

Opioid Settlement Advisory Committee



October 26, 2023

**RHODE
ISLAND**

Call to Order, Introductions, and Review of the Agenda & August Minutes

Our Meeting Agenda

- I. Call to Order, Introductions, and Review of the Previous Month's Minutes
- II. Procurement Updates
- III. Treatment Update and Presentations
 - Introduction & Framing: Linda Mahoney, SOTA - Administrator III BHDDH
 - Treatment Overview: Presentation by Linda Hurley, MA, CAGS; President & CEO CODAC; President of the Opioid Treatment Association of RI (OTARI)
 - Contingency Management: Presentation by Dr. David Gastfriend of DynamiCare
 - Bricks & Mortar Funding Update – Linda Mahoney, BHDDH
 - Discussion/Public Comment
- IV. Updates
- V. Public Comment
- VI. Adjourn



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

Update on Ongoing Procurements and Initiatives

Updates on Current Settlement Projects

Here is the total Opioid Settlement budget for opioid abatement activities for FY23 and FY24, by Pillars/Funding Area.

Settlement Funds		
Row Labels	Sum of Settlement (SFY23 & SFY24)	% of Grand Total
Racial Equity	\$300,000	1%
SDOH	\$7,200,000	17%
Harm Reduction & Rescue	\$7,243,608	26%
Treatment	\$3,950,000	21%
Recovery	\$2,250,000	8%
Prevention	\$5,950,000	16%
Governance	\$2,756,392	7%
Data	\$620,000	4%
Grand Total	\$30,270,000	100%

Updates on Current Settlement Projects

The State is continuing with its procurement of projects with FY24 and FY23 Carry forward Funds.

As of October 23, 2023, EOHHS, BHDDH, and RIDOH have encumbered approximately \$18 million by creating more than 60 contracts, grants, or MOUs within the pillars or funding areas laid out in the budget table above. These organization have spent a total of approximately \$4.6 million as of October 15, 2023.

Please see the *Opioid Settlement Funded Project Overview* for more information on specific projects.


Treatment Update & Presentations



Exploring the Landscape of Treatment in
Rhode Island, and an Overview
of Settlement-Funded Treatment Programs



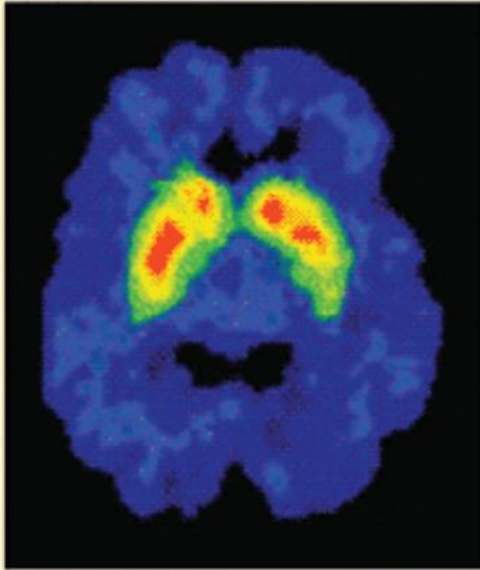
The Importance of Treatment

 Linda Mahoney, CAADC, LCDCS, Administrator III
State Opioid Treatment Authority (SOTA)
Principal Investigator State Opioid Response Grant
Governor's Overdose Task Force Treatment Workgroup Co-Chair

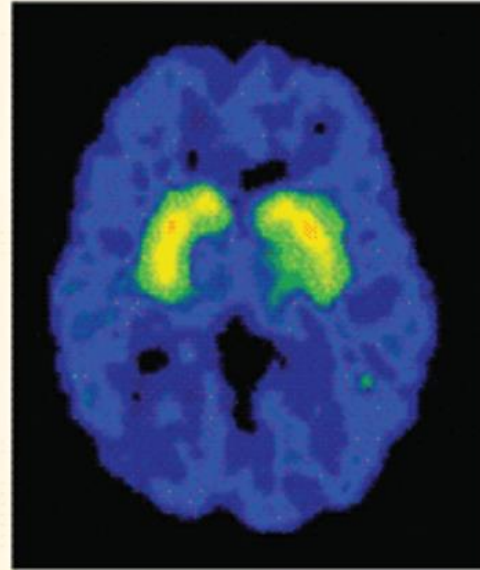


Rhode Island
Department of Behavioral
Healthcare, Developmental
Disabilities & Hospitals
(BHDDH)

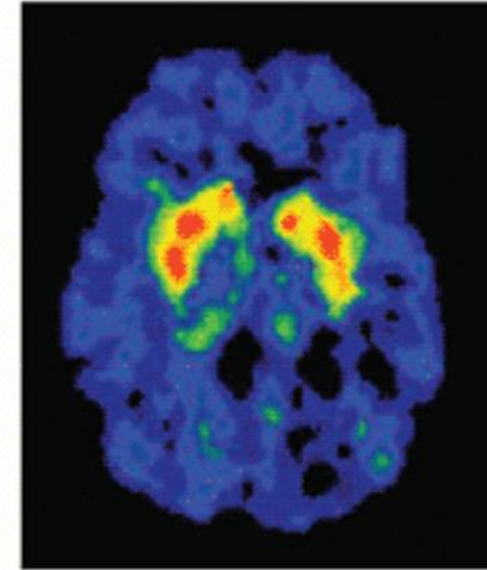
Healthy Person



Meth User: 1 month abstinence



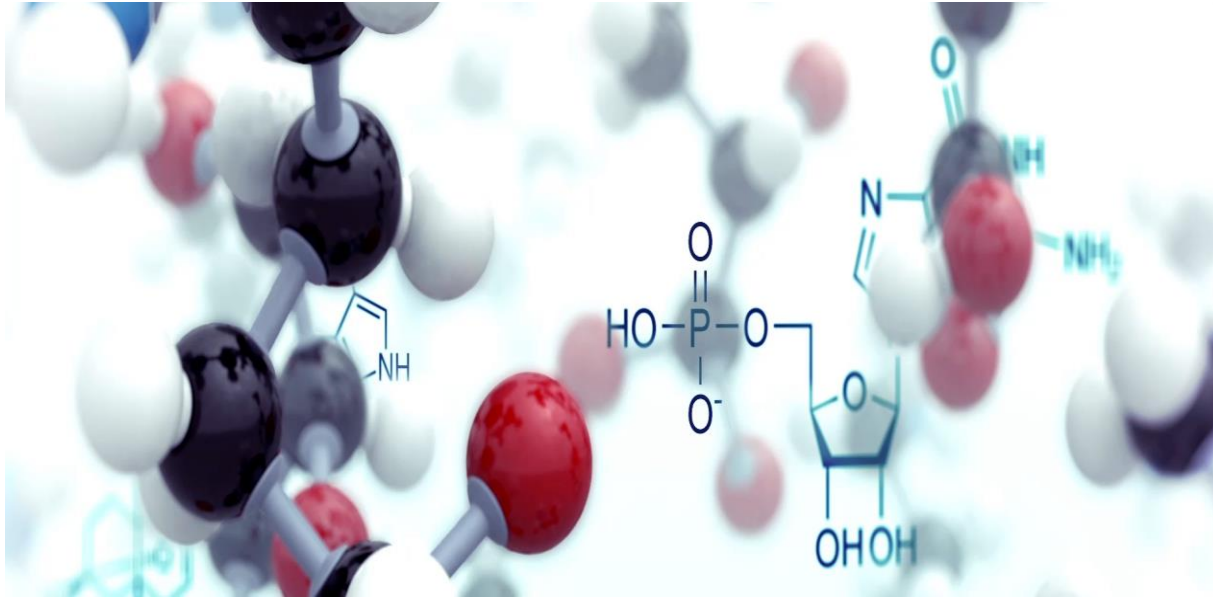
Meth User: 14 months abstinence



At its core, addiction isn't a social problem or a moral problem or a criminal problem. It's a brain problem whose behaviors manifest in all areas."

--Dr Michael Miller, Past President ASAM

Substance Use Disorder



Substance Use Disorder (SUD) is a medical condition that involves a problematic pattern of substance use, ranging from mild to severe. Symptoms of SUD include an overpowering desire to use the substance, increased tolerance to the substance, and/or withdrawal symptoms. Substance use disorder can significantly impact your health, relationships, and overall quality of life. It can also be life-threatening. **SUD is treatable, and it is crucial to seek help as soon as you can.**

