



Opioid Settlement Advisory Committee

Thursday, October 27, 2022

**RHODE
ISLAND**

Call to Order and Introductions

**RHODE
ISLAND**

Where We Are Today

Select Expert
and Community
Representatives

Full
Kick-Off
Meeting

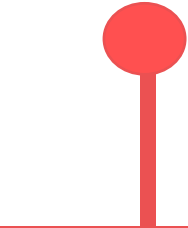
Committee
Begins Funding
Discussion

Refine
Spending
Priorities

EOHHS Reviews
Recs and Begins
Procurement

Pursue
Ongoing
Procurement

Elect New
2-Year
Term
Positions



Member
Nominations,
Appoint Chair

EOHHS Requests
Spending
Authority

Review
Community
Needs

Engage with
Community
and Task Force

Submit
Funding Recs
to EOHHS

Begin Next
Year Priorities
to EOHHS

Repeat Cycle
Aligned with
Budget Prep

SPRINT (March—June 2022)

10K RACE (July 2022—Oct 2022)

MARATHON (17+ Yrs)

Our Meeting Agenda

- I. Call to Order & Introductions
- II. Update on State Fiscal Year 2023 & 2024 Recommendations and Procurement Process
- III. Presentations from Subject Matter Experts
 - a. Certified Community Behavioral Health Clinics (CBHCs)
- IV. Next Steps & Other Updates
 - a. Next Meeting: Wednesday, November 16, 2022, at 1:00 PM in Conference Rooms 2 A, B, and C at the RI Department of Administration, One Capitol Hill, Providence, RI 02908
- V. Public Comment
- VI. Adjourn



Update on State Fiscal Year 2023 & 2024 Recommendations and Procurement Process

SFY 2024 Funding Recommendations: Accepted by Secretary Novais

Gold = Treatment

Red = Program Administration

Light Grey = Prevention

Dark Grey = Recovery

Light Blue = Harm Reduction

Dark Blue = Social Determinants of Health

FY 24 NEW PROJECTS		FY 23/24 SUSTAINABILITY		FY 24 RESPONSE/ADMIN	
\$2,600,000 (25%)		\$6,070,000 (59%)		\$1,600,000 (16%)	
SUD Residential and Workforce Support*	\$600,000	Housing and Recovery Housing/Supports	\$2,620,000	Emergency Response	\$500,000
BIPOC Youth Development	\$800,000	Youth Prevention Programming	\$1,150,000	Program Administration	\$600,000
Drop-In Center for Drug User Health*	\$150,000	Harm Reduction Center and Treatment Capacity	\$1,250,000	Project Evaluation	\$500,000
Naloxone Distribution Infrastructure*	\$500,000	Expanded Street Outreach	\$1,050,000		
Undocumented and Uninsured MAT Coverage*	\$550,000				

Procurement Process for New Requests for Proposals

- Define a general strategic approach and determine which agency will procure the project
- Run the approach by the Division of Purchases
- Research in preparation for drafting the scope
- Draft a scope and get edits from appropriate state agency partner
- Run the scope by the Risk Management Office at the Department of Administration for them to determine insurance requirements (can take up to two weeks)
- Insert the scope into the RFP Draft and finalize all RFP language
- Put the RFP, with insurance information in it through the agency's Approval Process (for Finance, Legal, and Leadership Approval)

Procurement Process for New Requests for Proposals

- Send the RFP to the Division of Purchases. This includes gathering Attestations from all state employees who worked on the RFP, creating an Interested Parties list for Purchasing to send the RFP to, recruiting a Review Team and having them fill out Conflict of Interest Forms, and setting a date for the Pre-Bid Conference for Vendors, if you choose to hold one.
- Prepare a presentation for the Pre-Bid Conference and hold the event. Compile the notes from the conference
- Review the Questions asked by Vendors and answers them (along with the Questions from the Pre-Bid Conference) in one week's time
- Create rubric document for the Review Committee to use and hold a meeting with Review committee members to discuss a strategic approach
- Receive RFP responses from Purchasing and send to Review committee Members

Procurement Process for New Requests for Proposals

- Review Committee members read and score proposals
- Review Committee meets and makes proposal decisions
- Review Committee chair writes up memo to communicate proposal decisions with Purchasing and requests Financial/Budget information and
- Review Committee receives and scores budget information
- Review Committee holds final meeting and makes final recommendation.
- Review Committee chair communicates final decision to Purchasing and requests ISBE information
- Purchasing staff reviews the documentation and if it approves, sends a Tentative Letter of Award to the chosen vendor(s), and requests additional requirements (insurance documentation, Affirmative Action plans, etc.)

