



Opioid Settlement Advisory Committee

Monday, June 20, 2022



**RHODE
ISLAND**

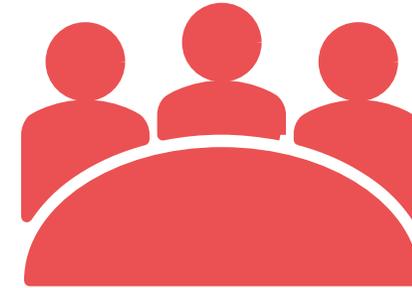
Call to Order and Introductions

**RHODE
ISLAND**

Welcome and Call to Order

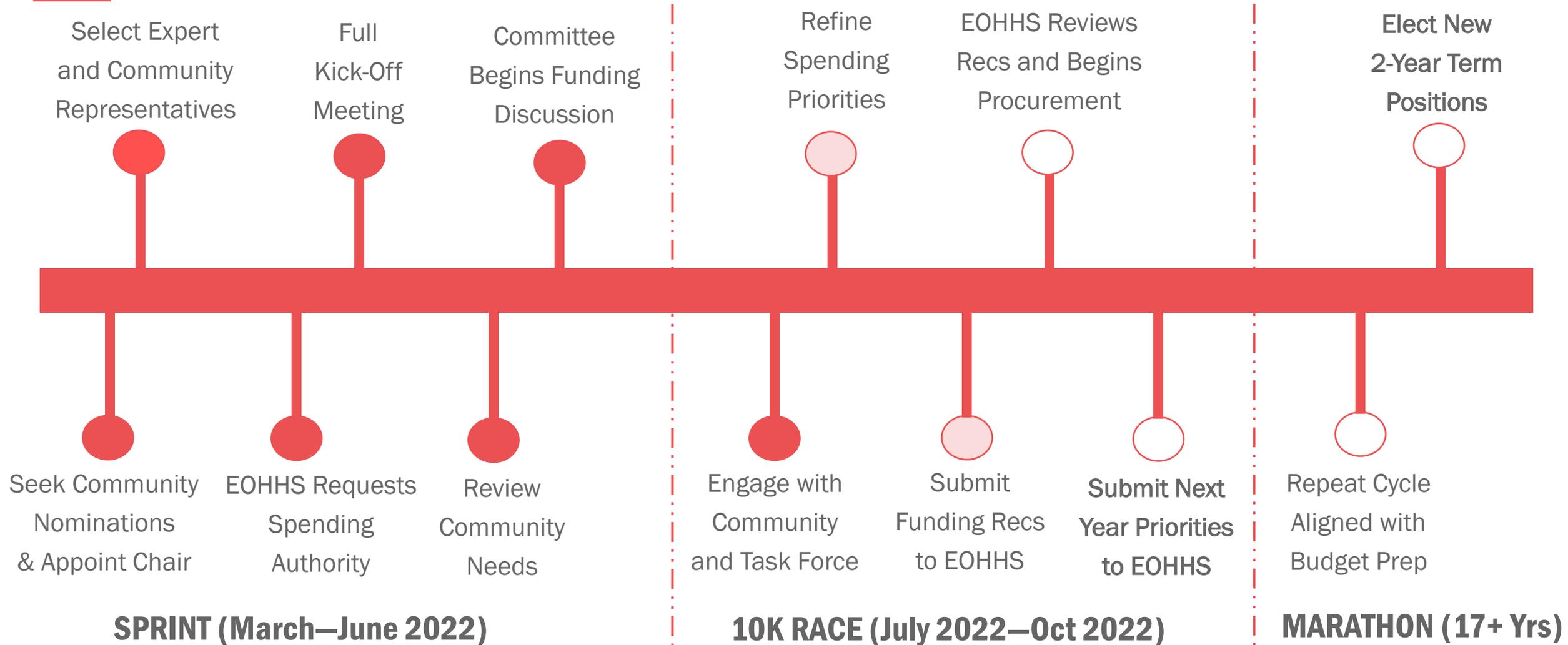


Chairperson Carrie Bridges Feliz



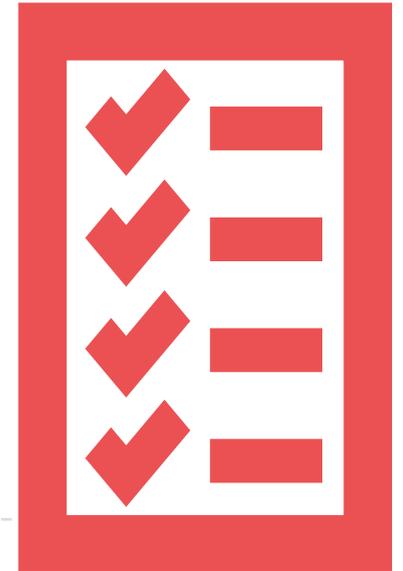
- **Name**
- **Title and Organization**

Where We Are Today



Our Meeting Agenda

- I. Call to Order and Introductions
- II. Subject-Matter Expert Presentations
- III. Review Enhanced Guiding Principles
- IV. Discuss Community Input for Funding Priorities
- V. Build Consensus for State Fiscal Year 2023
Funding Recommendations
- VI. Public Comment
- VII. Adjourn



