Opioid Settlement Advisory Committee

Tuesday, November 29, 2022

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Call to Order and Introductions

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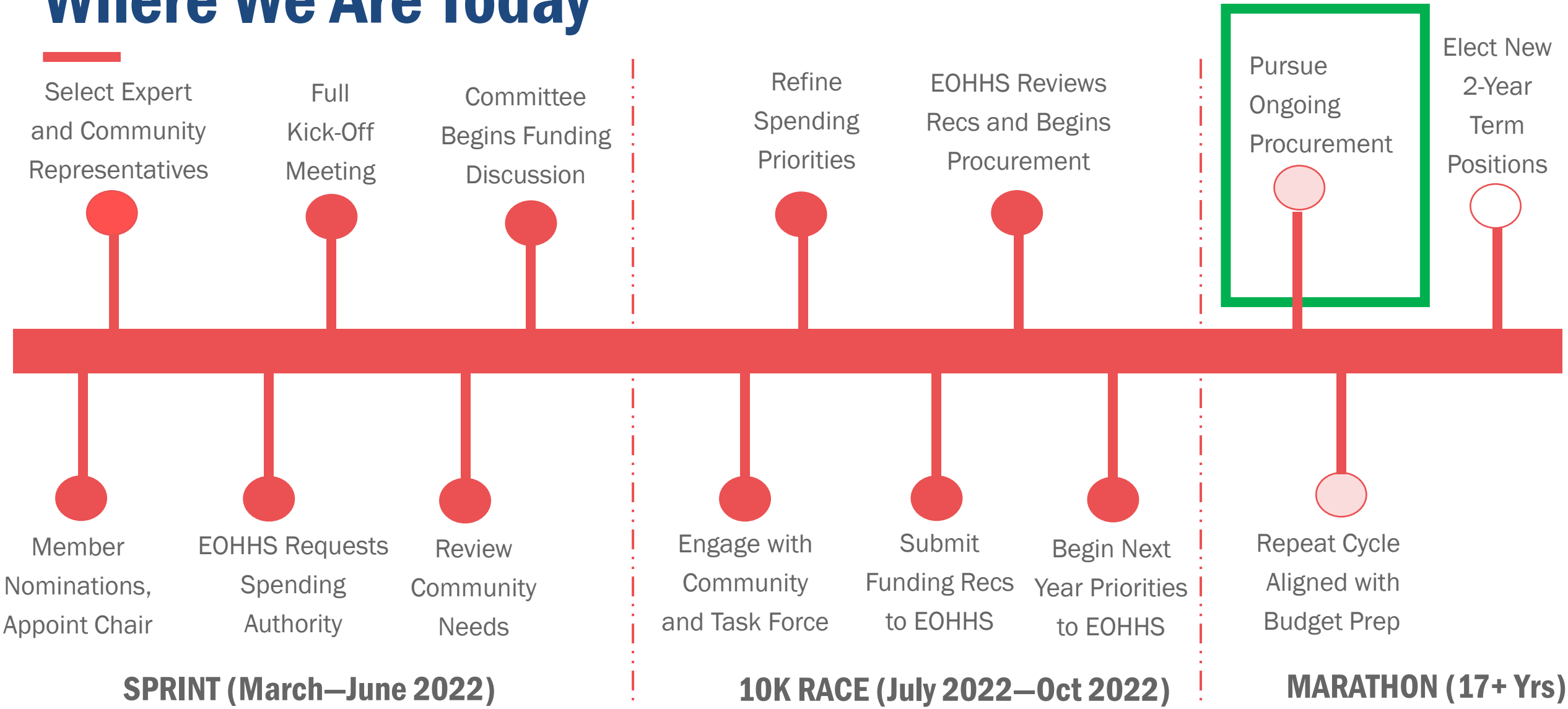
Where We Are Today



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. Housing
   b. Peer Recovery Council
   c. Teva Settlement: Naloxone & Suboxone Planning & Distribution

IV. Next Steps & Other Updates
   a. Next Meeting: Thursday, December 22, 2022, 1:00 – 3:00 PM, EOHHS Virks Building, 1st Floor Training Room, 3 West Road, Cranston, RI 02920

V. Public Comment

VI. Adjourn

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

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OSAC Funding Progress

- **Items currently complete and projects have begun:**
  - Basic Needs Provision for High-Risk Clients and Community Members at Harm Reduction Agencies
  - Increased Harm Reduction Outreach Investments at Harm Reduction Agencies
  - Substance Exposed Newborn Data Enhancements – Work has begun at the Rhode Island Department of Health
  - Staff selected for the Automated Rapid Detection Surveillance System – Beginning work on 11/21
- **Contracts in Process of Being Signed:**
  - Contract amendments to support Basic Needs Provision for High-Risk Clients and Community Members at 6 recovery centers and 2 additional community organizations
  - Youth Behavioral Health Prevention in Schools

OSAC Funding Progress

- **Work Underway:**
  - Overdose Prevention Centers (RFP) – RFP is live and applications are due to the state on December 2, 2022 at 1:00 pm – EOHHS is leading
  - Recovery Housing Expansion (Level 2 and Level 3) – At Purchasing, to be posted, with BHDDH leading
  - Expanded SUD Residential Capacity RFP (Opening 2 or 3 Facilities) – RFP should be sent to Purchasing by the end of the month from BHDDH
  - In the process of ordering Biosurveillance Lab Supplies at RIDOH
  - BIPOC Industry Workers & Chronic Pain Treatment and Prevention – Contract in negotiation by EOHHS
  - Harm Reduction Technology Implementation – Contract in negotiation by EOHHS
  - Contingency Management Services for People w/ Stimulant Use Disorder – Contract in negotiation by BHDDH

OSAC Funding Progress

- **Work Underway:**
  - Data Heat Map Dashboard – Contract in negotiation at RIDOH
  - Alternative Overdose Prevention Programming – RFP development is underway at BHDDH
  - Expanding Street Outreach, with a focus on service BIPOC/Undocumented Residents – RFP development is underway at RIDOH
  - Family Recovery Supports - RFP development is underway at BHDDH
  - Community Prevention Services – RFP development is underway
  - Nonprofit Capacity Building - RFP development is underway

State Fiscal Year 2023 Recommendations Update

RFP

State

Other

First Cohort

- 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)

Second Cohort

- 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)

Third Cohort

- Recovery Capital and Supports—Including Family Recovery Supports ($900,000)
- Youth Behavioral Health Prevention in Schools and Communities ($4.0 M)
- Non-Profit Capacity Building and Technical Assistance ($1.0 M)

Fourth Cohort

- Bricks & Mortar Facility Investments, Treatment On-Demand, and Contingency Management ($1.5 M)
- Recovery Housing Incentives ($500,000)
- Housing Capital, Operating, and Services for High-Risk Communities ($1.75 M)

Fifth Cohort

- 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.	●

Continuous Quality Improvement Language

Overview and Approach

- A critical component of the Opioid Settlement Advisory Committee and related funding is data collection and analysis for quality improvement and outcomes monitoring.
- Continuous quality improvement is the science of implementing gradual process changes that improve operations, outcomes, systems, work environments, and/or regulatory compliance.
- All vendors will participate in OSAC-grantee vendor convenings per the State to share lessons learned, develop partnerships, and avoid duplication of effort.
- All vendors will participate in monthly meetings, or as needed, with State agency staff to update on project progress.
- All vendors will conduct in performance measure development, data collection, quality improvement activities, and support of relevant program changes when necessary.