Procurement Process for New Requests for Proposals

- Review Committee prepares for contract negotiations
- Review Committee members and potential Vendors hold contract negotiations
- After the contract terms are agreed upon, state agency staff members write up contract draft and get approvals from agency legal and financial staff, and then vendor (who often get legal approval on the language).
- Vendors and then state agency leadership sign contracts, and state agency sends them to Purchasing.
- Purchasing creates a Purchase Order and sends to Vendor and agency financial staff
- Financial staff creates a release of the dollars
- Work can begin. Contract managers hold orientation to kick off the program.

Update on FY23 Settlement Procurement Processes

- **Overdose Prevention Center** (aka Harm Reduction Center) - RFP is at Purchasing and will be posted asap
- **Harm Reduction Technologies** – A sole source approach has been approved by Purchasing, and EOHHS is approaching negotiations with the vendor
- **BIPOC Industry Construction Treatment Project** – A single source approach has been approved by Purchasing, and EOHHS is approaching negotiations with the vendor
- **Basic Need Provisions for High-Risk Rhode Islanders** – RIDOH and BHDDH procurement proposals are complete and are being sent to Purchasing as they are finished
- **Communications** – The communications plan is completed, and dollars will be spent to translate campaigns into multiple languages as the campaigns are teed up
- **Enhanced Surveillance/Data Analysis** - A staffing plan is complete, and positions are soon to be posted with the state's staffing agency

Update on FY23 Settlement Procurement Processes

- **Substance Exposed Newborns** – A staffing plan is complete, and positions are posted with the state’s staffing agency
- **Strengthening existing Harm Reduction Mobile Outreach** - Contract amendments are written and are being sent to Purchasing
- **Nonprofit Capacity Building** – A scope has been drafted and EOHHS is working with community partners to procure
- **Investment in Community-Based Mental Health Prevention Programs** – The scope is written and EOHHS is working with a community partner to procure
- **Recovery Housing** – A scope of work is drafted and is being aligned with additional sources of funding
- **Contingency Management** – A single source application is at purchasing and BHDDH will be meeting this week to negotiating rates.

State Fiscal Year 2023 Recommendations Update

First Cohort

Second Cohort

Third Cohort

Fourth Cohort

Fifth Cohort

RFP

State

I/A

TBD

Harm Reduction Centers Infrastructure and Technologies
(\$2.25 M)

Enhanced Surveillance and Communications (e.g., Race/Ethnicity Data and Multilingual Media)
(\$1.0 M)

Basic Needs Provision for High-Risk Clients and Community Members
(\$700,000)

Substance-Exposed Newborns Interventions and Infrastructure
(\$600,000)

BIPOC Industry Workers and Chronic Pain Treatment and Prevention
(\$500,000)

Expanded Street Outreach—Including Undocumented Resident Engagement
(\$1.5 M)

Recovery Capital and Supports—including Family Recovery Supports
(\$900,000)

Youth Behavioral Health Prevention in Schools and Communities
(\$4.0 M)

Recovery Housing Incentives
(\$500,000)

Non-Profit Capacity Building and Technical Assistance
(\$1.0 M)

Bricks & Mortar Facility Investments, Treatment On-Demand, and Contingency Management
(\$1.5 M)

Housing Capital, Operating, and Services for High-Risk Communities
(\$1.75 M)

Alternative Post-Overdose Engagement Strategies
(\$750,000)

First Responder/Peer Recovery Specialist Trauma Supports
(\$1.0 M)

Additional SUD Provider Investments
(\$800,000)

Anticipated Procurement Timeline for FY23 Funds

— = On Track / ● = At Risk / ● = Off Track / ● = Under Development / Too Soon to Tell

Status:

October 2022

- Begin procurement processes for second 4 projects and send to Purchasing. At least 2 of the first procurements are posted.



November 2022

- Begin procurement process for the third group of 4 projects and send to Purchasing. Kick off additional 3 procurements.



December 2022

- Begin procurement process for the fourth group of 4 projects and sent to Purchasing. Kick off additional 5 procurements.



January 2023

- Continue Kick offs until all projects are funded.



