# Opioid Settlement Advisory Committee

**August 24, 2023** 

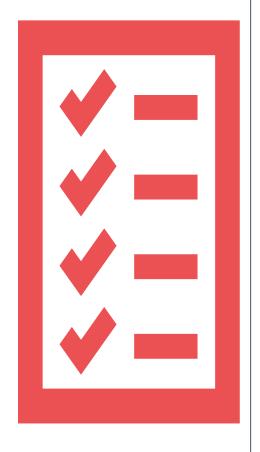


# Call to Order and Introductions



## **Our Meeting Agenda**

- Review of the July 2023 OSAC Minutes
- II. OSAC FY2025 Recommendation Process
  - i. Review of July OSAC Discussion and Other Inputs into Decision-Making
  - ii. Public Comment
  - iii. Presentation of a Draft FY25 Funding Plan
  - iv. Public Comment
  - v. Consensus Recommendations for FY25 Settlement Fund Allocations
  - 1. Other Funding: Update on FY25 Stewardship Fund Recommendations
- III. Next Steps
  - i. Governor's Task Force and Other OSAC Updates
  - ii. Next Meeting Wednesday, September 20, 2023 from 1 to 3 pm at the Virks Building
- IV. Public Comment
- V. Adjourn



EOHHS has developed this meeting agenda and its components to align with our core values of Choice, Voice, and Equity.

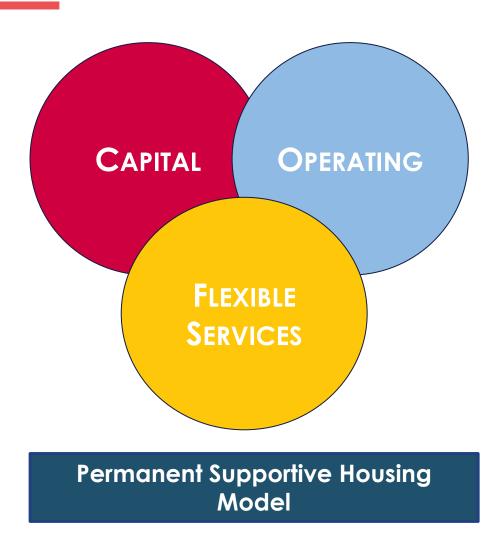
## **Where We Are Today**







## **Developing a Pipeline for Permanent Supportive Housing**



#### HOUSING

- PERMANENT: Not time limited, not transitional;
- AFFORDABLE: For people coming out of homelessness; and
- **INDEPENDENT:** Tenant holds lease with normal rights and responsibilities.

#### SERVICES

- FLEXIBLE: Designed to be responsive to tenants' needs:
- VOLUNTARY: Participation is not a condition of tenancy; and
- INDEPENDENT: Focus of services is on maintaining housing stability.

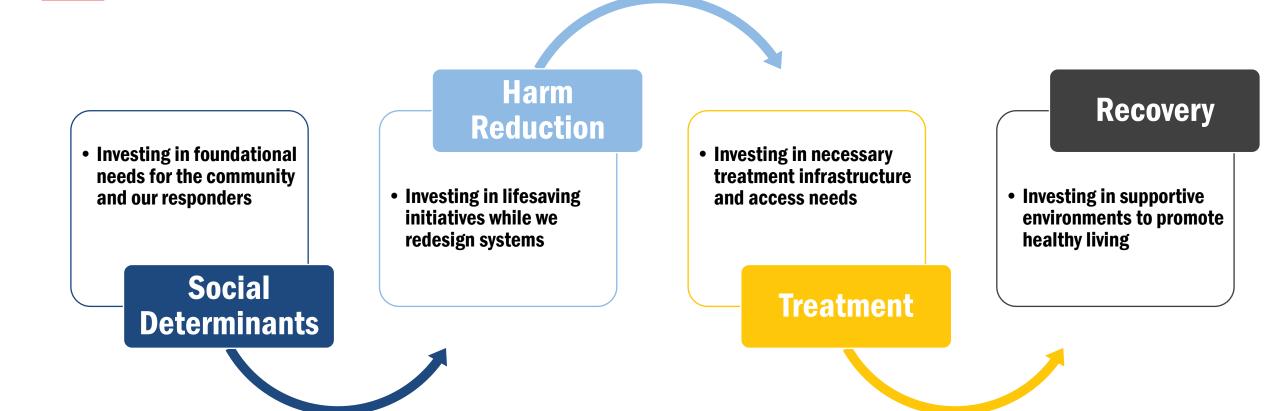
## **Housing Procurement Updates - FY24 Plan**

