

# Opioid Settlement Funding Recommendations by Pillar Alignment

Primary Pillar Alignment	Activity Grouping	Item Summary	Program	Funded now?	One-Time or Needs Sustainability
<b>1. Prevention</b>					
	<b>Enhanced Surveillance</b>	Substance-Exposed Newborn Database	SEN Surveillance Database - sparking prevention through a more robust and efficient public health surveillance system	Seeking Expansion	One-Time
	<b>Injury and Pain Management</b>	Prevention for BIPOC construction workers	Pilot expanded resources and content for BIPOC construction-industry workers and any biases around medical and non-opioid treatments	No	Needs Sustainability
	<b>Prevention Initiatives</b>	Fund local prevention coalitions	Fund local prevention coalitions	Seeking Expansion	(blank)
		Universal Prevention	In the long term (beyond FY23), Prevention is the overall most important priority	Seeking Expansion	(blank)
	<b>Rate Improvements</b>	Raising rates for First Connections and Early Intervention	Care coordination for infants and pregnant people...the reimbursement rates are extremely low for First Connections and Early Intervention (which SENs are automatically eligible for). In addition, First Connections which is embedded in our child-find system and has been for more than a decade, has never received an approved billing code for care coordination with Medicaid. FC is also not in the line item for the state budget and doesn't receive federal dollars. This program has pieced together monies from various programs but, agencies running it typically fall into the red. SEN program money has supported care coordination work for FC and critical supplies necessary to prevent infant injury and staff time needed to connect target families to necessary community-based interventions/supports.	Seeking Expansion	(blank)

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1. Prevention	<b>Staff Augmentation</b>	Evaluator for SEN program	Evaluator for SEN Program - .5 FTE, to improve the program's ability to evaluate how well the program is doing in supporting our population and community providers	No	Needs Sustainability
		Prevention staff for universal SUD screening	Academic Detailer - 1 FTE, Prevention via increasing the # of primary care, prenatal, and pediatric providers who practice universal screening for SUD and mental health for all potential child-bearing Rhode Islanders	No	Needs Sustainability
		Staffing to support training for health professionals against bias and discrimination	1.0 FTE Pharmacist academic detailer to provide mental health and substance use conditions outreach and training to healthcare professionals to combat bias, discrimination, and misinformation and improve workforce knowledge. Additionally, the academic detailer will support the Rhode Island Board of Pharmacy with conducting outreach and training to pharmacies and individual pharmacists needing additional support and guidance around controlled substance regulations and substance use disorders. The work of the academic detailer aligns with the goal of the prevention workgroup to identify and address drivers of addiction and dependence.	No	(blank)
	<b>Stimulant Misuse Prevention</b>	Youth stimulant prevention	Address overprescribing of stimulant medications (i.e. Adderall) for both children and adults	No	(blank)
		<b>Substance Exposed Newborn Interventions</b>	Community-based multidisciplinary SEN teams	Community-based multidisciplinary SEN teams (e.g., First Connections home visiting, community health workers)	Yes

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1. Prevention	<b>Substance Exposed Newborn Interventions</b>	Prevention for pregnant Rhode Islanders	The other thing we need to focus on our children born addicted to drugs. There is not enough emphasis on early intervention. As a grandparents/foster parents of an infant who was born addicted to drugs who knew nothing of what to expect has been fortunate to be involved with early intervention. The effects on these children are not just the first few months of their life. Many of the effects do not even show up until the child is over a year old. Programs like early intervention are crucial to help not only the child but the person taking care of the child understand how to help this child continue to develop and strive to meet developmental milestones. It's very sad that these children are put on waiting list because there is not enough funding to hire people to help them.	Seeking Expansion	(blank)
	<b>Workforce Development</b>	Expanding Registered Apprenticeships for OD and SUD treatment	Connecting workforce development needs with capacity needs to address overdose and substance use disorder. Registered Apprenticeship expansion has been impactful in expanding career opportunities in the community health worker & peer recovery worlds. The task force work plan could benefit from forecasting relative to workforce development needs in frontline worker occupations to understand where RI needs to scale up workforce development strategies like expanding Registered Apprenticeship.	Seeking Expansion	(blank)