Other Procurement Highlights

5K Kits of Naloxone Ordered from Teva

- Paid for by Teva as Part of Teva Settlement
- Delivery anticipated January 2023

Hiring

- Governor's Overdose Task Force Director (Hiring in Process)
- Opioid Settlement Advisory Committee Manager (Interviewing in Process)
- Evaluator / Contract Manager (Job Description Submitted for Posting)

Equity Language

- See Handout for Details

Discussion:

CONTRACTING

- Administrative / Indirect Rate Cap Proposal
- Up to Two-Year Contract Periods

COLLABORATION

- Quarterly Vendor Convening
- Evaluation and Data Analytics Teams

PERFORMANCE

- Standardized Quarterly Reporting
- Continuous Quality Improvement Activities

OTHER CAPACITY

- Training, Evaluation, and Technical Assistance Partnership Concept for Consideration

Subject Matter Expert Presentation

Certified Community Behavioral Health Clinics (CBHCs)

**RHODE
ISLAND**

Rhode Island Vision of a Behavioral Health Continuum of Care

Equity and Inclusion, Quality and Capacity Management, and Social Determinants of Health

Care Coordination, Physical/Behavioral Health Integration, and Workforce Development

**Infant &
Child**

**Adolescents &
Transition-
Aged Youth**

Adult

Older Adult

**Promotion,
Prevention
Services and
Universal
Screening**

**Single Point-of-
Access and
988 Service**

**Crisis Response
and Triage/
Evaluation
Services**

**Home- and
Community-
Based Services
and Recovery
Supports**

**Institutional
and Residential
Treatment
Services**

Rhode Island Behavioral Health System Review

Initial Focus:

- 1. System Concerns
- 2. Gaps
- 3. Significant Shortages
- 4. Moderate Shortages
- 5. Slight Shortage

Problem Diagnosis: Major Identified Gaps and Shortages in the Continuum of Care

Gap indicates that there was no evidence in our qualitative or quantitative analysis of the service existing in Rhode Island.
Shortage indicates that while some level of service exists it is not adequate to meet the need of Rhode Islanders with BH/SUD conditions.

Mental Health Services for Adults and Older Adults	Gaps	Mobile Crisis Treatment
	Significant Shortages	Community Step Down Hospital Diversion State Sponsored Institutional Services Nursing Home Residential
	Moderate Shortages	Non-CMHC Outpatient Providers Intensive Outpatient Programs Dual Diagnosis Treatment Crisis/Emergency Care Inpatient Treatment Home Care Homeless Outreach
	Slight Shortage	Licensed Community Mental Health Center tied to accessibility statewide
Substance Use Services for Adults and Older Adults	Gaps	Mobile MAT
	Significant Shortages	Indicated Prevention Correctional SUD Transitional Services Recovery Housing Residential – High & Low Intensity*
	Moderate Shortages	Intensive Outpatient Services Supported Employment

Continuum of Care for BH for Children	Gaps	Community Step Down Transition Age Youth Services Residential Treatment for Eating Disorders**
	Significant Shortages	Universal BH Prevention Services Hospital Diversion State Sponsored Institutional Services Nursing Home Residential/Housing**
	Moderate Shortages	SUD Treatment Enhanced Outpatient Services Home and Community Based Services Mobile Crisis
	Slight Shortage	Emergency Services

Key Message: The gap in inpatient/acute services appears to be driven by the lack of crisis intervention and community wrap around support and prevention. Our recommendation is not to build additional inpatient capacity, rather to invest resources in better community support to alleviate the bottleneck for the existing inpatient beds.

- System Concern Due to Gaps**
1. Access to children’s BH services is significant challenge for RI families, and for RI providers trying to match treatment level need with available capacity.
 2. RI’ers often struggle to access residential and hospital levels of care for mental health and substance use.
 3. Capacity and access to prescribers within behavioral health treatment services is mixed.
 4. Crisis services are difficult to access.
 5. Access to counseling and other professional services in the community is mixed.
 6. Access to prevention services is inconsistent and under-funded.

*Between Aug-Dec 2020, between 55-108 people were waiting for residential services.
 **Between May-Dec 2020, between 5-31 children and adolescents were waiting for residential svcs.



Documentation of qualitative and/or quantitative findings related to gaps and shortages are available in Section 4 of this report.



