

# Priority Briefings from Governor's Overdose Task Force Working Groups

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May 19, 2022

**RHODE  
ISLAND**

# Priorities by GOTF Working Group

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Each of the Governor's Overdose Task Force (GOTF) working groups were asked to complete the following slides explaining the purpose, strategies, and financial priorities of their respective groups.

- I. Communications
- II. Data
- III. Family Task Force
- IV. First Responders
- V. Harm Reduction
- VI. Prevention
- VII. Race Equity
- VIII. Recovery
- IX. Rescue
- X. Substance Exposed Newborn Task Force
- XI. Treatment

All funding amount estimates are rough estimates and may be subject to change.

# Summary of Funding Available for State Fiscal Year 2023

The Opioid Settlement Advisory Committee will make recommendations on how to spend at least **\$20M** of funding for State Fiscal Year 2023 (July 2022 – June 2023).

Opioid Settlement Recoveries (millions) (State Fiscal Year)	SFY2023
<i>Settlements covered by R.I. Agreement Between State and All Cities and Towns</i>	
Janssen/Johnson & Johnson	\$4.6 M
Distributors (AB, Card, & McKesson)	\$8.0 M
Teva	\$13.0 M
Allergan/AbbVie	\$2.6 M
<i>Total directly to Cities/Towns (20%, not under OSAC advisement)</i>	<i>( -\$8.2 M )</i>
<b><i>Total to Statewide Abatement (80%)</i></b>	<b>\$20.0 M</b>

\*The annual breakdown for Purdue Pharma is still being determined by the Attorney General's Office.

# Communications Working Group: Overview

**Lead(s):** Ashley O'Shea (OHHS), Rachael Elmaleh (RIDOH), Linda Reilly (BHDDH)

**When Group Meets:** Statewide Behavioral Health (BH) Conversation Team; Internal Interagency Meeting

## Why is the work this group does important?

- We ensure that Rhode Islanders have access to clear education and messaging on behavioral health: about how to seek treatment, receive harm reduction information and materials, and prevent initial substance use and mental health diagnoses, symptoms, and/or relapse.
- Our goal is to create and share these messages, with ongoing participation from community partners and people who either use or have used drugs – with a racial equity lens.

## What are this group's current strategies based on the Strategic Plan and Evidence Update?

- Overhaul state messaging efforts, by looking toward nationally researched and locally tailored behavioral health language that is proven to reach a variety of audiences: people with mental health conditions, people who use drugs, their families and supporters, and people not using drugs, including a focus on contaminated or counterfeit drug supply and a connection to local resources.
- Continue to engage a diverse group of community members in the development, design, and distribution of communications campaigns, through focus groups and ongoing input strategies – and use this process to bring in new voices to the Task Force.
- Emphasize messaging that takes on bias, fear, and discrimination directed at people who use drugs, with a racial equity lens. Recovery messaging must include the shift from addiction as a vice to addiction as a disease; the hope of a full life; and the reinforcement that true recovery is personal, self-directed, and doesn't look the same – but always needs a welcoming community.

# Communications Working Group: Funding Priorities

The Communications Work Group continues to respond to the evolving communications needs of this crisis and continues to pursue a variety of funding sources in regard to these needs and priorities.

Out of a possible \$20M available in funding for this upcoming State Fiscal Year, what are the top 5 funding priorities this group would like the Opioid Settlement Advisory Committee to consider?

#	Priority / Need	Expected Impact	Geographic Reach (Statewide / Local)	Estimated Funding Needed (For SFY2023)
1	Extend Small Amount/Fentanyl Risks Campaign	Increase public awareness of the risks of illicit fentanyl/connection to safer drug use practices to save lives.	Statewide	100K
2	Extend Substance-Exposed Newborn Campaign	Help expecting parents to know we have peer recovery supports and connections to treatment available to them via Parent Support Network of RI.	Statewide	70K
3	Extend Three Words Can Make A Difference Campaign	Combat bias and discrimination related to mental health and substance use conditions – connect people to BH Link.	Statewide	150K
4	New Campaign Request: Use, adapt, and customize CDC's <a href="#">Polysubstance Use</a> creative assets.	Take national CDC campaign, make it local, and help individuals understand the dangers of taking two or more drugs simultaneously during short periods of time.	Statewide	250K
5	New Campaign Request: Harm Reduction Centers	Explain the many public benefits of harm reduction centers' resources and services and reduce stigma.	Statewide	250K
6.	New Campaign Request: Accidental Drug Poisonings and Youth/Children	Protect children from accidental drug poisoning and connect families with resources/info	Statewide	75K

# Data: Funding Priorities

Out of a possible \$20M available in funding for this upcoming State Fiscal Year, what are the top 5 funding priorities this group would like the Opioid Settlement Advisory Committee to consider?