Subject Matter Expert Presentations

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Housing

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Housing-Related OSAC Investments Overview

SUMMARY OF INITIATIVE AND KEY GOALS

- **Goal 1:** Increase housing operating, capital, and supportive services for those with and/or at-risk of opioid-use disorder.
- **Goal 2:** Increase recovery housing opportunities and incentives for those with and/or at-risk of opioid-use disorder.
- **Goal 3:** Maximize funding opportunities with interagency partners (e.g., Department of Housing) to improve housing conditions.

STRATEGIC APPROACH AND THEORY OF CHANGE—IN BRIEF

- Supportive housing includes housing capital, operating supports (such as rental subsidies), and wrap-around support services.
- **A Housing First approach does not require sobriety, employment, or other stipulations as a condition of housing but makes substance use and other services available.**

ALLOCATIONS

- Recovery Housing: $750,000
- Recovery Incentives: $500,000
- Capital, Operating, and Supports: $1,000,000
- Matching Funds: ~$250,000

TEAM MEMBERS

- James Rajotte, EOHHS
- Secretary Saal, Housing
- Amy Boyle, Housing
- Candace Rodgers, BHDDH
- Cathy Schultz, EOHHS

KEY ACTIVITIES AND MILESTONES

- Finalize Recovery Housing RFP (Complete)
- Draft Capital Approach with Housing (In Process)
- Determine Operating Supports with Interagency Partners (In Process)

Health and Human Service System Priorities

PRIORITY 1:

Focus on the root causes and the socioeconomic and environmental determinants of health that ensure individuals can achieve their full potential.

PRIORITY 2:

Promote continuums of care that deliver efficient, effective, and equitable services across the life course.

PRIORITY 3:

Address addiction, improve the behavioral health system, and combat stigma, bias, and discrimination.

PRIORITY 4:

Develop and support a robust and diverse health and human services workforce to meet the needs of every Rhode Islander.

PRIORITY 5:

Modernize, integrate, and transform health information technology and data systems to support value-based systems of care.

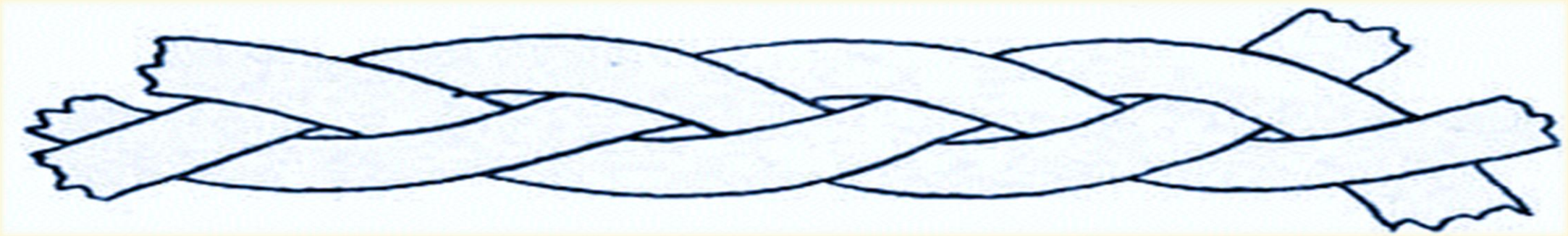
Department of Housing Priorities

1. Create new affordable **housing across income levels** to support population growth and encourage equitable growth.
2. **Stabilize households** that are at risk of involuntary displacement and/or homelessness.
3. Promote **supportive and accessible housing that includes social services**, including expanding options for seniors, persons with disabilities, and persons experiencing **homelessness**.
4. Strengthen the **fabric of local neighborhoods** through targeted investments.
5. Improve the **quality and safety** of the existing housing stock.

