Augmentation	Staffing to support training for health professionals against bias and discrimination	Unspecified	No		Survey	1. Prevention
1.0 FTE attorney dedicated to each department within RIDOH, such as the Marijuana, Tobacco Control, and PDMP.	Staff Augmentation	Attorney staff for RIDOH's SUD-related departments	Unspecified	No		Survey	7. Governance / Infrastructure
Address overprescribing of stimulant medications (i.e. Adderall) for both children and adults	Stimulant Misuse Prevention	Youth stimulant prevention	Unspecified	No		Survey	1. Prevention

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Early intervention/prevention for maternal/child health. Programs like early intervention are crucial to help not only the child but the person taking care of the child understand how to help this child continue to develop and strive to meet developmental milestones. It's very sad that these children are put on waiting list because there is not enough funding to hire people to help them.	Substance Exposed Newborn Interventions	Prevention for pregnant Rhode Islanders	Unspecified	Seeking Expansion	Medicaid/Commercial Insurance	Survey	1. Prevention
Funding social organizations to support families	Trauma Supports	Supporting families of people who drugs	Unspecified	No		Survey	5. Social Determinants of Health
Establish adjunct maintenance treatment with Diacetylmorphine or Hydromorphone for that subgroup for whom treatment with Methadone or Buprenorphine just doesn't work. Or, at least establish a pilot program. (See background to this recommendation in the attached Word document	Treatment Alternatives	Support alternative MAT treatment options	Unspecified	No		Survey	3. Treatment



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Connecting workforce development needs with capacity needs to address overdose and substance use disorder. Registered Apprenticeship expansion has been impactful in expanding career opportunities in the community health worker & peer recovery worlds. The task force work plan could benefit from forecasting relative to workforce development needs in frontline worker occupations to understand where RI needs to scale up workforce development strategies like expanding Registered Apprenticeship.	Workforce Development	Expanding Registered Apprenticeships for OD and SUD treatment	Unspecified	Seeking Expansion		Survey	1. Prevention
Look at our process for getting feedback from peer support workers; how well do they feel that their needs are represented to those in positions of power?	Workforce Development	Feedback engagement with peers	Unspecified	Not Applicable		Survey	7. Governance / Infrastructure
Prevention - professional development for all professionals should be listed.	Workforce Development	Professional development and training for prevention, with diverse populations	Unspecified	Seeking Expansion	Various	Survey	1. Prevention

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The development and implementation of informed and specific: treatment tracks for women; recovery supports for women; prevention strategies for adolescent and adult women. The development and implementation efforts should be led by women, with the input of women in treatment, recovery, and the schools and communities	Workforce Development	Focus on specific treatment, prevention, and recovery tracks for women	Unspecified	Seeking Expansion	Various	Survey	7. Governance / Infrastructure
Expanding Recovery Friendly Workplaces	Workplace Initiatives	Expanding Recovery Friendly Workplaces	Unspecified	Seeking Expansion	Block Grant, SOR	Survey	4. Recovery
Open a multi purpose rec center in my community for teenagers- create a safe space for them to be themselves while giving them tools to be successful in the future. Most importantly to let them know we are in this together and they are not alone.	Youth Prevention	Prevention recreation center	Unspecified	Seeking Expansion	Various	Survey	1. Prevention
I think it's really important to educate our children. They are the future and they have the power to change it. I also think we need more resources for children and families affected by addiction. Coping skills, teach them how to be there for their loved one without enabling them. I also think we need more things to keep them occupied such as rec centers, hang out spots where they feel comfortable.	Youth Prevention	Youth education for prevention	Unspecified	Seeking Expansion	Various	Survey	1. Prevention

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In the family support area we need to amplify working with the children of parents with SUD. There are some programs for teenagers but nothing for younger children.	Youth Prevention	Services for children of parents with SUD	Unspecified	Seeking Expansion	Various	Survey	1. Prevention
Focus on resiliency education for youth beyond the community based substance abuse task forces' mission. What can the faith community do? What is the role of coaches/sports leagues? More about engagement with this group beyond 'communication'.	Youth Prevention	Supporting youth resiliency and leadership	Unspecified	Seeking Expansion	Various	Survey	1. Prevention
Decriminalization of possession/legalization of drugs	Justice Reform	Decriminalization of possession/legalization of drugs	Unspecified	No		Task Force Meeting Discussion	2. Rescue / Harm Reduction
Safe Supply to address poisoned drug supply	Safe Use Strategy	Safe Supply to address poisoned drug supply	Unspecified	No		Task Force Meeting Discussion	2. Rescue / Harm Reduction
Funding for mental health and social services, for comorbidities	Basic Needs Provision	Comorbidity Management and Social Needs Funding	Unspecified	Seeking Expansion	Various	Task Force Meeting Discussion	5. Social Determinants of Health
Help with court fines/fees	Basic Needs Provision	Court Fines and Fee Vouchers	Unspecified	Pilot Grant, not continued		Task Force Meeting Discussion	5. Social Determinants of Health
Support for services for people who are uninsured	Basic Needs Provision	Uninsured Subsidies	Unspecified	Seeking Expansion	SOR	Task Force Meeting Discussion	5. Social Determinants of Health
Working with people in prison, with supports when they transition out	Care Coordination	Transition Supports for Parole/Release	Unspecified	Seeking Expansion	Various	Task Force Meeting Discussion	5. Social Determinants of Health