#	Priority / Need	Expected Impact	Geographic Reach (Statewide / Local)	Estimated Funding Needed (For SFY2023)
1	<p>Improvement of Critical Data from the Office of State Medical Examiners (OSME) - Due to staffing shortages at OSME and Lab, it takes up to 180 days from date of death to determine a decedent's cause and manner of death. This greatly inhibits our ability to have a timely understanding of trends in overdose fatalities.</p> <ul style="list-style-type: none"> <li>1 FTE QA Officer to support Center for Forensic Sciences and OSME.</li> <li>Increased budget for contract medical examiners needed due to the increased caseload</li> </ul>	<p><b>QA Officer Impact:</b> Ability to capture <i>suspected</i> overdose fatalities within one month of date of death, improved data quality, and enhanced turnaround time of cases at the medical examiner's.</p> <p><b>Budget Increase:</b> Enhanced turnaround time of cases at the medical examiner's.</p> <p><b>**Increased ability to more rapidly understand trends in overdose fatalities and share critical information with community outreach partners and leadership.</b></p>	Statewide	<p>\$170k for QA Officer FTE</p> <p>Increase medical examiner's budget by 20-25% (to offset cost of contract medical examiners).</p>
2	<p>Enhancement of Overdose Fatality Review Team (OFR) to meet National OFR Standards - National standards for OFRs have been put forth by BJA's COSSAP and RI's OFR would need to be expanded to meet these standards. To meet national standards, RIDOH would need one full time employee (grade 31) and ability to contract with an organization for case abstraction.</p>	<p>More actionable and robust recommendations for the prevention of future deaths.</p> <p>Recommendations reflect determinations made by a multidisciplinary expert team based on data compiled from a variety of sources specific to the overdose decedents. These recommendations should be used to inform prevention planning and to help determine funding allocation decisions.</p>	Statewide and local.	<p>OFR meetings can be tailored to specific municipalities or specific themes.</p> <p>\$150k per year</p>
3	<p>Secure &amp; Interactive heat map dashboard of suspected non-fatal opioid overdoses –Outreach partners currently receive monthly static heatmaps for the top 5 municipalities, but a secure interactive dashboard will allow them to review additional municipalities and more rapidly access and apply the data.</p>	<p>Increased rapid outreach and response to areas experiencing high burden of opioid overdoses.</p> <p>Increased response to areas with high activity.</p>	Statewide and local	\$50k (one time only)

# Family Task Force Working Group: Overview

Lead(s): Trisha Suggs (BHDDH), Laurie MacDougall (Community Member & Parent)

When his Group Meets: Second Tuesday of Month/6pm – 7:30pm/Zoom

## Why is the work this group does important?

- The Family Task Force is committed to building an infrastructure where families receive the encouragement, guidance, and assistance they need to cope with their loved one's substance use disorder (SUD). By delivering education to families on SUD and providing support, we increase the ability of the family to care for themselves and lovingly support their loved one with a SUD
- Discrimination and bias against people with SUD is rampant, and it extends to their loved ones. Treatment and support for people experiencing SUD is essential, but it is only the beginning of healing and recovery. People with SUD exist within families, and family encouragement and support is beneficial to those recovering from SUD. Watching a loved one struggle with SUD can devastate and traumatize their family, and family members may feel shame and guilt about their loved one's SUD. It's important to break the silence on SUD and give the whole family the support they need to heal, so they have the capacity to support their loved one with SUD in a productive way and move forward into wellness together.

## What are this group's current strategies based on the Strategic Plan and Evidence Update?

- Provide information, assistance and support to families affected by SUD.
- Address discrimination and bias against SUD through public and professional education.
- Support development of a statewide curriculum on opioid and SUD.
- Disseminate Family Crisis Tool Kits across RI

# Family Task Force Working Group: Funding Priorities

Out of a possible \$20M available in funding for this upcoming State Fiscal Year, what are the top 4 funding priorities this group would like the Opioid Settlement Advisory Committee to consider?

