

Opioid Settlement Advisory Committee



November 30, 2023

**RHODE
ISLAND**

Call to Order and Introductions

Our Meeting Agenda

- I. Call to Order, Introductions, and Review of the Previous Month's Minutes
- II. Procurement Updates
- III. OSAC Decision-Making
 - Revisiting FY25 Funding Recommendations
 - Public Comment
 - Final Consensus Agreement
- IV. Evaluation
 - Framing our Evaluation Planning Process
 - Feedback from the Committee
- V. Updates/Committee Business:
 - Revised Meeting Calendar
 - Committee Appointments
 - Governor's Task Force
- VI. Public Comment
- VII. 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 FY24 Projects

- Rhode Island Foundation Grant Projects:
 - Trauma Supports
 - Family Supports
 - Re-entry/Recovery Supports
- New Outreach Programs, with a focus on BIPOC Communities
 - Project Weber/RENEW
- Update from Victoria Novotny on Mobile Medical Respite

Mobile Medical Respite: Wound Care Update



Opioid Settlement Advisory Committee

11/30/2023

**RHODE
ISLAND**

Medical Respite: Hallworth House in Providence, RI

Non-permanent acute and post-acute care for persons experiencing homelessness who are too ill or frail to recover from illness or injury on the streets but are not ill enough to be in a hospital.



📍 66 Benefit Street, Providence, RI

- Westbay CAP oversees program operations. Mixed use: isolation support and medical respite services in conjunction with participating provider groups overseeing clinical care plans: Thundermist Health Center, Providence Community Health Center, Lifespan Prospect CharterCare