Confidential working DRAFT under RIGL 38-2-2 (4)(k)

Certified Community Behavioral Health Clinics (CCBHCs)

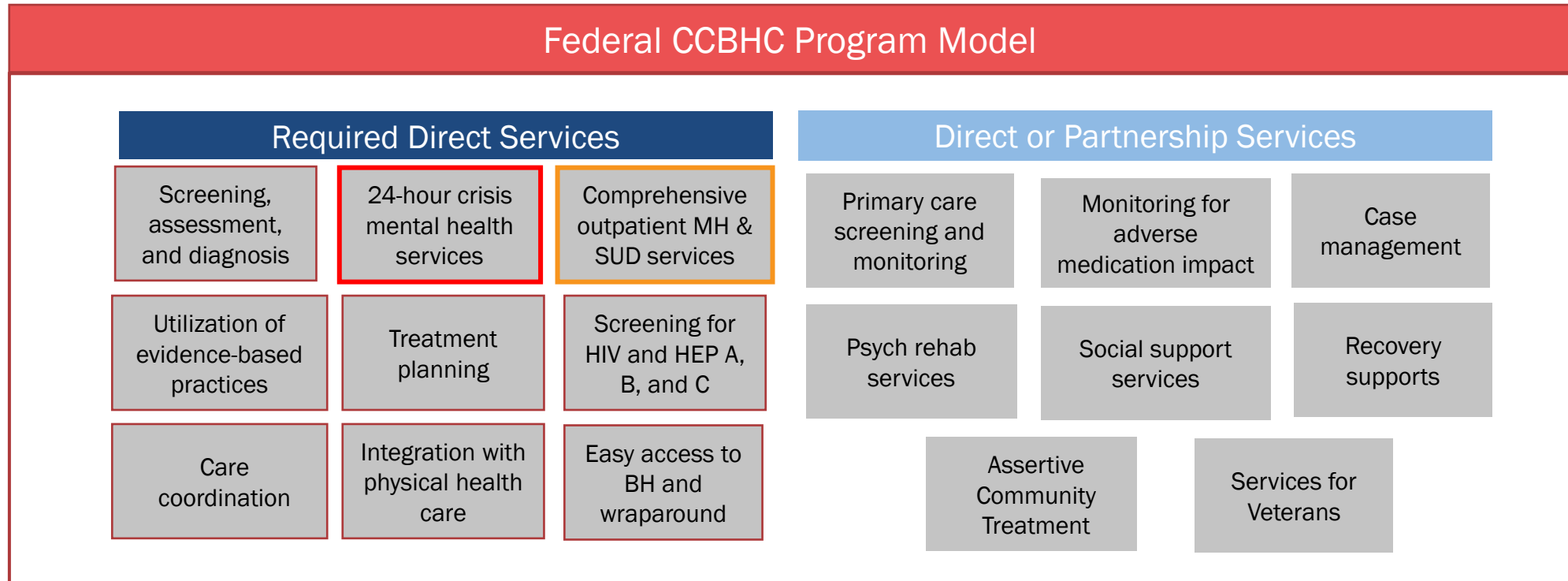
Certified Community Behavioral Health Clinics (CCBHC):

- ❖ Based on the Federal definitions within the Excellence in Mental Health Act.
- ❖ Designed to provide a de-institutionalized, comprehensive range of behavioral health (i.e., mental health, substance use) and social services to particularly vulnerable populations with complex needs across the life cycle.
- ❖ CCBHCs are required to offer the following array of services:
 - *Crisis mental health services, including 24-hour, mobile response teams, emergency intervention, and crisis stabilization;*
 - *Screening assessment and diagnosis, including risk management;*
 - *Patient-centered treatment planning within the least-restrictive and appropriate setting;*
 - *Outpatient mental health and substance use services;*
 - *Primary care screening and monitoring;*
 - *Targeted case management;*
 - *Psychiatric rehabilitation services;*
 - *Peer support, counseling, and family support services; and*
 - *Inter-system coordination and connections (e.g., other providers, criminal justice, developmentally-disabled, foster care, child welfare, education, primary care, community-based, etc.).*