Priority / Need	Expected Impact	Geographic Reach (Statewide / Local)	Estimated Funding Needed (For SFY2023)
1 Community Reinforcement and Family Training (CRAFT) for friends and family members of a loved one with SUD.	Increase community members knowledge of SUD, increase awareness of resources, and train and educate families with a Loved One living with SUD in an evidence-based model.	Statewide Reach.	\$100,000
2 Media campaign that targets friends and family members of those with SUD, that includes media buys and durable outreach materials.	The Family Task Force can create meaningful connections and engagement within Rhode Island by increasing our outreach on tv and radio with targeted ads.	Statewide Reach	\$500,000
3 Fund creation and delivery of training needed for a Family Peer Recovery Specialist endorsement through RICB.	Legitimize the lived experience of family members. Increase supportive resources available to family members of a loved one with SUD – right now, RI does not have a way of differentiating peers with experience supporting family members with BH conditions from peers with experience with their own BH condition.	Statewide Reach	\$500,000
4 Fund event for families: “Remembering loved ones lost to SUD and honoring the families they left behind”.	Sharing one’s story helps with the grief. Loved ones share positive messages with one another and honor the lives lived, not just the lives lost.	Statewide Reach	\$100,000

# First Responders Working Group: Overview

Lead(s): Carolina Roberts Santana (RIDOH)

When his Group Meets: [Every other month on Thursdays at 10:00 am via Microsoft Teams]

## Why is the work this group does important?

- First Responders play a vital role in curbing the opioid epidemic. Often, they are the first on the scene of an overdose and help provide lifesaving medications (naloxone). Also, First Responders are uniquely positioned to be that first line of referral to substance use treatment or harm reduction service.
- EMS systems play a critical role in fighting the epidemic, not only by responding to and treating overdoses, but also by supporting prevention efforts, linking patients to treatment and sharing data with their public safety and public health partners. In 2021, Emergency Medical Services (EMS) Practitioners in Rhode Island responded to 1,822 non-fatal opioid overdose-related emergencies.
- The U.S. Attorney General encouraged law enforcement agencies to train officers on how to use naloxone to reverse opioid overdoses and equip officers with the medication. In 2021, Rhode Island Law Enforcement Officers (LEOs) responded to and administered naloxone on 260 occasions; when LEOs responded, they administered 412 doses of naloxone and saw improvement in 207 (77%) of the cases.
- Among its many consequences, the opioid crisis has placed increasing demands on first responders—law enforcement officers, firefighters, and emergency medical services (EMS) personnel—compounding the already high levels of job-related stress and trauma they experience daily

## What are this group's current strategies based on the Strategic Plan and Evidence Update?

- Prevention: To explore strategies in which the first responder workgroup can prevent overdoses and overdose fatalities.
- Rescue: To ensure that every Rhode Island first responder community (Police, Fire, EMS) has access to naloxone and training related to administration and the detriments of the opioid epidemic.
- Treatment/ Recovery: to connect people to treatment and recovery services
- Improve the relationship between first responders and the Rhode Island Community by educating, sharing and learning from each other

# First Responders Working Group: Funding Priorities

Out of a possible \$20M available in funding for this upcoming State Fiscal Year, what are the top 5 funding priorities this group would like the Opioid Settlement Advisory Committee to consider?

#	Priority / Need	Expected Impact	Geographic Reach (Statewide / Local)	Estimated Funding Needed (For SFY2023)
1	Expand and implement Safe Station models across RI. The purpose of safe stations in Rhode Island is to provide immediate access to supportive services	<ul style="list-style-type: none"> <li>• Increase access to naloxone in the community</li> <li>• Increase access to harm reduction, recovery and treatment services</li> </ul>	Statewide	1.5 million
2	Establish post overdose response teams via Mobile Integrated Healthcare Community Paramedicine (MIH/CP) and HOPE Initiative pre-arrest diversion. MIH-CP provides the opportunity for direct, real-time referrals to treatment services, recovery and other psychosocial supports.	<ul style="list-style-type: none"> <li>• Increase harm reduction and recovery efforts by engaging peers in the process</li> <li>• Increase access to treatment by implementing a Buprenorphine field administration program.</li> <li>• Increase access to naloxone, training and overdose prevention materials</li> </ul>	Statewide	2 million
3	Expand leave behind programs across 89 EMS agencies and 39 LEA and designate a community overdose officer per municipality to track efforts completed post overdose	<ul style="list-style-type: none"> <li>• Increase access to naloxone post overdose and track efforts completed post overdose.</li> <li>• Reduce the number of overdose deaths</li> </ul>	Statewide	1 million
4	Improve First Responder (FR) training in overdose documentation including better documentation of race / ethnicity by EMS	<ul style="list-style-type: none"> <li>• Improve overdose surveillance including obtaining outcome and law enforcement data integrated into one existing system</li> </ul>	Statewide	\$500,000
5	Implement a FR opioid Training and Recovery Center. To improve partnerships between first responders (FR) and the community as it relates to the opioid overdose and establish a center that provides client-centered, culturally competent, holistic individual/group treatment for FR.	<ul style="list-style-type: none"> <li>• Increase awareness and training for both community and FRs</li> <li>• Increase access for FRs who experience secondary trauma and/or compassion fatigue associated with responding to substance-related and other emergency events.</li> </ul>	Statewide	\$1.5 million

