



Opioid Settlement Advisory Committee

Friday, April 29, 2022

**RHODE
ISLAND**

Call to Order and Introductions

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Welcoming Remarks



Acting Secretary Ana P. Novais



Chairperson Carrie Bridges Feliz

Committee Member Introductions



- **Name**
- **Preferred Pronouns**
- **Title and Organization**
- **In one word, how are you feeling today as we launch this Committee?**

Meeting Agenda

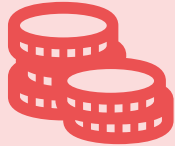
- I. Call to Order and Introductions
- II. Overview of the Creation and Purposes of the Opioid Settlement Advisory Committee
- III. Review and Discussion of Expert and Community Representative Candidates
- IV. Vote to Appoint 3 Expert and 2 Community Representatives
- V. Overview of Next Steps
- VI. Public Comment
- VII. Adjourn



Committee Overview

What is the Opioid Settlement?

- In accordance with the settlements the RI Attorney General's Office has reached with several opioid manufacturers and distributors, the State of Rhode Island establishes the Opioid Settlement Agreement. This includes settlements with the Distributors, Purdue Pharma, Teva, Johnson & Johnson, and Allergan.



\$192 Million: Opioid Abatement Programs

- 80% (\$148M State)
- 20% (\$39M Local)
- Over 18 Years



\$100 Million: Life-Saving Medication

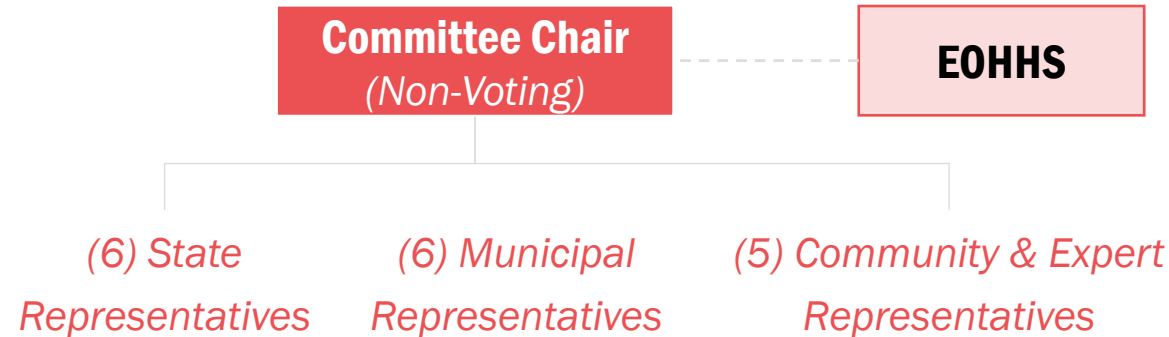
- Naloxone
- Suboxone
- Over 10 Years



Settles Lawsuits:

- Distributors and Johnson & Johnson
- Teva and Allergan
- Purdue Pharma

What is the Opioid Settlement Advisory Committee?



- The Opioid Settlement Agreement’s Memorandum of Understanding between the State of Rhode Island and the Participating Cities and Towns established the Opioid Settlement Advisory Committee that will advise on usage of the funds allocated as the State portion (80% of total) over 18 years.
- The Committee will review priorities established in each settlement (as well as State and community partner priorities) and generate a report for the Secretary of the Executive Office of Health and Human Services (EOHHS).
- This report will summarize the Committee’s recommendations for how EOHHS should allocate funds in upcoming fiscal year budgets. The Governor and the State Legislature will ultimately approve or amend the final budget.
- The makeup of the Committee will ensure that the State and the Participating Cities and Towns have equal input into the recommendations for use of the state allocation of funds. EOHHS will provide administrative support.

Who will sit on the Advisory Committee?

Names in parentheses indicate a proxy is serving in place of an ex officio member. The Chair is appointed by the Governor.