Subject-Matter Expert Presentations

Subject-Matter Experts



Dennis Bailer

**Overdose Prevention Program Manager
Project Weber Renew**



Brandon Marshall, PhD

**Associate Professor of Epidemiology
Brown University**

Presentation for the State of Rhode Island Opioid Settlement Advisory Committee



people
place &
health
collective



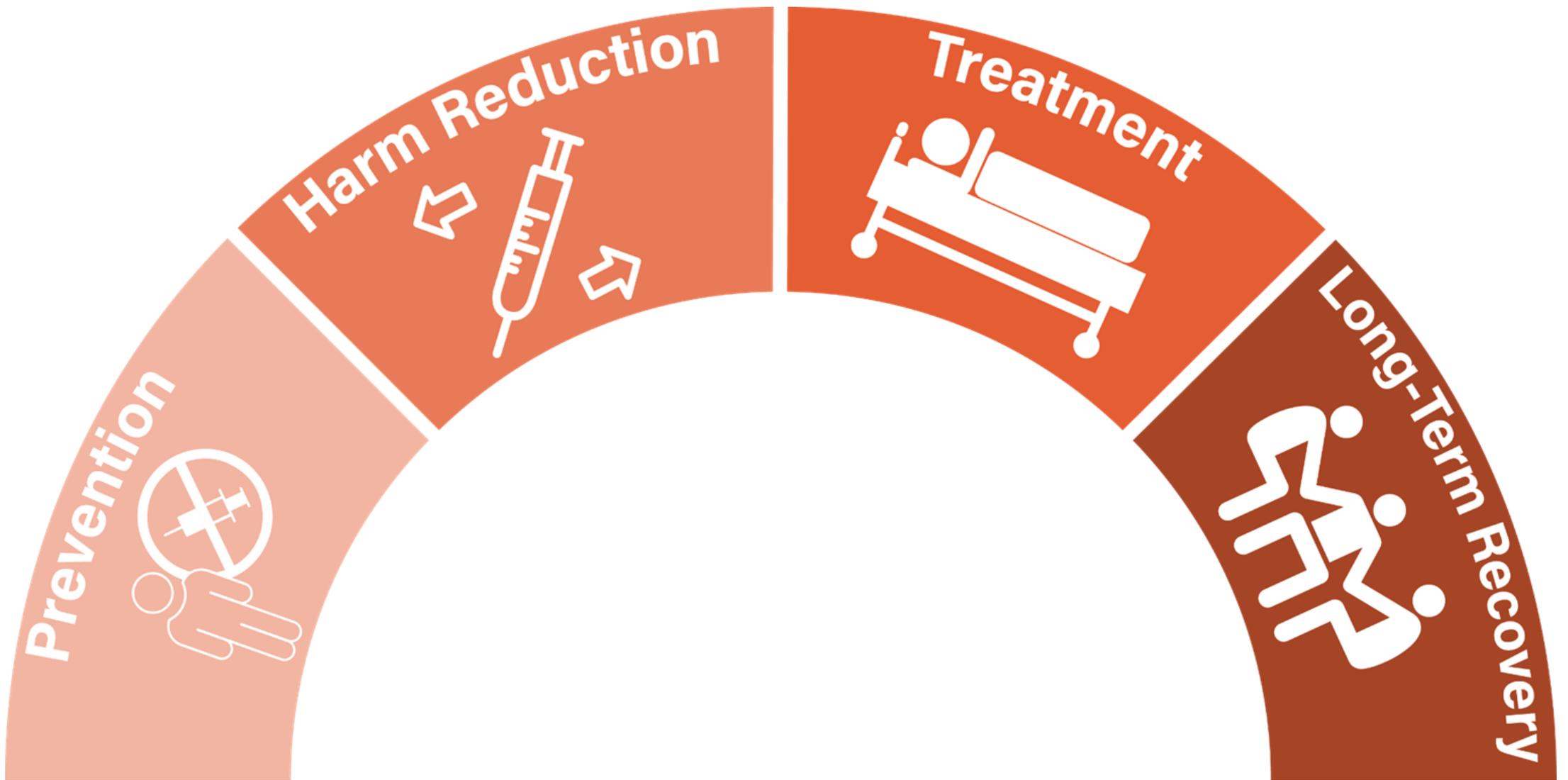
BROWN
School of Public Health

Brandon DL Marshall, PhD
Associate Professor, Brown University

Populations* highly impacted by the opioid epidemic

1. People who use drugs
 - a. People who use unregulated opioids (heroin, fentanyl)
 - b. People who use stimulants (cocaine, methamphetamine) that contain fentanyl
 - c. People who use a combination of substances (polysubstance use)
2. People living with a substance use disorder (SUD)
3. People in recovery
4. The frontline workforce of service providers





Crosswalk of priorities with abatement strategies

Green Font = Priority 1: Core Abatement Strategies / Grey Font = Allowable Uses

Ensuring Racial Equity	Prevention	<ul style="list-style-type: none"> • Prevention Programs • Prevent Overprescribing and Ensure Appropriate Prescribing And Dispensing of Opioids • Prevent Misuse Of Opioids
	Rescue & Harm Reduction	<ul style="list-style-type: none"> • Naloxone Or Other FDA-approved Drug To Reverse Opioid Overdoses • Expanding Syringe Service Programs • Prevent Overdose Deaths And Other Harms (Harm Reduction) • First Responders
	Treatment	<ul style="list-style-type: none"> • Medication-assisted Treatment (“MAT”) Distribution And Other Opioid-related Treatment • Expanding Treatment For Neonatal Abstinence Syndrome (“NAS”) • Treatment For Incarcerated Population
	Recovery	<ul style="list-style-type: none"> • Expansion Of Warm Hand-off Programs And Recovery Services • Support People In Treatment And Recovery
	Social Determinants of Health	<ul style="list-style-type: none"> • Pregnant & Postpartum Women • 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
	Effective Governance	<ul style="list-style-type: none"> • Analyzing The Effectiveness Of The Abatement Strategies Within The State • Leadership, Planning And Coordination • Training • Research
	Data	<ul style="list-style-type: none"> • Evidence-based Data Collection And Research
	Public Communications & Messaging	<ul style="list-style-type: none"> • Public Media Campaigns