Temporary accommodation and services that support recovery from illness



Establishing linkages to primary care, behavioral healthcare and specialists



Connecting clients to social services by of case management and screening

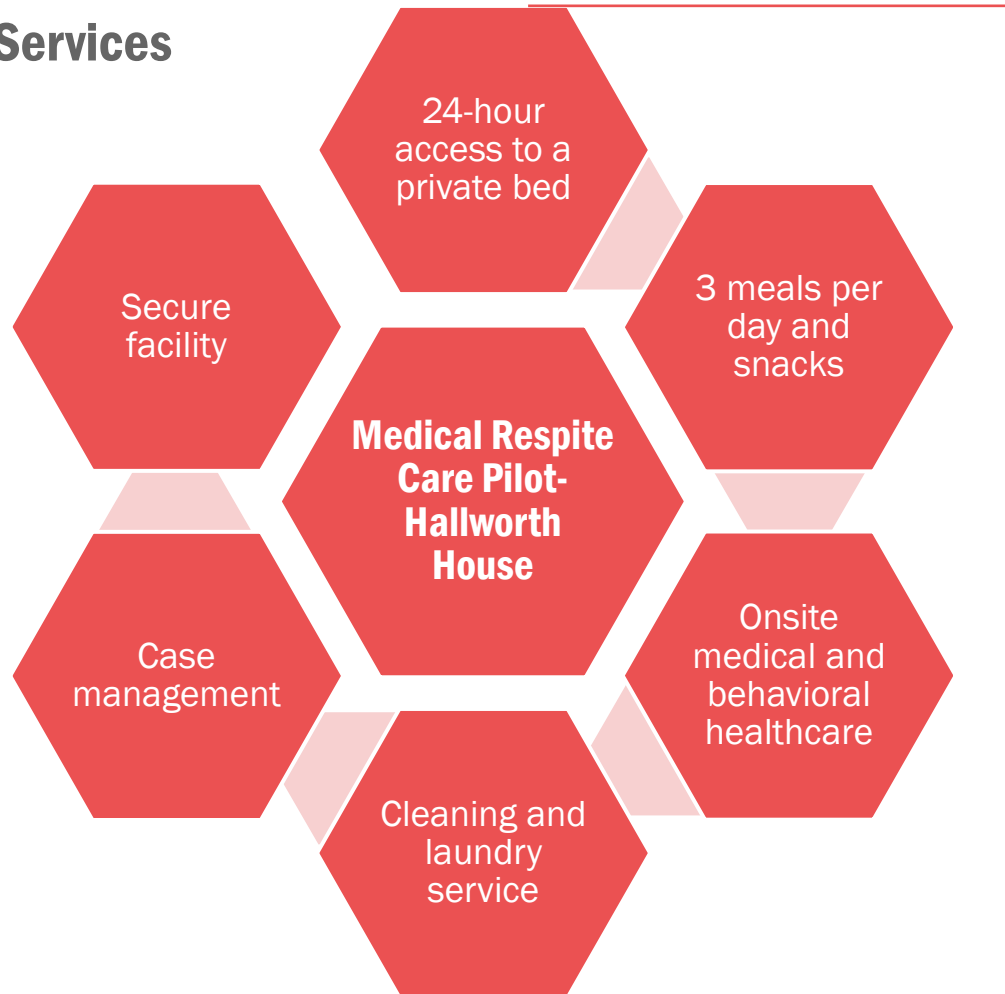


Providing housing supports and navigation



Medical Respite: Program Model and Key Services

Core Services



Summary Program of Utilization:

Jan '23 – November '23

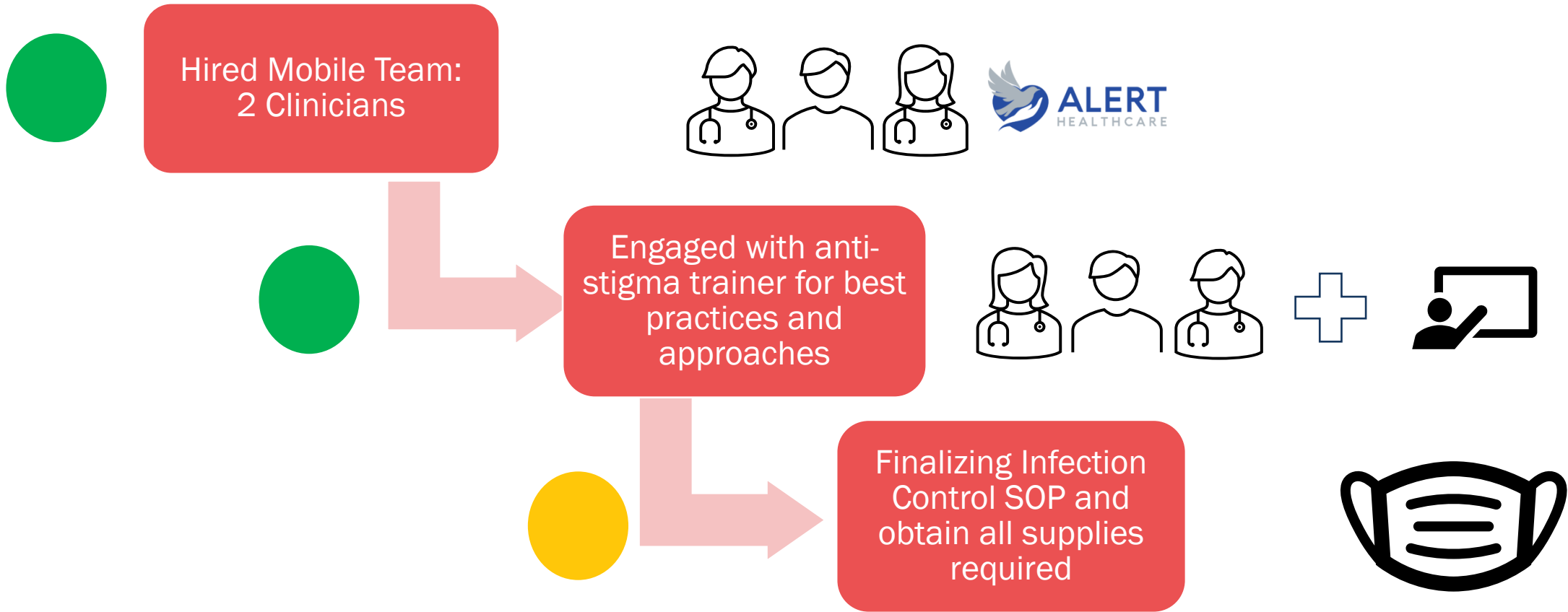
- Total Unique Clients Served: 76
- Average Length of Stay: 60 Days

Ancillary Services

- Medication-assisted treatment
- Community room
- Clothing bank/personal care products
- Visitation planning and support

Medical Respite: Mobile Wound Care Enhancement

Provide immediate harm reduction investments within the community in an effort to respond to the emerging issue of Xylazine being found in fentanyl and pressed pills.