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Activities	DESCRIPTION	BHDDH	HOUSING	EOHHS	DOC	Amount
1	Mobile Medical Respite (Wound Care)			Χ		\$264,982
2	Harm Reduction Implementation Incentives for housing and homelessness service providers			X		\$100,000
3	Expanding Supportive Service Partnerships		X	Χ		\$100,000
4	Housing First Policy, Stigma Training, and Technical Assistance			X		\$220,000
5	Equity Supports for (Language Line, Documentation, Assistive Devices)			X		\$74,077
6	24/7 Navigation Center Supports		Χ	Χ		\$250,000
7	Statewide Mitigation Fund to offer landlords reimbursement for renovations and/or property damage		X	X		\$100,000
8	Landlord Incentives for Priority Population		Χ	Χ	X	\$180,000
9	Subsidies for OUD/SUD Clients			X		\$540,000
10	Life Skills Increase recovery house rates for projects that accept families w/children; funds to meet ADA and CLAS	Х		X		\$430,000
11	Reentry and Housing Essentials: Vital Documents and Care Packages for incarcerated individuals				X	\$125,000
					Total:	\$2,384,059

# Decision-Making: FY25 OSAC Recommendations



## **Supporting Clients Through the Overdose Continuum of Care**



**Prevention** 

Investing in our youth, community partners, and systems to curb substance misuse and addiction.

## **Guiding Principles for Decision-Making**

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

1) 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.
2) 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.
3) Invest in youth prevention.	Support children, youth, and families by making long-term investments in effective programs and strategies for community change.
4) 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
5) 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.
6) 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".

## **Governor's Overdose Task Force (GOTF) Priorities**

**Ensuring Racial Equity and Eliminating Disparities** 

**Building Strong Governance and Community Engagement** 

**Expanding Data Capacity and Surveillance** 

**Addressing the Social Determinants of Health** 

**Reinforcing Comprehensive Prevention** 

**Strengthening Harm Reduction and Rescue** 

**Increasing Investment in Treatment** 

**Supporting Recovery** 

**Alignment with the Settlement Advisory Committee** 

# Review: FY23 & FY24 Funding Amounts and Percentages



## **Opioid Settlement Advisory Committee: FY23 Original Investments**

\$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—(\$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)

## **SFY 2024 Original Funding Recommendations**

**Gold = Treatment (\$1.775M/17%)** Light Grey = Prevention (\$1.95M/19%) Light Blue = Harm Reduction (\$2.175M/21%)

Red = Program Administration (\$1.6M/16%)

Dark Grey = Recovery (\$1M/10%)

Dark Blue = Social Determinants of Health (\$1.77M/17%)

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			1.1	MINOUL

**FY24** Funding Availability

Funding Areas	Total FY23 Funds to be Spent in FY24	Total FY24 Allocated Funds	Total Allocated Funds Available to be Spent in FY24 and into FY25	Percentage of these remaining FY23/24 funds by funding area (out of remaining FY23/24 combined)
SDOH	\$3,896,957	\$2,620,000	\$6,516,957	25%
Harm Reduction	\$3,786,004	\$2,550,000	\$6,336,004	24%
Treatment	\$2,798,867	\$1,550,000	\$4,348,867	17%
Recovery	\$1,847,230		\$1,847,230	7%
Prevention	\$2,175,903	\$1,950,000	\$4,125,903	16%
Staffing and Evaluation	\$568,979	\$1,100,000	\$1,668,979	6%
Emergency Response	\$350,299	\$500,000	\$850,299	3%
Enhanced Surveillance/Data	\$412,094		\$412,094	2%
Total	\$15,836,333	\$10,270,000	\$26,106,333	100%