Harm Reduction

harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

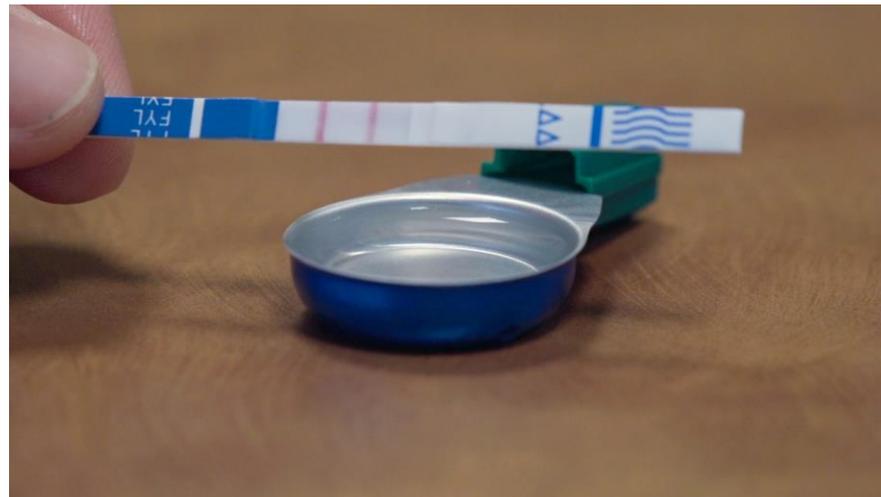
Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

Harm reduction...

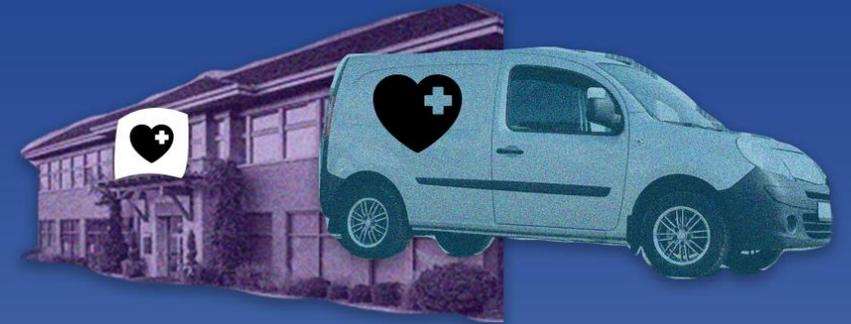
1. Incorporates a spectrum of strategies to 'meet people where they're at'
2. Respects the dignity and autonomy of people who use drugs
3. Is evidence-based



Evidence-based harm reduction strategies include:



What Are Harm Reduction Centers?



Harm Reduction Centers are sites where people can go to use drugs safer. Trained professionals can give life-saving help if someone overdoses. People can also receive other services. They can get connected to housing, mental health services, healthcare, and other supports. There are over 130 of these sites worldwide across 12 countries.



The evidence shows that these sites reduce overdose deaths. They do not increase the presence of crime or drug selling in surrounding areas. They also decrease the number of discarded syringes nearby.



There have been ZERO deaths at any harm reduction center worldwide. *These sites were recently approved for a pilot by the Rhode Island state legislature.*

Harm reduction programs **do not**

- Increase, encourage, or prolong drug use
- Increase initiation of drug use
- Increase crime, public disorder, public drug use,
etc.



TABLE 2—Estimated Effects of Individual Interventions Over 10 Years: United States, 2016–2025

Intervention	Mean Change ^a Compared With the Status Quo				
	Discounted Net Present LYs, ^b No. in Thousands (%)	Discounted Net Present QALYs, ^b No. in Thousands (%)	Pill Deaths, No. (%)	Heroin Deaths, No. (%)	Total Opioid Deaths, No. (%)
Acute pain prescribing	500 (0.007)	-450 (-0.007)	-6 100 (-3.6)	-1 900 (-0.6)	-8 000 (-1.6)
Prescribing for transitioning pain	80 (0.001)	180 (0.003)	-2 600 (-1.5)	1 500 (0.5)	-1 000 (-0.2)
Chronic pain prescribing	40 (0.001)	670 (0.010)	-24 400 (-14.2)	28 200 (8.2)	3 800 (0.7)
Drug rescheduling	-920 (-0.014)	990 (0.015)	-103 800 (-60.7)	146 600 (42.8)	42 800 (8.3)
PMP	-1 780 (-0.027)	-1 450 (-0.022)	-47 800 (-28.0)	90 200 (26.3)	42 300 (8.2)
Drug reformulation	650 (0.010)	2 000 (0.030)	-43 300 (-25.3)	39 400 (11.5)	-3 900 (-0.8)
Excess opioid disposal	210 (0.003)	510 (0.008)	-7 900 (-4.6)	5 500 (1.6)	-2 400 (-0.5)
Naloxone availability	790 (0.012)	670 (0.010)	-8 400 (-4.9)	-12 700 (-3.7)	-21 200 (-4.1)
Needle exchange	210 (0.003)	180 (0.003)	0 (0.0)	-5 900 (-1.7)	-5 900 (-1.1)
MAT	560 (0.008)	940 (0.014)	-2 900 (-1.7)	-9 600 (-2.8)	-12 500 (-2.4)
Psychosocial treatment	440 (0.007)	650 (0.010)	-1 600 (-0.9)	-6 000 (-1.7)	-7 500 (-1.5)