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1. Prevention	<b>Workforce Development</b>	Professional development and training for prevention, with diverse populations	<p>Prevention - professional development for all professionals should be listed.</p> <p>The workgroup overview/slide notes current strategies are 1. increasing TIC/services, 2. implementing policies that promote resiliency factors/experiences and addresses social isolation, 3. invests in education and communications, 4. integrates prevention across lifespan and across physical health programs and 5. target prevention, communications and education that engages diverse pops. While perhaps the thought is that professional development is inherent in all these points but I would not assume. I also think that many behavioral health professionals are not necessarily experts in SUD. In my experience doing clinical work years ago, there was a difference between SA providers and MH counselors. Perhaps that is no longer the case but I don't think so. We need to train BH providers on SUD too - they need to understand state of art assessment/screening, treatment, identification, practices, current issues, etc.</p>	Seeking Expansion	(blank)
	<b>Youth Prevention</b>	Afterschool mentorship, and leadership development in high-risk areas	Increase afterschool, mentorship, and leadership development programs for youth and young adults in high-risk areas	Seeking Expansion	(blank)

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1. Prevention	<b>Youth Prevention</b>	Prevention recreation center	Open a multi purpose rec center in my community for teenagers- create a safe space for them to be themselves while giving them tools to be successful in the future. Most importantly to let then know we are in this together and they are not alone.	Seeking Expansion	(blank)
		Project Success Counselors to Middle and High School	Fully expand Project Success Student Assistance Counselors to all Middle and High Schools	Seeking Expansion	Needs Sustainability
		School, child-care, and pediatric-based toxic stress prevention training	Implement the Toxic Stress Toolkit across pediatric providers, schools, and childcare settings with training and resources	Unknown	(blank)
		Services for children of parents with SUD	In the family support area we need to amplify working with the children of parents with SUD. There are some programs for teenagers but nothing for younger children.	Seeking Expansion	(blank)
		Supporting youth resiliency and leadership	Focus on resiliency education for youth beyond the community based substance abuse task forces' mission. What can the faith community do? What is the role of coaches/sports leagues? More about engagement with this group beyond 'communication'.	Seeking Expansion	(blank)

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1. Prevention	<b>Youth Prevention</b>	Youth education for prevention	I think it's really important to educate our children. They are the future and they have the power to change it. I also think we need more resources for children and families affected by addiction. Coping skills, teach them how to be there for their loved one without enabling them. I also think we need more things to keep them occupied such as rec centers, hang out spots where they feel comfortable.	Seeking Expansion	(blank)
<b>2. Rescue / Harm Reduction</b>					
	<b>Alternative Post-Overdose Engagement</b>	Post-Overdose Placement Team	Establish post-overdose response teams via Mobile Integrated Community Paramedics and HOPE Initiative pre-arrest diversion	No	Needs Sustainability
			We propose that the funding for the Post Overdose Placement Team be increased and replace the HOPE Initiative as the State's primary overdose outreach effort and be led by Recovery and Harm Reduction peer specialists in coordination with other key stakeholders. Centering police in this response reinforces the idea that this is a criminal justice issue, rather than the public health issue that it truly is. Furthermore, we feel that peer recovery specialists are better suited for this, and police can create a counterproductive response.	No	Needs Sustainability