# Harm Reduction Working Group: Overview

Lead(s): Katharine Howe (RIDOH), Katelyn Case (AIDS Care Ocean State)

When this Group Meets: Second Tuesday of the Month 1:00pm-2:30pm

## Why is the work this group does important?

- Keeping people alive and healthy – distribution of naloxone and other overdose prevention supplies, and prevention of infectious disease
- Meeting people where they are
- Treating people with respect and dignity
- Understanding that not everyone is ready for recovery, and ensuring that they are supported throughout their recovery journey

## What are this group's current strategies based on the Strategic Plan and Evidence Update?

- Support planning of Harm Reduction Centers
- Incorporation of Harm Reduction in all pillars (prevention, rescue, treatment and recovery)
- Move beyond naloxone and provide additional harm reduction materials as an opportunity to improve engagement
- Address the challenges of the Good Samaritan Law
- Emphasize anti-stigma messaging, by looking toward nationally researched and locally tailored messaging that is proven to reach a variety of audiences: people who use drugs, their families and supporters, and people not using drugs

# Harm Reduction Working Group: Funding Priorities

Out of a possible \$20M available in funding for this upcoming State Fiscal Year, what are the top 5 funding priorities this group would like the Opioid Settlement Advisory Committee to consider?

#	Priority / Need	Expected Impact	Geographic Reach (Statewide / Local)	Estimated Funding Needed (For SFY2023)
1	Support self-service 24-hour Harm Reduction tools including Harm Reduction Vending Machines and the necessary supplies <ul style="list-style-type: none"> <li>- Community-based vending machines</li> <li>- Additional support for people being released from incarceration (probation/parole)</li> </ul>	All high-risk individuals will have access to self-service supplies even when harm reduction services are traditionally closed – an evidence-based practice for prevention of overdose death and other drug-related harms including infectious disease.	Statewide	\$1,000,000
2	Increase peer-to-peer harm reduction encounters in community settings and to educate, distribute supplies and make referrals to housing and other recovery services	Clients with established relationships with HR peers are more likely to seek treatment. An evidence-based practice for ensuring access to treatment.	Statewide – focus on high-risk and disproportionately impacted areas	\$750,000
3	Establish robust early detection and emergency response systems to identify high-risk overdose settings and mitigate drug user health harms.	Early identification of drug user harms related to overdoses and clusters of HIV and hepatitis C among people who use drugs will trigger immediate intensive on-site peer-delivered harm reduction services in order to prevent overdoses and overdose deaths and the transmission of infectious diseases.	Statewide	\$600,000
4	Establish Harm-Reduction Centers to	Harm reduction centers will provide a place	Statewide	\$1,000,000

# Prevention Working Group: Overview

Lead(s): James Rajotte (OHHS), Elizabeth Farrar (BHDDH), Obed Papp (City of Providence)

When this Group Meets: [Day/Time/Standard Meeting Location, If Applicable]

## Why is the work this group does important?

- Prevention means helping Rhode Islanders avoid becoming dependent on substances and helping people who are in recovery stay in recovery.
  - The goal of the Prevention Workgroup is to help identify and address those drivers of dependence and addiction—including over prescribing of opioids, trauma, violence, and racism—and ensure Rhode Islanders are informed about the risks of substance use and how to avoid addiction.
- Without further investing in prevention, Rhode Island will be unlikely to abate the use of opioids and other substances for future generations. Failure to prevent opioid and other drug use in the populations equates to growing and sustained needs for harm reduction, rescue, treatment, and recovery supports.