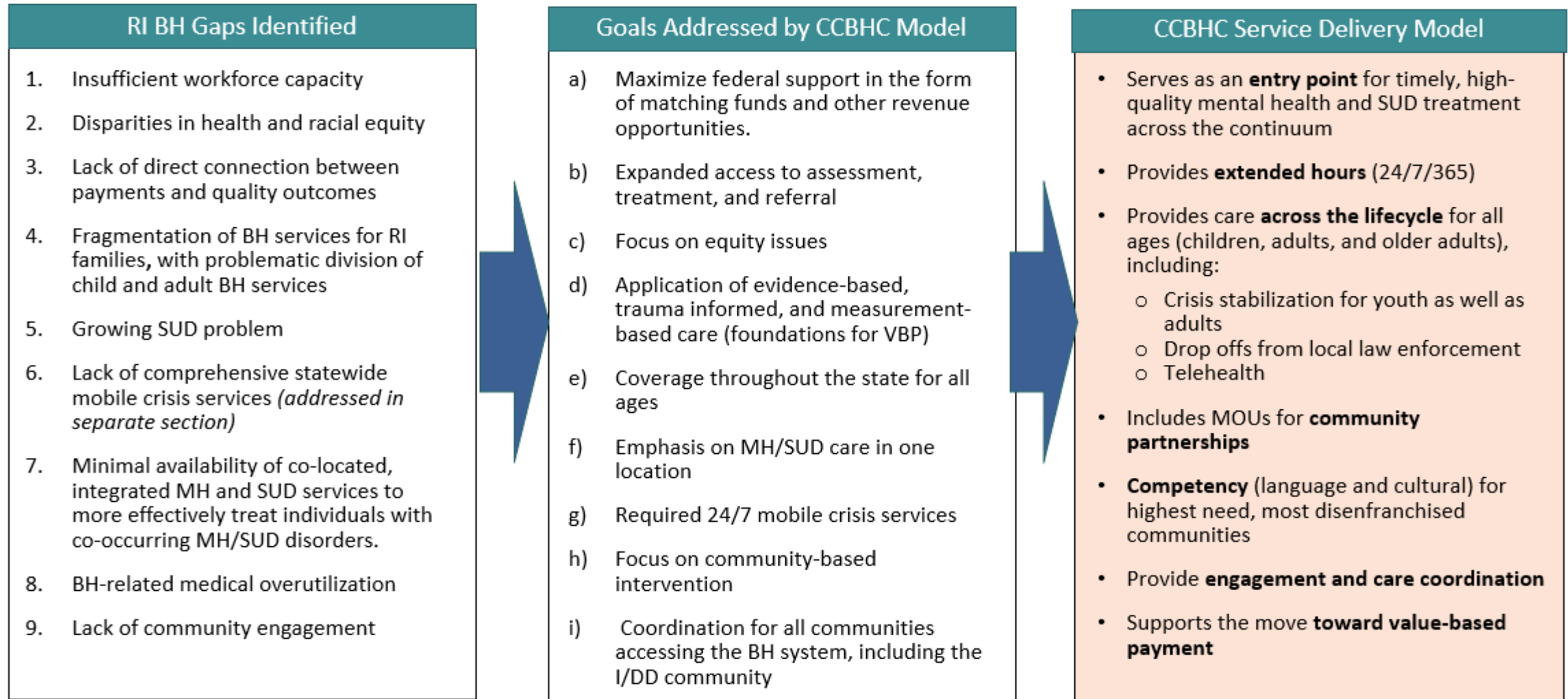
CCBHC Model Overview

CCBHC is a federally defined service delivery model that will address identified gaps in Rhode Island's BH system and improve BH and SUD-related outcomes, with targeted supports for diverse/ underserved populations.

The intent is to leverage the Federal CCBHC model and tailor it to RI specific BH needs & landscape



Certified Community Behavioral Health Clinics (CCBHCs)



Certified Community Behavioral Health Clinics (CCBHCs)

Goal A state-defined payment model based on historical rates and provider cost data that considers infrastructure and quality performance in alignment with state reform programs that drive the BH system toward value.

Principles

1. Measure & **link payment to outcomes**, quality performance & expanded system capacity across the continuum of BH care
2. **Advance Equity** - Include financial incentives that drive performance improvement for most at-need Rhode Islanders
3. Fund important **one-time and ongoing infrastructure** and workforce investments
4. **Transition away from FFS toward value-based payment** methodologies that sustainably support ongoing infrastructure and performance goals
5. **Maximize federal support** in the form of matching funds or other revenue opportunities
6. Manage revised payment model within Rhode Island **Medicaid's budgetary constraints**
7. **Align with other payment models and program investments** within Medicaid and across payors and the RI market

Objectives

- | | |
|--------------------|--|
| Services | <ul style="list-style-type: none">• Reimburse for services that are currently not billable outside of the health home (IHH/ACT) model• Fund expanded service offerings - specifically 24/7 mobile crisis |
| Populations | <ul style="list-style-type: none">• Address IHH/ACT "cliff" - encourage expanded services to be provided to all populations – not just complex, HH eligible (IHH/ACT participants)• Include kids in the CCBHC care delivery model and funding model |
| Providers | <ul style="list-style-type: none">• Enable expanded provider participation• Encourage CMHOs to become CCBHCs, support non-CMHO BH providers who may wish to become CCBHCs |
| Other | <ul style="list-style-type: none">• Build in mechanisms to address variation in services, delivery model for specified populations• Address reporting gaps of a bundled payment model• Keep it simple |

What are Designated Collaborating Organizations (DCOs)?