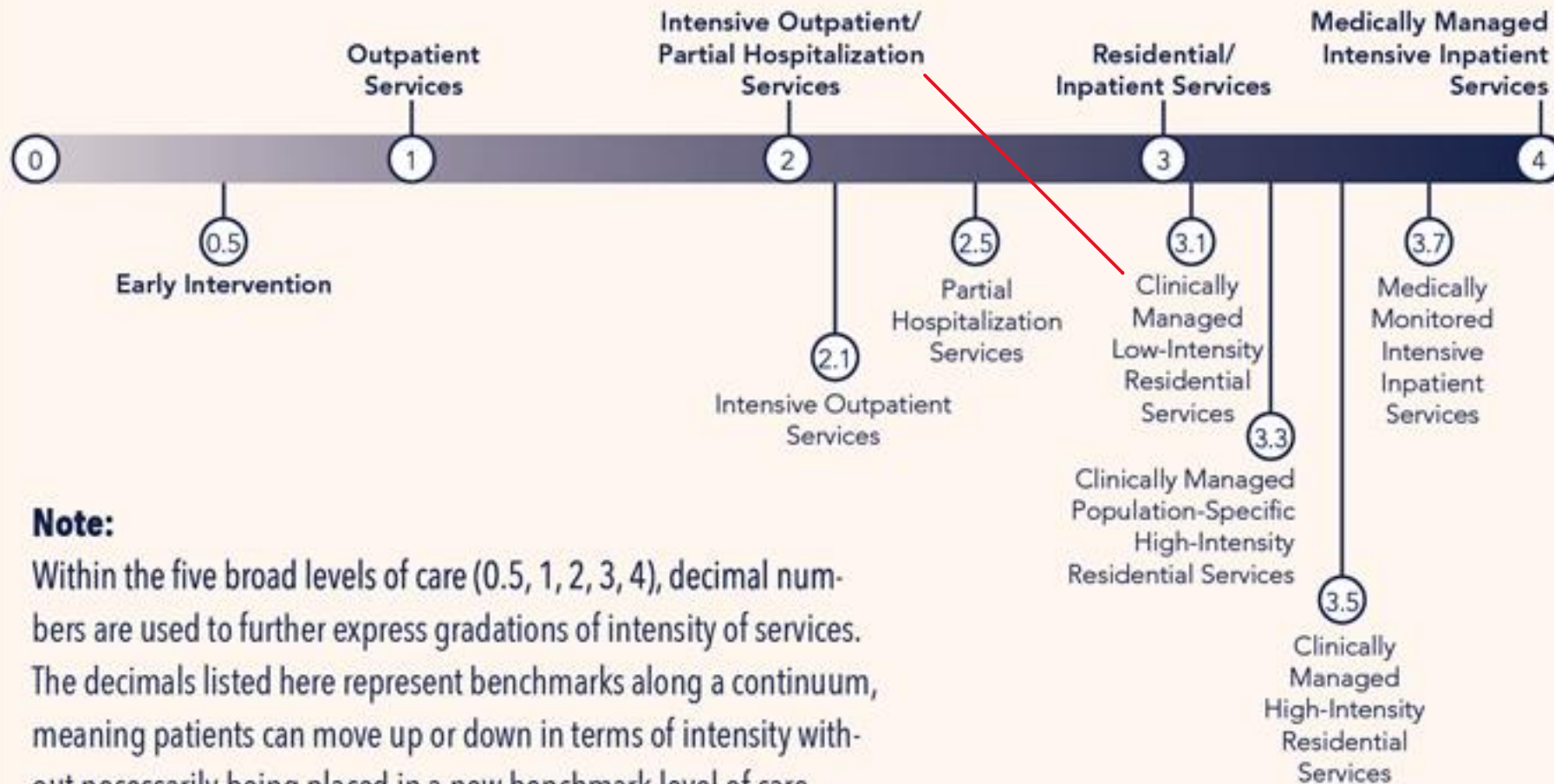
CONTINUUM OF CARE



Continuum of Care for Overdose Prevention:

A Continuum of Care is a **spectrum of services**, intended to meet the needs of individuals throughout the stages of a health condition—in this case, people with diagnosed Substance Use Disorder (SUD), people who use drugs, and people at risk for overdose.

REFLECTING A CONTINUUM OF CARE



Note:

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

FIND TREATMENT:**CALL BH LINK: 401-414-LINK (5465)****STATEWIDE DETOXIFICATION SERVICES:**

Zinnia - Exeter	401-295-0960
AdCare	866-279-7444
Roger Williams Hospital	401-456-2025
CharterCARE Outpatient Detox	401-456-2362
Butler Hospital	401-455-6214

CENTRAL FALLS, CRANSTON, FOSTER/GLOCESTER, JOHNSTON, NORTH PROVIDENCE, PAWTUCKET, SCITUATE, AND SMITHFIELD AREA:**COMMUNITY TREATMENT ORGANIZATION:**

Gateway Healthcare, Inc. - Pawtucket area	401-722-3560
Gateway Healthcare, Inc. - Johnston area	401-273-8100
Ocean State Behavioral Health	401-626-0169

MEDICATION ASSISTED TREATMENT (OPIOID TREATMENT**PROGRAMS AND/OR BUPRENORPHINE):**

Addiction Recovery Institute	401-725-2520
Behavioral Healthcare Group	
Johnston	401-946-0650
Behavioral Healthcare Group	
Pawtucket	401-727-1287
CODAC - Cranston	401-461-5056
CODAC- Pawtucket	401-808-6278
Discovery House/Comprehensive Treatment Center	401-217-4768

PROVIDENCE AREA:**COMMUNITY TREATMENT ORGANIZATION:**

The Providence Center	401-276-4020
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MEDICATION ASSISTED TREATMENT (OPIOID TREATMENT**PROGRAMS AND/OR BUPRENORPHINE):**

CODAC Providence - Huntington Avenue	401-942-1450
Discovery House	401-461-9110
Behavioral Healthcare Group	401-941-4488
Lifespan Recovery Center	401-606-8530
VICTA	401-300-5757

COVENTRY, EAST GREENWICH, WARWICK, WEST WARWICK, AND WEST GREENWICH AREA:**COMMUNITY TREATMENT ORGANIZATION:**

AdCare Outpatient	401-732-1500
Thrive Behavioral Health, Inc.	401-732-5656
Bridgemark Addiction Services	401-781-2700

MEDICATION ASSISTED TREATMENT (OPIOID TREATMENT**PROGRAMS AND/OR BUPRENORPHINE):**

Addiction Recovery Institute	401-737-4788
CODAC Health Lane - Warwick	401-384-7300

JAMESTOWN, LITTLE COMPTON, MIDDLETOWN, NEWPORT, PORTSMOUTH, AND TIVERTON AREA:**COMMUNITY TREATMENT ORGANIZATION:**

Newport County Community Mental Health	401-846-1213
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MEDICATION ASSISTED TREATMENT (OPIOID TREATMENT**PROGRAMS AND/OR BUPRENORPHINE):**

CODAC Newport	401-846-4150
Behavioral Healthcare Group	
Middletown	401-552-4673

*continued on back panel***FIND TREATMENT (continued from overleaf)****BURRILLVILLE, CUMBERLAND, LINCOLN,****NORTH SMITHFIELD, AND WOONSOCKET AREA:**

AdCare - Greenville	1-866-802-9580
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MEDICATION ASSISTED TREATMENT (OPIOID TREATMENT**PROGRAMS AND/OR BUPRENORPHINE):**

Community Care Alliance	401-235-7000
Discovery House Treatment Center	401-762-1511

BLOCK ISLAND, CHARLESTOWN, EXETER, HOPKINTON, NARRAGANSETT, NORTH KINGSTOWN, SOUTH KINGSTOWN, RICHMOND, AND WESTERLY AREA:**COMMUNITY TREATMENT ORGANIZATION:**

AWARE Recovery Care	401-232-4166
Gateway Healthcare/South Shore Center	401-364-7705
AdCare - North Kingstown	401-294-6160
Galilee Mission	401-789-9390

MEDICATION ASSISTED TREATMENT (OPIOID TREATMENT**PROGRAMS AND/OR BUPRENORPHINE):**

Care New England Outpatient Center 844-401-0111	
CODAC - South County	401-789-0934
Behavioral Healthcare Group	401-209-7943

BARRINGTON, BRISTOL, EAST PROVIDENCE, AND**WARREN AREA:****COMMUNITY TREATMENT ORGANIZATION:**

East Bay Community Action Program	401-431-9870
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MEDICATION ASSISTED TREATMENT (OPIOID TREATMENT**PROGRAMS AND/OR BUPRENORPHINE):**

CODAC - East Bay	401-434-4999
East Bay Community Action Program	
Buprenorphine Line	401-246-1195

RECOVERY SUPPORT SERVICES**ANCHOR COMMUNITY RECOVERY CENTERS**

anchorrecovery.org	
890 Centerville Rd., Warwick	401-615-9945
310 Reservoir Ave., Providence	401-889-5770

EAST BAY RECOVERY CENTER

220 High St., Bristol	401-302-6231
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PARENT SUPPORT NETWORK

Hope Newport Recovery Community Center	
50 Washington Sq., Newport	401-324-5626
Hope Recovery Center	
55 Beach St., Westerly	401-598-6400

THE SERENITY CENTER

66 Social St., Woonsocket	401-466-4426
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TELEPHONE RECOVERY SUPPORT AND PEER**RECOVERY SPECIALISTS AVAILABLE EVERY DAY.**

For additional resources, call **401-414-LINK (5465)** or visit bhddh.ri.gov/sections/opioid_use_disorders.php or PreventOverdoseRI.org/Get-Help