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2. Rescue / Harm Reduction	<b>Co-Pay Subsidies</b>	Naloxone Co-Pay Subsidies	State naloxone subsidy for pharmacy-based naloxone. The naloxone co-prescribing law requires the prescribing of naloxone to high-risk patients with the goal of reducing risk of overdose and death. However, some patients are faced with an unaffordable copay that prevents them from obtaining naloxone. A state naloxone subsidy would help to ensure that patients who are identified as high risk would be afforded the opportunity to obtain naloxone from the pharmacy.	No	(blank)	
		<b>Enhanced Surveillance</b>	High-Risk Setting Warning System	Establish robust early detection and emergency response systems to ID high-risk overdose settings and mitigate drug user health harms	No	(blank)
			Xylazine Testing	Institute, at least, random testing for Xylazine in the samples received by RIDOH, who presently has the capacity to test if specifically requested. Monitor the supply and take appropriate actions if/when there is a significant presence in the illicit drug supply	No	(blank)
	<b>Expand Rescue Locations</b>		Safe Station Expansion	Implement and Expand Safe Station models across RI at fire stations	Seeking Expansion	(blank)
	<b>Expand Street Outreach</b>		Undocumented Wraparound Supports	Community Outreach for Harm Reduction and Rescue (Survey adds: with services for the undocumented community)	Seeking Expansion	Needs Sustainability

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2. Rescue / Harm Reduction	<b>Harm Reduction Culture Change</b>	Harm Reduction Training and Anti-Stigma Support	Harm Reduction Training: We see consistently the messages of support for harm reduction that are being shared by those in executive leadership of many organizations (recovery housing, treatment providers, etc.) are not being shared, communicated, or reflected by those on the ground in those same organizations. This is a paradigm shift that we need to invest in beyond our harm reduction community. Harm reduction materials (such as Narcan and fentanyl test strips), as well as anti-stigma training and training on the principles of harm reduction need to be provided for the following types of organizations: Treatment providers, Recovery housing providers, and Medical providers	No	Needs Sustainability
		Harm Reduction Centers	Establish Harm Reduction Centers to promote safer drug use, to ensure equitable accommodations for all substances used, especially safer smoking	No	Needs Sustainability
	<b>Harm Reduction Infrastructure</b>	Harm Reduction Vending Machines	I would also amplify Harm Reduction vending machine/access strategies and the harm reduction centers. Something that I think would be beneficial in both of these priorities is pregnancy tests. The sooner a person is aware of their pregnancy status they can then get the additional support or intervention they need based on their situation. Pregnancy tests can be cost-prohibitive.	Seeking Expansion	(blank)
			Support self-service 24-hour Harm Reduction (HR) tools, including HR Vending Machine and necessary supplies	Seeking Expansion	Needs Sustainability

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2. Rescue / Harm Reduction	<b>Justice Reform</b>	Decriminalization of possession/legalization of drugs	Decriminalization of possession/legalization of drugs	No	N/A
	<b>New Communications Campaigns</b>	Harm Reduction Centers Campaign	New Campaign: Harm Reduction Centers	Yes	Needs Sustainability
	<b>Rescue Drug Infrastructure</b>	Supporting the processing and distribution of the 50,000 naloxone kits, with training, data collection, and evaluation	Infrastructure for statewide, centralized IM and IN naloxone ordering hub, including storage, labeling, distribution, training, data collection, quality assurance, evaluation, and updated surveillance system to support the 50,000 donated Teva kits	Yes	Needs Sustainability
	<b>Rescue Drug Supply</b>	Ensuing adequate naloxone until the 50,000 Teva kits are available	Funding for intramuscular (IM) and intranasal naloxone (IN) until 50,000 Teva kits are available	No	One-Time
	<b>Safe Use Strategy</b>	Safe Supply to address poisoned drug supply	Safe Supply to address poisoned drug supply	No	Needs Sustainability
	<b>Staff Augmentation</b>	Municipal Community Overdose Officers	Expand leave-behind programs across 89 EMS agencies; designate a community overdose officer per municipality to track efforts completed post-overdose	Seeking Expansion	(blank)