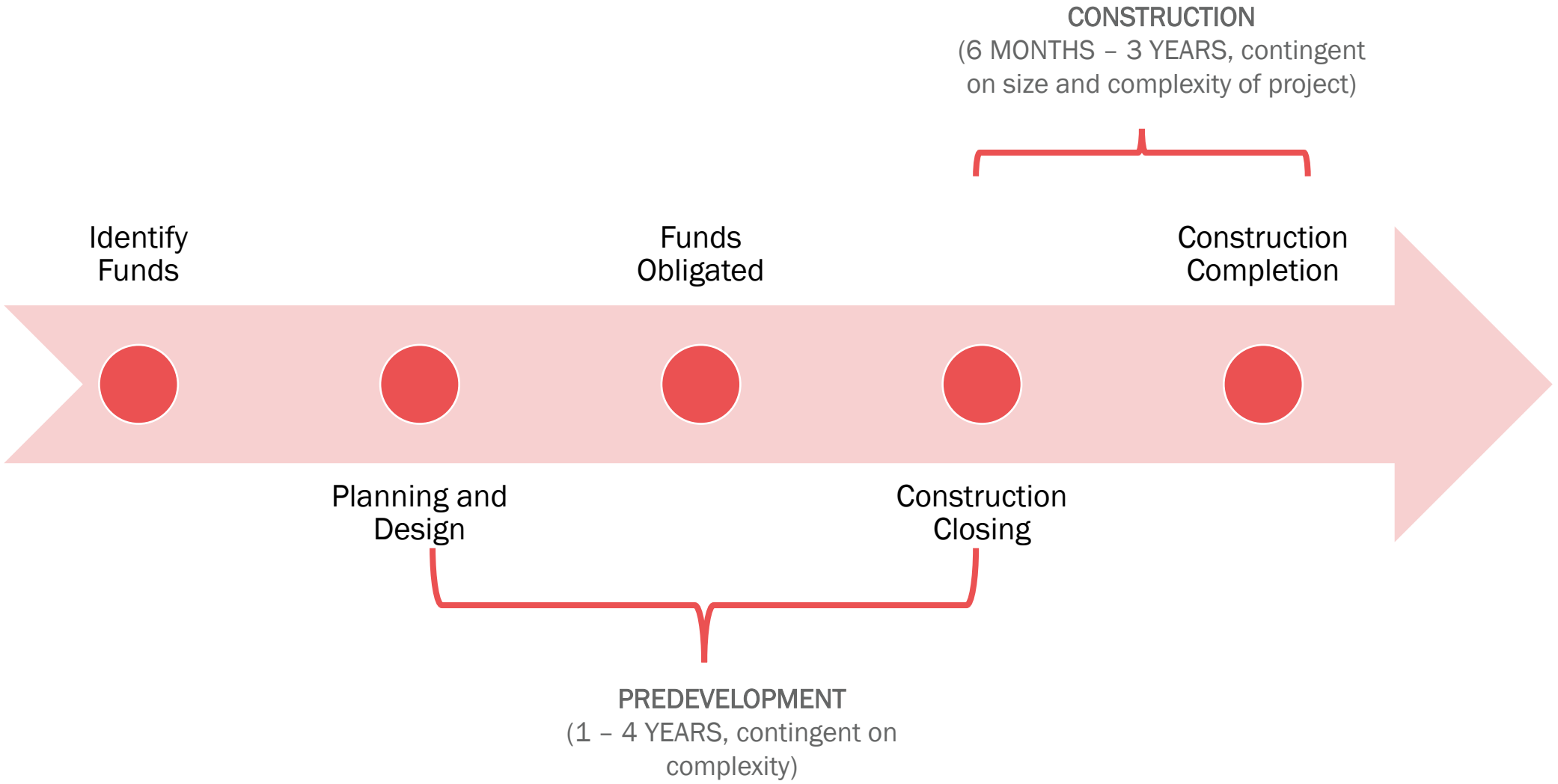
Foundational Principles of Housing

- "Three Strands" of the Comprehensive Supporting Housing "Braided Rope"

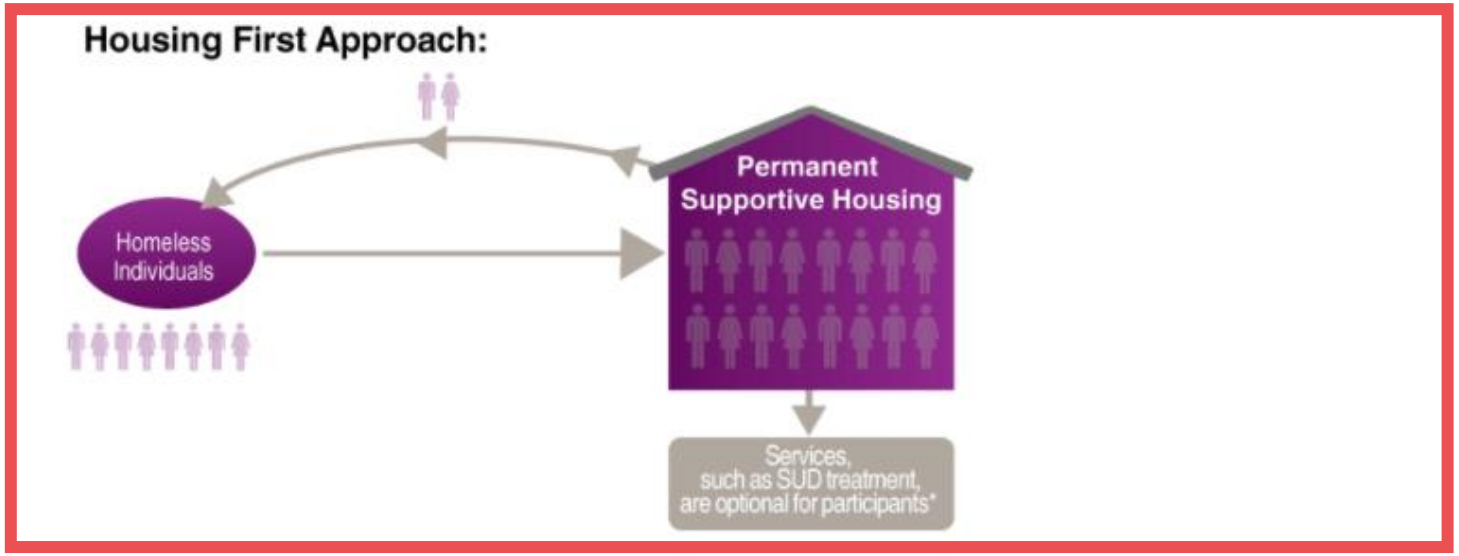
1. **Housing Capital:** Department of Housing
2. **Rental Subsidies:** Department of Housing
3. **Wrap-Around Services:** Health and Human Services; Corrections; Others



Example Development Timeline for New Housing Projects



Housing First Model



*Note: In a study of 250 chronically homeless individuals with severe mental illness, of whom 90 percent had a drug or alcohol problem, over half of those assigned to Housing First opted to utilize voluntary substance use services in the 24 months the study followed the tenants.[68]

Housing First Approach:

- Evidence-based model for ending chronic homelessness, keeping homeless families and individuals stably housed, improving health outcomes, and reducing costs associated with emergency department visits
- **Does not require sobriety, employment, or other stipulations as a condition of housing but makes substance use and other services available**
- Has demonstrated retention, decreased substance use, longer stays in treatment, improved quality of life, lower health costs, and decreased justice system involvement

http://ngahousingroadmap.cwsit.org/getstarted-01-what-is-housing-first.html

Priority Populations for Housing from a Health and Human Service Lens

In a recent data analytics assessment leveraging Medicaid, HMIS, and other Ecosystem data, the need for community-based setting has become increasingly clear.

CATEGORY 1: Behavioral Health, Substance Use, and Overdose

- Substance Use
- Overdose
- Severe Mental Illness
- Recovery Relapse
- Alzheimer's/Dementia

CATEGORY 2: Injury/Respite, Chronic Disease, and Infectious Disease

- Domestic and Sexual Violence
- HIV/AIDS
- Significant Injury
- Advanced Chronic Disease
- Infectious Respiratory Disease

CATEGORY 3: Criminal Justice and Vulnerable Populations

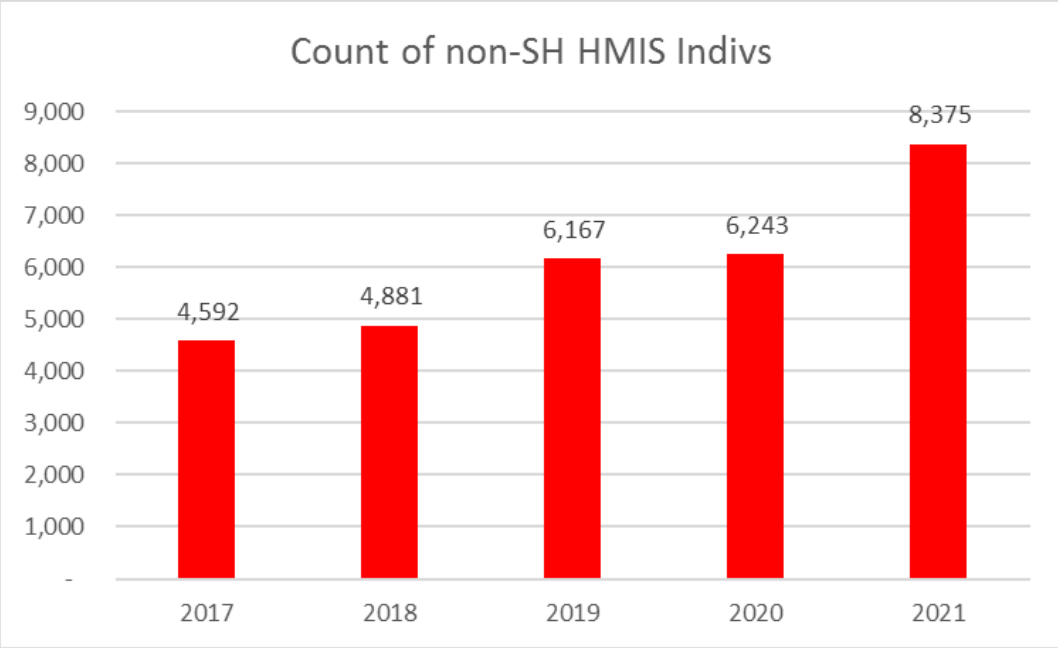
- Justice-Involved
- Commercial Sex Workers/Sex-Trafficked
- Registered Sex Offenders
- Sudden or Prolonged Unemployment
- Undocumented