Wound Care: Next Steps for Service Delivery

West Bay is preparing to begin the delivery of initial services within the quarter. Those who have potential locations for the outreach should contact the Westbay Alert Team at 401-871-4389 and alertwoundcare@alertems.com.



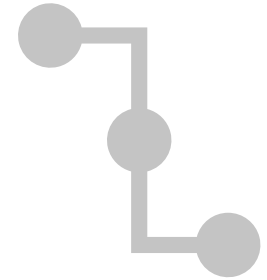
Complete Interim Infection Control Procedures:
Including Finalizing Isolation Care Needs and Hiring Overall Coordinator



Finalize Outreach Model (Locations and Schedule):
With Harm Reduction Partners/Homeless Service Providers



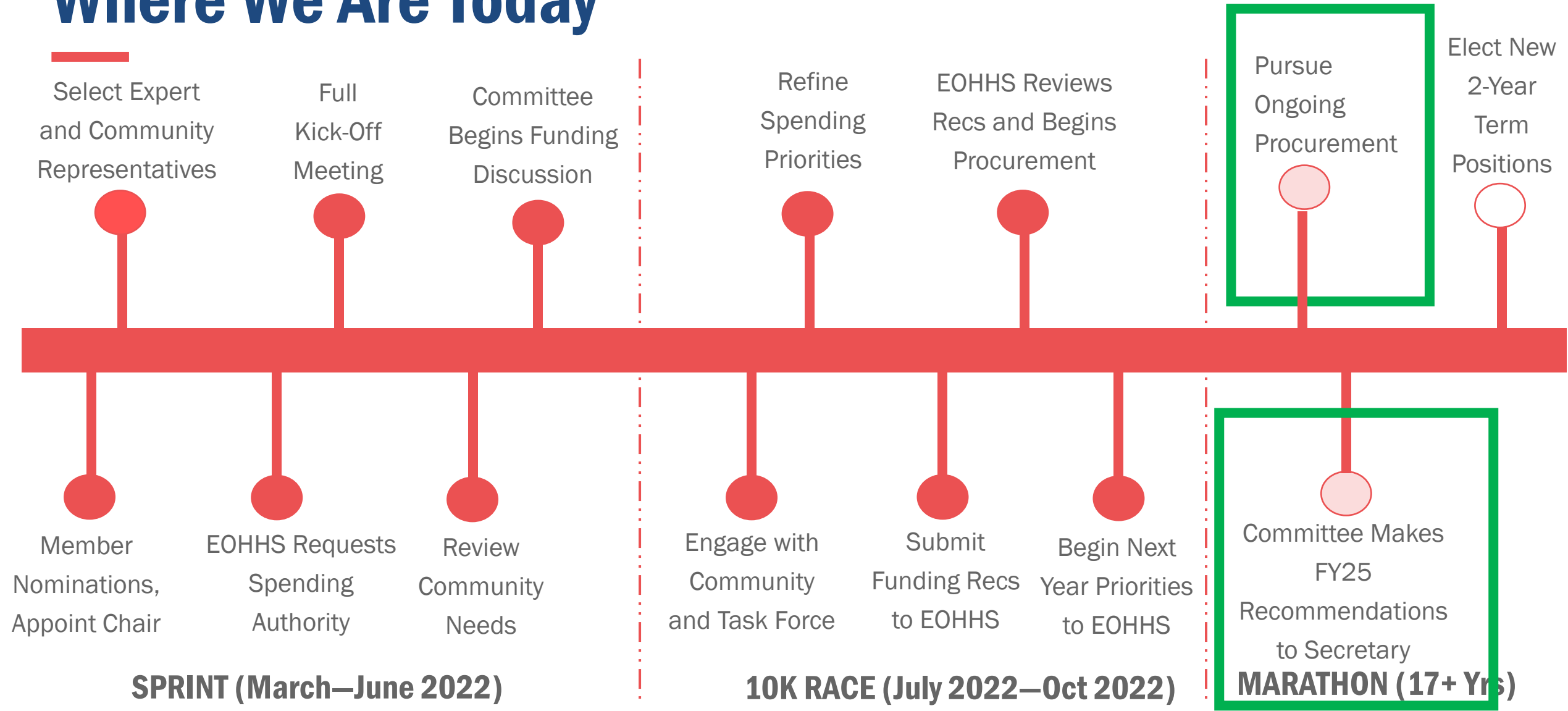
Begin Service Delivery:
Maintain Feedback Loops Across Partners for Quality Improvement



