# Opioid Settlement Advisory Committee

**Thursday, April 27, 2023** 



# **Our Meeting Agenda**

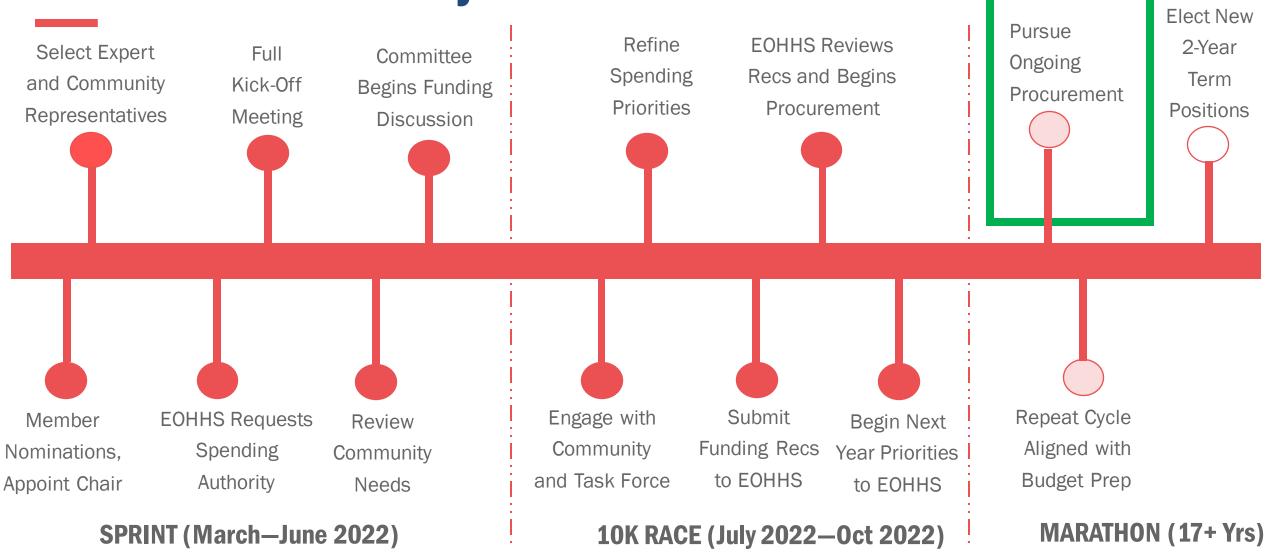
- I. Call to Order & Introductions: Carrie Bridges Feliz
- II. Update on State Fiscal Year 2023 Recommendations and Procurement Process: Acting Secretary Ana Novais and Marti Rosenberg
- III. Equity Approaches: Acting Secretary Novais and Carrie Bridges Feliz
- IV. Presentation from SFY23 Funded Project
  - a. RI Student Assistance Services: Sarah C. Dinklage & Samantha Rosenthal
- V. Next Steps & Other Updates
  - a. Governor's Task Force Update: Cathy Schultz
  - b. Next Meeting: Carrie Bridges Feliz
- VI. Public Comment
- VII. Adjourn



# Call to Order and Introductions



# **Where We Are Today**



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# Update on State Fiscal Year 2023 & 2024 Recommendations and Procurement Process



# OSAC Funding Procured & Begun as of 04.25.23 Blue Italics Font = New Developments

- Basic Needs Provision for High-Risk Clients and Community Members at Harm Reduction Agencies, Recovery Centers, organizations serving families with Substance-Exposed Newborns, and other community organizations
- Increased Harm Reduction Outreach Investments at Harm Reduction Agencies
- Substance Exposed Newborn Staffing and Data Enhancements at RI Department of Health
- Youth Behavioral Health Prevention in Schools
- Staff selected for the Automated Rapid Detection Surveillance System

# OSAC Funding Procured & Begun as of 04.25.23

<u>Blue Italics Font</u> = New Developments

- Data Heat Map Dashboard
- Contract for behavioral health services at three warming stations in addition to the Cranston Street Warming Station
- BIPOC Industry Workers & Chronic Pain Treatment and Prevention: Building Futures
- Harm Reduction Technology Implementation: Brave Technology Co-Op
- Contingency Management Services for People w/ Stimulant Use Disorder: DynamiCare Health
- Overdose Prevention Centers: Project Weber Renew