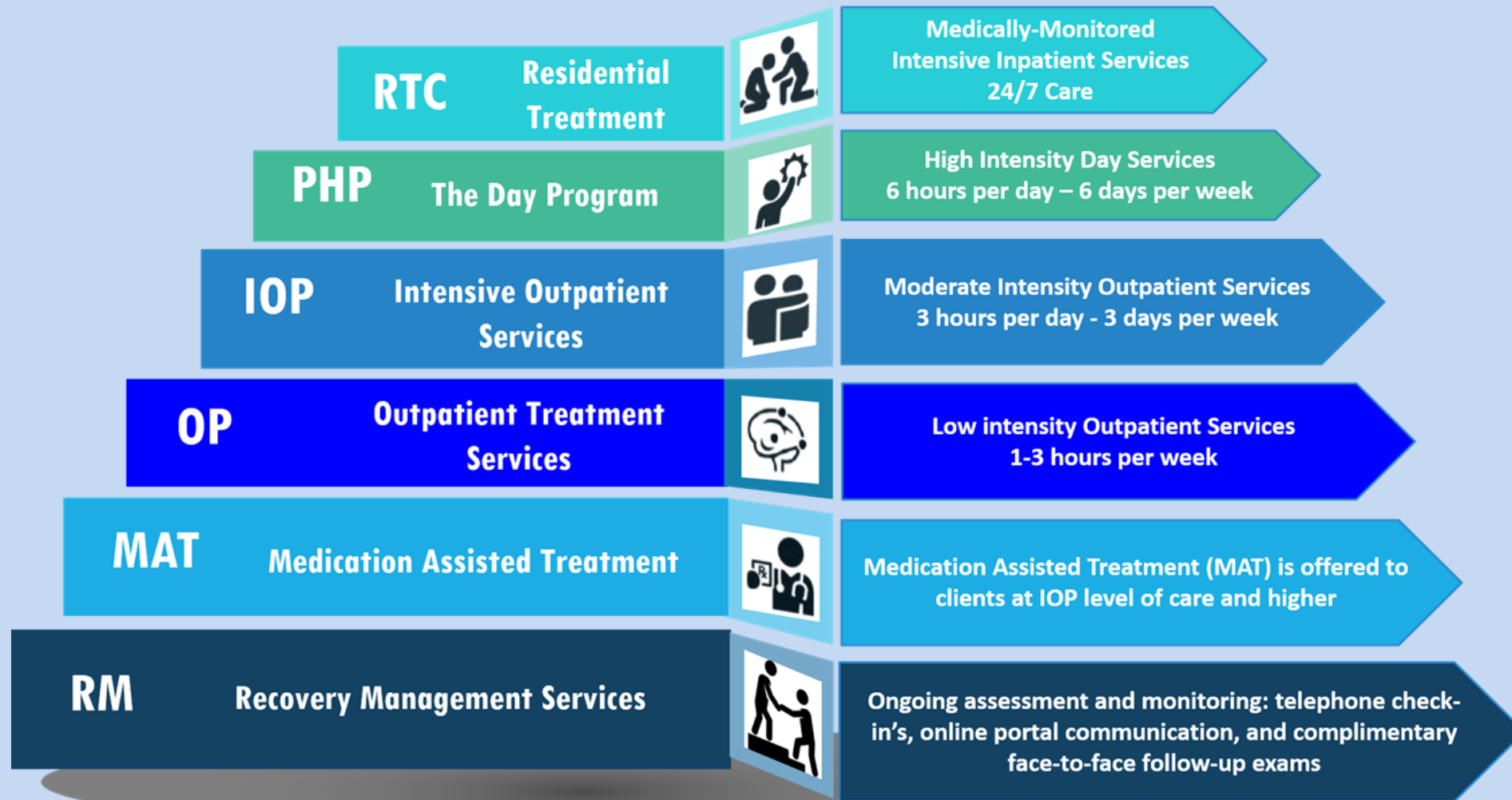


**ADDICTION IS
A DISEASE.
RECOVERY
IS POSSIBLE.
TREATMENT
IS AVAILABLE.**

**CALL BH Link
414-LINK
401-414-5465**



Treatment starts by assessing for the least restrictive level of care



BHDDH Licensed Programs

[Get Help – Prevent Overdose RI](#)

General Outpatient Programs:
93 Locations

Intensive Outpatient:
35 Locations

Partial Hospitalization:
2 Locations

Detoxification:
2 Locations, 43 beds

Residential Treatment:
13 Locations, 318 beds
170 Male/48 Female
(16 adolescent)

Hospital Level:
Roger Williams,
RI Hospital, &
Butler

Building Quality Treatment - 5 Signs of Quality Treatment

- 1. Accreditation:** Has the program been licensed or certified by the state? Is the program currently in good standing in the state? Are the staff qualified? Good quality programs will have **a good inspection record** and both the program, and the staff should have received training in treatment of substance use and mental disorders and be licensed or registered in the state
- 2. Medication:** Does the program offer **FDA approved medication for recovery from alcohol and opioid use disorders**? At this point in time, there are no FDA approved medications to help to prevent relapse from other problem substances.
- 3. Evidence-Based Practices:** Does the program offer treatments that have been proven to be effective in treating substance use disorders including medication management therapies, such as motivational therapy, cognitive behavioral therapy, contingency management, SUD education including the **risks of returning to drug and/or alcohol use**, and peer support.
- 4. Families:** Does the program include **family members** in the treatment process?
- 5. Supports:** For many people addiction is a chronic condition and requires **Convalesce**, ongoing medication and supports. Quality programs provide “**Continuum of Care**” treatment for the long term which may include ongoing counseling or recovery coaching support and help in meeting other basic needs like recovery housing, employment supports and 12 step introductions.

**What to Expect on Your First Day at Rehab |
Inpatient Rehab (projectknow.com)**

BHDDH Hotline- 432-2629

BHDDH and the GODTF Treatment Workgroup

- **Maximized braided funding** to avoid duplication and to increase resources
- Utilize **data** and program evaluations for sustainability reviews
- Continue to expand racially equitable Brick and Mortar treatment investments
- Build **provider partnerships with in-need communities.**
- Expand distribution of low-threshold Medications for Opioid Use Disorders (MOUD)
- Embed Physical Therapist in our OTPs to support pain management
- Expand “Safe Landings” and other “Gap” programs

- Stimulant use disorder **Treatment conference**
- Increase access to mobile services
- Community led events that educate on the **continuum of care:** prevention, treatment, harm reduction and recovery supports
- Support Opioid Treatment Programs as the gold standard for OUD treatment.
- Embed family counseling supports in all treatment facilities.
- **Adolescent SUD treatment expansion**
- Finally...Invest in treatment by reducing stigma and barriers to ensure On-Demand treatment



Director of the White House Office of the National Drug Control Policy (ONDCP)

Dr Rahul Gupta

April 2023 Statement:

“As long as we have more drugs coming into the United States than we have treatment beds, we will never win this war on drugs.”

August 2023 Statement:

“Provisional drug death data continues to show a flattening of drug overdose deaths.”

“Impacts are being made by sanctioning the Sinaloa Cartel – the primary suppliers of fentanyl into the United States.”



Treatment Overview

For the
RI Opioid Settlement Advisory Committee Meeting
October 26, 2023

Presentation by Linda Hurley, MA, CAGS;
President & CEO CODAC;
President of the Opioid Treatment Association of RI (OTARI)
Board member of the American Association for the Treatment of Opioid Dependence (AATOD)

AATOD

The American Association for the Treatment of Opioid Dependence (AATOD) was founded in 1984 to enhance the quality of patient care in treatment programs by promoting the growth and development of comprehensive opioid treatment services throughout the United States.

AATOD represents more than 1,300 Opioid Treatment Programs (OTPs) in the United States. We have twenty-eight state chapters. AATOD is also a founding partner in the development of the World Federation for the Treatment of Opioid Dependence, which represents another 600 treatment programs throughout Europe.

- AATOD works with federal and state agency officials concerning opioid treatment policy throughout the United States. We also work with our partner, the World Federation for the Treatment of Opioid Dependence, with regard to international initiatives and working with designated agencies within the United Nations.
- The Association also convenes conferences on an 18-month cycle. These conferences focus on evidence-based clinical practice, current research breakthroughs, and organizational developments affecting the current and future opioid treatment system.
- **Our staff and Board of Directors promote the interests of our program members, but it is through the unity of all of our policy partners that we are able to increase the public understanding of what we do in the treatment system at a critical point in increasing access to evidence-based practice in an era of untreated opioid addiction.**

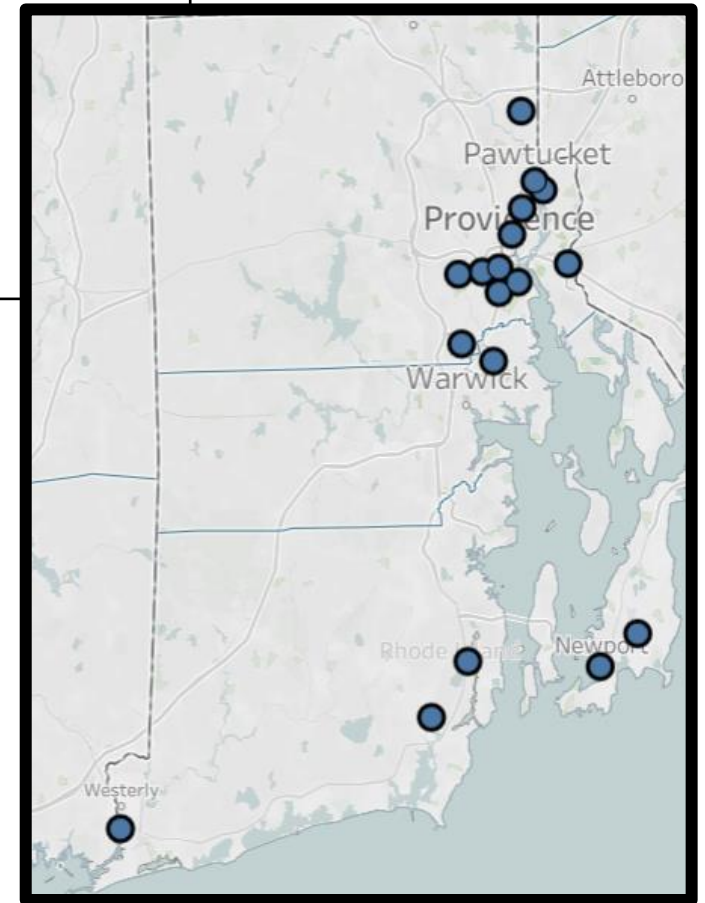
OTARI

Opioid Treatment Association of Rhode Island

- Addiction Recovery Institute
 - CODAC
- Behavioral Health Group
- Care Transformation Collaborative Group

- ✓ State member of AATOD
- ✓ DEA regulated & BHDDH Licensed opioid treatment programs in RI
- ✓ ASAM board certified physicians
- ✓ Available for expert consultation ~ truly the experts on treatment in RI and nationally

VICTA, LLC and the Veterans Administration - both Licensed Opioid Treatment Programs that participate in a statewide OTP leadership group, in addition to the members of OTARI



Addiction Recovery Institute

At the Addiction Recovery Institute (ARI) we believe that an effective, structured treatment program can help guide a patient down the path to recovery. We are confident that ARI has put together such a program. By addressing both the physical and psychological components of addiction, we're able to treat the individual as a whole and improve the likelihood of achieving lasting recovery.

It is the mission of the Addiction Recovery Institute to provide high quality outpatient services for opioid dependent adults and their families throughout Rhode Island and Southeastern Massachusetts. Care will be provided in an environment that fosters the dignity and self-esteem of our patients and positively contributes to the improvement of the quality of life of those we serve. It is important to us that we successfully meet our mission, every day.

Behavioral Health Group (BHG)

Substance use disorder (commonly known as drug addiction) is recognized by the American Medical Association and other authorities as a medical disease that upsets normal brain function. Some have compared substance use disorder with other illnesses, such as diabetes — it doesn't go away on its own, and only gets worse without proper treatment.

At Behavioral Health Group (BHG), we understand that the path of recovery from opioid abuse will look different for each individual. **"We don't believe in treatment for treatment's sake."** Recovery is the goal, treatment is how you get there, and medication makes treatment possible.

CODAC, Inc.