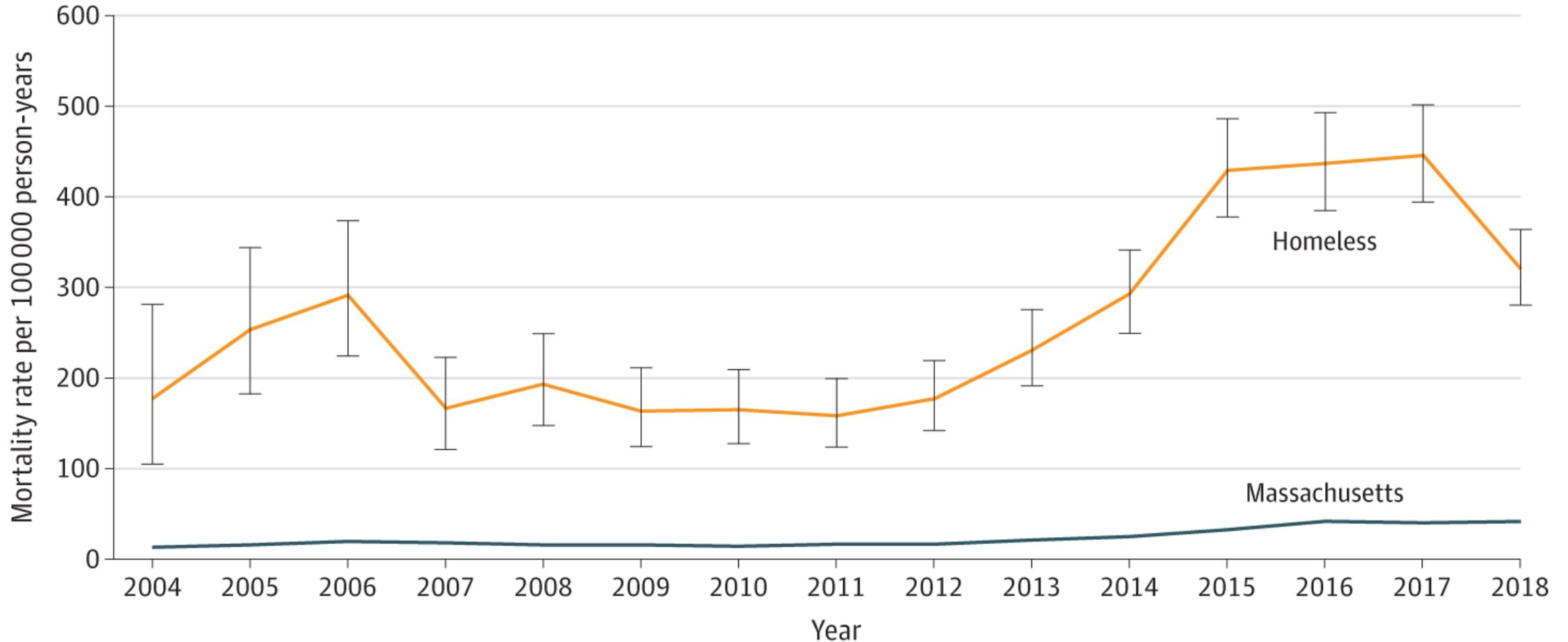
Note. LY = life year; MAT = medication-assisted treatment; PMP = prescription monitoring program; QALY = quality-adjusted life year.

^aRanges over the 10 base cases are shown in Table H (available as supplement to the online version of this article at <http://www.ajph.org>).

^bDiscounted to 2016.



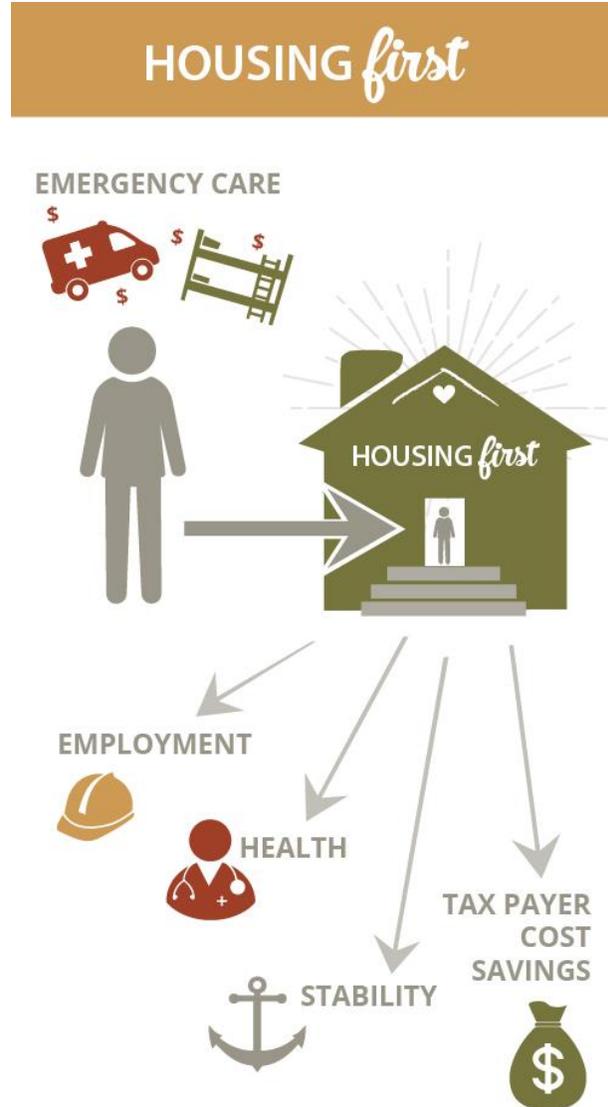
Homelessness is a preventable cause of overdose death



“The solutions to homelessness are known, evidence-based, and widely accepted”

They include:

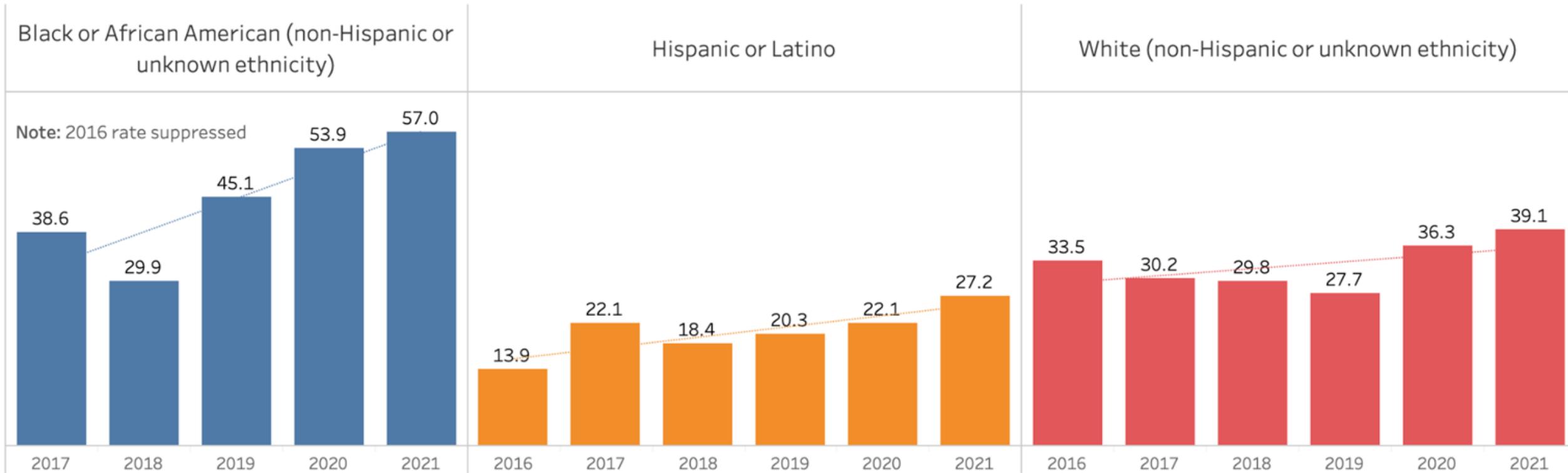
- Rental subsidies
- Eviction prevention programs
- Permanent supportive housing that operates under a Housing First model
- Recovery housing



We cannot make progress without addressing racial equity

Overdose Death Rate per 100,000 person-years by **Race and Ethnicity**, 2016 to 2020

Note: Due to approximately 7% of deaths missing ethnicity from 2016 to 2020, Hispanic deaths may be undercounted. Independent of Hispanic ethnicity status, the health disparities when comparing White and Black individuals remain.



Thank you!

brandon_marshall@brown.edu



Review Enhanced Guiding Principles

Updated Guiding Principles for Decision-Making

To guide decisions for use of these funds, the Committee agreed to:

Spend money to save lives.

It may be tempting to use the dollars to fill holes in existing budgets rather than expand needed programs, but the Committee should use the funds to add to rather than replace existing spending.

Use evidence to guide spending.

At this point in the overdose epidemic, researchers, clinicians, and community partners have built a substantial body of evidence demonstrating what works and what does not. States and localities should use this information to make funding decisions.

Invest in youth prevention.

Support children, youth, and families by making long-term investments in effective programs and strategies for community change.

Focus on racial equity.

This process should be guided by public health leaders with the active engagement of people and families with lived experience, clinicians, as well as other

Develop a fair and transparent process for funding recommendations.

This process should be guided by public health leaders with the active engagement of people and families with lived experience, clinicians, as well as other key groups.

Consider future sustainability in all recommendations.

Although there may be some on-time funding recommendations, the Committee should consider the financial sustainability of all investments and try to plan for investments that can be sustained long-term.

**The first five items are paraphrased and summarized from the Johns Hopkins' "The Principles To Guide Jurisdictions In The Use Of Funds From The Opioid Litigation, We Encourage The Adoption Of Five Guiding Principles".*

Reminder: 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>
<i>Total to Statewide Abatement (80%)</i>	\$20.0 M

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

Discuss Community Input for Funding Priorities

Community Input on Funding Recommendations

EOHHS solicited recommendations from several different sources and compiled them into one comprehensive report for the Opioid Settlement Advisory Committee to review.

GOTF Working Group Funding Priorities

- Each GOTF Working Group Chair completed slides indicating their top 5 funding priorities ([linked here](#))

GOTF June Meeting Discussion

- At the 6/8 GOTF meeting, attendees were encouraged to add their funding recommendations in the meeting chat or discuss verbally during the public comment time.

Open Letter from the Community

- Several community harm reduction and treatment organizations composed an Open Letter to the Opioid Settlement Advisory Committee summarizing their requests for funding. Seven organizational partners and 54 individuals have signed on to this letter, and they shared the letter with the Advisory Committee on June 17, 2022.

Community Engagement Survey

- Everyone at the 6/8 GOTF meeting and on the GOTF distribution list was encouraged to complete a survey to share their suggested funding priorities. The survey was live and accepting recommendations for about a week and received over 30 responses.

Crosswalk of Evidence Update and Settlement Priorities

Green Font = Priority 1: Core Abatement Strategies / Grey Font = Allowable Uses

Ensuring Racial Equity	Prevention	<ul style="list-style-type: none"> Prevention Programs Prevent Overprescribing and Ensure Appropriate Prescribing And Dispensing of Opioids Prevent Misuse Of Opioids
	Rescue & Harm Reduction	<ul style="list-style-type: none"> Naloxone Or Other FDA-approved Drug To Reverse Opioid Overdoses Expanding Syringe Service Programs Prevent Overdose Deaths And Other Harms (Harm Reduction) First Responders
	Treatment	<ul style="list-style-type: none"> Medication-assisted Treatment (“MAT”) Distribution And Other Opioid-related Treatment Expanding Treatment For Neonatal Abstinence Syndrome (“NAS”) Treatment For Incarcerated Population
	Recovery	<ul style="list-style-type: none"> Expansion Of Warm Hand-off Programs And Recovery Services Support People In Treatment And Recovery
	Social Determinants of Health	<ul style="list-style-type: none"> Pregnant & Postpartum Women 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
	Effective Governance	<ul style="list-style-type: none"> Analyzing The Effectiveness Of The Abatement Strategies Within The State Leadership, Planning And Coordination Training Research
	Data	<ul style="list-style-type: none"> Evidence-based Data Collection And Research
	Public Communications & Messaging	<ul style="list-style-type: none"> Public Media Campaigns