## **Committee Discussion**



# Review of Survey Responses



## **Discussion: FY25 DRAFT Strawperson**

#### **Pursing consensus on Committee Members' Ideas for the FY25 Recommendations**

- Reviewing the Johns Hopkins Principles what stands out as some of the most important principles this year?
- Are there any other higher-level decisions you'd like to consider before we discuss particular programmatic areas?
   For instance, some of you have commented on the question of whether to focus more on sustaining existing programming or adapting existing programming rather than instituting new programming this year? Some of you have mentioned focusing on geographic considers in programming or focusing on particular demographics.
- Because we do not yet know the exact dollar amount that we will be able to allocate for FY25, the state staff
  believe that at this time, it would be best if your recommendations are focused on the percentages and the general
  approach in each strategic area. We can revisit the funding details questions in November, before the Governor's
  budget becomes final.
- Bottom line: Given what we've focused on in previous years, the current landscape, and the dollars that we have to spend, what are your top priorities for FY25?

# FY25 DRAFT STRAWPERSON



## **STRAWPERSON DRAFT: State Fiscal Year 2025 Funding Recommendations**

\$26,106,333 being spent in FY24, from FY23 & FY24 allocations; ~\$7M to allocate for FY25, plus additional to be affirmed soon.

**Addressing Social Determinants** (\*Communications)

**Non-Profit Capacity Building** and Technical Assistance -**EOHHS** 

**Mobile Medical Respite -Wound Care Infrastructure -EOHHS** 

**Sustaining** 

**Existing** 

Investment

**Expansion or** 

**Adaptation of** 

**FY23 or FY24** 

**Investments** 

New

Housing: Flexibility on Specific Area, based on Need -EOHHS

**Basic Needs Provision** for High-Risk Clients and **Community Members** 

**Communications -**Translations, paid campaigns, and capacity

FY23& FY24 Allocations: \$7,450,000; 25% To spend in FY24: \$6.5M

Reinforcing Comprehensive **Prevention** 

**Sustain Youth Behavioral Health Prevention in Schools and Communities** -**BHDDH** 

**Planning for sustaining Community-Based Youth** Prevention (i.e., Out of **School Time Programs/Mentoring)** 

FY23&FY24 Allocations: \$5,950,000; 20% To spend in FY24:\$4.1M

#### **Strengthening Harm Reduction and Rescue**

**Sustain existing mobile** outreach teams to rapidly respond to emerging trends - RIDOH

Sustain expanded outreach focusing on BIPOC communities - RIDOH

**Sustain Overdose Prevention Center Pilot -EOHHS** 

**Sustain and Expand Harm** Reduction Infrastructure and Alternative Post-Overdose **Services: Naloxone and HR** Hubs, Safe Landings, and expand HR Technologies (private locations)

**RIDOH. EOHHS** 

FY23& FY24 Allocations: \$7,050,000; 23% To spend in FY24: \$6.3M

#### **Increasing Engagement in Treatment**

**Sustain BIPOC Industry Workers** and Chronic Pain Treatment and **Prevention - EOHHS** 

**Infrastructure Investments in Treatment - Low Threshold MOUD** (incl for undocumented Riders). Bricks & Mortar, etc. -**BHDDH** 

**Continue FY24 investment in** stimulant treatment infrastructure and evidencebased practices targeting stimulant use and BIPOC communities - BHDDH

FY23& FY24 Allocations: \$4,350,000; 14% All to spend in FY24

#### **Supporting** Recovery

**Sustain Recovery Capital Building and Supports— Including Family Recovery Supports and SEN** 

**Recovery Housing Expansions -**BHDDH

> **Recovery Workforce** Investments

**New Recovery Infrastructure Investments: Centralized Resource Hub, TA for Standardizing Metrics, etc.** 

FY23& FY24 Allocations: \$2,000,000; 7% To spend in FY24: \$1.8M

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## **STRAWPERSON DRAFT: State Fiscal Year 2025 Funding Recommendations**

\$26,106,333 left to spend from FY23 & FY24 allocations; ~\$7M to allocate for FY25, plus additional to be affirmed soon.