CATEGORY 4: Special Healthcare, Functional, or Transitional Needs

- Traumatic Brain Injury
- Developmental or Other Disability
- Pregnant/ Post-Partum Women
- HCBS-Appropriate Long-Term Care Clients
- Veterans, Youth, and Young Adults

Initial Key Data Findings Across HMIS and Medicaid

19,886 individuals entered the HMIS for non-SH services between SFY 2017 – 2021. Of these, 57% belong to at least one additional priority population.



Note that from SFY 2017 to 2021, there is an **82% increase** of individuals. Non-SH refers to non supportive housing as individuals placed in supportive housing still counted in HMIS but have housing.

Population Categories	Count of non-SH HMIS population who falls into priority pop. between SFY 2017 – 2021	Count of non-SH HMIS population who falls into priority pop. in SFY 2021
A: Behavioral Health, Substance Use, and Overdose	8,875 (44.6%)	2584 (30.9%)
B: Medical Respite/Injury, Chronic Disease, and Infectious Disease	7,412 (37.3%)	2,120 (25.3%)
C: Criminal Justice, Unemployed, and Undocumented	5,210 (26.2%)	2,032 (24.3%)
D: Special Healthcare Needs and Disabilities	4,917 (24.7%)	1,704 (20.3%)
Across All Priority Populations	11,316 (56.9%)	4,671 (55.8%)

Detailed Analytic Table Focused on SFY 2021

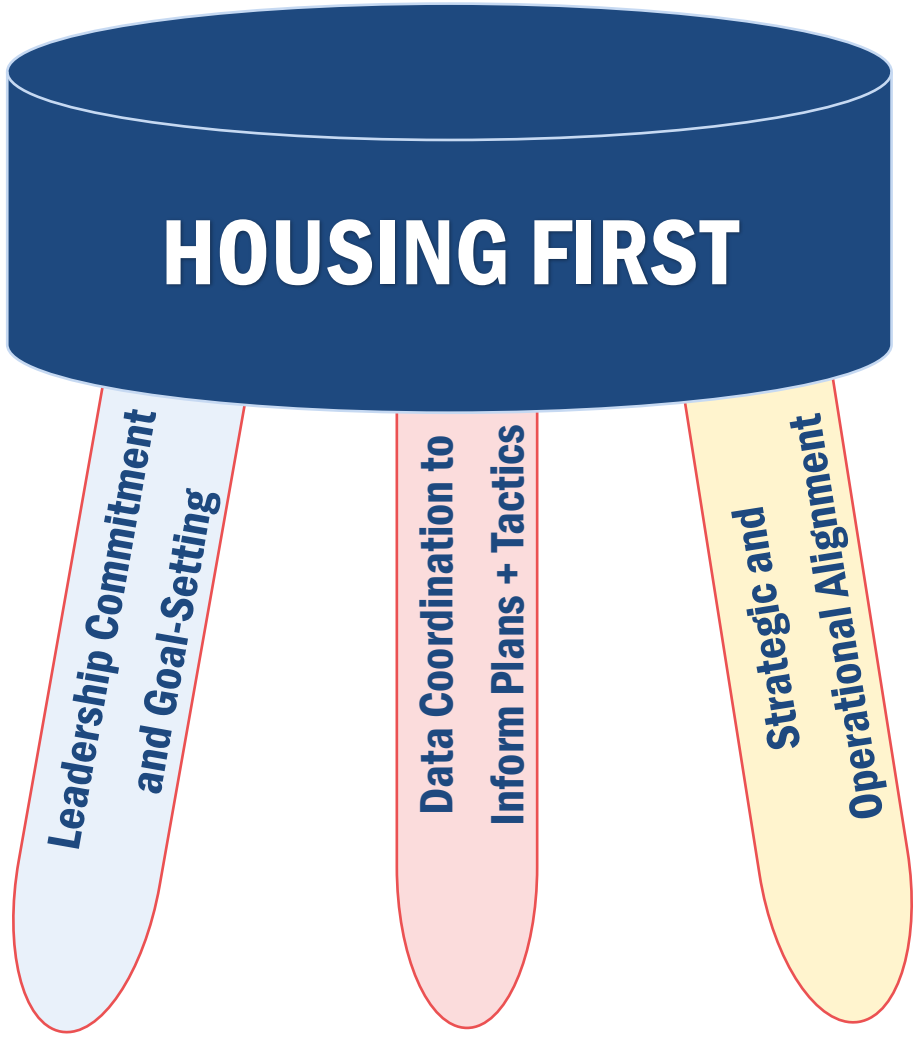
State Fiscal Year	SFY 2017 TO 2021	SFY 2021
Substance Use Disorder	6,533 (26.6%)	2,345 (22.1%)
Overdose	542 (2.2%)	132 (1.2%)
Severe and Persistent Mental Illness	3,239 (13.2%)	1,316 (12.4%)
Relapse Population	145 (0.6%)	suppressed
Category A (Behavioral Health)	**7,833 (31.8%)**	**3,036 (28.6%)**
Domestic Violence	559 (2.3%)	141 (1.3%)
Sexual Violence	479 (1.9%)	159 (1.5%)
Skin cancer	52 (0.2%)	14 (0.1%)
HIV	262 (1.1%)	68 (0.6%)
Injury to ED	5,953 (24.2%)	1,794 (16.9%)
Diabetes	1,966 (8%)	792 (7.5%)
Category B (Medical)	**7,554 (30.7%)**	**2,516 (23.7%)**
Unemployed	2,610 (10.6%)	1,597 (15%)
Criminal Justice	3,593 (14.6%)	946 (8.9%)
Category C (Other Vulnerability)	**5,676 (23.1%)**	**2,355 (22.2%)**
Alzheimer's & Dementia	150 (0.6%)	43 (0.4%)
Traumatic Brain Injury	2,497 (10.2%)	692 (6.5%)
Developmental Disability	75 (0.3%)	39 (0.4%)
SSI Eligibility	3,219 (13.1%)	1,714 (16.1%)
Category D (Long-Term Services and Supports)	**5,205 (21.2%)**	**2,271 (21.4%)**
Deduplicated Across All Priority Groups	**13,730 (55.8%)**	**5,728 (53.9%)**
Denominator Count: All HMIS Individuals	**24,594**	**10,622**

- Of the 10,622 individuals in HMIS in SFY2021, **5,728 fall into at least one priority population.**
- While Category A stands out as the highest count and rate, we see subgroups across all other Category Groups that are great in magnitude and will require Step-Up Housing supports.
- Namely:
  - Those who experience injury requiring care at an emergency department,
  - Those who are unemployed and/or incarcerated, and
  - Those who are eligible for SSI.