## What are this group's current strategies based on the Strategic Plan and Evidence Update?

1. Increase trauma-informed services, focusing on toxic stress, adverse experiences, and community/family/sexual violence.
2. Implement policies that promote positive social experiences and safeguards against social isolation that aim to reduce the desire to turn to drug use.
3. Invest in prevention education and communications that address overdose, addiction, and strategies for increasing resiliency.
4. Integrate prevention programs and audience-specific communications across the lifespan and across physical health programs (falls, injury, etc.)
5. Target prevention, communications, and education activities that engage diverse populations (race, ethnicity, sexual orientation, gender, identify, age, ability, etc.)

# Prevention Working Group: Funding Priorities

Out of a possible \$20M available in funding for this upcoming State Fiscal Year, what are the top 5 funding priorities this group would like the Opioid Settlement Advisory Committee to consider?

#	Priority / Need	Expected Impact	Geographic Reach (Statewide / Local)	Estimated Funding Needed (For SFY2023)
1	Fully expand Rhode Island Student Assistance Services (RISAS) Counselors to all Middle and High Schools.	All priority schools (middle and high school) will be equipped to intervene on youth behavioral health needs of students and prevent further complexity (e.g., SUD).	Statewide	\$5M
2	Implement the Toxic Stress Toolkit across pediatric providers, schools, and childcare settings with training and resources.	Key community touchpoints will be equipped to screen for, assess, and implement solutions to prevent prolonged exposure to adverse childhood experiences.	Statewide	\$250K
3	Increase afterschool, mentorship, and leadership development programs for youth and young adults in high-risk areas.	At-risk youth will experience positive youth development and will provide prevention-focused leadership opportunities.	High-Risk Localities	\$2.5M
4	Statewide Education Campaign To Change the Perception of Substance Use Disorders (SUD) and Behavioral Health (BH).	Socialization and stigma reduction within the community related to behavioral health diagnoses, crises, and requests for help.	Statewide	\$500K
5	Pilot expanded resources and content for BIPOC construction-industry workers and any biases around medical and non-opioid treatments.	Targeted partnership and prevention of substance misuse in key population groups experiencing overdose.	High-Risk Localities	\$750K

# Race Equity Working Group: Overview

**Lead(s):** Monica Tavares (RIDOH), Alexis Morales (Project Weber RENEW), Dennis Bailer (Project Weber RENEW)

**When his Group Meets:** Last Thursday of every month, 10AM – 11:30AM

## Why is the work this group does important?

- While proportions of deaths involving opioids and fentanyl are high among all groups, they are highest in the Black and Latinx communities. The presence of fentanyl in the drug supply, especially cocaine, has contributed to the rate of fatal overdose for communities of color.
- Historical inequities and ongoing structural racism have deprived people of color of equitable capital (recovery, financial, social), trust in institutions, and access to equitable services.
- It's crucial to address discrimination, highlight inequities, and bring forth values that ensure fairness and justice in Rhode Island.
- The working group's ultimate goal is to eliminate racial inequities and improve outcomes for all racial groups.

## What are this group's current strategies based on the Strategic Plan and Evidence Update?

- Address racial inequities in the access to behavioral healthcare and the quality of care received
- Advocate for criminal justice and legislative reforms related to drug criminalization
- Increase diversity in behavioral health staff and in leadership roles in the 10 working groups of the GOTF
- Empower members to bring a race equity lens to all other workgroups of the GOTF
- Hire a consultant with experience in Strategic Planning with a specific focus on racial equity to carry out the Governor's Overdose Prevention and Intervention Task Force Race Equity Strategy and Implementation Plan (RESIP)
- Establish an understanding of race equity and inclusion principles
- Engage affected populations and stakeholders.
- Gather and analyze disaggregated data and analyze the systems/root causes of inequities.
- Identify strategies and target resources to address root causes of inequities.

# Race Equity Working Group: Funding Priorities

Out of a possible \$20M available in funding for this upcoming State Fiscal Year, what are the top 5 funding priorities this group would like the Opioid Settlement Advisory Committee to consider?