Develop Future Referrals:
Identify Capacity Needs for Referrals to Medical Respite Sites for Long-Term Healing

Budget Strategy and Recommended Approach

Where We Are Today



Guiding Principles for Decision-Making

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

Spend money to save lives.	It may be tempting to use the dollars to fill holes in existing budgets rather than expand needed programs, but the Committee should use the funds to add to rather than replace existing spending.
Use evidence to guide spending.	At this point in the overdose epidemic, researchers, clinicians, and community partners have built a substantial body of evidence demonstrating what works and what does not. States and localities should use this information to make funding decisions.
Invest in youth prevention.	Support children, youth, and families by making long-term investments in effective programs and strategies for community change.
Focus on racial equity.	This process should be guided by public health leaders with the active engagement of people and families with lived experience, clinicians, as well as other
Develop a fair and transparent process for funding recommendations.	This process should be guided by public health leaders with the active engagement of people and families with lived experience, clinicians, as well as other key groups.
Consider future sustainability in all recommendations.	Although there may be some on-time funding recommendations, the Committee should consider the financial sustainability of all investments and try to plan for investments that can be sustained long-term.

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

Reminder: 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

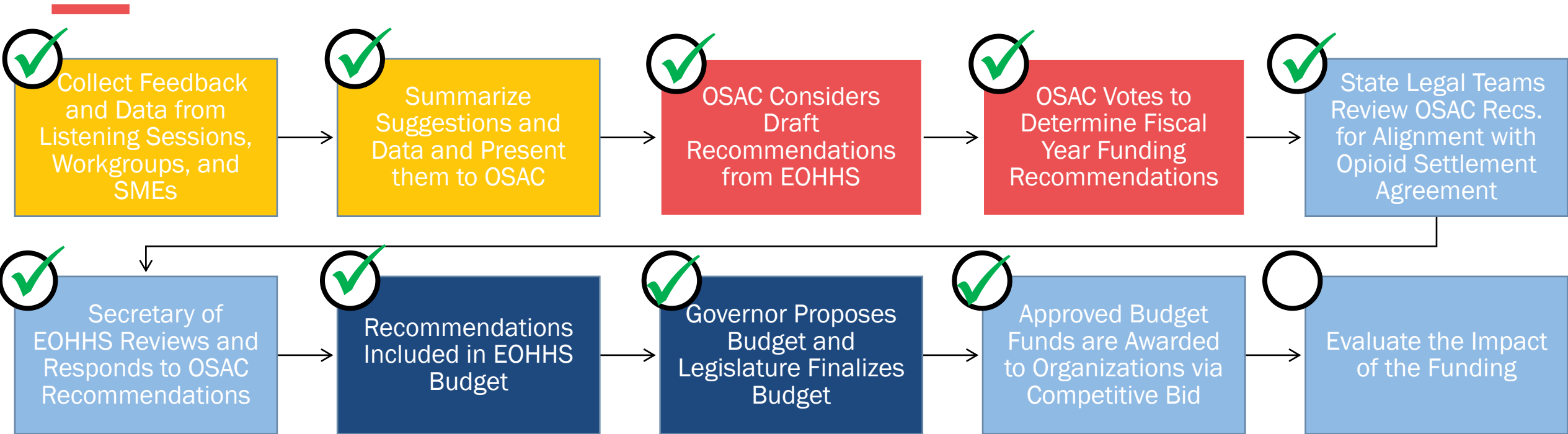
Strengthening Harm Reduction and Rescue

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: 2025 Community Feedback Process