Our Strategic Approach Across Government

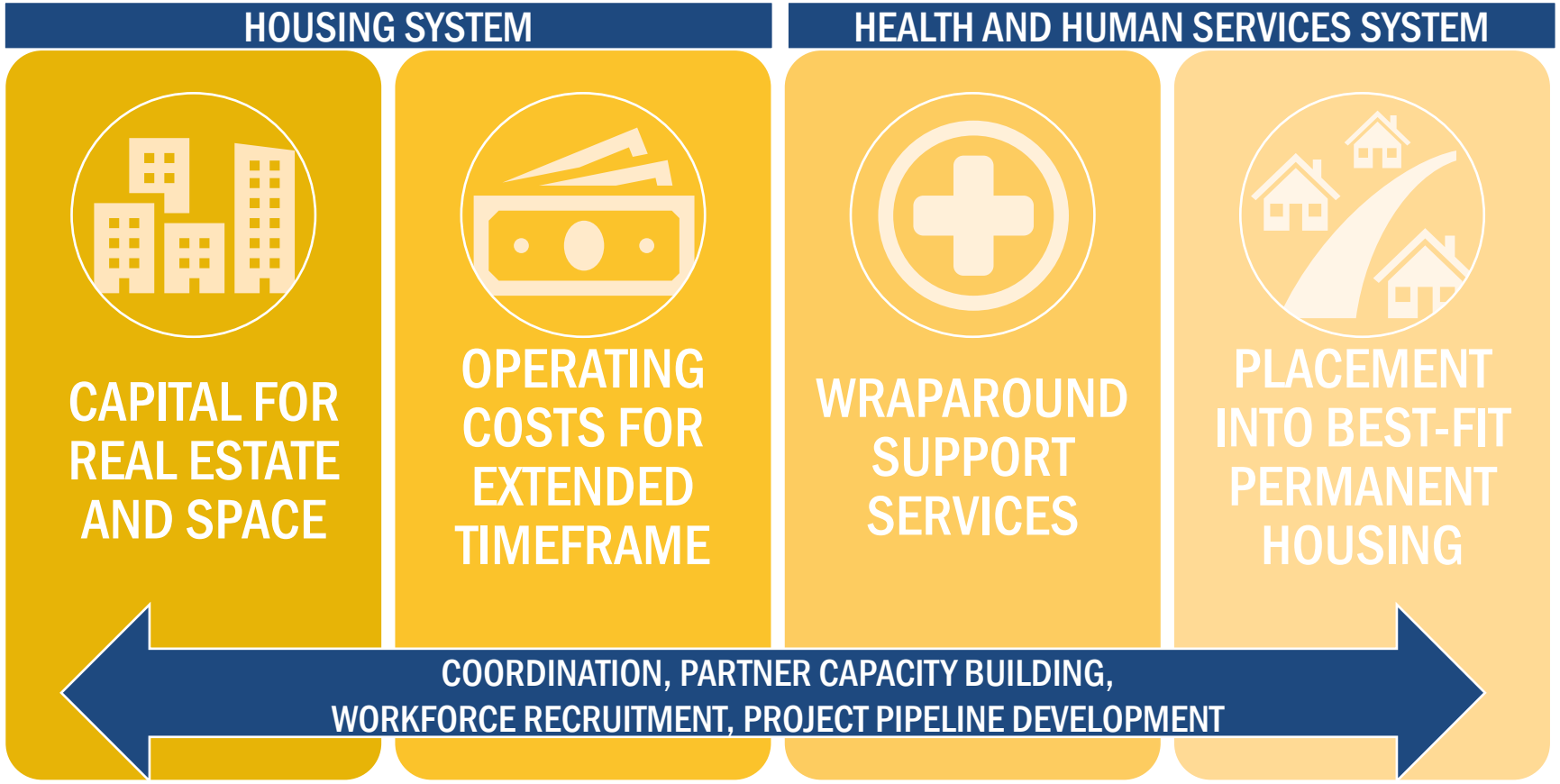
Centering stable, safe, affordable, and healthy housing for all our community requires cross-agency work around:

1. Leadership commitment, goal alignment, and clear objectives between key State leadership and the community to foster trust and build momentum.
2. Data coordination across our agencies, programs, and partners to inform strategic priorities, new policies, and operational needs.
3. Strategic and operational alignment across programs and agencies to define and facilitate place-based solutions that honor choice, race equity, and partnerships.



Cross-System Resource Alignment Approach

Resource needs for community-based settings and supportive housing must be aligned and coordinated across agencies within our housing and health and human services systems.



Categories of Other Non-OSAC Investments

Must change existing programs and enact new programs to (1) help people proactively keep in their homes, (2) build additional housing at all income levels, and (3) make homelessness a rare and brief occurrence

1. **Housing stability, homelessness/eviction prevention** to reduce needs in the shelter system
2. **Community-based settings** with accommodations and services for high-priority/extremely vulnerable people to stabilize and move towards to permanent housing solutions.
3. **Homelessness and supportive set asides** to reserve units for homeless individuals in newly constructed buildings with long-term operating rental subsidy and supportive subsidy.
4. **Increase overall supply of housing** to add homes for every income bracket across the state.
5. **Structural reform** data systems and funding to systematically address homelessness.
6. **Increase capacity building for non-profits** to help our community partners better serve the needs of homeless and at-risk of becoming homeless Rhode Islanders.

Housing Investments: Short-Term Highlights and Discussion Topics

RECENT ACCOMPLISHMENTS

- EOHHS has formalized partnership between key State agencies related to housing, with a focus on priority populations—include those with and/or at-risk of OUD or overdose.
- BHDDH is poised to issue a Request for Proposals for Recovery Housing once Purchasing reviews and approves.
- **Department of Housing has committed an additional ~$250,000 to recovery housing efforts at BHDDH.**

UPCOMING KEY MILESTONES

- **December 2022:** Issue Recovery Housing RFP
- **February 2023:** Operationalize Rental Subsidies
- **March 2023:** Prioritize Additional Support Services
- **April 2023:** Support Capital Projects

CHALLENGES BEING RESOLVED

- **Capital:** Braiding in OSAC funding within development projects for new housing capital that is person-centric and meets abatement criteria
- **Operating:** Developing mechanisms to infuse operating supports (e.g., rental subsidies) for those who experienced, are experiencing, or may experience OUD/overdose into existing systems
- **Support Services:** Identifying which support services require additional investments across State partners.