**Ensuring Racial Equity** 

Invest in Racial
Equity Strategy and
Implementation
Infrastructure

New

**Sustaining** 

**Existing** 

Investment

**Expansion or** 

**Adaptation of** 

**FY23 or FY24** 

**Investments** 

FY23& FY24: No Specific Allocation Building Strong Governance and Community Engagement (Including Emerging Issues Response)

## **Staffing**

Supporting the
Capacity to
Implement
Program
Development and
Contract
Oversight EOHHS/BHDDH/
RIDOH

FY23& FY24 Allocations: \$850,000; 3% To spend in FY24: \$669K

### **Evaluation**

Supporting Evaluation Staff and Activities -EOHHS

FY23& FY24 Allocations: \$1,000,000; 3% To spend in FY24: \$1M

### Emergency Funds

Emergency Fund (\$500,000) - TBD

Municipal and Emergent Issues Funding (\$500,000) - TBD

FY23& FY24 Allocations: \$1,000,000; 3% To spend in FY24: \$850K

# Expanding Data Capacity and Surveillance

Investments in Expanding Demographic Data and Speeding Up Overdose Reporting -RIDOH

FY23& FY24 Allocations: \$620,000: 2% To spend in FY24: \$412K

> RHODE ISLAND

## **Discussion: FY25 DRAFT Strawperson**

#### **Pursing consensus on Committee Members' Ideas for the FY25 Recommendations**

- Reviewing the Johns Hopkins Principles what stands out as some of the most important principles this year?
- Are there any other higher-level decisions you'd like to consider before we discuss particular programmatic areas?
   For instance, some of you have commented on the question of whether to focus more on sustaining existing programming or adapting existing programming rather than instituting new programming this year? Some of you have mentioned focusing on geographic considers in programming or focusing on particular demographics.
- Because we do not yet know the exact dollar amount that we will be able to allocate for FY25, the state staff believe that at this time, it would be best if your recommendations are focused on the percentages and the general approach in each strategic area. We can revisit the funding details questions in November, before the Governor's budget becomes final.
- Bottom line: Given what we've focused on in previous years, the current landscape, and the dollars that we have to spend, what are your top priorities for FY25?

## **Public Comment**



# Draft FY25 Percentages from July and then Updated with new Alignment to Strategic Plan and Committee Discussion

Statewide Strategies/Funding Areas	DRAFT FY25 Funding Example – July Meeting	DRAFT FY25 Funding Example – Updated 8/21	Dollar Amounts for \$7.1M Total with Updated %
Social Determinants of Health (including Capacity Building and Communications)	17%	15%	\$1,065,000
Prevention	11%	9%	\$639,000
Harm Reduction	17%	16%	\$1,136,000
Treatment (including Safe Landings)	17%	16%	\$1,136,000
Recovery	20%	20%	\$1,420,000
Racial Equity - Specific Infrastructure Investment (plus racial equity throughout all other areas)	No Specific Allocation	3%	\$213,000
Staffing, Eval, & Municipal Engagement (within Strong Governance & Community Engagement)			
Staffing	10% (With Evaluation)	5%	\$355,000
Evaluation		4%	\$284,000
Emergency Response	4% (Aim is \$500,000)	4% (Aim is \$500,000)	\$284,000
New Municipal/Innovation Fund	4% (Aim is \$500,000)	4% (Aim is \$500,000)	\$284,000
Data	No Specific Allocation	4%	\$284,000
Total	100	100	\$7,100,000

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25

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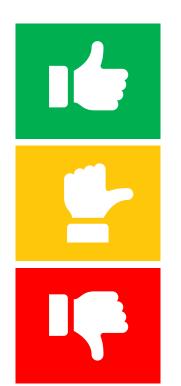
# Committee Discussion – and then Public Comment