- DCOs are community-based organizations that extend the capacity of CCBHC organizations by doing one or more of the following:
 - **Offering one or more of the following CCBHC services to either all or a subset of the eligible population:** primary care screening and monitoring, case management, psychiatric rehabilitation services, peer support services, social support services, Assertive Community Treatment (ACT), and targeted services for veterans and their families.
 - **Providing a portion of the core community-based outpatient behavioral health service to either all or a subset of the population (e.g., adults, children, people with SUD).**
 - **Facilitating the engagement of diverse populations** who are impacted by behavioral health conditions in their target communities, thereby helping CCBHCs reduce disparities and promote health equity among the communities they serve.

What types of Organizations will be DCOs in RI?

- Rhode Island's CCBHC model both builds on existing infrastructure and capacity, actively addresses health equity and aligns with other behavioral health system reforms . As such, the CCBHC Interagency Team recognizes that DCOs are another critical element that must be included as part of our systemwide expansion and integration efforts.
- Rhode Island DCOs will include:
 - Children's services organizations
 - Providers of SUD services
 - Providers of specialty behavioral healthcare
 - Equity Partners

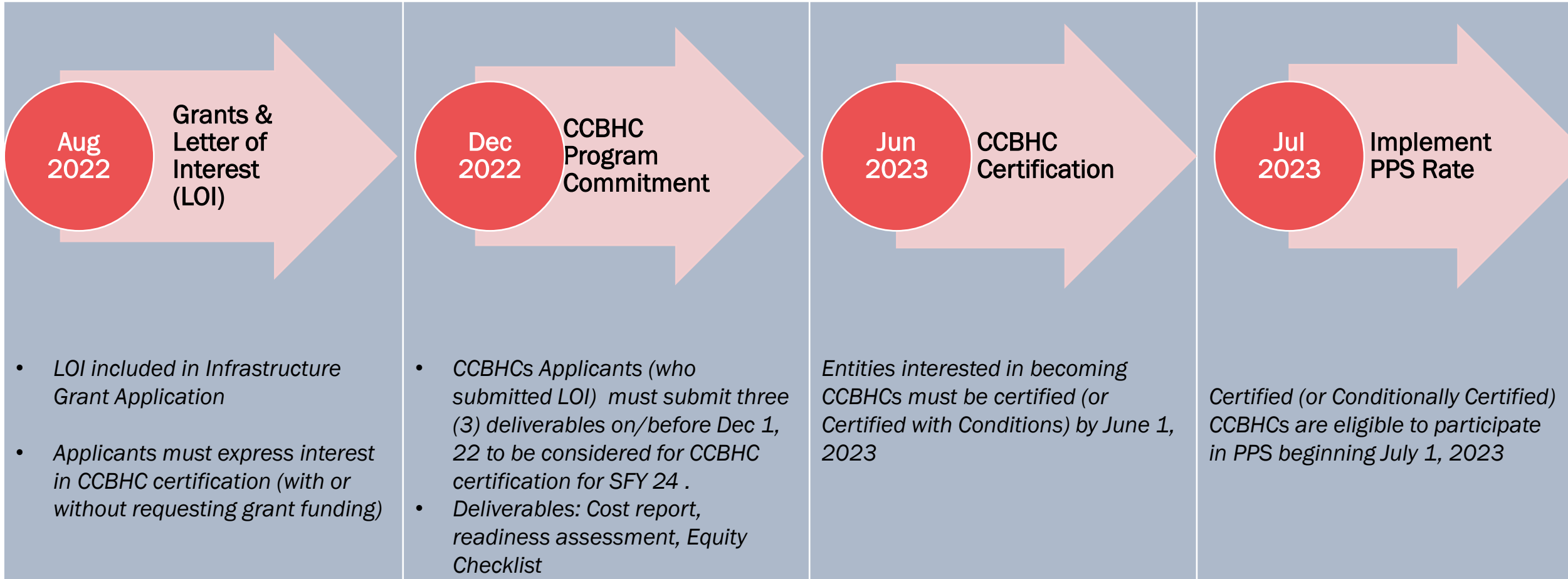
Starting Point: Legislative Language

These bullets are taken from Budget Article 12, as Amended

<http://webserver.rilegislature.gov/BillText22/HouseText22/Article-012-SUB-A-as-amended.pdf> (Starting on Page 13)