DISCUSSION QUESTIONS:

- *From your perspectives, does the remaining $1.5 million in the housing allocation get disbursed equally for all remaining challenges or are there preferences on investing more deeply in capital versus operating versus support services to inform our next steps?*
- *What other questions do you have for the team that we can work towards answering in a future update on this topic?*

Peer Recovery Council

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Rhode Island Peer Recovery Council

Opioid Settlement Advisory Committee Presentation

November 29, 2022

RI Peer Recovery Council Mission

The Rhode Island Peer Recovery Council is an independent association of agencies/non-profit organizations and peers in recovery from behavioral health challenges who are committed to raising understanding, value and integrity of peer work throughout Rhode Island. We will set annual priorities and work to implement these priorities with responsible and accurate studies; community-wide information, forums, and advocacy; and implementing ongoing work groups and special initiatives.

Peer Recovery Council Membership

- Amos House
- Anchor Recovery Center, Care New England
- East Bay Recovery Community Center, EBCAP
- Fellowship Services
- Newport Mental Health
- Lifespan
- Oasis
- Open Doors
- Parent Support Network of RI
- Project Weber Renew
- RI Communities for Addiction Recovery Efforts (RICARES)
- Serenity Recovery Community Center-Community Care Alliance
- Thrive Behavioral Health
- Thundermist

Peer Recovery Specialist Experience

- Statewide Street Outreach and public health education/harm reduction supplies in Opioid Hot Spots and across communities – visiting shelters, soup kitchens, MAT clinics, etc.
- Working directly with and for Opioid Treatment Provider Teams
- Provide emergency response first responders such Hospitals, Emergency Departments, Safe Stations, Community Police by responding to requests for patients who have overdosed and/or have other co-occurring mental health or substance use challenges
- Link and connect to MAT, BH-Link, detox and inpatient treatment, shelter, recovery housing- including transporting as needed- releases that promote continued peer recovery support connection.

Peer Recovery Specialist Experience

- Provide ongoing individual and group peer recovery support services and activities promoting health, home, purpose, and community across a network of peer recovery community centers.
- Work within the Department of Corrections and with discharge planners, parole, probation and the courts to support re-entry and continued recovery and wellness in the community.
- Assist pregnant women with perinatal substance exposure and their infants with neonatal abstinence syndrome and parents at risk or involved with child welfare due to opioid addiction and co-occurring mental health and substance use disorders to receive treatment, recovery services, and early childhood and other child and family services.
- Serve on home health teams within community behavioral health centers and working in a variety of treatment agencies including health clinics.

Recognized State of Escalated Crisis

- Continued Increase in fatal overdose deaths due to fentanyl
- Lack of access –waiting lists for detox and inpatient treatment
- Lack of affordable housing – shelter placements – rental relief ended
- Increased co-occurrence of mental health and substance use disorders
- Increased number of pregnant women and parents with opioid addiction involved with child welfare
- Systemic Racism – Increased need for culturally and linguistically diverse providers and peer recovery specialists
- Justice system involvement, re-entry, parole and probation
- Increased burn out, compassion fatigue, and grief counseling for peer recovery and provider workforce
- Continued expansion of peer recovery workforce to meet capacity

Take Away Message

- We want to continue to collaborate and provide input to support Opioid Settlement Advisory Committee recommendations and direction
- Assist with gaining additional peer input from those who struggle with or have overcome opioid addiction we serve and share with the Opioid Settlement Advisory Committee
- Continue to share our progress with our peer recovery workforce delivery as it supports shared outcomes

Teva Settlement: Naloxone & Suboxone Planning & Distribution

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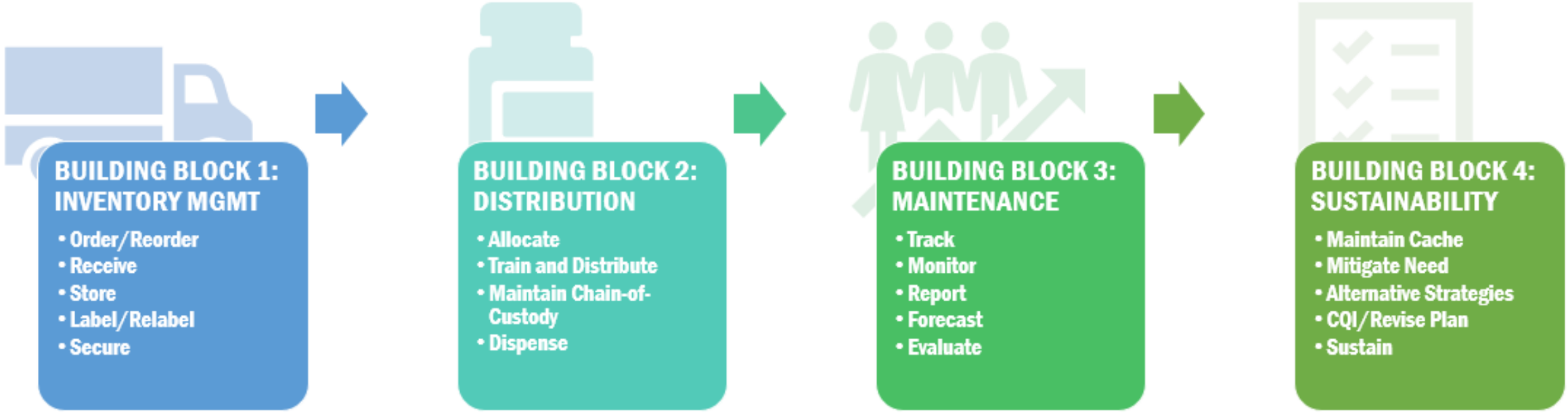
Teva Settlement: Naloxone and Suboxone (MAT)

As part of the State of Rhode Island's settlement with Teva, Rhode Island will receive kits of naloxone and doses of Suboxone directly from Teva for 10 years, beginning July 2022.

Naloxone Nasal Spray
• 50,000 kits per year • 500,000K kits grand total over 10 years

Suboxone Tablets:
• 6,700 bottles / 201,000 tablets per year • 67K bottles / 2M doses grand total over 10 years