Committee Chair (Non-Voting)

Carrie Bridges Feliz

EOHHS Project Management Support:

James Rajotte, Marti Rosenberg, Catherine Gering

State Representatives

Attorney General

Peter Neronha (Adi Goldstein, Dpty. AG)

Speaker of the House

K. Joseph Shekarchi (Rep. John Edwards)

Senate President

Dominick J. Ruggiero (Sen. Josh Miller)

Chief Justice

Paul A. Suttell (Julie Hamil)

BHDDH Director

Richard Charest

RIDOH Director

Dr. James McDonald - Interim

Municipal Representatives

City of Providence Representative

Laurie Moise

Bristol County Representative

Kate Michaud

Kent County Representative

Robert Houghtaling

Newport County Representative

Joseph Pratt

Providence County Representative

Todd Manni

Washington County Representative

Chief Matthew Moynihan

Community & Expert Representatives

Expert Representative

TBD

Expert Representative

TBD

Expert Representative

TBD

Community Representative

TBD

Community Representative

TBD

What is the Advisory Committee's mission?

Consider Community Needs

Establish a process for collecting and considering input from and understanding the abatement needs of:

- The Governor's Overdose Task Force
- RI State Agencies: EOHHS, BHDDH, RIDOH, DOC & Other State Agencies
- Rhode Island Communities
- SUD / OUD care provider organizations
- Other community partners as applicable

Make Recommendations

At least once a year*, compose a report with formal recommendations for how the committee advises EOHHS to use the Opioid Settlement funding in line with principles of prevention, rescue, harm reduction, treatment, and recovery strategies.

Present this report to the Secretary of Health and Human Services for implementation in the EOHHS and other related budgets.

Learn from Implementation

The Secretary of Health & Human Services shall review and consider the Committee's recommendations and make a good faith effort to incorporate the recommendations into EOHHS's annual budget process.

Committee will use the final decisions for use of funds as determined by the Governor's budget and the General Assembly, to inform next year's spending advice and priorities.

Repeat

**The Committee is not limited to submitting one report a year and may submit multiple reports as the Committee sees fit, especially in its first years.*

Who must the Committee collaborate with closely?

EOHHS

- EOHHS may assist with reviewing Expert and Community candidates for Advisory Committee selection
- EOHHS will steward the recommendations of the Committee to align with other community priority made across the EOHHS agencies
- EOHHS will leverage budget authority across opioid funding streams and agencies to maximize impact and avoid duplication of effort

Governor's Overdose Task Force

- Collaboration with established numerous Community Co-Chaired Workgroups is recommended
- Community priorities from Task Force community forums will be brought to the Committee
- The Strategic Plan and Evidence Update will inform recommendations
- Will meet quarterly or at least semiannually with the Task Force

Community Partners

- The Committee will seek feedback and input from community partners
- This is essential to understand the impact of the opioid crisis and their requested abatement supports
- Ongoing engagement through community listening sessions as well as inviting community members to present at future Committee meetings will be incorporated into planning efforts

What funding will the Advisory Committee allocate?

This Committee will oversee the distribution of the **\$148M** of funding allocated to the State (80% of total funds).