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2. Rescue / Harm Reduction	<b>Technology Innovations</b>	Brave Buttons and Sensors	Overdose Detection Technologies: One peer-led organization - Brave Technology Coop- have recently developed novel buttons and sensors to tackle this issue. Brave's buttons and sensors have been installed in spaces where overdoses are likely to occur in Vancouver, Columbus and San Francisco and have helped staff, nearby community members and EMS to save over 150 lives. This promising technology could strengthen our capacity to detect and respond to overdoses and save lives. (These cannot be covered by federal dollars)	No	Needs Sustainability
		Mobile app for overdose rescue	Pilot technology (i.e. mobile phone app) that triggers emergency response if person overdoses	No	Needs Sustainability
		<b>Trauma Supports</b> First Response Training and Recovery Center	Implement a First Responder opioid Training and Recovery Center - to provide client-centered, culturally competent, holistic individual/group treatment for First Responders experiencing secondary trauma and/or compassion fatigue	No	Needs Sustainability
		Peer Resource Specialist Supports	CPRS experience many of the same secondary trauma as FR, and are "first responders" but are often not treated as such (see training priority - #39). Training/support should be given to peers as well, with specific changes made to the training to be appropriate for peer staff.	No	Needs Sustainability

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<b>3. Treatment</b>					
	<b>Care Coordination</b>	Mental Health Handoff Improvements	Within treatment, improve mental health eval and referral to MH treatment, with attention to warm hand-off/communication between an individual's substance-use counselors and other MH clinicians involved in their treatment	Seeking Expansion	(blank)
		Peer-Clinician Joint Training Program	Address continuity of care through an in-depth look (e.g. more training for clinicians, to include training on how to work most efficiently with peer recovery workers)	No	Needs Sustainability
	<b>Expand Communications Campaigns</b>	Tainted Drug Supply and Accidental Ingestion Campaign	Support treatment for folks who unknowingly ingest opioids due to tainted drug supply	Seeking Expansion	(blank)
	<b>Expand Residential Services</b>	Pilot Expansion of Residential Stays for Long-Term Rehabilitation	Long-term rehabilitation centers are crucial. Most residential rehabs are 30 days. Especially with addictions like heroin 30 days is not long enough to affectively work. While there is outpatient offered after the 30 days people with SUD generally do not utilize it therefore the relapse is much greater and many times with a disastrous ending.	Seeking Expansion	(blank)
	<b>Integrated Care Improvements</b>	Support integrated behavioral health care, with a focus on MAT	Address siloing of SUD treatment from other healthcare; facilitate provision of MAT by other healthcare organizations by looking at barriers to colocation or provision of MAT by primary care providers, particularly those working with the under/uninsured.	Seeking Expansion	(blank)
	<b>Rate Improvements</b>	Increasing Medicaid rates to support improved treatment access	Fund the SUD system by increasing the Medicaid reimbursement rate by supporting the required funding match	No	Needs Sustainability

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3. Treatment	<b>Treatment Alternatives</b>	Funding Contingency Management	Fund Contingency Management, the evidence-based practice for opioid and methamphetamine treatment, adding "safe location" housing for clients that are new to treatment and involved in either an OTP or SUD partial hospitalization program, or leaving the ACI.	Seeking Expansion	Needs Sustainability
		Low-barrier treatment on demand	Street-based treatment/Treatment on Demand: We recognize that treatment only works if people can access it at the moment they are ready for it - we need to prioritize access to low-barrier treatment such as street-based medicine with medication for opioid use disorder (MOUD) prescribing, co-locating treatment in harm reduction centers, etc. We also feel that this dovetails with the specific funding for suboxone from the settlement funding, which could be used to help ensure that people who have additional challenges (e.g. people experiencing homelessness) are accessing this medication.	No	Needs Sustainability
		Newly approved DEA "medication unit" for easier MAT access	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	No	Needs Sustainability