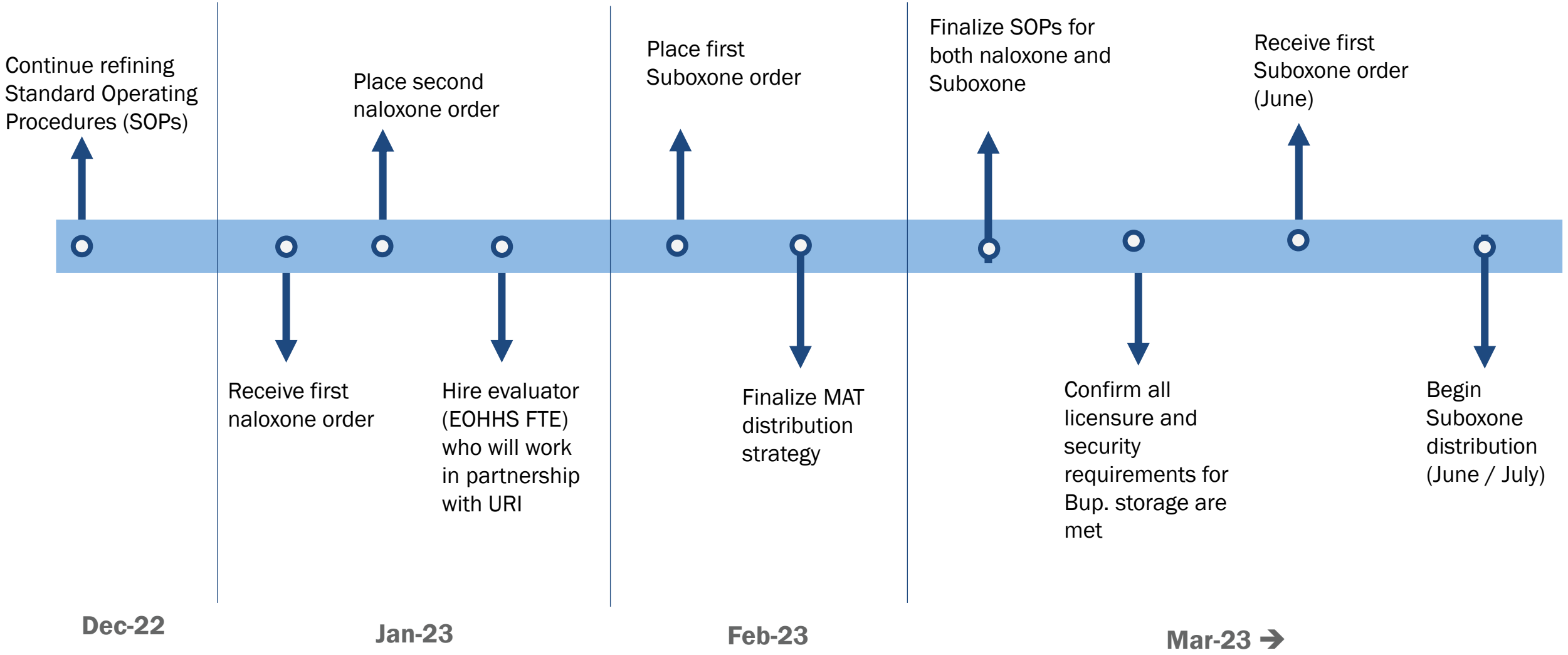
Building Blocks & Planning Framework



Planning Framework:

- Build a comprehensive system for state supply of naloxone and Suboxone
- Maximize impact of state supplied naloxone and Suboxone
- Develop a strategic pathway to sustainability and mechanism for quality improvement, ex: Creating a hierarchy of naloxone distribution, Implementing tracking dashboards and routine reporting system, Developing an emergency supply over time

Naloxone / Suboxone High-Level Timeline



Overall Updates

Accomplishments

- ✓ Scope of work and contract with URI developed and finalized; space is under renovation for use
- ✓ Obtained Teva Ordering protocols and submitted State Ordering Designee and naloxone request for initial 25K
- ✓ Organized Board of Pharmacy and Drug Enforcement Agency conversations to further planning for storage and distribution
- ✓ Began discussions with Rescue and Treatment Workgroups on Distribution and Allocation needs and procedures (including Naloxone Request Algorithm)

Key Next Steps

- ➢ Finish renovations and obtain DEA licenses for Medication-Assisted Treatment
- ➢ Finalize protocols and distribution approach for MAT-related supply
- ➢ Create data dashboard with metrics for tracking receipt, supply, and distribution of state product that will be routinely updated and circulated with key stakeholders
- ➢ Finalize any additional resource needs for MAT distribution
- ➢ Order MAT first year supply

Goals for Naloxone Planning and Guiding Principles

GOALS

1. Sustainably funded Community Naloxone to respond to overdose crisis.
2. Infrastructure for centralized community naloxone purchase, distribution, training, and tracking.

- **Maximizing saturation and availability of naloxone** is a one of four pillar of the Governor's Strategic Action Plan and will save lives.
- **Low to no- barrier access** to naloxone is essential especially for at-risk populations.
- The availability of naloxone through **community-based harm reduction programs** enhances client engagement and referrals for addiction treatment. Harm reduction clients are **five times more likely to enter treatment and three times more likely to stop using drugs** than those who don't use the programs.[1]
- Studies consistently show that **community-based naloxone distribution is highly cost-effective**, even under conservative assumptions. [2]
- **Community-based naloxone distribution uses an evidence-based, harm reduction approach grounded in meeting people where they are.**[3] Naloxone is one essential tool for a comprehensive harm reduction approach.
- Stabilizing and sustaining a centralized naloxone distribution system is contingent upon the state **resolving the system gaps in linking to treatment, maintaining retention, and addressing SDOH** and other system barriers **to reduce naloxone need long-term**.

Goals for Suboxone Planning and Guiding Principles

GOALS

1. Reach highest-risk and most in-need populations to support treatment and recovery from the overdose crisis.

2. Support critical State programs with state-supplied MAT to support treatment needs statewide.

- **Treatment needs to be readily available and accessible to those who need it.**[2]
  - Addiction can alter one's brain chemistry, which can affect motivation, inhibition, and stress tolerance.
  - When patients are motivated or ready to engage in treatment for their substance use disorder, it is important to seize this moment and connect them with appropriate treatment as soon as possible.[1]
- **Starting patients on medications on the same day they are first seen by providers improves retention in treatment.**[3]
  - Originally, clinical recommendations for the use of Suboxone to treat opioid use disorder were heavily influenced by strict methadone regulations.
  - These cautious practices have inadvertently created barriers to accessing and continuing care.
  - Over time, new evidence has emerged that that these "common, widespread, and outdated practices have the paradoxical effect of potentially harming patients."[4]
- For example, inductions do not always need to be performed in medical settings. Home inductions with adequate education, support, and communication can be safe and effective.[4] Similarly, providers have traditionally withheld Suboxone if a patient was taking benzodiazepines or other substances. However, the potential harms of an untreated opioid use disorder outweighs the risks of using both medications.[4]

https://integrationacademy.ahrq.gov/products/playbooks/opioid-use-disorder/implement-mat-for-oud/delivering-effective-low-barrier-treatment

Long-Term Strategies to Mitigate Additional Naloxone Need

As we have created this plan, we have also brainstormed additional strategies for the State and its partners to explore together, to secure additional naloxone up to the 50,000+ kits per year recommended by Brown University, and to reduce the need for naloxone overall:

- Continue partnership with other organizations that may receive funding for naloxone distribution
  - *Pursue additional grants to supplement supply with key partners, distribution infrastructure, and emergency caches*

- Increase naloxone distribution using the pharmacy delivery model at methadone clinics, FQHCs, and MAT providers Increase universal naloxone distribution and overdose prevention at discharge planning for all eligible patients

- Recruiting pharmacy partners:
  - *Education and experience for pharmacy students (partner with URI)*
  - *Engage local pharmacies in overdose prevention response*