Founded in 1971, CODAC Behavioral Healthcare is Rhode Island's oldest and largest non-profit provider of outpatient Opioid Use Disorder (OUD) treatment and recovery services. With seven community-based locations, as well as an Opioid Treatment Program collocated inside the Rhode Island Department of Corrections (DOC), CODAC is well-positioned to deliver services wherever they are needed across the state.

CODAC's MAT program utilizing all MAT and MOUD for the RI Department of Corrections, the Adult Correctional Institute, remains the federally named national model. The outcomes continue to be remarkable.

As of July 2022, CODAC is the first in the country to have a mobile medical unit approved under the newest DEA Regulations and can dispense all FDA approved medications. Access to care is more important than ever amid soaring overdose rates and this mobile medical unit will allow CODAC to face that challenge, both geographically and demographically.

CODAC has been a leader in adopting and creating programming which reflects emergent needs in opioid treatment and recovery and integrates evidence-based and best practice standards into service delivery.

Comprehensive Treatment Centers (CTC)

(AKA-Discovery House)

Comprehensive Treatment Center (CTC) serves adults in Rhode Island, who have been struggling with opioid use disorders. We provide medication for opioid use disorders, or MOUD and MAT, which incorporates prescription medication and counseling to empower adults of all genders to achieve long-term recovery from opioid addiction.

We are not a typical methadone clinic. At our CTC Rhode Island, we offer multiple options to ensure that our patients can get the medication that may best fit their specific needs. When you choose our center, you'll work with medical professionals to determine whether methadone, [naltrexone](#), buprenorphine (Suboxone) is right for you.

VICTA

OUR MISSION, VALUES, PHILOSOPHY

VICTA's Mission is Empowering Individualized Recovery™.

VICTA's Values are exemplified in its HEART core value system:

Honesty: We value honesty and integrity.

Excellence: We abide by ethical standards of high-quality care in addiction treatment.

Accountability: We hold ourselves, and our persons served, to the highest levels of accountability and confidentiality.

Respect: We treat all individuals with dignity and respect.

Team: We believe that positivity and supporting each other will result in a successful recovery process to our persons served.

VICTA's Philosophy is to develop a system service delivery model that is evidenced based and represents best practices to meet the Strengths, Needs, Abilities and Preferences of persons served and the community at large.

Providence VA Medical Center (PVAMC) Substance Abuse Treatment Program

Many veterans have problems with use of alcohol, tobacco, or drugs. This can include use of street drugs as well as using prescription medications in ways they weren't prescribed. Such substance use can harm health, cause mood and behavior problems, hurt social relationships, and cause financial problems. Many people find it difficult to cut down or stop using substances on their own. Effective treatments for substance use problems are available at VA. Available treatments address all types of problems related to substance use, from unhealthy use of alcohol to life-threatening addictions.

The VA provides effective, scientifically proven services for all eligible veterans, no matter where they come for services. VA providers know that in many cases substance use problems are continuing conditions that require care over a long period of time. For other veterans, the substance use problems may be resolved more quickly with attention paid to related problems. Such related problems could be posttraumatic stress disorder (PTSD), depression, pain, disturbed sleep, irritability, and/or relationship problems.

The roadmap for understanding brain change



Adding to the vilification of methadone as a medicine is the ongoing perception that one medicine is better than another for everybody.

We need to truly understand that this is a **chronic and highly complex disease.**

There are 3 medications currently that have FDA approval, and based on the individual's clinical needs, any one of the 3 will be effective but all 3 will not be effective.

Methadone



Buprenorphine



Naltrexone





Medicines

Methadone: replacement

- Stops withdrawal

- Does not produce euphoria

- Gives the brain the opportunity to heal

- Time to develop reinforcing psychosocial supports

Buprenorphine: (suboxone, Sublocade, Subutex) partial replacement

Naltrexone: (Vivetrol) opioid block

Services Provided

1. Treatment of all substance use disorders
2. Specialized care for opioid use disorders
3. All treatment inclusive of all medications FDA approved for all substances
4. Through either direct provision or referral
 - Psychiatric care
 - Behavioral healthcare
 - Primary care
 - Health Home services: Addressing all social determinates for a predisposition for these diseases
 - Infectious disease care
 - Reproductive healthcare
 - Care for the Aging
 - Accessing housing and food stability
 - Employment and career path development
 - As well as consistent medical services that are most predominant with those that come to us for care such as blood pressure checks for heart disease, sugar checks for diabetes, wound care and any other symptoms either for treatment or referral.

Services Provided

- Centers of Excellence (COE)
- COEs are a hub and spoke model to assist individuals in treating opioid use disorder. It is an ongoing dialogue between primary care physicians, the COE's (local entities) and the patient. Generally, a patient is referred to the COE for stabilization or initiation on the medicine of Buprenorphine. Following the induction period, the individual that comes to us for care reaches what they define as stability. They are referred back to their primary care physician. At any point in time where more services are required that are outside of the limited scope of primary care, that individual is referred back to the opioid treatment program.
- Outreach
- Peer Recovery Support Services
- Mobile treatment Services
 - **All provided with culturally congruent staffing**

Myths

- Daily dosing – “have to come every day”
- Wait in lines – “long”
- Opioid treatment programs don’t “let people” withdraw from the medications (controls)
- Opioid treatment programs “bring crime to the neighborhood” in which they are located
- Once you are “on” methadone you are on for life
- “You miss 2 appointments, and someone kicks you off”
- You are “kicked off” for nonpayment
- “Rots your teeth”
- “Destroys your bones”

Across the country many opioid treatment programs that are DEA regulated have adopted Dr. James Prochaska’s Stages of Change theory at least 20 years ago and we have constantly until the last decade had to argue for that position with licensure entities, with CSAT and with the DEA.

CODAC “Take Home” numbers

Total census:

- Less than 6 days of “Take Home” status = 62%
 - 6 day “Take Home” status = 10%
 - 13 day “Take Home” Status = 11%
 - 27 day “Take Home” status = 17%

Total Saturday “Take Homes” : 500

- Providence Locations

individuals that dosed last Saturday ~ 455

% of overall census: 91%

- South County /Newport:

of individuals that dosed last Saturday ~ less than 20

% of overall census: 1%



Linda Hurley
lhurley@codacinc.org
401-374-3780

Digital Care Program For Addiction

In Rhode Island
Opioid Treatment Programs
2023

With Rhode Island Dept.
of Behavioral Healthcare,
Developmental Disabilities
& Hospitals (BHDDH)



DynamiCare
HEALTH



Brain Reinforcement: The Origin of Addiction

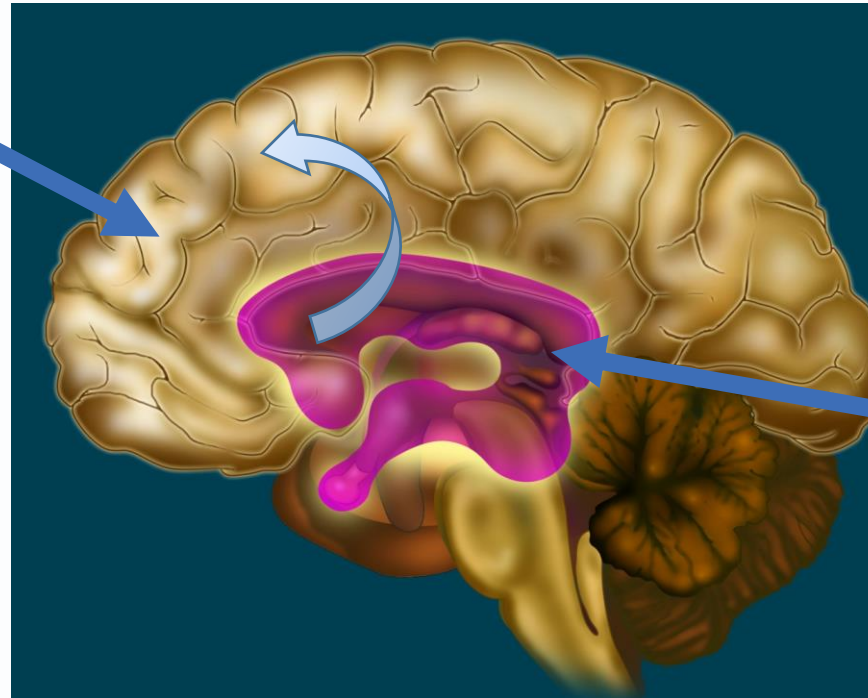
Cortex

Role:

- Reasoning
- Learning
- Decision-making

Interventions:

- Counseling
- Psychotherapy
- Self-help groups



Limbic Drive System

Role:

- Signals reward
- Triggers pleasure

Interventions:

- Medications
- Rewards
- Sanctions

The Science is Clear: Incentives Work

- The best-researched behavioral approach in the field
- Typically **DOUBLES** abstinence rates vs. usual care
- The most effective clinical approach **AND** most cost-effective
 - Verified by over 100 randomized controlled trials & 10 meta-analyses
 - Only requires \$100-200 per month in incentives
 - Acceptable to Medicaid ([HHS OIG](#)), when done correctly
- Yet, the least utilized **despite endorsement by:**



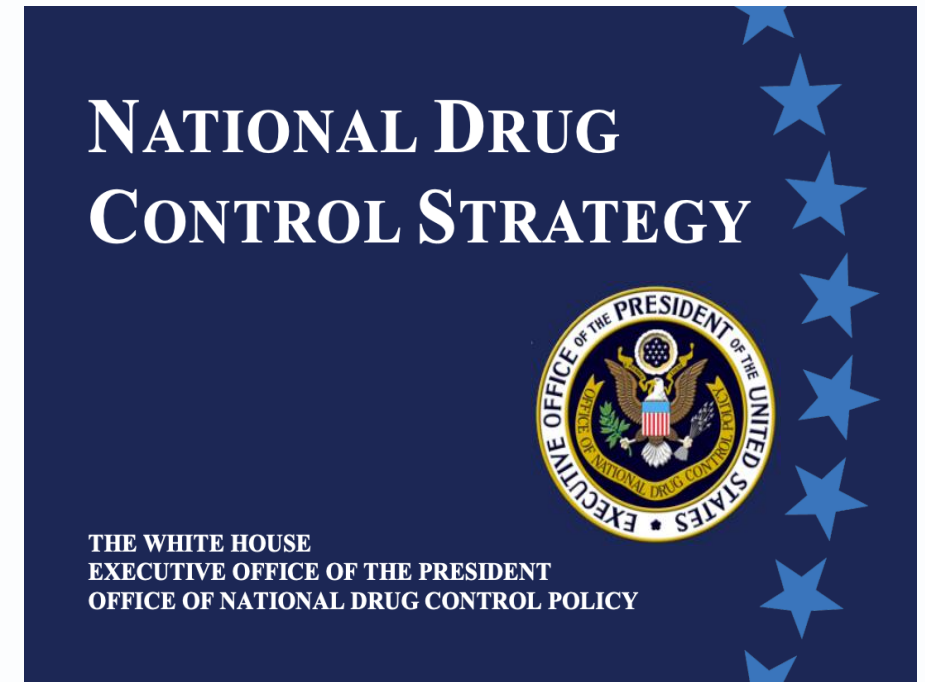
Contingency Management (CM)...NOW!