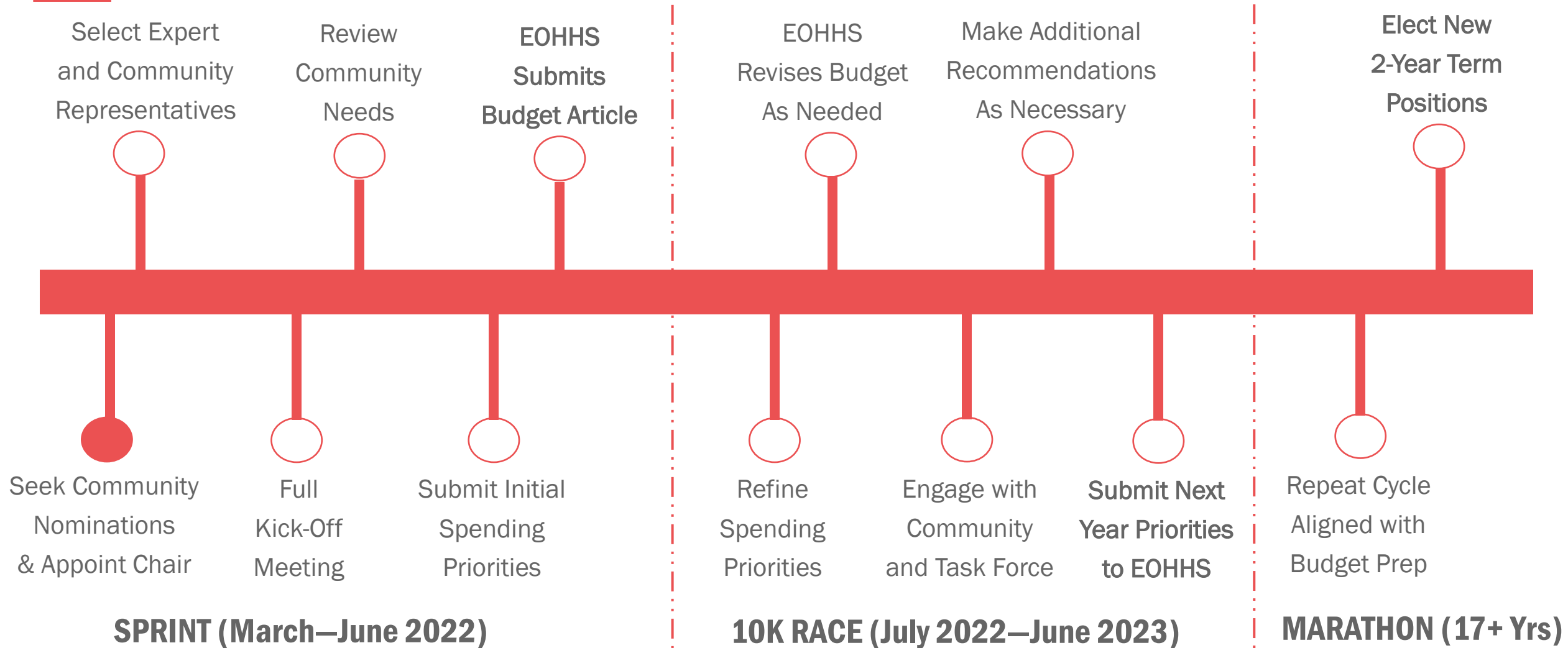
This funding will be dispersed over **18 years**. First budget is approximated to be \$8M for recommendations.

Entity	Settlement Amount	State (80%)	Cities & Towns (20%)
Distributors <i>(McKesson, Cardinal Health, & Amerisource Bergen)</i>	\$90,833,529.00	\$72,666,823.20	\$18,166,705.80
Purdue Pharma	\$45,000,000.00	\$36,000,000.00	\$9,000,000.00
Teva	\$21,000,000.00	\$16,800,000.00	\$4,200,000.00
Johnson & Johnson	\$21,078,873.00	\$16,863,098.40	\$4,215,774.60
Allergan	\$7,500,000.00	\$6,000,000.00	\$1,500,000.00
Total	\$185,412,402.00	\$148,329,921.60	\$37,082,480.40

All Opioid Settlement Funds, at the times designated in the Settlement Agreements, shall be divided and distributed as follows:

1. 20% directly to the Participating Cities and Towns (“City and Town Share”) for Approved Purposes in accordance with Section III below.
2. 80% directly to the State (“Statewide Abatement Share”) for forward-looking Approved Purposes throughout the state, which share shall be held in the Rhode Island Statewide Opioid Abatement Account

What are the major Advisory Committee milestones?