# OSAC Funding Procured & Begun as of 4.25.23

<u>Blue Italics Font</u> = New Developments

- Rhode Island Foundation Procurement Partnership: Community Youth Prevention Programs 8 Grants
- Coastline EAP
- Parent Support Network
- Providence Children and Youth Cabinet
- Rhode Island Sports Union
- Substance Use and Mental Health Leadership Council of RI
- The Providence Center
- The Rhode Island Alliance of Boys & Girls Clubs
- Woonsocket Prevention Coalition

# OSAC Funding Procured & Begun as of 4.25.23

<u>Blue Italics Font</u> = New Developments

- Rhode Island Foundation Procurement Partnership: Nonprofit Capacity Building Programs 8 Grants
- Access To Recovery
- Bridgemark
- Justice Assistance
- MAP Behavioral Health Services
- Project Weber/RENEW
- Strategic Prevention Partnerships
- VICTA Life
- 2nd Act Org

## **OSAC Procurements in Process as of 4.25.23**

- Recovery Housing Expansion (Level 2 and Level 3) RFP review Complete, Working with Purchasing
- Expanded SUD Residential Capacity RFP PO Pending on One Contract; Contract Negotiations on Other Contract
- Alternative Overdose Prevention Programming Contract Negotiations
- Expanding Street Outreach, with a focus on service BIPOC/Undocumented Residents RFP Review Complete, Working w Purchasing
- Support for Opioid Treatment Providers Working with Medicaid to Start Procurement
- Addressing Xylazine through CPR Training with Opioid Settlement Emergency Funds Contract Pending
- Recovery Supports Contracts being developed
- Opioid Settlement Evaluator Hiring process is underway
- Biosurveillance Lab Supplies at RIDOH Order is in and RIDOH has requested payment

# **OSAC Projects Under Development** as of 4.25.23

- Strategic Investments in Additional Harm Reduction Activities with Opioid Settlement Alternative Post-Overdose Funds
- Multi-Lingual Media Communications team will use these dollars for translations as needed
- Housing Capital, Operating, and Supportive Services Investment strategy drafted per OSAC feedback and is in development for procurement
- Non-profit capacity technical assistance development Planning underway

# Projects Still to be Planned/Procured as of 4.25.23

- Family Recovery Supports Strategic development under way at BHDDH.
- Trauma Supports for First Responders and Peers Strategic development conversations slated for May

### Emergency Fund – Funded or In Process as of 4/25/23

- Warming Station Behavioral Health Services \$200,000
- CPR Trainings for Providers and Community Members Estimated to be \$80,000
- Additional dollars needed for Harm Reduction Technology Project & BIPOC Industry Workers Project \$65,000
- Approximate dollars left to spend for FY23: \$155,000

## **Procurement Next Steps**

#### Here is a summary of how we are thinking about the next amounts of dollars to be procured and planned.

- FY23: July 1, 2022 through June 30, 2023. During this time period, we will continue procuring FY23-allocated projects.
  - What is not spent or procured will carry forward to FY24. (Because we started procuring in both one-year and two-year contracts in August of 2022, we never would have actually spent all of those dollars within FY23.)
- FY24: July 1, 2023 through June 30, 2024. During this time period, we will finish procuring FY23 allocated projects that were carried forward, and will begin procuring FY24-allocated projects. Some of these dollars will be sustaining FY23 project and others will likely be new procurements. FY24-allocated budgets will be spent through the fiscal year and perhaps into FY25, depending on when the dollars are encumbered.
- FY25: July 1, 2024 through June 30, 2025. During this time period, we will finish procuring FY24 allocated projects that were carried forward, and will begin procuring FY25-allocated projects.
  - During May of 2023, the Governor's Overdose Task Force will begin to generate recommendations for FY25 allocations.
  - In July and August of 2023, OSAC will consider FY25-allocation proposals from GOTF and the community.
  - OSAC will finalize FY25 funding recommendations to Secretary Novais at the August meeting. She will review them and provide feedback to the OSAC in September. She will propose her recommendations for the Governor's budget by October 1,

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# Discussion with Secretary Novais: Next Steps on OSAC Planning and our Focus on Equity



# **Celebrating One Year of OSAC**

#### The Opioid Settlement Advisory Committee first met on April 29, 2023

Since then, state partners have encumbered over \$11,000,000 in 26 contracts and another 15 individual grants in partnership with the Rhode Island Foundation.

