Opioid Settlement Advisory Committee

Friday, April 29, 2022
Call to Order and Introductions
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
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**
- **Senate President**
  - Dominick J. Ruggerio (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.

*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?

<table>
<thead>
<tr>
<th>EOHHS</th>
<th>Governor’s Overdose Task Force</th>
<th>Community Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ EOHHS may assist with reviewing Expert and Community candidates for Advisory Committee selection</td>
<td>➢ Collaboration with established numerous Community Co-Chaired Workgroups is recommended</td>
<td>➢ The Committee will seek feedback and input from community partners</td>
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<tr>
<td>➢ EOHHS will steward the recommendations of the Committee to align with other community priority made across the EOHHS agencies</td>
<td>➢ Community priorities from Task Force community forums will be brought to the Committee</td>
<td>➢ This is essential to understand the impact of the opioid crisis and their requested abatement supports</td>
</tr>
<tr>
<td>➢ EOHHS will leverage budget authority across opioid funding streams and agencies to maximize impact and avoid duplication of effort</td>
<td>➢ The Strategic Plan and Evidence Update will inform recommendations</td>
<td>➢ Ongoing engagement through community listening sessions as well as inviting community members to present at future Committee meetings will be incorporated into planning efforts</td>
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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.

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

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?

**SPRINT (March—June 2022)**
- Select Expert and Community Representatives
- Review Community Needs
- Submit Initial Spending Priorities

**10K RACE (July 2022—June 2023)**
- EOHHS Submits Budget Article
- EOHHS Revises Budget As Needed
- Engage with Community and Task Force
- Refine Spending Priorities
- Submit Next Year Priorities to EOHHS

**MARATHON (17+ Yrs)**
- Seek Community Nominations & Appoint Chair
- Full Kick-Off Meeting
- Submit Initial Spending Priorities
- Refine Spending Priorities
- Engage with Community and Task Force
- Submit Next Year Priorities to EOHHS
- Repeat Cycle Aligned with Budget Prep
- Elect New 2-Year Term Positions

EOHHS revises budget as needed. Engage with community and task force. Submit next year priorities to EOHHS. Repeat cycle aligned with budget prep, elect new 2-year term positions.
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.

<table>
<thead>
<tr>
<th>THUMBS UP:</th>
<th>THUMBS SIDEWAYS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Strongly agree with the proposal at hand as initially presented.</td>
<td>- Can live with the proposal at hand as initially presented and/or modified.</td>
</tr>
<tr>
<td>- No questions or concerns remaining and fully ready to vote.</td>
<td>- Limited questions or concerns remaining and generally ready to vote.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THUMBS DOWN:</th>
<th>NO THUMBS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Cannot live with the proposal at hand as initially presented and/or modified.</td>
<td>- Abstaining from vote (e.g., potential conflict, no preference)</td>
</tr>
<tr>
<td>- Several questions or concerns remaining and not ready to vote.</td>
<td></td>
</tr>
</tbody>
</table>
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?

<table>
<thead>
<tr>
<th>Nomination Review Process</th>
<th>Nomination Review Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Community Nominations Requested and Received</td>
<td>▪ Overdose Strategic Plan Pillar Alignment</td>
</tr>
<tr>
<td>2. Nomination Survey Sent Out for Completion</td>
<td>▪ Subject-Matter Expertise Based on Field Criteria</td>
</tr>
<tr>
<td>3. Nomination Applications Received Summarized</td>
<td>▪ Lived Experience</td>
</tr>
<tr>
<td>4. Chairperson Reviewed and Drafted Proposal</td>
<td>▪ Diversity (i.e., Race/Ethnicity, Language, Disability, Veteran Status, Gender, Age, SOGI)</td>
</tr>
<tr>
<td>5. All Applications, Application Summary, and Chair Proposal Sent to Committee Members for Review</td>
<td>▪ Industry/Sector</td>
</tr>
<tr>
<td>6. Discussion of Proposed Recommendations Among Committee Members at Open Meeting</td>
<td>▪ Geographic Coverage Across Rhode Island, Including Hotspots</td>
</tr>
<tr>
<td>7. Committee Selection of Expert and Community Representatives for Initial Terms</td>
<td>▪ Demonstrated Level of Enthusiasm and Effort in Application</td>
</tr>
</tbody>
</table>
## Chairperson Recommendations for Appointment

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Status</th>
</tr>
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<tbody>
<tr>
<td>Overdose Strategic Pillar Alignment</td>
<td></td>
</tr>
<tr>
<td>Prevention</td>
<td>Met by ≥ 2 members</td>
</tr>
<tr>
<td>Rescue</td>
<td>Met by 1 member</td>
</tr>
<tr>
<td>Harm Reduction</td>
<td>Not met (priority for next term appointments)</td>
</tr>
<tr>
<td>Treatment</td>
<td></td>
</tr>
<tr>
<td>Recovery</td>
<td></td>
</tr>
<tr>
<td>Subject Matter Expertise</td>
<td></td>
</tr>
<tr>
<td>Public Health</td>
<td>Met by ≥ 2 members</td>
</tr>
<tr>
<td>Pharmacology</td>
<td>Met by 1 member</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>Not met (priority for next term appointments)</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td></td>
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<tr>
<td>Street Outreach</td>
<td></td>
</tr>
<tr>
<td>Recovery</td>
<td></td>
</tr>
<tr>
<td>Other – Race Equity</td>
<td></td>
</tr>
<tr>
<td>Lived Experience (Firsthand and/or family member experience)</td>
<td>Met by ≥ 2 members</td>
</tr>
<tr>
<td>Industry / Sector Diversity</td>
<td></td>
</tr>
</tbody>
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### Diversity

- Racial Minority
- Ethnic Minority
- Speaks a language in addition to English
- Gender
- LGBTQ+
- Age (All Four Age Brackets)
- Disabled
- Veteran

### Geographic Coverage

(Hotspot/Core and Non-Core Cities/Towns)

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

### Key
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
- 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
THANK YOU!

Opioid Settlement Advisory Committee Chairperson:
Carrie Bridges Feliz, MPH
Vice President, Community Health and Equity
Lifespan
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cbridgesfeliz@lifespan.org