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

Task Force Working Group Co-Chairs	<ul style="list-style-type: none">In March 2023, 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	<ul style="list-style-type: none">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.
Community Conversation Meeting	<ul style="list-style-type: none">The May 2023, community conversation included breakout sessions reflecting seven areas of focus: Racial Equity, SDOH (other than Housing); SDOH (Housing); Emerging Issues, Harm Reduction, Treatment and Recovery (Combined), and Prevention.
Opioid Settlement Advisory Committee Briefing	<ul style="list-style-type: none">In May and June, the Task Force Director shared a report out of the key-takeaways from the May Community Conversation breakout sessions with the workgroup co-chairs and Task Force for final feedback prior to OSAC reporting.

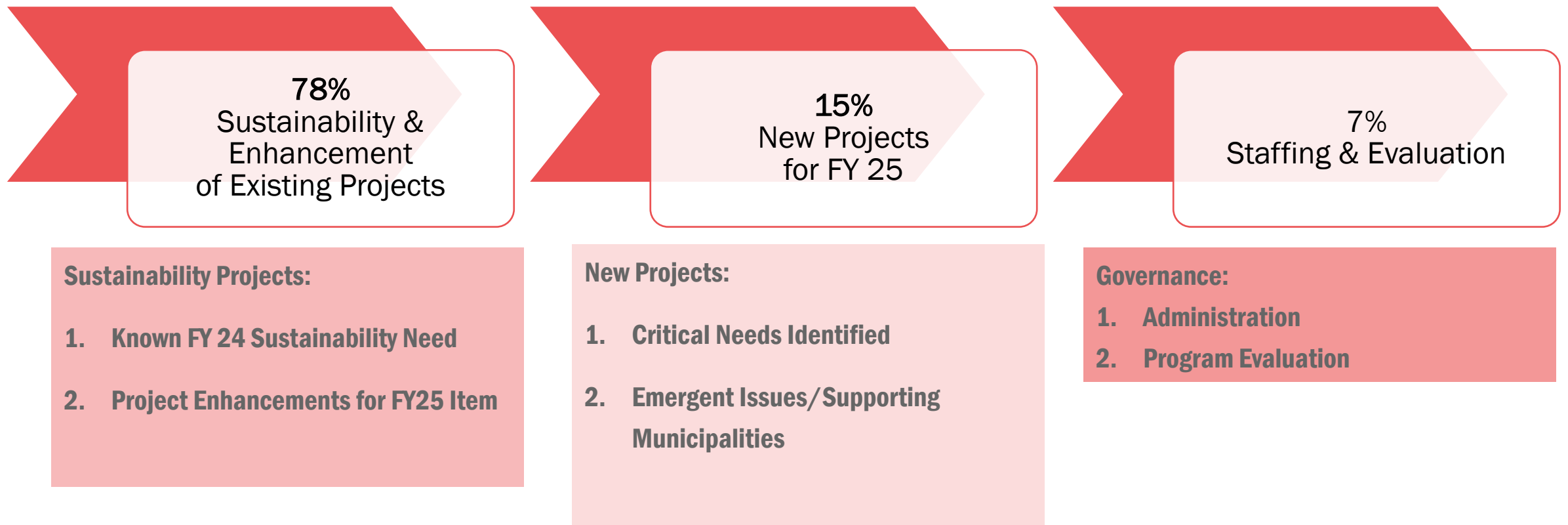
OSAC Areas of Focus for Equity – Approved May 2023

To align with best practices and our core values, we will deepen our work in the following areas. (See Appendix for additional background information.)

- **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

Recommended Approach to Funding for FY 25

Using the EOHHS budget strategy and the OSAC guiding principles, the following approach is being proposed for Committee decision-making for the FY 25 Allocation of Funds



Summary of Recommended SFY25 OSAC Allocation

Source	SFY2025 Amount
Opioid Settlement Funds Initial Allocation*	\$12,000,000
Second Allocation (when additional funding becomes available) **	\$5,450,000

**Includes funds from Allergan/AbbVie, Distributors, Janssen/Johnson & Johnson, Teva, and Mallinckrodt.*

Does not include Purdue Pharma (annual breakdown is still being determined) or any potential funds from Endo settlements.