An additional \$4,300,000 is close to being encumbered.

Of the encumbered dollars, vendors have spent \$3,100,000.

# **Looking Forward: Proposed Areas of Focus**

To align with best practices and our core values, we will deepen our work in the following areas:

- Equity Prioritizing the elimination of disparities that result in fatal overdoses having a much larger impact on our communities of color
- Engagement Ensuring that community members directly affected by overdose can share their experiences and participate in our OSAC processes and funding opportunities in an accessible way
- Transparency Public reporting, with spending reports across procurements
- Alignment Partnering with municipalities and national experts, the Governor's Overdose Task Force and our state agency partners
- Impact Beginning to track outcome data for evaluation and analysis

# **Equity Discussion**

#### **DRAFT Proposed Path Forward to Operationalize Equity**

- The Overdose Settlement Advisory Committee (OSAC) recognizes there are significant disparities within communities related to: (1) overdose outcomes, (2) access to treatment, harm reduction, prevention, and other services, and (3) the drivers of both substance use and substance use disorders. These disparities are driven by structural racism and other historical and structural systems of oppression. The OSAC is committed to centering and addressing these disparities in all its work.
- The OSAC, and the entire portfolio of opioid and overdose initiatives within the Executive Office of Health and Human Services, is aligned with EOHHS' commitment to "Choice, Voice, and Equity." Equity approaches are fundamental to all phases of the work including the proceedings of OSAC.
- The draft *Equity Expectations* recommendations below are submitted for consideration by the OSAC as part of the FY 25 recommendation process. These recommendations were developed based on feedback from EOHHS and other state agency staff with subject-matter expertise and training in equity initiatives. They were also informed by a cursory literature review and key informant interviews with other grant makers. Moving forward, the OSAC aims to revise the *Equity Expectations* to the Secretary as part of the annual funding recommendation process.

# **Draft Equity Expectations**

#### Transparent Approach:

- Advocate in support of collecting, analyzing, and publicly sharing data about disparities in overdose outcomes, and access to services including prevention, harm reduction, treatment, recovery supports, and other key services.
- Develop, ratify and publicly share evidence-based and evidence-informed Equity Expectations
- Offer multiple pathways for all interested parties to provide input and feedback on the Equity Expectations, as well as the state's progress towards addressing disparities, and use this input to drive change.

Strong, Equity-Focused Recommendation Processes:

- Provide OSAC ongoing training on equity issues and disparities identified in the overdose data
- Ensure an accessible, equitable path for community engagement in the recommendation process in English and Spanish
- Expect equity notes/impact statement on all recommendations from GTF to the OSAC starting for FY 26 recommendations
- Deliver equity notes/impact statement on all recommendations from the OSAC to the Secretary starting for FY 26 recommendations

#### **Equitable Procurement**

- The State should use the most accessible path to procurement to best support the ability for BIPOC-led and smaller organizations to compete on a level playing field in the procurement process
- State staff should concurrently work to promote equity-focused best practices in the State procurement process
- All procurements should acknowledge structural racism and address the expectation for compliance with Culturally and Linguistically Accessible Services (CLAS) standards and Americans with Disability Act (ADA) requirements
- Grant review committee should be developed with equity in mind, with people with lived experience on review committees whenever possible
- RFP review committees should receive training on equity, CLAS, and ADA issues
- Points should be assigned for equity, CLAS, and ADA responsiveness, as well as to organizations that are BIPOC- run and/or programs led by staff with lived experience

#### **Capacity Building Contract Management and Technical Assistance:**

- Offer an indirect rate for procurements that adequately supports smaller organizations and does not favor larger organizations.
- Require all vendors to develop and implement an equity plan for each contract within three months of grant award, and report on plan compliance twice a year, that includes:
  - How service delivery addresses identified equity issues
  - Opportunities to maximize demographic reporting when appropriate
  - At least one equity measure for integration into the evaluation plan
  - CLAS and ADA supports
  - Technical assistance or other supports needed
- Require all vendors to complete training on equity. CLAS and ADA (delivered thru TA contract) as appropriate.