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3. Treatment	<b>Treatment Alternatives</b>	Serving people in the ACI with third party treatment providers	Funding prisons to provide "treatment" needs to be carefully considered. Funding the prison systems to provide treatment is kind of an oxymoron, so I am hoping that treatment this way would come from a third party and not directly funding the ACI and ensuring that incarcerated individuals are really getting the care they need	Not Applicable	N/A
		Support alternative MAT treatment options	Establish adjunct maintenance treatment with Diacetylmorphine or Hydromorphone for that subgroup for whom treatment with Methadone or Buprenorphine just doesn't work. Or, at least establish a pilot program. (See background to this recommendation in the attached Word document	No	(blank)
	<b>Treatment Infrastructure</b>	SUD Residential Building Improvements	Immediate funding for SUD building repairs to support current treatment capacity and allow for expansions of new SUD residential programs	No	Needs Sustainability
	<b>Workforce Development</b>	Staff bonuses for OTP or SUD staff	Fund yearly staff bonuses to individual working within an OTP or SUD treatment facility to retain current workforce and incentivize a new workforce, including paid internships	Seeking Expansion	Needs Sustainability

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<b>4. Recovery</b>					
	<b>Basic Needs Provision</b>	Basic Needs Vouchers for Recovery Centers	Expand the 5 approved recovery centers abilities to offer vouchers to support basic needs to support recovery efforts	Seeking Expansion	Needs Sustainability
	<b>Build Family Recovery Capital</b>	Family Peer Recovery Specialist Training	Family Peer Recovery Specialist training, as distinct from Peers who are in recovery themselves	Seeking Expansion	Needs Sustainability
	<b>Housing Operating</b>	Subsidize Oxford House Recovery Housing	Recovery Housing Expansion - Oxford House: There is one recovery house in RI that allows Women + Children. It's a chartered Oxford House (NARR standard level 1). This house has residents who cannot afford rent. This house will be closing within 2 months if they do not receive support. With the understanding that the 942-stop grant cannot pay for residents rent, other support can be given to Oxford House Inc.	Seeking Expansion	Needs Sustainability
	<b>Recovery Capital and Supports</b>	Investments in a variety of recovery supports, including financial assistance and SDOH	We need to invest in RECOVERY. Sober events, for example. Sober activities. Gym memberships for people in recovery. Financial assistance for those trying to get their drivers licenses back or get a car on the road. Etc. We need to find ways to support maintaining good quality of life for people once they leave treatment.	No	(blank)
	<b>Staff Augmentation</b>	Perinatal Peer Recovery Specialist for Substance-Exposed Newborn services	Perinatal Peer Recovery Specialist - 1 FTE, to increase capacity of this specialized workforce, so that more pregnant and parent people engage in treatment and recovery	Seeking Expansion	Needs Sustainability

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4. Recovery	<b>Trauma Supports</b>	(blank)	Sustain and expand certified peer recovery specialist by funding an employee assistance program, adding a hiring and retention reimbursement rate to build and sustain the workforce	Partially	Needs Sustainability
	<b>Web Resource Hub</b>	8 Dimensions of Wellness website	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	No	One-Time
	<b>Workplace Initiatives</b>	Expanding Recovery Friendly Workplaces	Expanding Recovery Friendly Workplaces	Seeking Expansion	(blank)

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<b>5. Social Determinants of Health</b>	<b>Alternative Post-Overdose Engagement</b>	Post-Overdose Placement Team	Post-overdose Placement Team - Team to provide coordinated placement for adults with serious SUD - connections to treatment, housing first model, peer support, and HR materials	No	Needs Sustainability
	<b>Basic Needs Provision</b>	Administrative Services Organization for SUD Client Basic Needs	Housing and personal goods and services for individuals going through SUD treatment, individuals in SUD recovery, or current drug users are not always permitted so if the committee could fund an Administrative Services Organization (ASO) who can handle helping individuals with legal services, childcare, emergency food assistance, employer assistance, other items listed above, etc. would be a great way to get these resources DIRECTLY to the people most affected by the opioid epidemic. Massachusetts has an ASO that handles similar services and many other states have ASOs as well-- they're commonly funded by state dollars.	No	(blank)
		Comorbidity Management and Social Needs Funding	Funding for mental health and social services, for comorbidities	Seeking Expansion	Needs Sustainability
		Court Fines and Fee Vouchers	Help with court fines/fees	No	Needs Sustainability
		Uninsured Subsidies	Support for services for people who are uninsured	Seeking Expansion	Needs Sustainability