1. **By August 1, 2022, EOHHS will issue** the appropriate Purchasing process and vehicle for organizations who want to participate in the CCBHC model program, based on the federal CMS model. There are \$25.5 million available for Direct Grants to community partners/providers and \$4.5 million for program support and development.
2. **By December 1, 2022, the organizations will submit a detailed cost report** developed by BHDDH with approval from EOHHS that includes the cost for the organization to provide the required services.
3. **By January 15, 2023, BHDDH, in coordination with EOHHS, will prepare an analysis of proposals, determine how many behavioral health clinics can be certified in FY 2024 and the costs for each one.** Funding for the Certified Behavioral Health Clinics will be included in the FY 2024 budget recommended by the Governor.
4. Subject to the approval from CMS, the CCBHC model pursuant to this chapter, shall be **established by July 1, 2023**, and include any enhanced Medicaid match for required services or populations served.
5. EOHHS should apply for **the federal Certified Community Behavioral Health Clinics Demonstration Program** if another round of funding becomes available.

CCBHC Implementation Timeline



Planning for Subject-Matter Expert Presentations for Future Meetings

Topics Planned for Future Meetings

NOVEMBER

- I. Housing (with the Office of Housing & Community Development)
- II. Peer Recovery Council

DECEMBER

- I. Municipal Partnerships
- II. The Center of Biomedical Research Excellence (COBRE) on Opioids and Overdose

2023

- I. Public Engagement Strategy
- II. Evaluation
- III. Strategic Pillars:
 - I. Prevention: Adult & Children
 - II. Rescue
 - III. Harm Reduction
 - IV. Treatment
 - V. Recovery
 - VI. Social Determinants of Health

Next Steps



State/Municipal Technical Assistance Series



- Partnership between AG's office, EOHHS, RIDOH, and BHDDH
- Series of technical assistance and training sessions for municipal leaders and their partners in partnership with the League of Cities and Towns

Session #	Title	Date/Time
1	Series Kick off: Opioid Settlement Briefing for Cities and Towns	8/2/22 11:30am - 12:30pm
2	Using Data to Drive Action	8/25/22 1:00pm - 2:30pm
3	Stigma and its Impact	9/29/22 1:00pm - 2:30pm
4	Data-driven Interventions: examples from the community	10/25/22 1:00pm - 2:30pm

Next Opioid Settlement Advisory Committee Meeting: November 2022

DATE:	Wednesday, November 16, 2022
TIME:	1:00 – 3:00PM
LOCATION:	Department of Administration: Rooms 2A-C, One Capitol Hill, Providence, RI 02908
MEETING GOALS:	<ul style="list-style-type: none">❖ Update on State Fiscal Year 2023 & 2024 Funding Procurement Status❖ Subject Matter Presentations:<ul style="list-style-type: none">○ Housing○ Peer Recovery Council

News Articles & Other Updates

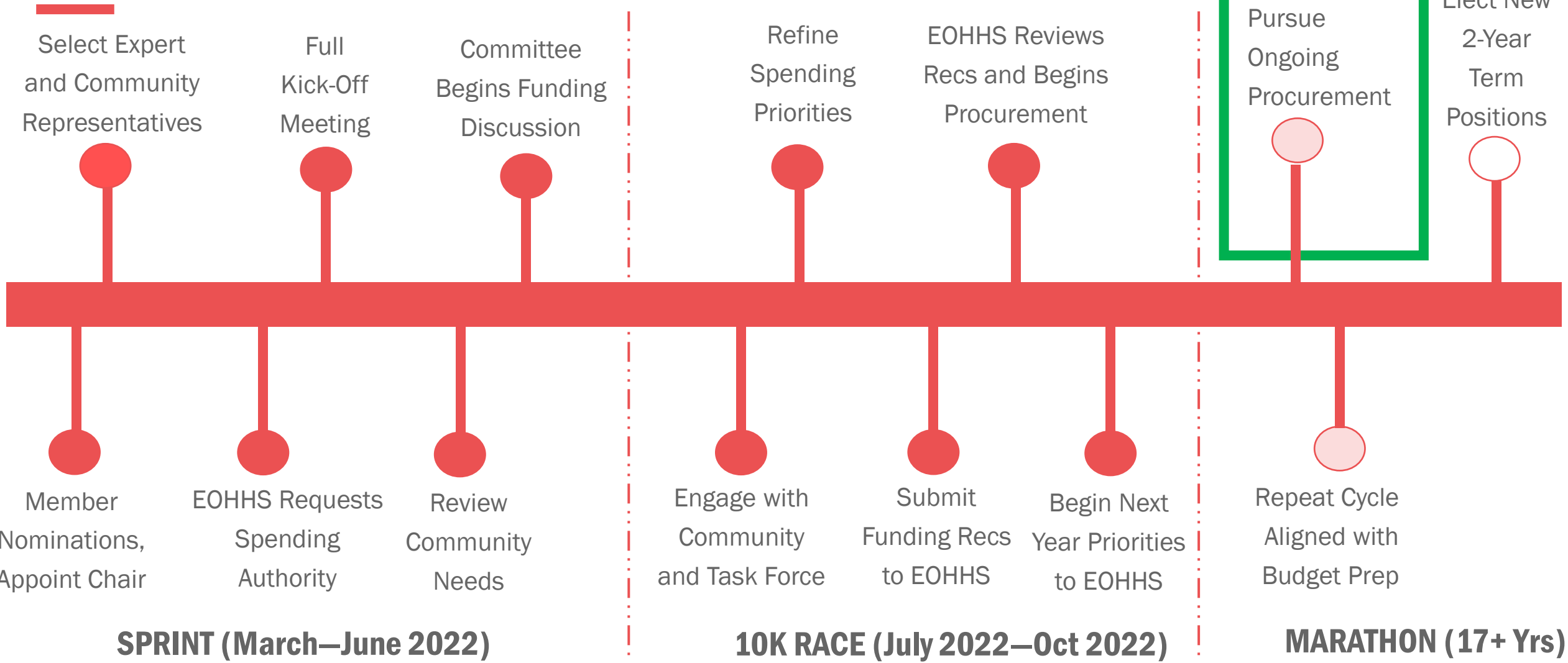
News Articles:

- I. “As Overdoses Soar, Rhode Island Embraces a Daring Addiction Strategy” (New York Times article, [Link](#))
- II. “Fentanyl is driving overdoses in RI. That's why they hand out Narcan in Kennedy Plaza.” (ProJo article, [Link](#))

Other Updates:

- I. Highlights from Interview with Kaiser Health Foundation
- II. Opportunities for Committee Member Engagement

Where Will Be Next Time



Public Comment



THANK YOU

Opioid Settlement Advisory Committee Chairperson:

Carrie Bridges Feliz, MPH

Vice President, Community Health and Equity

Lifespan

335R Prairie Avenue, Suite 2B | Providence, RI 02905

Phone: 401-444-8009

cbridgesfeliz@lifespan.org

**RHODE
ISLAND**

Appendix

Guiding Principles for Decision-Making

To guide decisions for use of these funds, the Committee agreed to:

Spend money to save lives.	It may be tempting to use the dollars to fill holes in existing budgets rather than expand needed programs, but the Committee should use the funds to add to rather than replace existing spending.
Use evidence to guide spending.	At this point in the overdose epidemic, researchers, clinicians, and community partners have built a substantial body of evidence demonstrating what works and what does not. States and localities should use this information to make funding decisions.
Invest in youth prevention.	Support children, youth, and families by making long-term investments in effective programs and strategies for community change.
Focus on racial equity.	This process should be guided by public health leaders with the active engagement of people and families with lived experience, clinicians, as well as other
Develop a fair and transparent process for funding recommendations.	This process should be guided by public health leaders with the active engagement of people and families with lived experience, clinicians, as well as other key groups.
Consider future sustainability in all recommendations.	Although there may be some on-time funding recommendations, the Committee should consider the financial sustainability of all investments and try to plan for investments that can be sustained long-term.

**The first five items are paraphrased and summarized from the Johns Hopkins' "The Principles To Guide Jurisdictions In The Use Of Funds From The Opioid Litigation, We Encourage The Adoption Of Five Guiding Principles".*

Reminder: Consensus-Building Approach

The Opioid Settlement Advisory Committee will be using a Modified Consensus-Building Approach.

Recommendations will be reviewed, discussion will be held, and intermittent polls for consensus using the cards shown will be taken. Once modified consensus is achieved, a motion for a vote will be requested, as will a second.



THUMBS UP:

- Strongly agree with the proposal at hand as initially presented.
- No questions or concerns remaining and fully ready to vote.



THUMBS SIDWAYS:

- Can live with the proposal at hand as initially presented and/or modified.
- Limited questions or concerns remaining and generally ready to vote.



THUMBS DOWN:

- Cannot live with the proposal at hand as initially presented and/or modified.
- Several questions or concerns remaining and not ready to vote.



NO THUMBS:

- Abstaining from vote (e.g., potential conflict, no preference)