What can Rhode Island spend the settlement funds on?

Per the Settlement agreement, priority shall be given to the following core abatement strategies:

Priority 1: Core Abatement Strategies

- Naloxone Or Other FDA-approved Drug To Reverse Opioid Overdoses*
- Medication-assisted Treatment (“MAT”)*
Distribution And Other Opioid-related Treatment
- Pregnant & Postpartum Women
- Expanding Treatment For Neonatal Abstinence Syndrome (“NAS)
- Expansion Of Warm Hand-off Programs And Recovery Services
- Treatment For Incarcerated Population
- Prevention Programs
- Expanding Syringe Service Programs
- Evidence-based Data Collection And Research
Analyzing The Effectiveness Of The Abatement Strategies Within The State

**One settlement includes providing the State with drugs (i.e., Naloxone and some MAT) but this may not happen until December.*

Per the Settlement agreement, Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

Priority 2: Allowable Uses

Treatment:

- Treat Opioid Use Disorder (OUD)
- Support People In Treatment And Recovery
- Connect People Who Need Help To The Help They Need (Connections To Care)
- Address The Needs Of Criminal Justice-involved Persons
- Address The Needs Of Pregnant Or Parenting Women And Their Families, Including Babies With Neonatal Abstinence Syndrome

Prevention:

- Prevent Overprescribing and Ensure Appropriate Prescribing And Dispensing of Opioids
- Prevent Misuse Of Opioids
- Prevent Overdose Deaths And Other Harms (Harm Reduction)

Other Strategies:

- First Responders
- Leadership, Planning And Coordination
- Training
- Research

Appointing Expert and Community Representatives

What is the Advisory Committee voting process?

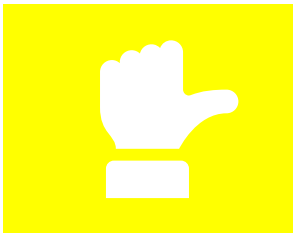
The Opioid Settlement Advisory Committee will be using a Modified Consensus-Building Approach.

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)

What are the requirements for new Representatives?

Expert Representatives (3 Seats)

- Fields including but not limited to **public health, pharmacology, epidemiology, emergency medicine, behavioral health, and recovery—including lived experience.**
- Expert Representatives shall be appointed by a majority vote of the State Representatives and the Participating City and Town Representatives.
- To stagger the Expert Representative terms, the initial Expert Representative appointments shall be for two (2) years, three (3) years, and four (4) years, and all subsequent Expert Representative appointments shall be for three (3) year terms.

Community Representatives (2 Seats)

- Community Representatives shall be appointed by a majority vote of the State Representatives and the Participating City and Town Representatives.
- To stagger the Community Representative terms, the initial Community Representative appointments shall be for two (2) years, and three (3) years, and all subsequent Community Representative appointments shall be for two (2) year terms.

Note: *Terms will be assigned from largest to smallest alphabetically by last name.* Ex: Expert Representative with a last name beginning with A would receive the 4-year term. If their last name began with a Z, they would receive the 2-year term.

What process was used to review nominations?

Nomination Review Process

1. Community Nominations Requested and Received
2. Nomination Survey Sent Out for Completion
3. Nomination Applications Received Summarized
4. Chairperson Reviewed and Drafted Proposal
5. All Applications, Application Summary, and Chair Proposal Sent to Committee Members for Review
6. Discussion of Proposed Recommendations Among Committee Members at Open Meeting
7. Committee Selection of Expert and Community Representatives for Initial Terms

Nomination Review Criteria

- Overdose Strategic Plan Pillar Alignment
- Subject-Matter Expertise Based on Field Criteria
- Lived Experience
- Diversity (i.e., Race/Ethnicity, Language, Disability, Veteran Status, Gender, Age, SOGI)
- Industry/Sector
- Geographic Coverage Across Rhode Island, Including Hotspots
- Demonstrated Level of Enthusiasm and Effort in Application