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Updated Campaign: Don't Use Alone	Expand Communications Campaigns	Don't Use Alone Campaign	Unspecified	No		Task Force Meeting Discussion	9. Public Communications & Messaging
Ensuring that the process is not laborious and bureaucratic	Improved Governance and Stewardship	Ensuring that the process is not laborious and bureaucratic	Unspecified	Not Applicable		Task Force Meeting Discussion	7. Governance / Infrastructure
Ensure that dollars going to community agencies can pay for indirect costs to support rising prices for rent, etc. - and ensure that the money can be paid up front.	Non-Profit Capacity Building	Indirect Cost Adjustments and Cash Advances for Organizations	Unspecified	Not Applicable		Task Force Meeting Discussion	7. Governance / Infrastructure
Ensure a single point person making sure the process is coordinated	Staff Augmentation	Ensuring state coordination through a single point person	Unspecified	Yes	Stewardship Fund	Task Force Meeting Discussion	7. Governance / Infrastructure
Funding prisons to provide "treatment" needs to be carefully considered. Funding the prison systems to provide treatment is kind of an oxymoron, so I am hoping that treatment this way would come from a third party and not directly funding the ACI and ensuring that incarcerated individuals are really getting the care they need	Treatment Alternatives	Serving people in the ACI with third party treatment providers	Unspecified	Not Applicable		Task Force Meeting Discussion	3. Treatment

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Street-based treatment/Treatment on Demand: We recognize that treatment only works if people can access it at the moment they are ready for it - we need to prioritize access to low-barrier treatment such as street-based medicine with medication for opioid use disorder (MOUD) prescribing, co-locating treatment in harm reduction centers, etc. We also feel that this dovetails with the specific funding for suboxone from the settlement funding, which could be used to help ensure that people who have additional challenges (e.g. people experiencing homelessness) are accessing this medication.	Treatment Alternatives	Low-barrier treatment on demand	Unspecified	No		Task Force Meeting Discussion, Community Open Letter	3. Treatment
Overdose Detection Technologies: One peer-led organization - Brave Technology Coop- have recently developed novel buttons and sensors to tackle this issue. Brave's buttons and sensors have been installed in spaces where overdoses are likely to occur in Vancouver, Columbus and San Francisco and have helped staff, nearby community members and EMS to save over 150 lives. This promising technology could strengthen our capacity to detect and respond to overdoses and save lives. (These cannot be covered by federal dollars)	Technology Innovations	Brave Buttons and Sensors	Unspecified	No		Task Force Meeting Discussion, Survey	2. Rescue / Harm Reduction

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Fund newly approved DEA "Medication units" that provide methadone and buprenorphine pick-up dosing locations in rural pharmacies. Consider adding a voucher system to include transportation to and from treatment if not provided by health insurance	Treatment Alternatives	Newly approved DEA "medication unit" for easier MAT access	\$200,000.00	No	Applied for grant - will find out in September	Treatment WG	3. Treatment
Fund yearly staff bonuses to individual working within an OTP or SUD treatment facility to retain current workforce and incentivize a new workforce, including paid internships	Workforce Development	Staff bonuses for OTP or SUD staff	Yearly Incentives 12 SUD residential facilities and 17 OTP locations	No		Treatment WG	3. Treatment
Immediate funding for SUD building repairs to support current treatment capacity and allow for expansions of new SUD residential programs	Treatment Infrastructure	SUD Residential Building Improvements	\$1,000,000.00	No		Treatment WG Survey	3. Treatment
Fund Contingency Management, the evidence-based practice for opioid and methamphetamine treatment, adding "safe location" housing for clients that are new to treatment and involved in either an OTP or SUD partial hospitalization program, or leaving the ACI.	Treatment Alternatives	Funding Contingency Management	\$450,000.00 + \$250,000 for safe location start up funds	Seeking Expansion	SOR	Treatment WG, Community Open Letter	3. Treatment
Fund the SUD system by increasing the Medicaid reimbursement rate by supporting the required funding match		Increasing Medicaid rates to support improved treatment access	Unspecified	No	Medicaid	Treatment WG, Community Open Letter, Survey	3. Treatment