## 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.

#### **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)





# DRAFT FY25 Opioid Stewardship Proposal



## **DRAFT FY25 Stewardship Budget**

FY25 Opioid Stewardship Budget		DRAFT FY25 Recommended Budget
BHDDH		1,600,000
Expansion: Recovery Friendly Workplace	This is a draft which will be completed in Septembe	r 200,000
Expansion: Recovery Housing - Alcohol Use Disorder	by the interagency team. The aim is to cover both	600,000
Regional Substance Abuse Prevention Task Force	community programs and agency-related activities,	500,000
Hope Initiative		300,000
RIDOC	up to a total of \$4,500,000.	<b>\$1,331,585</b>
Expanded Medication for Addiction Treatment with Injectable Buprer	norphine	378,100
MAT Expansion		846,628
Narcan Vending Machine		106,857
EOHHS		400,000
Director of Overdose, Prevention, and Response		190,000
Support for the Task Force Work Group Community Co-Chairs		60,000
Supervising Accountant (Programming Services Officer)		150,000
RIDOH		1,800,236
Drop-in Centers (Harm Reduction)		151,273
Harm Reduction Infrastructure		450,000
Naloxone Distribution (Outreach Teams)		450,000
Rapid Overdose Death Detection (RODD) - Change from RODD to OSI	135,872	
Shift Needle Exchange/Harm Reduction program to OSF		50,000
PDMP FTE Funding		153,091
HR/Naloxone Overdose Surveillance		150,000
Analytical drug testing Forensic Toxicology Laboratory drug		260,000
Grand Total		5,131,821.









## **Upcoming Meeting Dates**

Members must attend in person, but guests may attend by Zoom.

In person: EOHHS, 3 West Road, Cranston from 1 – 3 pm

**Virtual: Zoom Meeting ID: 857 0963 7966 Passcode: 696736** 

- Wednesday, September 20, 2023
- Thursday, October 26, 2023
- Wednesday, November 15, 2023 TO BE MOVED

# **Appendix**



## **FY25 - GOTF Funding Recommendations Process**

In March 2023, the Task Force Director facilitated conversations with Work Group Co-Chairs to complete recommendations slides for FY2025

# GOTF Working Group Co-Chairs

• In March 2023, GOTF Work Group co-chairs were provided with template slides and a copy of the Strategic Plan to collect community input for FY2025 OSAC recommendations. They were asked to select 3-5 activities and focus on sustainability, evidence-based strategies, and strategic plan alignment.

# **Work Group Recommendation Process**

• Each workgroup used the month of April to collect recommendations either during their meetings and/or through surveys. The Rescue and Harm Reduction workgroups coordinated and combined their recommendations.

# **GOTF Community Conversation Meeting**

• The May 2023, GOTF meeting included a community conversation with breakout sessions reflect seven areas of focus: Racial Equity, SDOH (other than Housing); SDOH (Housing); Emerging Issues, Harm Reduction, Treatment and Recovery (Combined), and Prevention.

## **Report Outs**

• In May and June, the Task Force Director shared a report out of the keytakeaways from the May Community Conversation breakout sessions with the workgroup co-chairs and Task Force for final feedback.

## **Final Prep for OSAC: Aggregating Activities**

- The EOHHS Staff Team compiled all funding recommendations from the GOTF
  Working Groups, May Task Force Community Conversation, Strategic Plan, and
  FY2023/FY2024 funded projects requested to be sustained into one comprehensive
  master list.
  - Each recommendation is categorized by each pillar and aligned within the strategies of the Task Force's action plan.
  - Each recommendation is listed as either a proposal to 1) sustain a current investment, 2) sustain and expand a current investment, or 3) funding a new investment

# Overdose Task Force Fiscal Year 2025 Recommendations to OSAC

(7/1/2024 - 6/30/2025)



# **Task Force Recommendations – Racial Equity**

Strategies	Task Force Recommendations for OSAC	Sustainability
Ensure that the Race Equity conversation is being embedded across all pillars	Continue to invest in implementation of Racial Equity Strategy and Implementation Plan (RESIP), including race equity training to Include Professional Development to members of the GOTF WCs and community members.	Sustain and expand current investment (funded through 7/30/2023)

## **Task Force Recommendations – Social Determinants of Health**

Strategies	GOTF Recommendations for OSAC	Sustainability
	Invest in low barrier housing for all people to reduce overuse of the emergency departments, reduce recidivism into the criminal justice system, and provide self-directed integration into community resources.	Sustain (funded through 6/30/2024)
	Invest in housing options for pregnant people, children and families	New
Focus on disparities across all pillars, i.e. housing, stable employment, etc.	community-based wound care supportive services	Sustain and expand current investment (funded through 6/30/2024)
	Provide Basic Needs provision for high-risk clients and community members	Sustain (funded through 11/30/2023)
	Continue to support non-profit capacity building and technical assistance with a racial equity focus	Sustain and expand current investment (funded through 4/30/2024)