#### **Shared Communications and Expectations:**

- Develop, memorialize, and implement equity standards for OSAC meetings, events, and communications, as well as all events, meetings, and communications funded with opioid settlement or stewardship funds
- All meetings can include statements that all activities align with the core values of Choice, Voice, and Equity
- Develop and adopt ADA/CLAS/equity event and communications standards
- Publicize Equity Expectations and provide training and technical assistance to state staff, community partners, and vendors on successful implementation

#### **Implementation Plan**

- Once Equity Expectations are approved, staff will develop an annual implementation plan and timeline.
  - Plan/timeline will be reflective of the importance of the work within the context of available resources and other OSAC priorities.
  - It is understood that OSAC's Equity Expectations are bold, far-reaching, and will develop over time as we learn more. As such, the OSAC recognizes this work will progress over the coming months and years.
    - The OSAC will receive bi-annual updates on the progress of the plan development and implementation.

#### **Closing Statement**

• The OSAC acknowledges this work is ongoing and ever-changing and follows the teaching of Dr. Maya Angelou: "Do the best you can until you know better. Then when you know better, do better." As such, the community is actively engaged and encouraged to provide feedback on opportunities for improvement on these Equity Expectations.

# **Spotlight on SFY23 Funded Project**



# RI Student Assistance Services

Sarah C. Dinklage, LICSW

Samantha Rosenthal, PhD, MPH



Student Assistance
Programs: An Effective
Strategy for Preventing
Youth Substance Use
and Promoting Mental
Health

Sarah C. Dinklage, LICSW
Chief Executive Officer
Rhode Island Student Assistance
Services

Samantha Rosenthal, PhD, MPH Epidemiologist Consultant Department of Behavioral Healthcare, Developmental Disabilities & Hospitals Who We Are: Brief History of SAPs in RI Rhode Island Student Assistance Services (RISAS) has provided school and community-based substance use prevention/early intervention programming since 1987.

RISAS is funded by the Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH) and Rhode Island school districts

# WHY IS SCHOOL-BASED PREVENTION IMPORTANT IN THE EFFORT TO END THE **OVERDOSE EPIDEMIC?**

- The majority of individuals diagnosed with SUD, including Opioid Use Disorder (OUD) started using substances before age 18.
- Early age of onset is an important predictor for the development of Substance Use Disorder (SUD) later in life.

National Drug Control Strategy Report from The White House Executive Office of the President, 2022

https://www.whitehouse.gov/wp-content/uploads/2022/04/National-Drug-Control-2022Strategy.pdf

# Project SUCCESS: Schools Using Coordinated Community Efforts to Strengthen Students

- Project SUCCESS is a multi-tiered student assistance program model.
- Project SUCCESS is located in schools where adolescents have easy access to highly trained student assistance counselors and where substance userelated risk factors are more likely to be detected.

MULTI-TIERED
PREVENTION
PROGRAMMING:
WHAT DOES IT LOOK
LIKE IN SCHOOLS?

Project SUCCESS is intended to reduce the risk of developing a substance use disorder by preventing/delaying initiation and intervening early.



#### Strategies:

Education for entire student population

Programming for youth who are at elevated risk for SUD

Intervention for youth who have started misusing substances in order to prevent progression to SUD.

# ACCESS TO EVIDENCE-BASED PREVENTION PROGRAMMING IN SCHOOLS

#### **Opioid Settlement Dollars**

10 new schools and expanded services to 9 schools

Increase access to school-based prevention/early intervention for 10,000 students

Workforce development and recruitment

#### **TOTAL by Fall 2023**

Project SUCCESS will be operating in **80** middle and high schools, representing **32** school districts.

30% designated Title I (40% or more designated low income)

53% of OS Funded Schools designated Title I

Over 53,000 students have access to a student assistance counselor in their school.