#	Priority / Need	Expected Impact	Geographic Reach (Statewide / Local)
1	Funding to increase data support to provide disaggregated data by race/ethnicity. More access for stimulant users to detox and treatment facilities. Training for treatment and detox providers on treatment plans for stimulant users.	Identify targeted populations to provide prevention and harm reduction education. Increase treatment services to drug users who use stimulants. Increase professional development for providers who treat stimulant users.	Statewide
2	Increase funding for consultant to develop health and race equity training to Governor's Task Force work groups and members of the community	Work Group and community members will be able to view and identify issues and solutions through a race equity lens.	Statewide
3	Specific funding for harm reduction centers to ensure equitable accommodations for all substances used, especially safer smoking.	All drug users in the state of Rhode Island will have access to and be accepted at harm reduction centers.	Statewide
4	Professional development and training for co-chairs and members of the work group to expand leadership, knowledge, and expertise in the field	Stakeholders and entities will be able to lead and implement racial equity and harm reduction principles into their own organization and/or community, diversifying the work force.	Statewide
5	Funding for marketing of substance use and overdose prevention education specifically targeting minorities and people of color.	Increase diversity in marketing and educational resources to reach BIPOC. Expand harm reduction and prevention education to communities that were previously missed.	Statewide

# Recovery Working Group: Overview

Lead(s): Linda Mahoney (BHDDH), Ines Garcia (EBCAP)

When his Group Meets: 3rd Wednesday of the month 10:30- 11:30 am

## Why is the work this group does important?

**Recovery: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.**

**The Recovery Strategy Work Group is a centralized location for recovery supporters of all types to share community resources to build statewide recovery capital. As one of the four main pillars, the Recovery Work Group's initial goal has been to address the growing need and capacity for peer recovery support services. Successful community and individual recovery nurtures the individual's health, home, community, and purpose regardless of race, ethnicity, age, class, or gender.**

**Without immediate investing in our recovery system, individuals in all stages of recovery, who need support to overcome and manage their daily activities without the use of drugs are at risk to return to use which can often mean death. Communities have responsibilities to provide opportunities and resources to address discrimination against addiction and to foster social inclusion and recovery. For individuals first entering recovery or coming out of a residential placement or the ACI, often find that they lack the resources on how to access basic needs such as food, clothing or safe non-toxic housing**

## What are this group's current strategies based on the Strategic Plan and Evidence Update?

- **Reduce—or eliminate—discrimination and structural barriers that prevent people with SUD from attaining meaningful, lasting recovery**
- **Create more recovery-friendly environments and broaden understanding of the possibility of recovery for anyone with the right supports in place**
- **Build a society where all Rhode Islanders have access to the social and community supports needed to sustain recovery**
- **Increase recruitment and retention of SUD behavioral Health support professionals**

# Recovery Working Group: Funding Priorities

Out of a possible \$20M available in funding for this upcoming State Fiscal Year, what are the top 5 funding priorities this group would like the Opioid Settlement Advisory Committee to consider?

#	Priority / Need	Expected Impact	Geographic Reach (Statewide / Local)	Estimated Funding Needed (For SFY2023)
1	Post Overdose Placement Team. A team of professionals working together to provide coordinated placement for adults with serious SUD. The team will connect individuals to SUD treatment and/or other basic needs that include a housing first model, peer support and harm reduction materials	The window of opportunity for recovery is often small, and the best predictor of an overdose death is a previous overdose. The expected impact is to reduce overdose deaths	Would need several locations. A pilot program out of a hospital with the highest number of overdoses can be evaluated to prove continued expansion efforts	\$600,000 Estimate First year pilot/evaluator
2	Fund incentives to expand recovery housing. Increase the length of time allowed to stay in a recovery house in order to receive assistance from paid employment/ benefit specialist and housing navigators.	Improved individual and community wellness. Finding a purpose via employment and supportive housing is a key factor to maintaining recovery.	Yes.	\$450,000
3	Expand the five approved recovery centers abilities to offer vouchers, to eligible individuals to support basic needs to support recovery efforts such as, transportation, clothing, phones, cost of IDs.	Increase support for basic needs necessary to apply for jobs and attend counseling sessions.	Yes	\$240,000
4	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.	Build a one stop recovery app that increases an individual's potential to access community wellness resources that build recovery capital. Recovery Capital is the ability to maintain recovery by living in a community that supports healthy living	Yes	\$50,000
5	Sustain and expand certified peer recovery specialist (CPRS) by funding an employee assistance program, adding a hiring and retention reimbursement rate to build and sustain the workforce and support the expansion of community "Safe Stations"	Stabilize and increase the CPRS workforce, Support long term community Safe Stations	Yes	?