- Reducing or eliminating prescription naloxone co-pays through partner advocacy and legislative change
- Improve naloxone data systems to capture naloxone distribution, use, saturation, and expiration

- Increase on-site integrated behavioral health (IBH) such as counseling within MAT medical practices
- Resolve barriers for street outreach linkages to treatment providers

- Increase capacity and approaches to implementing other harm reduction tools:
  - *Social Support Building; Test Kits; Needle Exchanges; Emergency Supplies*

Next Steps

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Next Opioid Settlement Advisory Committee Meeting: December 2022

DATE:	Thursday, December 22, 2022
TIME:	1:00 – 3:00
LOCATION:	RI EOHHS Virks Building, 1st Floor Training Room, 3 West Road, Cranston RI, 02920
MEETING GOALS:	❖ Update on State Fiscal Year 2023 & 2024 Funding Procurement Status ❖ Subject Matter Presentations: ○ Municipal Partnerships ○ The Center of Biomedical Research Excellence (COBRE) on Opioids and Overdose

Recent News Article—Kudos to You All

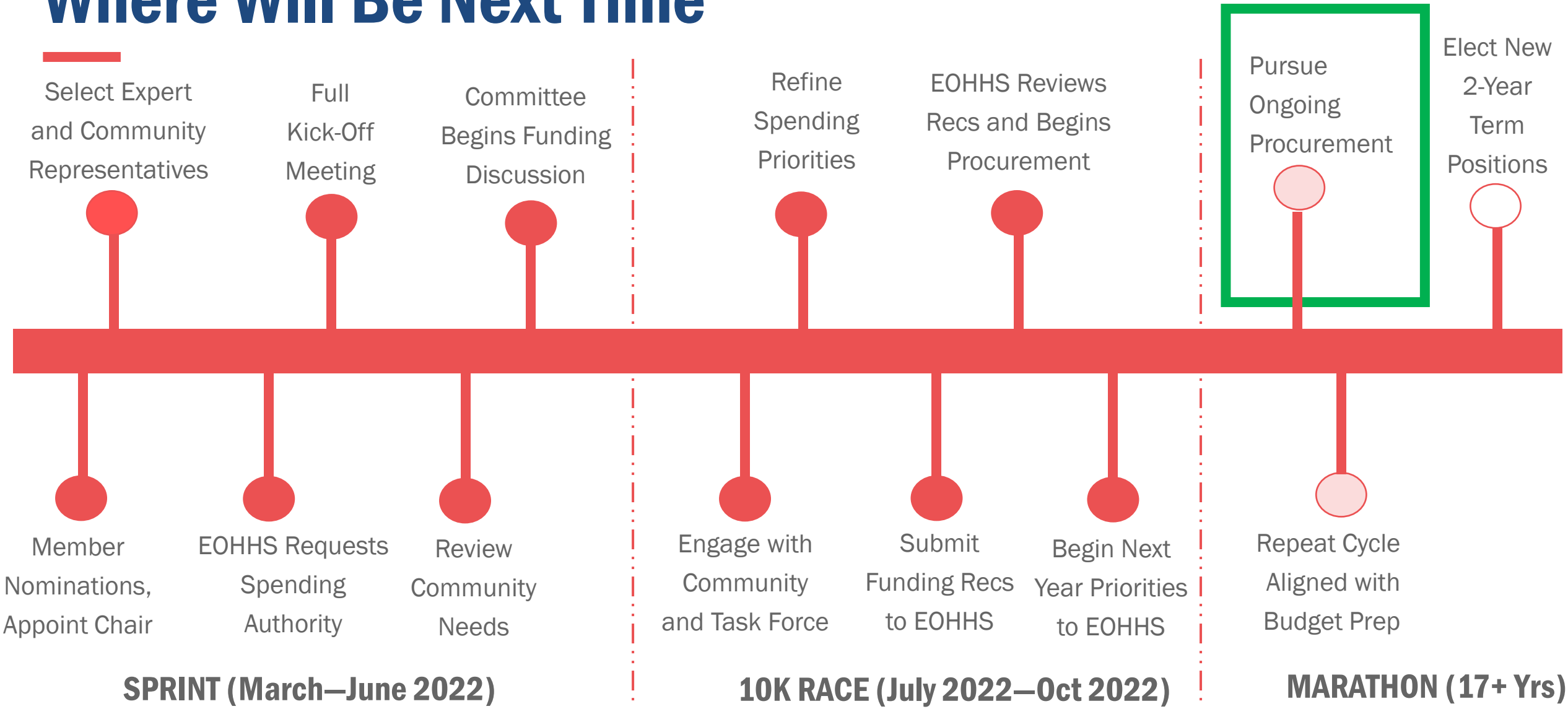
News Article:

I. Schools, Sheriffs, and Syringes: State Plans Vary for Spending $26B in Opioid Settlement Funds | Kaiser Health News (khn.org)

Key Highlights:

- "Rhode Island is one of the states working fastest to distribute settlement dollars."
- "Experts tracking the funds say transparency around who receives the money and how those decisions are made is key to a successful and useful distribution of resources…[however] in Rhode Island, for instance, public comment is a regular part of opioid advisory committee hearings."

Where Will Be Next Time



Public Comment

RHODE ISLAND

THANK YOU

Opioid Settlement Advisory Committee Chairperson:

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RHODE ISLAND

Appendix

RHODE ISLAND

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

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 SIDEWAYS:
- 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)

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				

Opioid Settlement Advisory Committee: State Fiscal Year 2023 Funding Recommendations

$18.75M Allocated below + $1.25M for Governance = $20M Total

	$3.45M, 17%	$4.5M, 23%	$2.8M, 14%	$2.0M, 10%	$6.0M, 30%
	Social Determinants	**Harm Reduction**	**Treatment**	**Recovery**	**Prevention**
Evidence-Based Activity	First Responder/Peer Recovery Specialist Trauma Supports ($1.0 M)	Expanded Street Outreach—Including Undocumented Resident Engagement ($1.5 M)	BIPOC Industry Workers and Chronic Pain Treatment and Prevention ($500,000)	Recovery Capital and Supports—Including Family Recovery Supports ($900,000)	Enhanced Surveillance and Communications (e.g., Race/Ethnicity Data and Multilingual Media) ($1.0 M)
Identified Funding Need	Basic Needs Provision for High-Risk Clients and Community Members ($700,000)	Harm Reduction Centers Infrastructure and Technologies ($2.25 M)	Bricks & Mortar Facility Investments, Treatment On-Demand, and Contingency Management ($1.5 M)	Substance-Exposed Newborns Interventions and Infrastructure ($600,000)	Youth Behavioral Health Prevention in Schools and Communities ($4.0 M)
Requires Additional Coordination	Housing Capital, Operating, and Services for High-Risk Communities ($1.75 M)	Alternative Post-Overdose Engagement Strategies ($750,000)	Additional SUD Provider Investments ($800,000)	Recovery Housing Incentives ($500,000)	Non-Profit Capacity Building and Technical Assistance ($1.0 M)