## Accomplishments: January- April, 2023

#### JANUARY-FEBRUARY

- Expanded Services in 9 Existing Schools
- Identified 10 new schools
- Assessed readiness to implement Project SUCCESS

#### **MARCH-APRIL**

- Provide Orientation for School Administration/Decision Makers
- Recruit and Hire Student Assistance Counselors for 10 New Schools
- Conduct New Staff Training
- Provide Orientation and Outreach to Faculty, Parents, and Students

#### **APRIL**

- Outreach to entire student body
- 180 students received assessment and brief intervention services

Assessment and Brief Intervention: Individual and group sessions

# Referral and Case Management



Youth Voices

Students at schools with Project SUCCESS had . . .

fewer depressive symptoms





35%

lower past month use of cigarettes





20%

lower past month use of alcohol



20%

lower suicide ideation

27%

lower past month use of marijuana



NOTE: Results are from the Rhode Island Student Survey 2020-2021 administration. Depressive symptoms were measured by the Modified Depression Score, a continuous score ranging from 0 to 24. Percent difference was calculated by adjusted logistic and linear regressions controlling for age, sexual and gender identity, pre-post COVID lockdown, %White, %Free/reduced lunch, urban classification, and school level. All results are significant at p<0.05. Analyses conducted by SR Rosenthal, 1/1/2023.



28%

lower past month vaping

# KEY TAKEAWAYS

WE WILL NOT ADDRESS THE OPIOID EPIDEMIC LONG TERM UNLESS WE PREVENT AND REDUCE YOUTH SUBSTANCE USE AND MENTAL HEALTH PROBLEMS.

STUDENT ASSISTANCE PROGRAMS, BASED ON THE MODEL PROJECT SUCCESS, ARE AN EFFECTIVE APPROACH IN THE EFFORT TO PREVENT SUBSTANCE USE DISORDERS.





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# **Governor's Overdose Taskforce Updates**

Cathy Schultz, Director of Governor's Overdose Taskforce



# **Governor's Overdose Task Force**

- The Governor's Overdose Task Force Semi-Annual Report was submitted to the Governor
- May Task Force will be a Community Conversation to discuss recommendations from each Work Group
  - Please join us on Wednesday, May 10<sup>th</sup> from 11:00 12:30 (virtual)

Zoom Meeting Link: <a href="https://zoom.us/j/97783841890">https://zoom.us/j/97783841890</a>

Zoom Meeting ID: 977 8384 1890

Dial in: <u>646-558-8656</u>

For more information, please visit: <a href="https://preventoverdoseri.org/the-task-force/">https://preventoverdoseri.org/the-task-force/</a>

# **Next Meeting**

Carrie Bridges Feliz



# **May Meeting**

May 17 from 1 – 3 p.m. at the University of Rhode Island (URI)'s Kingston campus in the Student Senate Chambers of the Memorial Union.

Information on parking to follow.

For those who are interested, there will be a tour of the URI Community First Responder Program (CFRP) at Morrill Hall following the meeting from 3 – 4 pm. Light refreshments will be served.

# **May Meeting Tentative Agenda**

- Update on State Fiscal Years 23 & 24 Recommendations and Procurement including next steps on FY 23 and 24
- Equity discussion continued
- Planning for FY 25
- Subject Matter Experts
  - Pharmacy Intervention: Dr. Traci Green and Dr. Jeffery Bratberg
  - Teva Settlement: TBD
- Updates and Next Steps
- Public Comment
- Adjourn

# **Public Comment**





### **Opioid Settlement Advisory Committee Chairperson:**

Carrie Bridges Feliz, MPH
Vice President, Community Health and Equity
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# **Appendix**



# **Anticipated Procurement Timeline for FY23 Funds**

= On Track / = At Risk / = Off Track / = Under Development / Too Soon to Tell

Status:

### October 2022

 Begin procurement processes for second 4 projects and send to Purchasing. At least 2 of the first procurements are posted.



### November 2022

 Begin procurement process for the third group of 4 projects and send to Purchasing. Kick off additional 3 procurements.



### December 2022

 Begin procurement process for the fourth group of 4 projects and sent to Purchasing. Kick off additional 5 procurements.



## January 2023

Continuing procurements and implementation. Working with Purchasing.



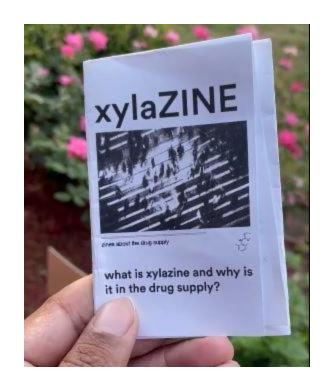
# Xylazine: Information Now Available on PreventOverdoseRI.org

Information about xylazine, a veterinary tranquilizer that is showing up in the local drug supply, is now available on PreventOverdoseRI.org (PORI)'s <u>Learn About Xylazine</u> webpage.