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5. Social Determinants of Health	<b>Build Family Recovery Capital</b>	CRAFT Program for SUD Families	Community Reinforcement and Family Training (CRAFT) Program for friends/family of a loved one with SUD	Seeking Expansion	Needs Sustainability
	<b>Care Coordination</b>	Transition Supports for Parole/Release	Working with people in prison, with supports when they transition out	Seeking Expansion	Needs Sustainability
	<b>Engagement Incentives</b>	Treatment and Recovery Participation Incentives	Food and gift cards, to help people participate in programs	Seeking Expansion	(blank)
	<b>Expand Street Outreach</b>	Peer Recovery Specialist Encounters	Increase peer-to-peer HR encounters in community settings to educate, distribute supplies, and make referrals	Seeking Expansion	Needs Sustainability
	<b>Housing Capital</b>	Housing First Units	Utilize a social determinants of health approach for HR to provide housing and other basic needs using existing infrastructure	Seeking Expansion	Needs Sustainability
		Non-Recovery Housing for People Who Use Drugs	Increased housing options for people who are not ready for/not interested in recovery. For people who are unstably housed, the risk for overdose and other health issues remains high without a stable place to live. Individuals who are stably housed in a supportive setting have higher engagement in services (MAT, primary care/mental health services, etc.). Stable housing allows for consistency of care, which is crucial in overdose prevention	Seeking Expansion	Needs Sustainability
	<b>Housing Operating</b>	Subsidize Expanded Recovery Housing Lengths of Stay	Fund incentives to expand recovery housing, increase length of time to stay in recovery housing	Seeking Expansion	Needs Sustainability
	<b>Trauma Supports</b>	Family Loss Bereavement Events	Family Event - "Remembering loved ones lost to SUD and honoring the families they left behind"	Seeking Expansion	(blank)
		Supporting families of people who drugs	Funding social organizations to support families	No	(blank)

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<b>6. Data &amp; Analytics</b>	<b>Data Improvements</b>	Intervention Evaluation and Research	Focusing or refocusing research; base decisions on data (i.e. what treatment has the highest retention rate - what is working?)	No	Needs Sustainability
		PDMP Integration	Statewide pharmacy integration with the Prescription Drug Monitoring Program (PDMP). The PDMP is a critical clinical tool that assists healthcare professionals with identifying abuse, misuse, diversion, and overdose. Pharmacists serve a critical role in data input and as the final clinician for identifying patients at risk for abuse, misuse, diversion, and overdose. Statewide integration will ensure that every pharmacy is seamlessly connected to the PDMP and pharmacists are equipped with the tool to make clinical decisions regarding dispensing of controlled substance prescriptions. This aligns with the goal of the prevention workgroup to identify and address drivers of addiction and dependence.	Seeking Expansion	(blank)
	<b>Enhanced Surveillance Staff Augmentation</b>	Interactive Heat Mapping	Secure & Interactive heat map dashboard of suspected non-fatal overdoses	No	One-Time
		Office of State Medical Examiners	Improvement of Critical Data from the Office of State Medical Examiners - 1 FTE	Seeking Expansion	Needs Sustainability
		Overdose Fatality Review Team	Enhancement of Overdose Fatality Review Team - 1 FTE	Seeking Expansion	Needs Sustainability