Aggregating Activities

- The EOHHS Team compiled all funding recommendations from the GOTF Working Groups, 6/8 Meeting, Community Engagement Survey, Open Letter, etc. into one comprehensive master list.
 - Each recommendation was then categorized by Strategic Pillar and summarized into the 42 activities listed on the next slide.
- All survey responses were provided to the Committee members in advance of today's meeting. Each Committee member has before them a spreadsheet of the Community Feedback that contains the following elements:
 - Primary Pillar alignment
 - Activity Grouping (Categorizing similar requests into logical groupings)
 - Item Summary (1 – 5 words summarizing the recommendation)
 - Program Description (Recommendation text in full)
 - Current Funding Status (Ex: Funded, Not Funded, Partially Funded, Seeking Expansion, etc.)
 - One Time Spending Vs. Needs Funding Sustainability
- This spreadsheet will be posted on the EOHHS Opioid Settlement Advisory Committee Webpage.

Complete List of Activities from Community Input

1. Harm Reduction Infrastructure
2. Alternative Post-Overdose Engagement
3. Basic Needs Provision
4. Build Family Recovery Capital
5. Care Coordination
6. Co-Pay Subsidies
7. Cross-Sector Collaborations
8. Data Improvements
9. Engagement Incentives
10. Enhanced Surveillance
11. Expand Communications Campaigns
12. Expand Rescue Locations
13. Expand Residential Services
14. Expand Street Outreach
15. Harm Reduction Culture Change
16. Health Equity Supports
17. Housing Capital
18. Housing Operating
19. Improved Governance and Stewardship
20. Injury and Pain Management
21. Integrated Care Improvements
22. Justice Reform
23. New Communications Campaigns
24. Non-Profit Capacity Building
25. Prevention Initiatives
26. Rate Improvements
27. Recovery Capital and Supports
28. Rescue Drug Infrastructure
29. Rescue Drug Supply
30. Safe Use Strategy
31. Staff Augmentation
32. Stimulant Misuse Prevention
33. Substance Exposed Newborn Interventions
34. Technology Innovations
35. Trauma Supports
36. Treatment Access
37. Treatment Alternatives
38. Treatment Infrastructure
39. Web Resource Hub
40. Workforce Development
41. Workplace Initiatives
42. Youth Prevention

Build Consensus for State Fiscal Year 2023 Spending Recommendations

Reminder: Consensus-Building Approach

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

Recommendations will be reviewed, discussion will be held, and intermittent polls for consensus using the cards shown will be taken. Once modified consensus is achieved, a motion for a vote will be requested, as will a second.



THUMBS UP:

- Strongly agree with the proposal at hand as initially presented.
- No questions or concerns remaining and fully ready to vote.



THUMBS 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:

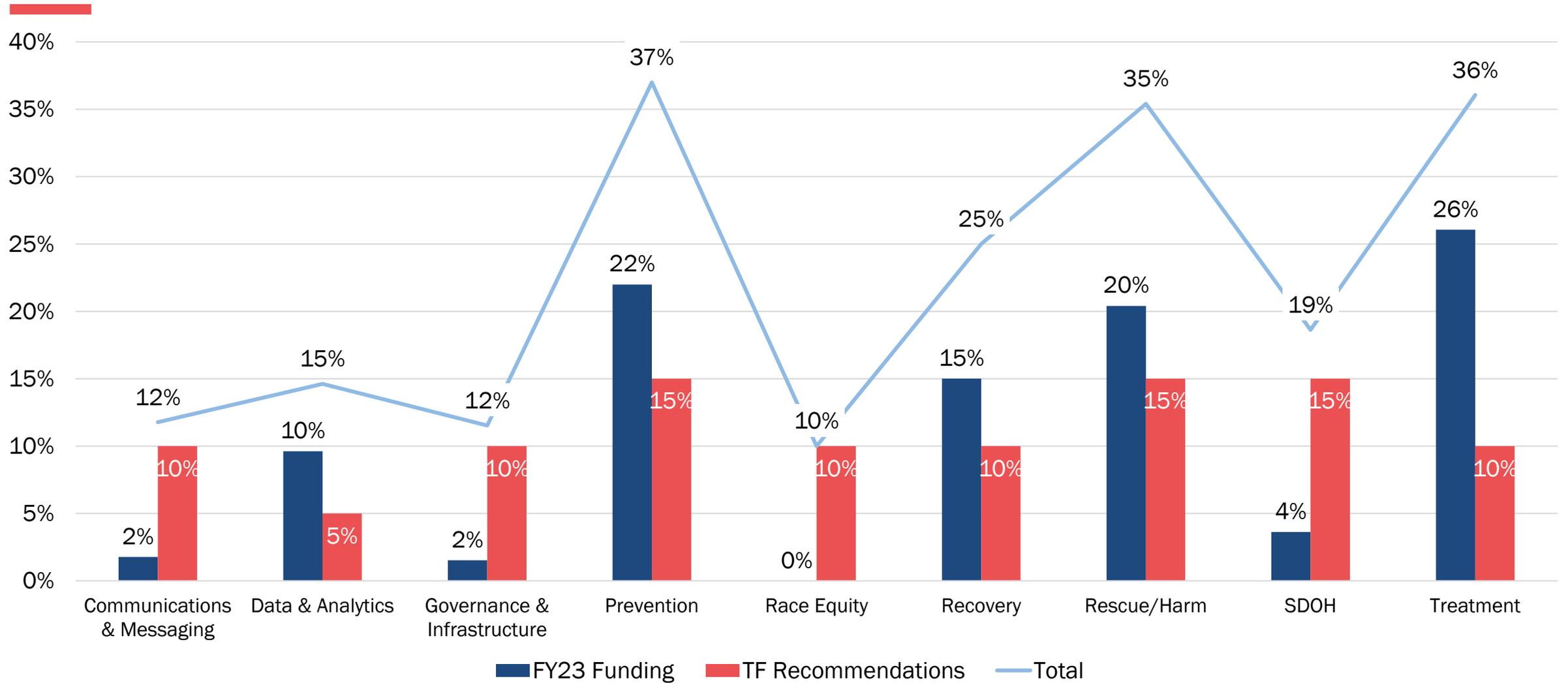
- Cannot live with the proposal at hand as initially presented and/or modified.
- Several questions or concerns remaining and not ready to vote.