**Xylazine is not approved for human use.** It can cause a deep and long-lasting sedation that can lead to injuries related to poor circulation and breathing problems, especially if used with other sedating drugs. While naloxone should be administered and a call placed to 9-1-1 in the event of an apparent overdose, special attention should be given to ensure that the person is breathing even if they remain unconscious. Long-term use of xylazine can lead to physical dependence and withdrawal symptoms, including irritability, anxiety, or low mood.

Xylazine use has also been associated with severe skin and soft tissue wounds and ulcers that can lead to infection. PORI's new webpage also offers information about wound care and local healthcare facilities specializing in wound care treatment.

In addition to the new webpage, <u>testRI</u> researchers, who work in a partnership with Brown University School of Public Health, Brown Emergency Medicine, community harm reduction organizations, and RIDOH, have developed a printed resource to provide information about xylazine. This eight-page booklet (known as a "Zine") spells out what xylazine is, where it is showing up in the drug supply, and more. You can download a printable xylaZINE <u>here</u> and <u>watch this video tutorial</u> to learn how to fold the zine.



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## **Statewide Behavioral Health Public Awareness Campaigns**

#### Small Amount/Fentanyl Risks (Phase 3)

Phase 3 has officially relaunched and includes paid ads for Connected TV (e.g., video streaming services via Hulu, Roku), bus shelters (within/near overdose hot spots), and new media tactics: SMS/MMS text messaging will work *in synchronization with* a targeted direct mail campaign is going to be requesting review and final approval by EOHHS and the Governor's Office; messages will be enabled within specific ZIP codes based on RIDOH's overdose hot spot data in alignment with Rhode Island Overdose Action Area Response (ROAAR) Public Health Alerts; YouTube video pre-roll advertisements; and Statewide movie theater trailers for R-rated movies.

#### Substance-Exposed Newborns (Phase 3)

Last week, RIDOH received a PO to start working with RDW Group to develop and launch Phase 3 of the "Pregnant? Using? We Can Help." campaign for pregnant people, mothers, and substance-exposed newborns. The campaign is funded by State Opioid Response (SOR) and SOR Block Grant funding, with the latter funding source specifically requiring content related to alcohol and marijuana use.

#### NEW: Polysubstance Use and Accidental Youth Poisonings

The statewide BH Conversation Team is currently developing public awareness campaigns on the topics of polysubstance use and accidental youth poisonings with local marketing vendor, RDW Group. These campaigns are being project managed by Ashley O'Shea of EOHHS; RIDOH is acting as a technical advisor. The polysubstance use campaign will start with paid digital media placements using CDC's national campaign and will direct people to PreventOverdoseRI.org. In addition, the polysubstance use and youth accidental poisoning campaigns will develop localized messaging based on substantial input from key informant interviews with community members/subject matter experts before proceeding with the development of messaging/creative and media planning.

#### Three Words Can Make a Difference (Phase 2)

The interagency, statewide Behavioral Health (BH) Conversation Team has relaunched the 2021 *Three Words Can Make A Difference* public awareness campaign. This campaign was originally developed in response to data findings from the BHDDH Public Attitudes survey, which showed 91% of Rhode Islanders believe that a person should not feel ashamed to get help, and that the majority of Rhode Islanders know or have known someone who has struggled with a behavioral health condition- but do not know how to help. The campaign encourages audiences to visit BHLink.org to learn how you can support someone in need. Phase 2 includes poster distribution throughout local colleges and universities. You can access the campaign toolkit here.

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# **State Fiscal Year 2023 Recommendations Update**

First Cohort

RFP

State

Other

Harm Reduction Centers Infrastructure and Technologies (\$2.25 M)

Enhanced Surveillance and Communications (e.g., Race/Ethnicity Data and Multilingual Media) (\$1.0 M)

Basic Needs Provision for High-Risk Clients and Community Members (\$700,000) Second Cohort

Substance-Exposed Newborns Interventions and Infrastructure (\$600,000)

BIPOC Industry Workers and Chronic Pain Treatment and Prevention (\$500,000)

Expanded Street
Outreach—Including
Undocumented Resident
Engagement
(\$1.5 M)