Chairperson Recommendations for Appointment

SEAT TYPE (And Term)	NAME	ORGANIZATION	SECTOR	GEOGRAPHY	ALIGNED PILLAR(S)	SUBJECT-MATTER
COMMUNITY (3 Years)	Angie Ankoma	Rhode Island Foundation	Philanthropic	Providence	• Cross-Cutting	Racial Equity and Philanthropy
COMMUNITY (2 Years)	Ernesto Figueroa	Discovery House/ Acadia Health Care	Non-Profit	Providence	• Prevention • Rescue • Treatment	Outpatient Treatment and Behavioral Health
EXPERT (4 Years)	Dennis Bailer	Project Weber/RENEW	Non-Profit	Central Falls	• Rescue • Harm Reduction • Recovery	Peer Recovery and Street Outreach
EXPERT (3 Years)	Justin Berk, MD	Department of Corrections	Medical	Providence	• Treatment	Medicine and Pharmacology
EXPERT (2 Years)	Brandon Marshall	Brown University	Academia	Providence	• Cross-Cutting	Public Health and Epidemiology

Criteria Met with Recommended Proposal

Category		Status
Overdose Strategic Pillar Alignment	Prevention	Met by ≥ 2 members
	Rescue	Met by ≥ 2 members
	Harm Reduction	Met by ≥ 2 members
	Treatment	Met by ≥ 2 members
	Recovery	Met by ≥ 2 members
Subject Matter Expertise	Public Health	Met by 1 member
	Pharmacology	Met by 1 member
	Epidemiology	Met by 1 member
	Emergency Medicine	Met by 1 member
	Street Outreach	Met by ≥ 2 members
	Recovery	Met by 1 member
	Other – Race Equity	Met by 1 member
Lived Experience (Firsthand and/or family member experience)		Met by ≥ 2 members
Industry / Sector Diversity		Met by ≥ 2 members

Category		Status
Diversity	Racial Minority	Met by ≥ 2 members
	Ethnic Minority	Met by 1 member
	Speaks a language in addition to English	Met by ≥ 2 members
	Gender	Met by 1 member
	LGBTQ+	Met by ≥ 2 members
	Age (All Four Age Brackets)	Met by ≥ 2 members
	Disabled	Not met (priority for next term appointments)
	Veteran	Not met (priority for next term appointments)
Geographic Coverage (Hotspot/Core and Non-Core Cities/Towns)		Met by ≥ 2 members

Key	
Met by ≥ 2 members	Met by ≥ 2 members
Met by 1 member	Met by 1 member
Not met (priority for next term appointments)	Not met (priority for next term appointments)

Discussion of and Vote on Chairperson Proposal



Key Next Steps and Action Items

Key Next Steps

- ❑ Chairperson and EOHHS will send out appointments to new members
- ❑ Initial meeting summary will be finalized for posting on Secretary of State website
- ❑ Next meetings for May, June, and July will be scheduled with all members
- ❑ EOHHS webpage for Opioid Settlement Advisory Committee will be updated
 - ❖ <https://bit.ly/RIOpioidSettlement>
- ❑ Prep work for next meeting will be conducted by the Chairperson and EOHHS



Action Items for Next Meeting

The following action items are likely to be the focus of the next Opioid Settlement Advisory Committee meeting:



Orient

- History of Opioid Overdose in Rhode Island
- Overview of Task Force Strategic Plan
- Evidence Update Priorities



Create

- Guiding Principles for Committee Decision-Making
- Rules of Conduct For Votes
- Engagement Expectations for Committee Members



Review

- Overdose Data Metrics
- Feedback and Input from Task Force Community Forum
- Plan for Making Initial Budget Recommendations for EOHHS

Public Comment





THANK YOU!

Opioid Settlement Advisory Committee Chairperson:

Carrie Bridges Feliz, MPH

Vice President, Community Health and Equity

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