Principle 2: Improving Treatment Quality Including Payment Reform

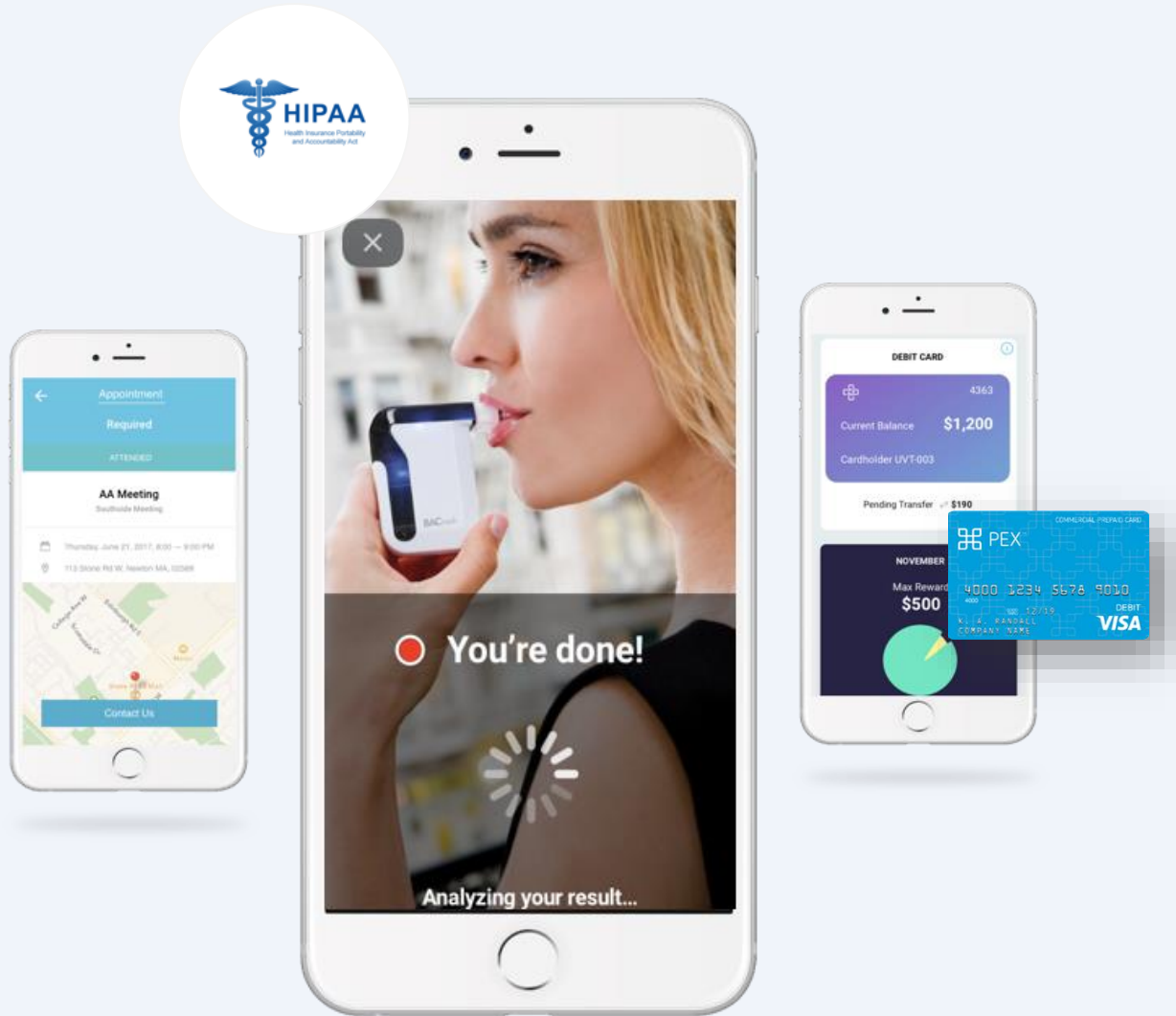
“...motivational incentives, which utilize tangible rewards to reinforce positive behaviors such as abstinence from opioids and to motivate and sustain treatment adherence ...should be more widely available.”

“These incentives are an integral part of protocol-driven and evidenced-based contingency management programs and can be offered through smartphone applications and smart debit card technology.”

(ONDCP National Drug Control Policy, April 2022, p. 49;
ONDCP Drug Policy Priorities for Year One. ONDCP April 2021)



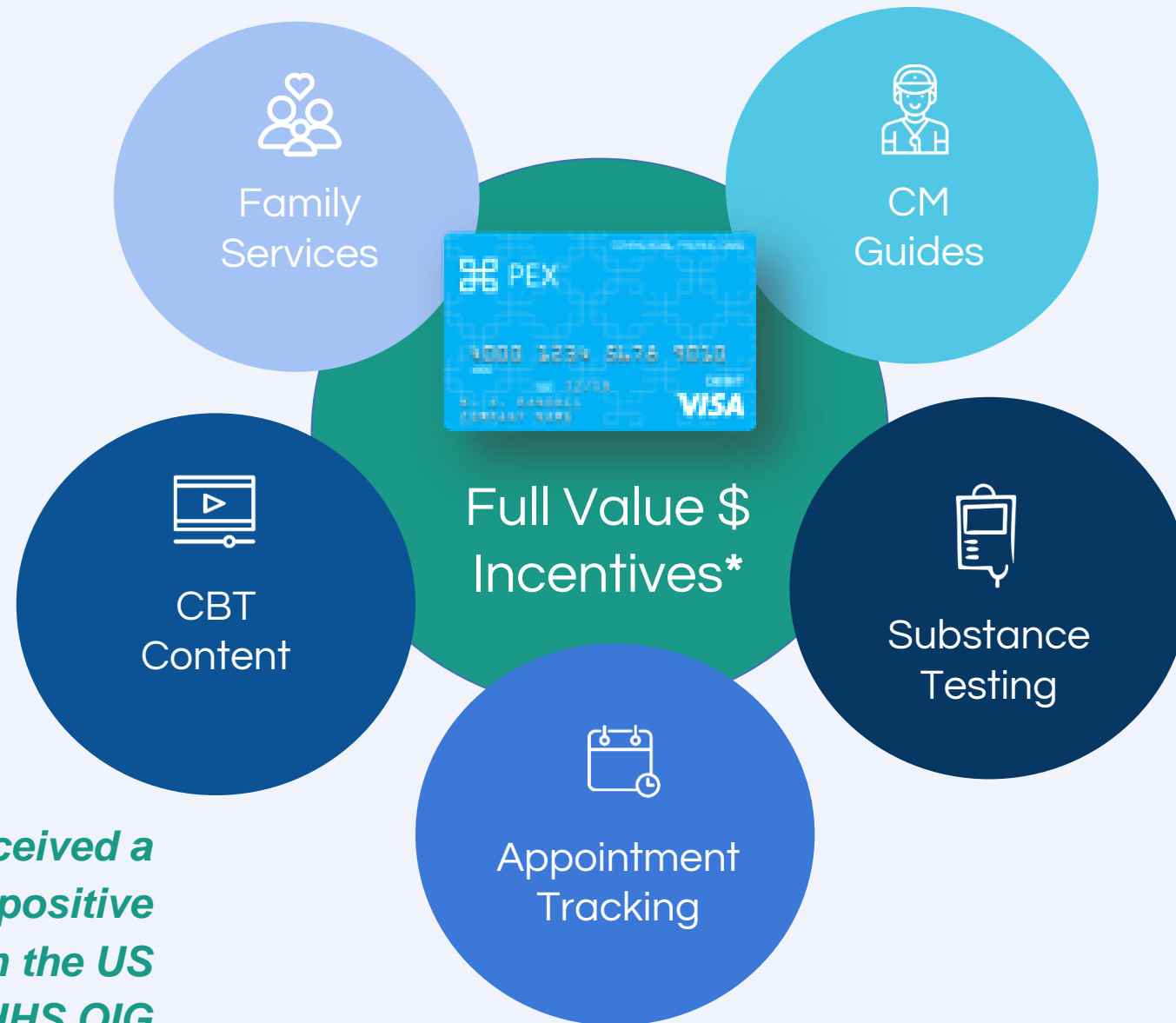
DyamiCare: The Model



A secure, HIPAA-compliant digital health program for SUD based on *contingency management* (accountability + motivation):

- Remote Substance Testing
- Attendance Reminding/Tracking
- Family Support
- Supportive Guides (Coaches)
- Self-Guided Therapy Modules (CBT)
- Evidence-Based, Automated Rewards