## **Task Force Recommendations – Prevention**

Strategies	GOTF Recommendations for OSAC	Sustainability
Implement Evidence- based Primary Prevention in Schools, Professional Settings, and High-Risk Communities	All priority schools (middle and high school) will be equipped to intervene on youth behavioral health needs of students and prevent further complexity (e.g., SUD).	Sustain (funded through 10/31/2024)
	Sustain and expand existing afterschool, mentorship, and leadership development programs for youth and young adults	Sustain and expand continued investment (funded through 4/30/2025)

## **Task Force Recommendations – Combined Harm Reduction/Rescue**

Strategies	GOTF Recommendations for OSAC	Sustainability
Sustain naloxone accessibility via a statewide plan and evaluate impact	Sustain infrastructure for statewide, centralized IM and IN naloxone hub, including storage, distribution, training, data collection and evaluation	Sustain (funded through 8/31/2024)
Maximize Access to Harm Reduction Materials and Resources	Sustain infrastructure for harm reduction tool hub (i.e. fentanyl test strips, safe smoking kits, etc.) and PWUD Advisory Committee	Sustain (funded through 8/31/2024)
	Sustain 24 hour access to harm reduction supplies (i.e. vending machines)	Sustain and expand continued investment (funded through 8/31/2024)
	Expand the harm reduction technology work to include additional innovative technology to reduce fatal overdose in private setting for people who use alone.  (i.e. the Never Use Alone call service and Brave app.)	Sustain and expand continued investment (funded through 8/31/2024)

# **Task Force Recommendations – Combined Harm Reduction/Rescue**

Strategies	GOTF Recommendations for OSAC	Sustainability
Ensure harm reduction services are comprehensive and responsive to the evolving needs of people who use drugs	Sustain overdose prevention center pilot	Sustain (funded through 3/19/2025)
	Sustain existing harm reduction mobile outreach teams to rapidly respond to overdose spikes, emerging trends, and public health emergencies	Sustain (funded through 8/31/2024)
Prioritize racial equity focused harm reduction outreach strategies, including undocumented people	Sustain expanded outreach focusing on BIPOC communities	Sustain and expand continued investment (funded through 8/31/2024)

## **Task Force Recommendations – Treatment**

Strategies	GOTF Recommendations for OSAC	Sustainability
Increase capacity and reduce barriers to ensure Treatment-on-Demand	Investment in Treatment for Stimulant Use Disorder with a focus on people in the BIPOC community, including uninsured and undocumented	New (FY23 and FY24 \$)
	Continue brick and mortar investments (new or upgraded facilities) to minimize/eliminate waitlist by increasing access, including treatment beds for women, pregnant people, and parents with children - with a focus on people in the BIPOC community including uninsured and undocumented	Make additional investments (funded through 6/30/2024)
	Sustain treatment and substance use prevention and access to treatment for BIPOC industry workers	Sustain (funded through 7/15/2024)
	Invest and expand mobile and home induction MOUD availability (low-threshold MOUD, i.e. pharmacy model, buprenorphine hotline, mobile inductions, etc.)	New Settlement Investments (some programming funded by other sources)
	Expand "Safe Landings" and evidence-based practices for new underserved populations using stimulants	Sustain and expand continued investment (funded through 6/30/2025)
Improve partnerships	Invest in integrated care system by improving partnerships among SUD	

# **Task Force Recommendations - Recovery**

Strategies	GOTF Recommendations for OSAC	Sustainability
Standardize Recovery- Focused Data Collection Methods and Success Metrics	Invest in a cloud-based information technology system to collect recovery metrics in order to improve measurement of Interval-Based Recovery Outcomes (including collection of race/ethnicity data)	New
Build recovery capital across personal, family/social, community, and cultural environments	Sustain and expand investment in recovery housing and expansion to other NARR levels	Sustain and expand continued investment (funded through 6/30/2024)
	Sustain and expand family support investment	Sustain and expand continued investment (in procurement planning)
	Invest and support community led events (International Overdose Awareness Day and Rally4Recovery)	New
	Maintain and align funding for basic needs/recovery capital of individuals in recovery with existing systems	Sustain and expand investment (funded through 11/30/2023)
	Fund holistic approaches to recovery programming for people in recovery including peer recovery specialists	New
	Invest in oral health to increase recovery capital, addressing impacts associated with MOUD treatment	New
	Develop a centralized Recovery Resource HUB	New