Third Cohort

Recovery Capital and Supports—Including Family Recovery Supports (\$900,000)

Youth Behavioral Health Prevention in Schools and Communities (\$4.0 M)

Non-Profit Capacity
Building and Technical
Assistance
(\$1.0 M)

Fourth Cohort

Bricks & Mortar Facility Investments, Treatment On-Demand, and Contingency Management (\$1.5 M)

> Recovery Housing Incentives (\$500,000)

Housing Capital, Operating, and Services for High-Risk Communities (\$1.75 M)

# Fifth Cohort

Alternative
Post-Overdose Engagement
Strategies
(\$750,000)

First Responder/Peer Recovery Specialist Trauma Supports (\$1.0 M)

Additional SUD Provider Investments (\$800,000)

### **Opioid Settlement Advisory Committee: State Fiscal Year 2023 Funding Recommendations**

\$18.75M Allocated below + \$1.25M for Governance = \$20M Total

\$3.45M, 17%

# Social Determinants

**Evidence-Based Activity** 

Identified Funding Need

Requires Additional Coordination First Responder/Peer Recovery Specialist Trauma Supports (\$1.0 M)

Basic Needs Provision for High-Risk Clients and Community Members (\$700,000)

Housing Capital,
Operating, and Services for
High-Risk Communities
(\$1.75 M)

\$4.5M, 23%

# Harm Reduction

Expanded Street
Outreach—Including
Undocumented Resident
Engagement
(\$1.5 M)

Harm Reduction Centers Infrastructure and Technologies (\$2.25 M)

Alternative Post-Overdose Engagement Strategies (\$750.000) \$2.8M, 14%

### **Treatment**

BIPOC Industry Workers and Chronic Pain Treatment and Prevention (\$500,000)

Bricks & Mortar Facility Investments, Treatment On-Demand, and Contingency Management (\$1.5 M)

> Additional SUD Provider Investments (\$800.000)

\$2.0M, 10%

### Recovery

Recovery Capital and Supports—Including Family Recovery Supports (\$900,000)

Substance-Exposed Newborns Interventions and Infrastructure (\$600,000)

Recovery Housing Incentives (\$500,000)

\$6.0M, 30%

### **Prevention**

Enhanced Surveillance and Communications (e.g., Race/Ethnicity Data and Multilingual Media) (\$1.0 M)

Youth Behavioral Health Prevention in Schools and Communities (\$4.0 M)

Non-Profit Capacity Building and Technical Assistance (\$1.0 M)

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### **SFY 2024 Funding Recommendations: Accepted by Secretary Novais**

**Gold = Treatment Red = Program Administration** 

**Light Grey = Prevention** 

**Dark Grey = Recovery** 

**Light Blue = Harm Reduction** 

**Dark Blue = Social Determinants of Health** 

FY 24 NEW PROJECTS		FY 23/24 SUSTAINABILITY		FY 24 RESPONSE/ADMIN	
\$2,600,000 (25%)		\$6,070,000 (59%)		\$1,600,000 (16%)	
SUD Residential and Workforce Support*	\$600,000	Housing and Recovery Housing/Supports	\$2,620,000	Emergency Response	\$500,000
BIPOC Youth Development	\$800,000	Youth Prevention Programming	\$1,150,000	Program Administration	\$600,000
Drop-In Center for Drug User Health*	\$150,000	Harm Reduction Center and Treatment Capacity	\$1,250,000	Project Evaluation	\$500,000
Naloxone Distribution Infrastructure*	\$500,000	Expanded Street Outreach	\$1,050,000		
Undocumented and Uninsured MAT Coverage*	\$550,000				

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# **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.

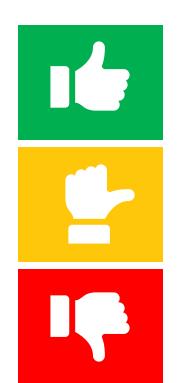
<sup>\*</sup>The first five items are paraphrased and summarized from the Johns Hopkins' "The Principles To Guide Jurisdictions In The Use Of Funds From The Opioid Litigation, We Encourage The Adoption Of Five Guiding Principles".

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# 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.



- Can live with the proposal at hand as initially presented and/or modified.
- Limited questions or concerns remaining and generally ready to vote.



- 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)