NO THUMBS:

- Abstaining from vote (e.g., potential conflict, no preference)

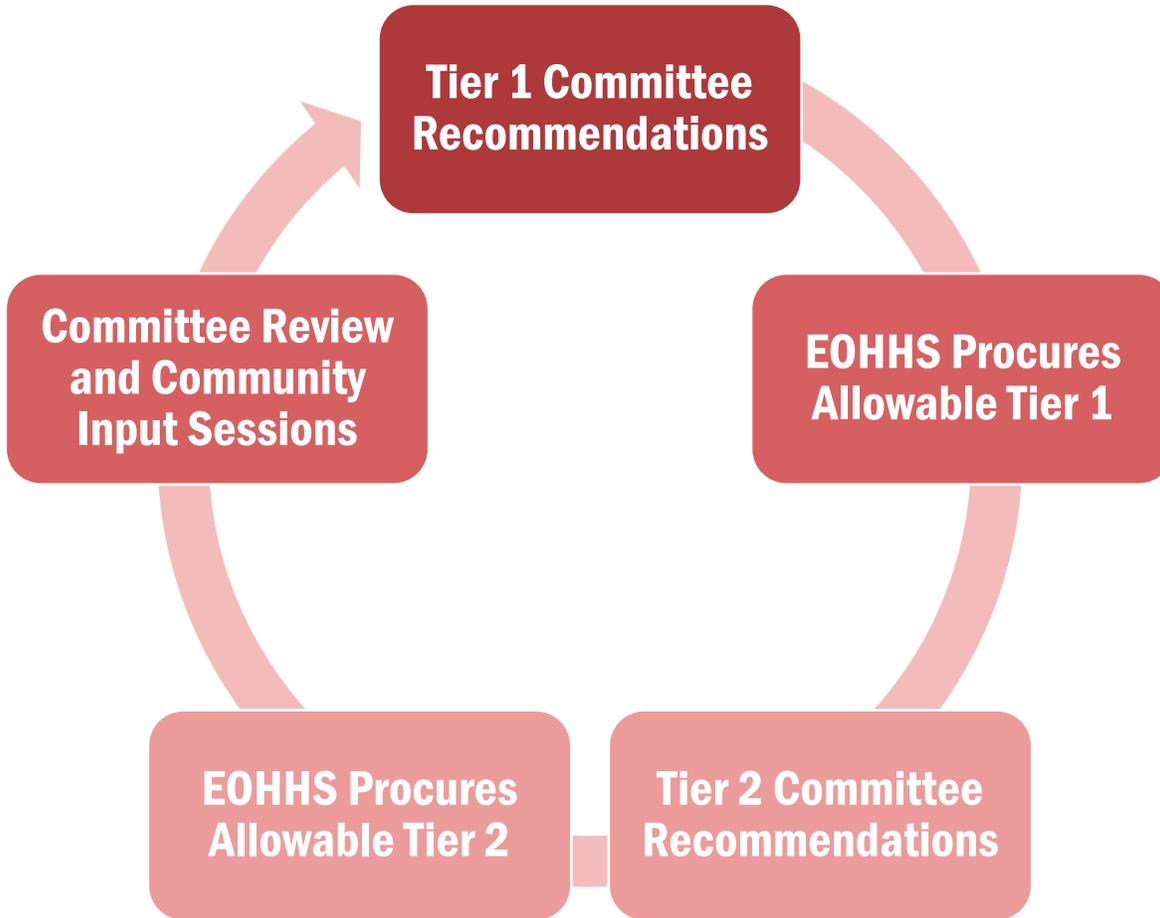
SFY 2023 Existing Funding and TF Funding Recommendations



Action: Build Consensus on Recommended Funding Amounts

Ensuring Racial Equity	10%	Prevention	15%
		Rescue & Harm Reduction	15%
		Treatment	10%
		Recovery	10%
		Social Determinants of Health	15%
		Effective Governance	10%
		Data	5%
		Public Communications & Messaging	10%

Action: Build Consensus on Tier 1 and Tier 2 Projects



Rationale for Approach:

- Go Deeper versus Broader
- Maximize Use of Dollars
- Begin Funding Top Priorities Sooner
- Spread Out Burden on State Procurement
- Continue Community Prioritization

Indicates Tier 1

Legend for Intensity of Support

#	Definition
5	Amplified 7+ Times in GOTF Meeting, Open Letter, or Survey
4	Amplified 3-6 Times in GOTF Meeting, Open Letter, or Survey
3	Amplified 1-2 Times in GOTF Meeting, Open Letter, or Survey
2	Work Group Priority (but not amplified by Survey or GOTF input)
1	Added from the Community Engagement Survey, but not amplified

Prevention Recommendations

Activity	Intensity of Support
Enhanced Surveillance	3
Injury and Pain Management	3
Substance Exposed Newborn Interventions	3
Staff Augmentation	2
Youth Prevention	2
Other Prevention Initiatives	1
Rate Improvements	1
Stimulant Misuse Prevention	1
Workforce Development	1

Rescue / Harm Reduction Recommendations

Activity	Intensity of Support
Expand Street Outreach	4
Justice Reform	4
Safe Use Strategy	4
Harm Reduction Culture Change	3
Harm Reduction Infrastructure	3
New Communications Campaigns	3
Technology Innovations	3
Trauma Supports	3
Alternative Post-Overdose Engagement	3