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<b>7. Governance / Infrastructure</b>	<b>Cross-Sector Collaborations</b>	Employment and Housing Initiatives	Integration collaboration with other sectors, because health is a social issue. All this work might not help if there aren't good jobs, affordable housing, and community.	Seeking Expansion	(blank)	
	<b>Improved Governance and Stewardship</b>	Ensuring state coordination and avoiding bureaucratic duplication	At the very highest strategic level, the most important thing missing from these requests is actually coordination. Safe Stations are covered under multiple contracts both through RIDOH and BHDDH. Mobile outreach and peers in emergency departments are also funded by multiple programs in different departments. There's overlap between recovery and harm reduction that this PowerPoint makes very clear as the requests are similar.	Not Applicable	(blank)	
		Ensuring that the process is not laborious and bureaucratic	Ensuring that the process is not laborious and bureaucratic		Not Applicable	N/A
	<b>Justice Reform</b>	Remove criminal penalties for drug possession	Fund Opioid Policy work in RI to remove criminal penalties for drug possession and drug paraphernalia. Incarceration is a significant barrier for patients who seek recovery and exponentially increases risk of overdose death.	No	(blank)	
	<b>Non-Profit Capacity Building</b>	Indirect Cost Adjustments and Cash Advances for Organizations	Ensure that dollars going to community agencies can pay for indirect costs to support rising prices for rent, etc. - and ensure that the money can be paid up front.	Not Applicable	Needs Sustainability	

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7. Governance / Infrastructure	<b>Non-Profit Capacity Building</b>	Infrastructure Funding for Grassroots Overdose Organizations	Infrastructure support for peer-based or smaller “boots on the ground” organizations. Much of the funding for direct response to the overdose crisis focuses solely on the purchase of Narcan, or the funding of people doing outreach and working directly with clients. However, the organizations that hire, support, train, and promote these critical staff do not have the infrastructure in place to continue to grow and support this response without significant infrastructure growth, including financial, administrative, human resources, training, and supervision support. Many of the organizations who represent a large portion of the state’s overdose response are one non-renewed grant away from a financial crisis. Many of the staff who do this difficult work are burnt out, and need supports to continue doing the work. More emphasis and funding needs to be placed on creating a strong foundation for staff and organizations to work within.	Seeking Expansion	Needs Sustainability

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7. Governance / Infrastructure	<b>Rate Improvements</b>	Pharmacy Reimbursement Rates	Prescription Drug Monitoring Program and Rhode Island Board of Pharmacy are critical components of the Rhode Island Department of Health. Funding for these programs is limited and may not fully supported by state and/or federal dollars as time progresses. Funding for staffing of programs would benefit the public and programs. Both programs are staffed by pharmacists and serve pharmacists throughout the state. The PDMP also serves providers within the state. As discussed in previous questions, pharmacists are an integral part of public health and health care. Pharmacists are vital in all aspects of controlled substance prescriptions and should be deemed health care providers and reimbursed at equal rates for their services as other health care providers. A bill executed by the governor would help to ensure permanent status.	(blank)	(blank)	
		<b>Staff Augmentation</b>	Attorney staff for RIDOH's SUD-related departments	1.0 FTE attorney dedicated to each department within RIDOH, such as the Marijuana, Tobacco Control, and PDMP.	No	(blank)
		Ensuring state coordination through a single point person	Ensure a single point person making sure the process is coordinated	Yes	Needs Sustainability	

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Primary Pillar Alignment	Activity Grouping	Item Summary	Program	Funded now?	One-Time or Needs Sustainability
7. Governance / Infrastructure	<b>Staff Augmentation</b>	Hiring consultants with lived experience to provide Advisory Committee input	The Committee could hire people with lived experience as consultants to serve on the advisory committee to provide input on how opioid settlement funds should be spent. I suspect that it will be valuable for the committee to directly hear from the communities that are going to benefit (or continue to be harmed) by state policy and programming. Thank you for presenting to the Governor's Task Force and this opportunity to provide input. I have previously written about the importance of including those who actively use drugs in planning as well as the harms of criminalization in this policy paper. Feel free to share the link <a href="https://www.opioidlibrary.org/wp-content/uploads/2020/08/Park_OverdoseRiskSDH_Milbank_2020.pdf">https://www.opioidlibrary.org/wp-content/uploads/2020/08/Park_OverdoseRiskSDH_Milbank_2020.pdf</a>	No	(blank)
		Investments in RIDOH's staff covered by the settlement priorities	RIDOH should be funded heavily with some of these funds. Many people in RIDOH played big roles in helping to get these funds through their work with the legal teams in the lawsuit. Licensing, Board of Pharmacy played very big roles in addition to the BMLD. Others at RIDOH also played very big roles.	Seeking Expansion	(blank)
	<b>Workforce Development</b>	Feedback engagement with peers	Look at our process for getting feedback from peer support workers; how well do they feel that their needs are represented to those in positions of power?	Not Applicable	(blank)