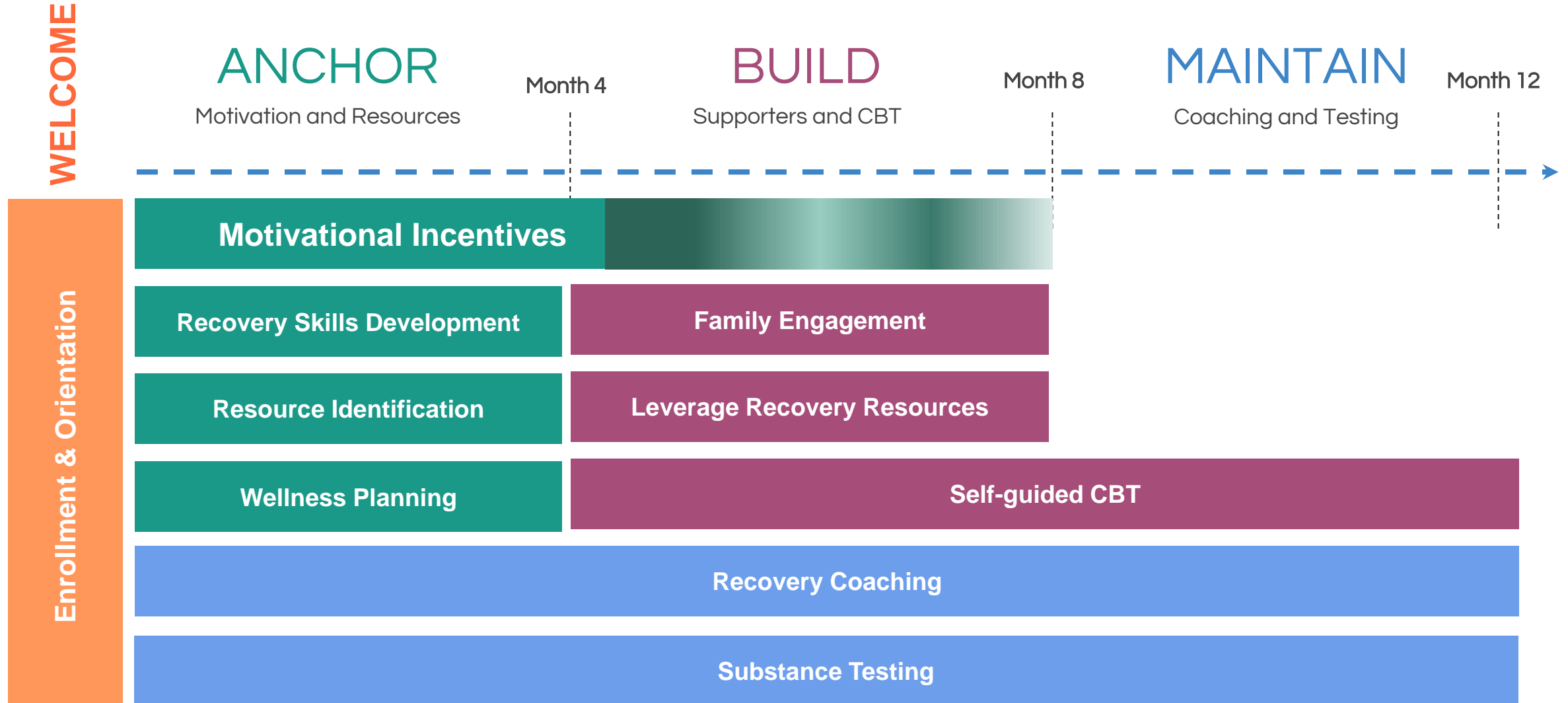
DynamaiCare: The Platform



****DynamaiCare has received a positive Advisory Opinion from the US DHHS OIG***

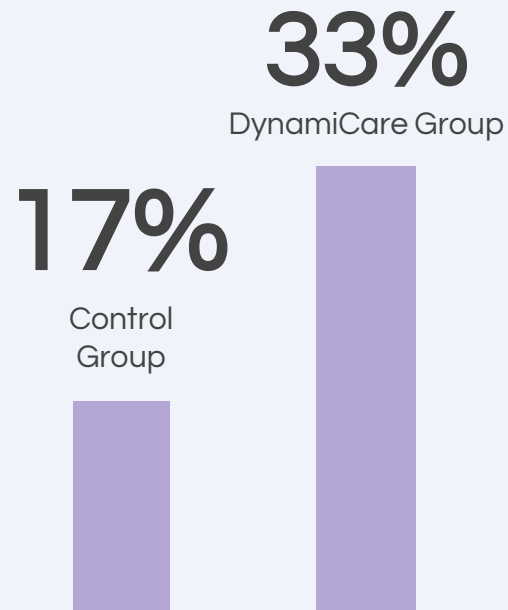
Net Promoter Score:
72
(Higher than Apple or Netflix)

Motivation Support: A 12-Month Program



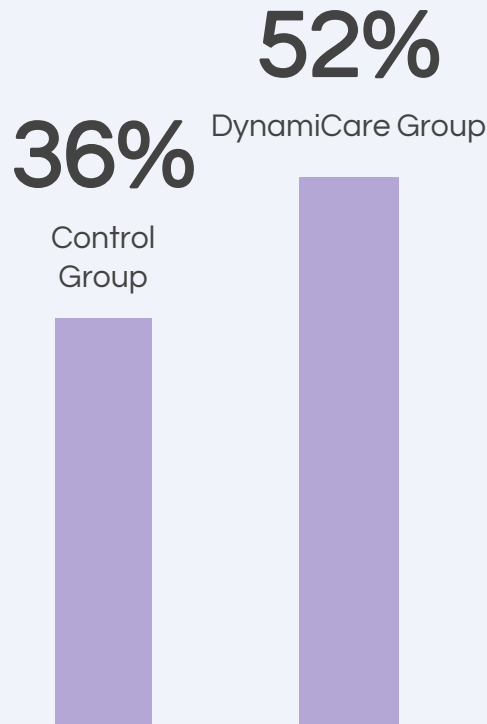
The Science is Clear: DynamiCare Works

Abstinence
increased by 2x

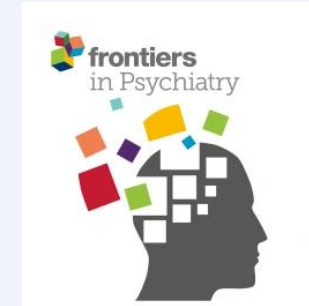


% of urine tests consistent with medical expectations over 4 months among n=108 patients at BrightView in OH, compared to statistically-matched control group.

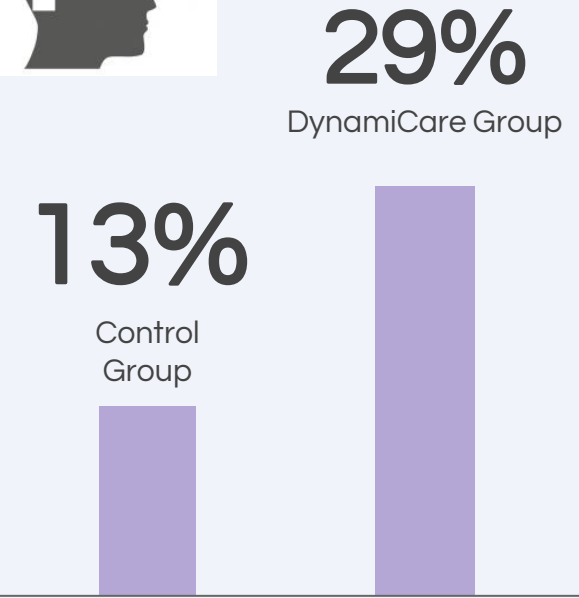
Increased
Attendance & Retention



% of scheduled appointments attended in month 4 among n=108 patients at BrightView in OH, compared to statistically-matched control group.



Abstinence
increased by 2.2x



% of urine tests consistent with medical expectations over 4 months among n=67 patients at BrightView in OH with OUD & stimulant use disorder, compared to statistically-matched control group.

WV Pilot Metrics: Enrollment

Individuals entered into DynamiciCare System

Members were referred, entered into DynamiciCare System, and sent link to download the app

Members who downloaded DCH app

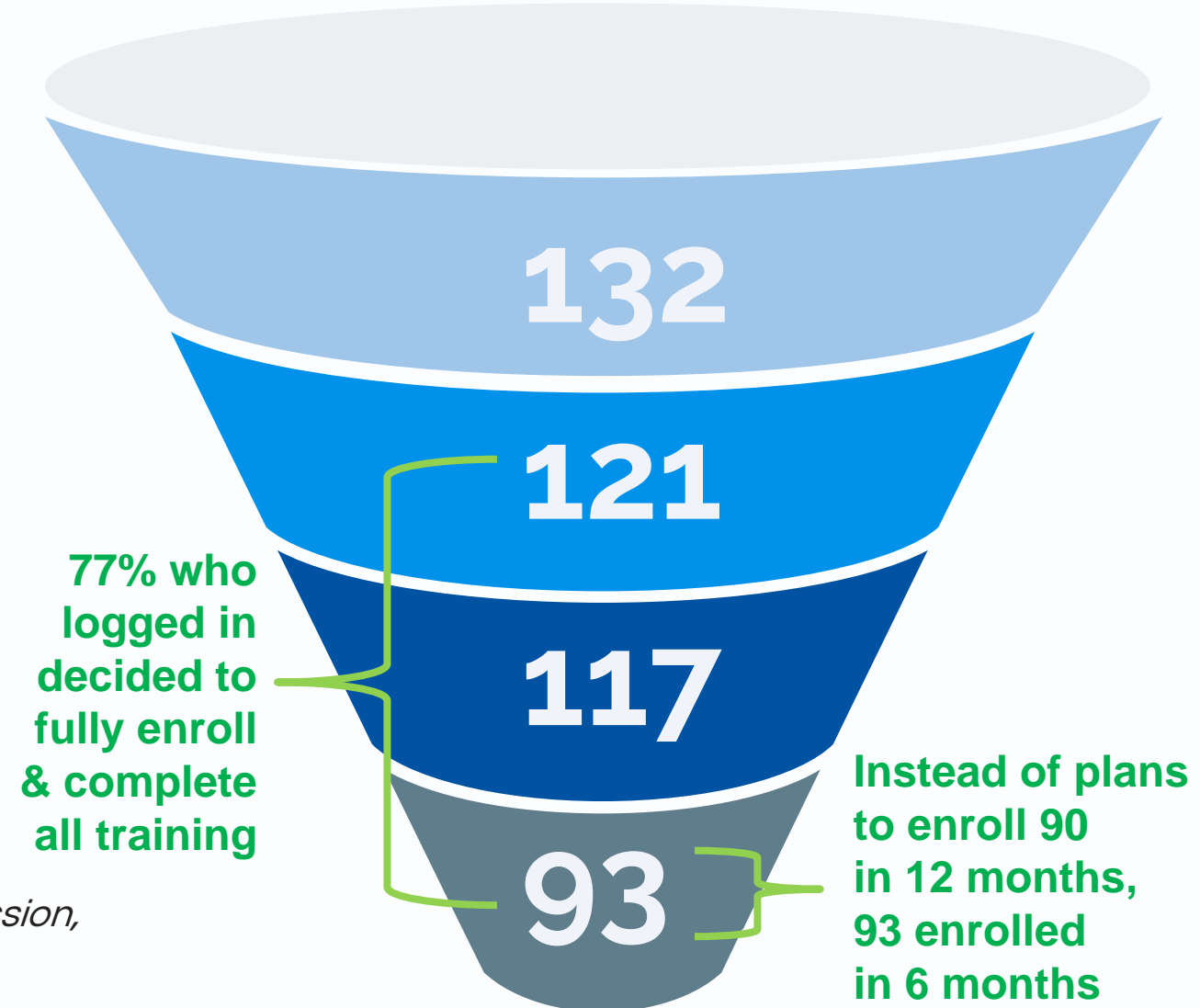
Members who downloaded the app and logged in