Activity	Intensity of Support
Expand Rescue Locations	2
Rescue Drug Infrastructure	2
Rescue Drug Supply	2
Staff Augmentation	2
Enhanced Surveillance	2
Co-Pay Subsidies	1

Treatment Recommendations

Activity	Intensity of Support
Rate Improvements	5
Treatment Infrastructure	3
Treatment Alternatives	2
Care Coordination	2
Workforce Development	2
Expand Communications Campaigns	1
Expand Residential Services	1
Integrated Care Improvements	1

Recovery Recommendations

Activity	Intensity of Support
Trauma Supports	5
Build Family Recovery Capital	3
Housing Operating	3
Staff Augmentation	3
Basic Needs Provision	2
Web Resource Hub	2
Recovery Capital and Supports	1
Workplace Initiatives	1

Social Determinants of Health Recommendations

Activity	Intensity of Support
Housing Capital	4
Housing Operating	4
Alternative Post-Overdose Engagement	3
Build Family Recovery Capital	3
Care Coordination	3
Expand Street Outreach	3
Basic Needs Provision	3
Trauma Supports	2
Engagement Incentives	1

Data & Analytics Recommendations

Activity	Intensity of Support
Data Improvements	2
Enhanced Surveillance	2
Staff Augmentation	2

Governance / Infrastructure Recommendations

Activity	Intensity of Support
Non-Profit Capacity Building	3
Improved Governance and Stewardship	2
Staff Augmentation	2
Cross-Sector Collaborations	1
Justice Reform	1
Rate Improvements	1
Workforce Development	1

Race Equity Recommendations

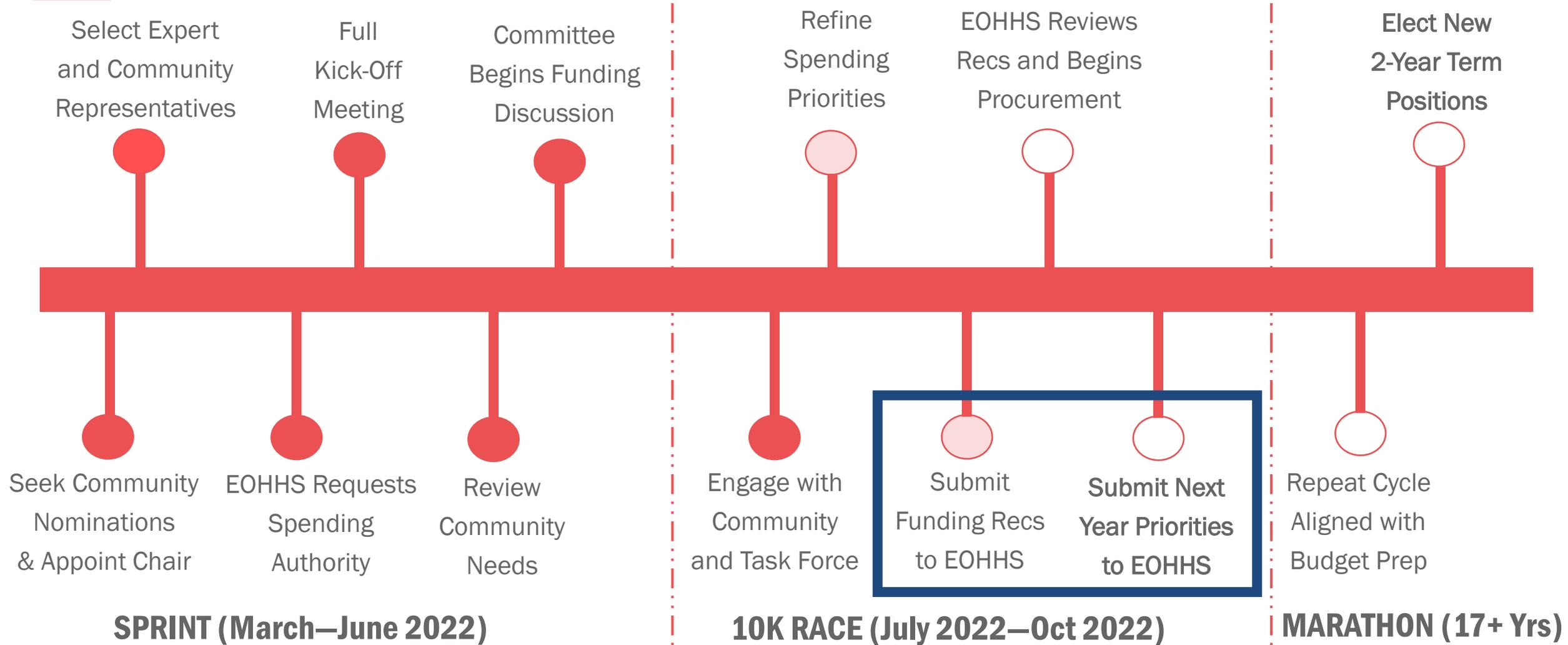
Activity	Intensity of Support
Expand Street Outreach	3
Treatment Access	3
Data Improvements	2
Health Equity Supports	2
Workforce Development	2

Public Communications Recommendations

Activity	Intensity of Support
Expand Communications Campaigns	2
New Communications Campaigns	2

Next Steps

Where We Are Headed Next Meeting



Public Comment

THANK YOU

Opioid Settlement Advisory Committee Chairperson:

Carrie Bridges Feliz, MPH

Vice President, Community Health and Equity

Lifespan

335R Prairie Avenue, Suite 2B | Providence, RI 02905

Phone: 401-444-8009

cbridgesfeliz@lifespan.org

**RHODE
ISLAND**

Settlement-Approved Opioid Abatement Activities

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