# Opioid Settlement Funding Recommendations by Pillar Alignment

Primary Pillar Alignment	Activity Grouping	Item Summary	Program	Funded now?	One-Time or Needs Sustainability
7. Governance / Infrastructure	<b>Workforce Development</b>	Focus on specific treatment, prevention, and recovery tracks for women	The development and implementation of informed and specific: treatment tracks for women; recovery supports for women; prevention strategies for adolescent and adult women. The development and implementation efforts should be led by women, with the input of women in treatment, recovery, and the schools and communities	Seeking Expansion	(blank)
<b>8. Race Equity</b>					
	<b>Data Improvements</b>	Race and Ethnicity Data Collection	Funding to increase data support to provide disaggregated data by race/ethnicity	Seeking Expansion	Needs Sustainability
		Training for Data Collection by First Responders	Improve First Responder training in overdose documentation including better documentation of race/ethnicity by EMS	No	(blank)
	<b>Expand Street Outreach</b>	BIPOC and Stimulant Community Outreach	Expanded naloxone distribution (Community Outreach) with a focus on BIPOC communities, including stimulant users and recreational drug users	Seeking Expansion	Needs Sustainability
	<b>Health Equity Supports</b>	Race Equity Training	Increase funding for consultant to develop health and race equity training to Governor's Task Force work groups and community members	Seeking Expansion	Needs Sustainability
	<b>Treatment Access</b>	Treatment access for stimulant users	More access for stimulant users to detox and treatment	Seeking Expansion	Needs Sustainability
	<b>Workforce Development</b>	Task Force Work Group leadership development	Professional development and training for co-chairs and members of the Work Group to expand leadership, knowledge, and expertise in the field	No	Needs Sustainability
		Training for stimulant treatment	Training for treatment and detox providers on treatment plans or stimulant users	Unknown	Needs Sustainability

# Opioid Settlement Funding Recommendations by Pillar Alignment

Primary Pillar Alignment	Activity Grouping	Item Summary	Program	Funded now?	One-Time or Needs Sustainability
<b>9. Public Communications &amp; Messaging</b>	<b>Expand Communications Campaigns</b>	Don't Use Alone Campaign	Updated Campaign: Don't Use Alone	No	Needs Sustainability
		Family and Friends with SUD	Campaign: Targeting friends and family members of those with SUD, including durable outreach materials	Seeking Expansion	Needs Sustainability
		Small Amount/Fentanyl Risks Campaign	Communications - Extend Small Amount/Fentanyl Risks Campaign	Seeking Expansion	(blank)
		Substance Exposed Newborn Campaign	Communications - Substance Exposed Newborn Campaign	Seeking Expansion	(blank)
		Three Words Make a Difference Campaign	Extend Three Words Can Make a Difference Campaign	No	(blank)
	<b>New Communications Campaigns</b>	Accidental Drug Poisonings Campaign	New Campaign: Accidental Drug Poisonings & Youth/Children	No	(blank)
		Anti bias and discrimination campaign for SUD and BH	New Campaign: Statewide Education Campaign to change the perception of SUD and BH	No	(blank)
		CDC Polysubstance Use Campaign	New Campaign: CDC's Polysubstance Use Campaign	Yes	(blank)
		SUD and OD prevention campaign for BIPOC communities	New Campaign: Marketing of SUD and OD prevention education specifically targeting minorities and people of color	No	One-Time