# Rescue Working Group: Overview

Lead(s): Jennifer Koziol (RIDOH), Michelle McKenzie (Lifespan)

When his Group Meets: Second Thursday of every other month/10:00 AM -11:30/virtual

## Why is the work this group does important?

- Naloxone is a life-saving drug that reverses an opioid overdose and saves lives; low to no- barrier access to naloxone is essential especially for at risk populations.
- Naloxone is a critical harm reduction tool for outreach workers to engage people who use drugs and connect them to treatment and recovery services when ready.
- Studies consistently show that community-based naloxone distribution is highly cost-effective, even under conservative assumptions. One study showed that one overdose death is prevented for every 227 naloxone kits distributed.
- 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

## What are this group's current strategies based on the Strategic Plan and Evidence Update?

- Establishing a sustainable and centralized, statewide, community naloxone hub, including Infrastructure for purchase, distribution, training, and tracking.
- Expanding naloxone distribution to Spanish-speaking and BIPOC populations with a focus on stimulant users
- Improved data collection and data quality of community naloxone distribution to measure impact
- Reducing administrative burden on partners for data entry

# Rescue Working Group: Funding Priorities

Out of a possible \$20M available in funding for this upcoming State Fiscal Year, what are the top 5 funding priorities this group would like the Opioid Settlement Advisory Committee to consider?

#	Priority / Need	Expected Impact	Geographic Reach (Statewide / Local)	Estimated Funding Needed (For SFY2023)
1	Funding for intramuscular (IM) and intranasal (IN) supply until 50,000/Teva kits are available	<i>Naloxone supply is critical to maintain in order to save lives and engage people who use drugs in services.</i>	Statewide	\$100,000-\$500,000
2	Infrastructure for statewide, centralized IM and IN naloxone ordering hub, including storage, labeling, distribution, training, data collection, quality assurance, updated surveillance system to reduce burden on partners	Reduce burden on community partners, maintain product quality, ensure data collection to measure impact	Statewide	\$800,000 to \$1,200,000 per year
3	Evaluation of impact of 50,000 Kits per year over ten years; measure, analyze, disseminate results on impact	Ensure evidence-based approach and sustainability; determine type of distribution with most impact; increase effectiveness	Statewide	\$300,000 per year
4	Expanded naloxone distribution (i.e. Data-driven mobile outreach using peers with lived experience) with a focus on BIPOC communities, including stimulants users and recreational drug users	Use equity approach to reach populations at increased risk of overdose, i.e. Spanish speaking populations, BIPOC communities and stimulant users	Use weekly data to focus on overdose hotspots	\$1,000,000 per year
5	Pilot technology (i.e. mobile phone application) that triggers emergency response if person overdoses	Save lives of people who use alone and overdose	Statewide with focus on overdose hot spots	

# Substance Exposed Newborns Working Group: Overview

Lead(s): Margo Katz (RIDOH), Kristy Whitcomb (RIDOH)

When his Group Meets: 2nd Tuesday of each month, 2-3PM, Remote

## Why is the work this group does important?

- This group is committed to improving the bio-psycho-social health and well-being of families who are affected by prenatal substance exposure.
- Women who use substances during pregnancy deserve respectful and bias-free care
- Children who are exposed to certain substances in-utero may experience short- and long-term effects that can impact their health, development, and behavior
- We want to protect the mother-child dyad and decrease the number of children who are placed into foster care due to prenatal substance use
- We want to break the cyclical effects of familial multi-generational substance use

## What are this group's current strategies based on the Strategic Plan and Evidence Update?

- Universal screening of substance use and mental health for all women of childbearing age
- Multidisciplinary care coordination to meet the unique needs of families affected by prenatal substance exposure
- Support the perinatal peer recovery specialist workforce through capacity building and better compensation
- Improve public health surveillance of prenatal substance exposure

# Substance Exposed Newborns Working Group: Funding Priorities

Out of a possible \$20M available in funding for this upcoming State Fiscal Year, what are the top 5 funding priorities this group would like the Opioid Settlement Advisory Committee to consider?