# **Task Force Recommendations – Recovery**

Strategies	GOTF Recommendations for OSAC	Sustainability	
Recruit, Support, Expand, and Train Peer Recovery Specialists	Increase peer recovery specialist internships to recruit and train new and diverse staff	Sustain and expand continued investment (some programming funded by other sources)	
Develop a family PRS workforce	Invest in family peer specialist workforce (PRS) trainings	New	
Support Substance Exposed Newborn Interventions and Infrastructure	Continue to support bi-generational care coordination for families affected by prenatal substance use and prenatal substance exposure through investment (CPRS)	Sustain (funded through 11/30/2024)	

## **Task Force Recommendations – Communications**

Strategies	Task Force Recommendations for OSAC	Sustainability
Increase the building of community capital	Translations to ensure effective linguistic messaging to increase public awareness and promote behavior change	Sustain (funded through 6/30/2024)
through education and messaging  (Communications)	Sustain the paid communication work as previously funded by other sources (Harm Reduction, Prevention and Recovery) including emerging communications embedding racial equity and targeting stimulant users	Sustain (funded through 6/30/2024)
	Other (Graphic Design, Printing, Mailing, distribution, texts)	New

## **Task Force Recommendations – Data**

Strategies	GOTF Recommendations for OSAC	Sustainability
Ensure that data is disaggregated by race/ethnicity	Sustain data staff to manage overdose related data requests and support programmatic activities, including management and analysis of the Harm Reduction Metrics dataset, Naloxone dataset, and the Harm reduction survey to ensure equitable access of harm reduction materials.	Sustain and expand current investment (funded through 11/30/2024)
Pursue additional data-sharing	Sustain the Overdose Fatality Review coordinator position to examine fatal overdose cases and develop interagency recommendations, and pursuant to § 23-4-3.11(i) include implementation of the Family Outreach Project (enacted in 2023)	Sustain and expand current investment (funded through 6/30/2024)
between RIDOH, across state agencies, and community organizations	Laboratory Information Management System upgrade for RISHL to Harmonize laboratory data collection across fatal overdoses, nonfatal overdoses, and drug seizure.	New
	Two Research Assistants to Enhance and improve reporting processes for hospital lab notification from the ED to flag specimens and send out to the RISHL	New

## **Task Force Recommendations – Staffing/Evaluation, and Emergency Fund**

Strategies	GOTF Recommendations for OSAC	Sustainability
Track what we do and	Evaluation Support	Sustain (funded through
create line of accountability while	''	6/30/2024)
strenghtening community's	invest in a diverse state staff that will support the OSAC work and related task	Sustain and expand
voice in the Task Force,		continued investment
including PWUD	Force community engagement activities (especially membership development).	(funded through 6/30/2024)
		Sustain and expand
Emergency Funds	Provide support to pivot toward emerging issues as they arise	continued investment
	Frovide support to pivot toward efficiently assues as tiley arise	(funded through
		6/30/2024)

# **Background: FY23 Allocated Funding Percentages**

Funding Area	FY23 - % of \$20M total	Race Equity Component Examples
Social Determinants of Health	24%	Basic Needs Funding Housing Services in High-Risk Communities
Harm Reduction/Rescue	23%	Expansion of Existing Street Outreach
Treatment	14%	BIPOC Construction Industry Treatment Supports Contingency Management
Recovery	10%	Recovery Capital
Prevention	20%	Youth Prevention Programs, including focus on BIPOC Youth
Staffing and Evaluation	4%	
DATA	2%	
Emergency Response	3%	Warming Stations Support

# **Background: FY24 Allocated Funding Percentages**

Funding Area	FY24 - % of \$10,270,000 total	Race Equity Component Examples
Social Determinants of Health	26%	Housing Supports
Harm Reduction	25%	Overdose Prevention Center, to be opened within FY24
Treatment	15%	Undocumented and Uninsured MOUD Coverage Stimulant Disorder Treatment
Recovery	O%	Family Recovery Supports, with a focus on BIPOC Families
Prevention	19%	School-Based Prevention, with a focus on BIPOC Students
Staffing	5%	
Evaluation	5%	
Data		No specific allocation
Emergency Response	5%	TBD