Members who completed at least 1 task

*Completed at least one DCH task
- a survey, test, or phone call with DynamiciCare*

Fully Enrolled Members

*Members who completed DynamiciCare's Welcome phase
(completing baseline in-app surveys, attending a training session,
doing 2 practice tests through the app regardless of result).*



DynamiCare: Engagement Metrics

5.3 Tests Per Mo.

Average remote substance tests performed per active member per month

6.0 Appointments Per Mo.

Average in-person appointments attended per active member per month

10.3 CBT Modules Per Mo.

Average # of CBT modules completed per active member per month

\$55 Per Mo.

Average reward amount earned per active member per month

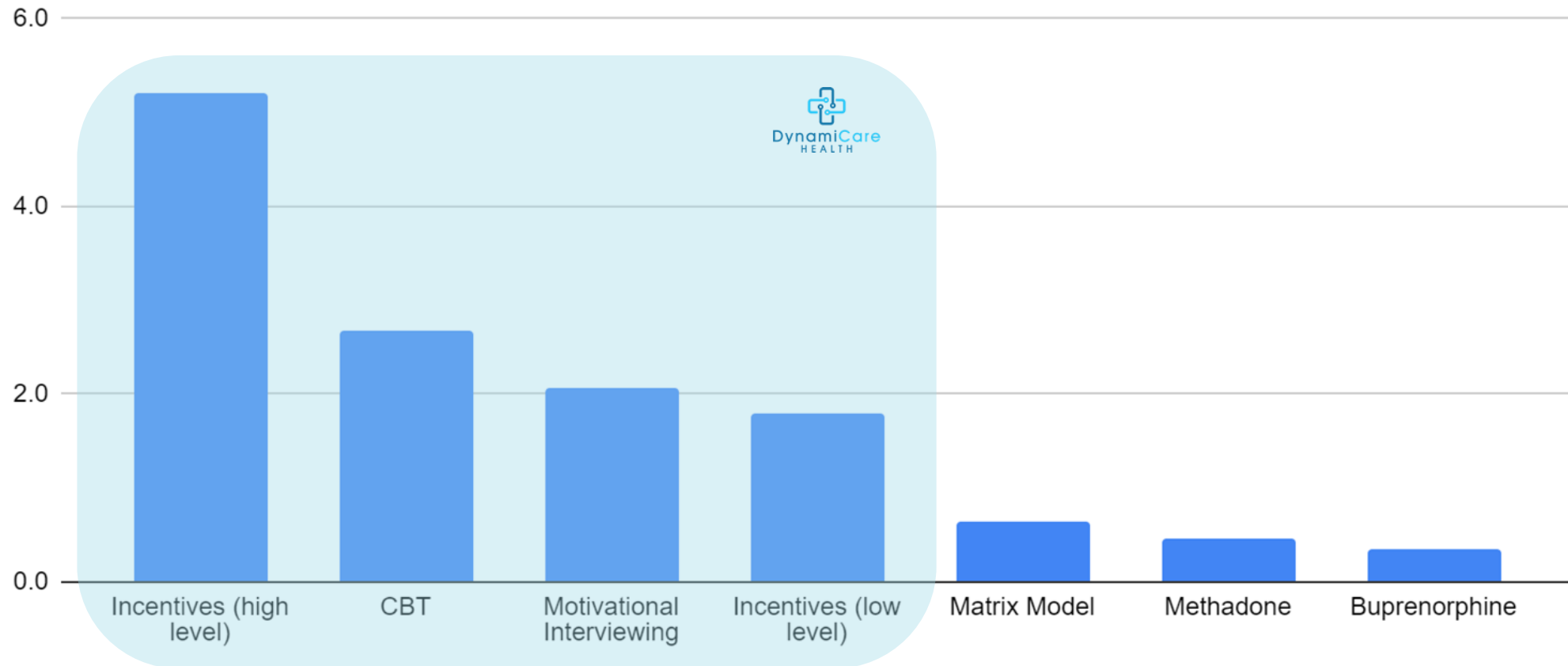
1.7 Coaching Sessions Per Mo.

Average DCH coaching sessions attended per active member per month



Combining the Most Cost-Effective Interventions

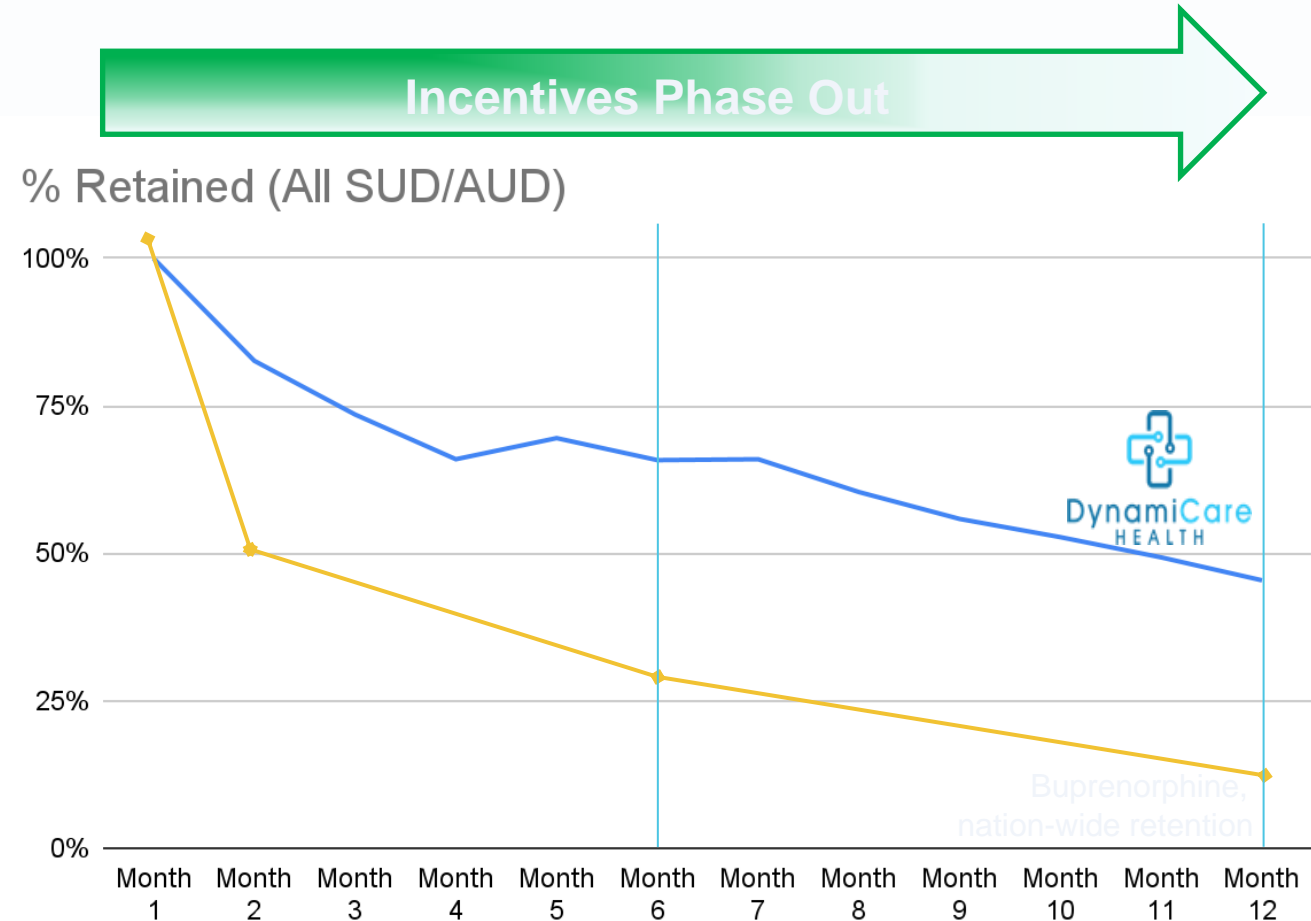
Healthcare Payer ROI in SUD



Source: [Wash. State Inst. for Public Policy, 4/2021](#)

Feasibility & Retention: During & After Incentives

- Rhode Island: 4 Medication for Opioid Use Disorder (MOUD) programs launched In 1st 14 weeks (project is ongoing):
 - 139 Patients were referred
 - 80 Logged in to app (58%)
 - 29 Have completed training so far, mastering all tech & remote testing
- W.V. Medicaid (StimUD, 6-mo pilot) **65% were retained at 6-months**
- Nationally, thousands treated in 45 states **~Half complete the 12-month program**
- This is double to triple the retention of patients on buprenorphine



Comparison: BUP MAT retention nationally for patients starting in OP ([Ker et al 2021](#)).