#	Priority / Need	Expected Impact	Geographic Reach (Statewide / Local)	Estimated Funding Needed (For SFY2023)
1	First Connections (Home Visiting) SEN Teams	Prevention via improving bi-generational care coordination (ie, warm hand-offs, peer referrals) for families affected by prenatal substance use and prenatal substance exposure	Statewide	\$300,000
2	.5 FTE evaluator for SEN Program	Prevention via improving the SEN Program's ability to evaluate how well the program is doing in supporting our population and community providers	Statewide	\$75,000
3	1.0 FTE academic detailer	Prevention via increasing the # of primary care, prenatal, and pediatric providers who practice universal screening for substance use and mental health for all women of childbearing age	Statewide	\$100,000
4	1.0 FTE Perinatal Peer Recovery Specialist	Prevention via increased capacity of this specialized workforce = more pregnant and parenting women engaging in treatment and recovery, fewer children in foster care	Statewide	\$80,000
5	SEN Surveillance database	Prevention via a more robust and efficient public health surveillance system	Statewide	\$50,000

# Treatment Working Group: Overview

Lead(s): Linda Mahoney (BHDDH), Dr. Susan Hart

When this Group Meets: Tuesday /10:30-12:00/BHDDH/Zoom

## Why is the work this group does important?

Opioid use disorder (OUD) is a chronic lifelong disorder, with serious potential consequences including disability, relapses, and death.

- The Treatment Strategy Work Group is a multidisciplinary group of individuals who gather to review timely overdose related data in order to identify trends and patterns to increase access to quality treatment and decrease barriers related to discrimination and stigma . As one of the four main pillars, the Treatment Work Group's primary goal has been to address the core initiative which has been to increase access to treatment and medications that support recovery for individuals who have an opioid use disorder.
- Without immediate investing in our treatment system, serious potential consequences including disability, relapses, and death will continue. Currently RI has a total of 291 Licensed SUD residential treatment beds, adjusted to block beds due to COVID, we have 234 available beds. Out of the 234 beds, 177 beds are designated to provide male specific treatment and 57 are specifically for females. Two large male facilities are currently in jeopardy of closing within this year. Their buildings have been inspected and clients will need to be relocated if repairs are not met. This will reduce male SUD residential options by 43.5%. As of 5-18-2022, the [www.rihopenbeds.org](http://www.rihopenbeds.org) website, has a waiting list of 57 males meeting the criteria for admission with no immediate access. Referrals are readily available for methadone and buprenorphine, but many individuals are not yet ready to try medications to support their recovery

## What are this group's current strategies based on the Strategic Plan and Evidence Update?

- Increase access to OUD treatment, including treatment assisted by using medications such as buprenorphine or methadone
- Utilize Evidence Based strategies to increase the effectiveness of treatment services
- Increase the number of trained data waived practitioners and increase the workforce
- Work toward a "Treatment on Demand" system

# Treatment Working Group: Funding Priorities

Out of a possible \$20M available in funding for this upcoming State Fiscal Year, what are the top 5 funding priorities this group would like the Opioid Settlement Advisory Committee to consider?

#	Priority / Need	Expected Impact	Geographic Reach (Statewide / Local)	Estimated Funding Needed (For SFY2023)
1	Immediate fund SUD building repairs, in order to not lose current treatment capacity and support the expansion and start up of new SUD residential programs to reduce wait list and overdoses.	The impact would be to sustain and improve RI's current treatment system, by ensuring a safe non-stigmatizing environment that supports the dignity of any individual seeking treatment. The moment any person decides that they are ready for recovery, they should have the opportunity to have available support such as Connecticut's "Treatment on demand "system	Eventually, yes.	\$1.3 million Additional capital improvements will be needed for the next five years in order to sustain and expand.
2	Fund the SUD system by increasing the Medicaid reimbursement rate by supporting the required funding match.	Sustainability of the current system and support expansions	Yes	EOHHS is aware of \$\$ needed
3	Fund Contingency Management, the evidence-based practice (EBP) for opioid and methamphetamine treatment and add 'safe Location" housing for clients that are new to treatment and involved in either an OTP or SUD Partial Hospitalization Program or just leaving the ACI (where residential is not the appropriate placement).	Expanding this level of support, while incorporating an EBP will enable RI to meet the American Society Of Addiction medicine's (ASAM) recommended full continuum of care to address opioid and stimulant use disorder	Yes	\$450,000
4	Fund yearly staff bonuses to individuals working within an OTP or SUD treatment facility in order to retain current workforce and to incentivize a new workforce, include paid internships.	Maintain and validate the current workforce that has worked tirelessly in the last two years, providing medications and treatment despite the threats of COVID in a face-to-face environment, with the goal to encourage new future workforce to replace retiring staff	Yes	Yearly Incentives 12 SUD residential facilities and 17 OTP locations
5	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	Reduce the number of individuals who do not have local transportation and/or access to medication assisted treatment, the gold standard for the treatment of an opioid use disorder	Yes	\$200,000