DynamiciCare data updated as of 2023-03-31



Thank You & Next Steps

sales@dynamiacarehealth.com

(855) 5-DYNAMIC

www.dynamiacarehealth.com

Ensuring that we do our due diligence with funding



How the Agency
explained it



How the Project
Manager understood it



How the Engineer
designed it



How the Program
Manager wrote the RFP



How the Agency
Director described it

Bricks and Mortar Funding

Galilee Mission

Zinnia Health

Bridgemark

**RHODE
ISLAND**



Galilee Mission

Lynn Serra

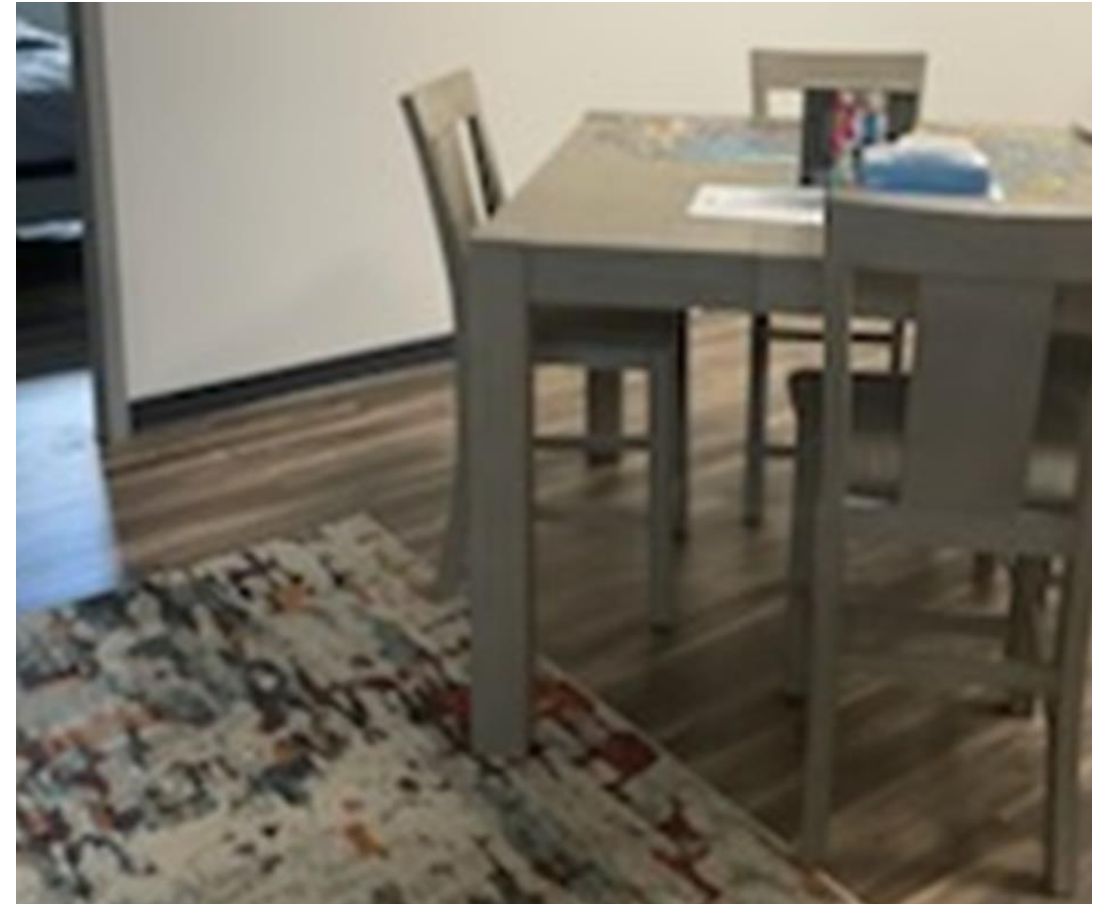
Mike Parente



14 new beds



Zinnia Health- Kristi Provuncher 30 additional beds





23 Detox beds



16 Female SUD
Residential Beds



39 Male SUD
Residential Beds

Bridgemark

1990 Elmwood Ave.

Warwick, RI 02888



14 New Beds

Megan Laurant

Dan Regan



Discussion/ Public Comment

UPDATES



Public Comment



November Opioid Settlement Advisory Committee Meeting

Date:

Thursday, November 30th (Please note changed date)

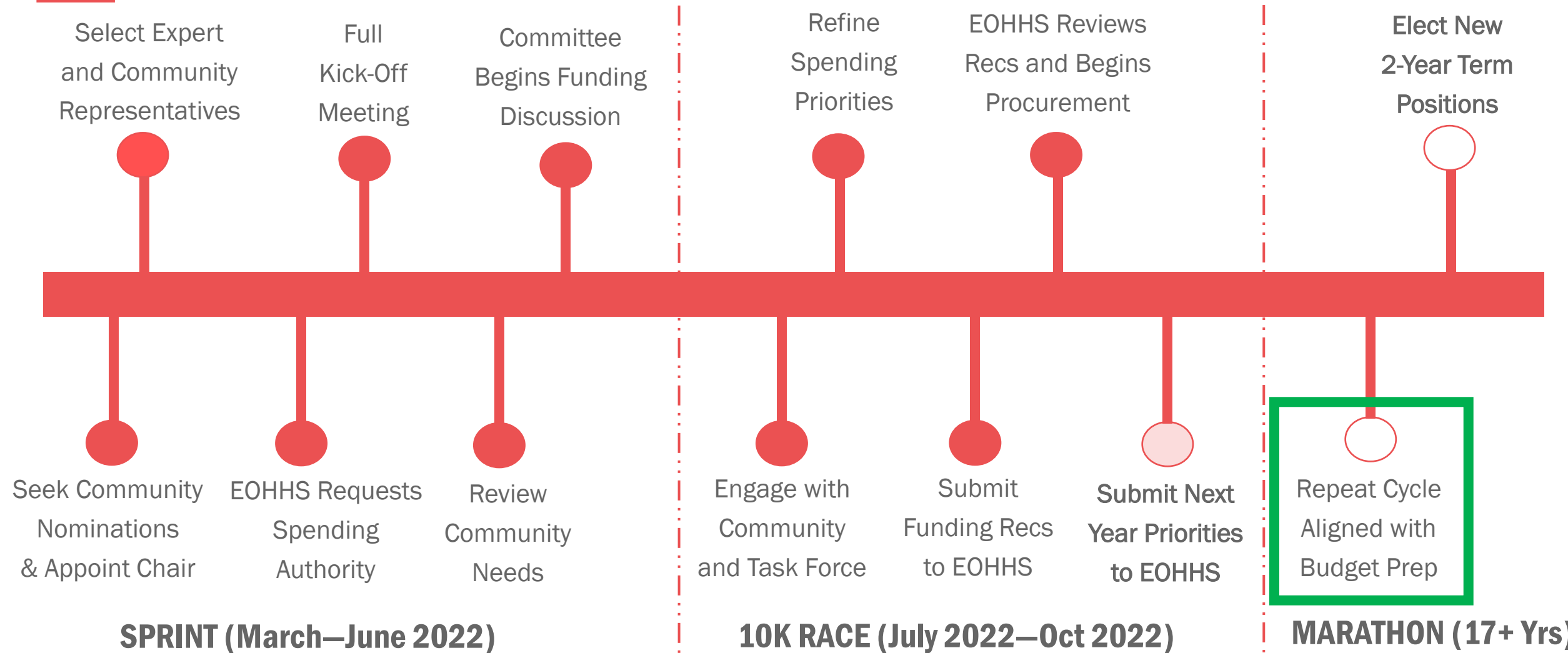
Time:

1 PM – 3:00 PM

Location:

EOHHS Virks Building — 1st Floor Training Room
3 West Road, Cranston, RI 02920

Where We Will Be Next Meeting



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**

Appendix

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”.*

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

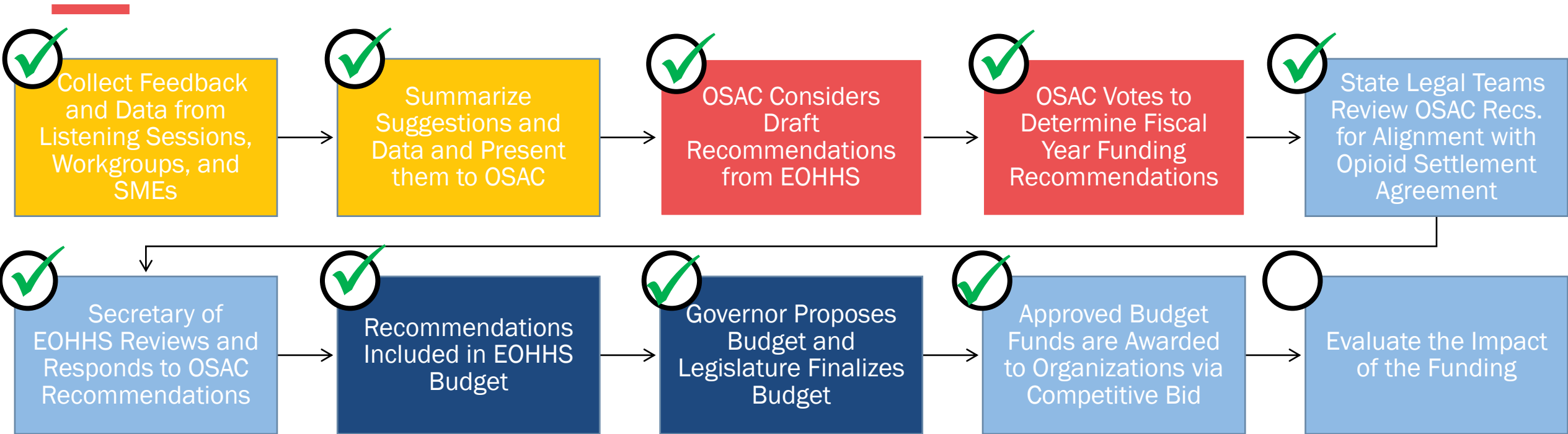
Strengthening Harm Reduction and Rescue

Increasing Investment in Treatment

Supporting Recovery

Alignment with the Settlement Advisory Committee

Process for Aligning Investments to Overdose Strategies



State Budgeting Process
Fully Explained on Next Slide

Responsibility by Color Code	
	EOHHS
	Opioid Settlement Advisory Committee
	Governor's Overdose Task Force
	State Budgeting Process

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)