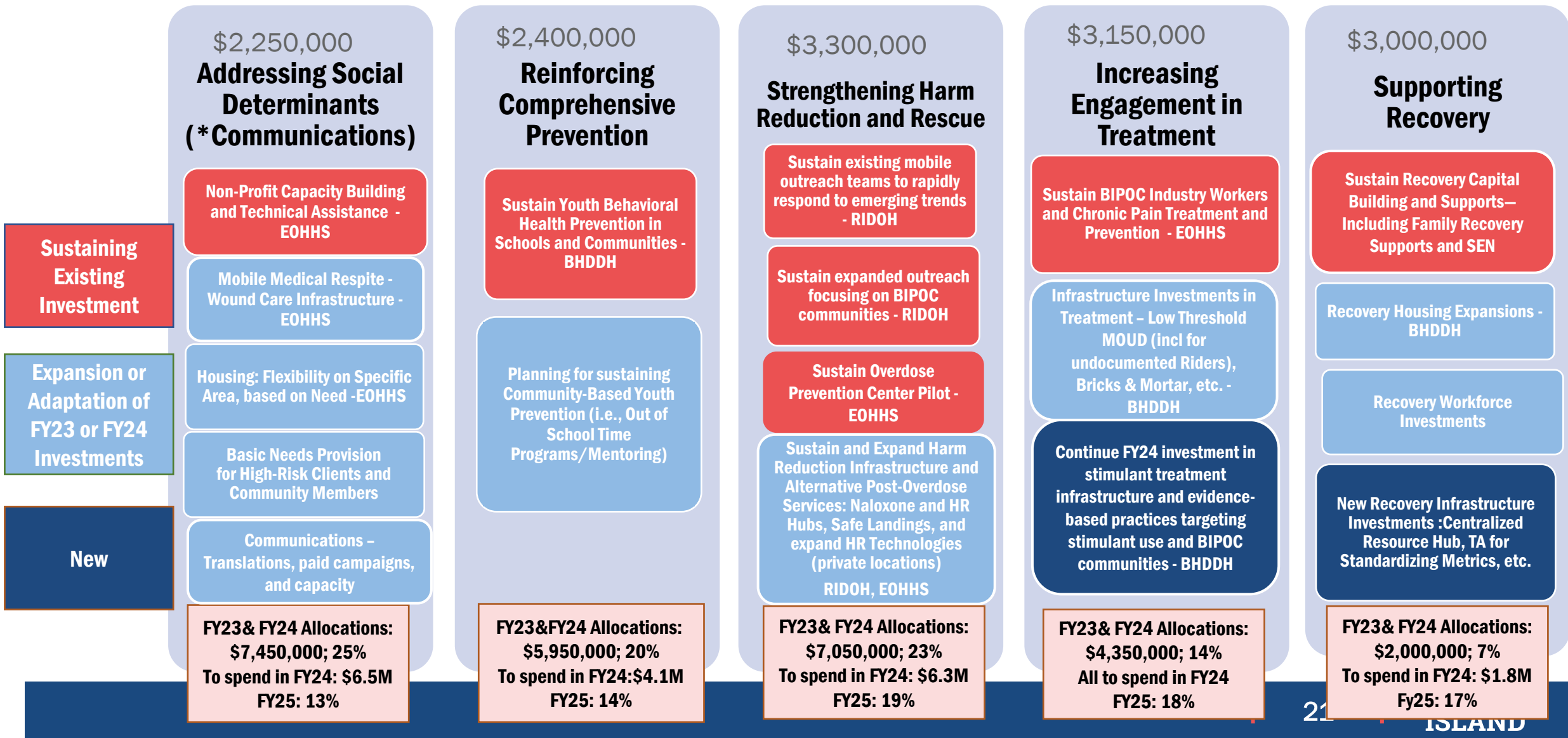
*** Includes Pharmacy Settlements from CVS and Walgreens.*

Budget Review

Please also see the separate
excel budget document.

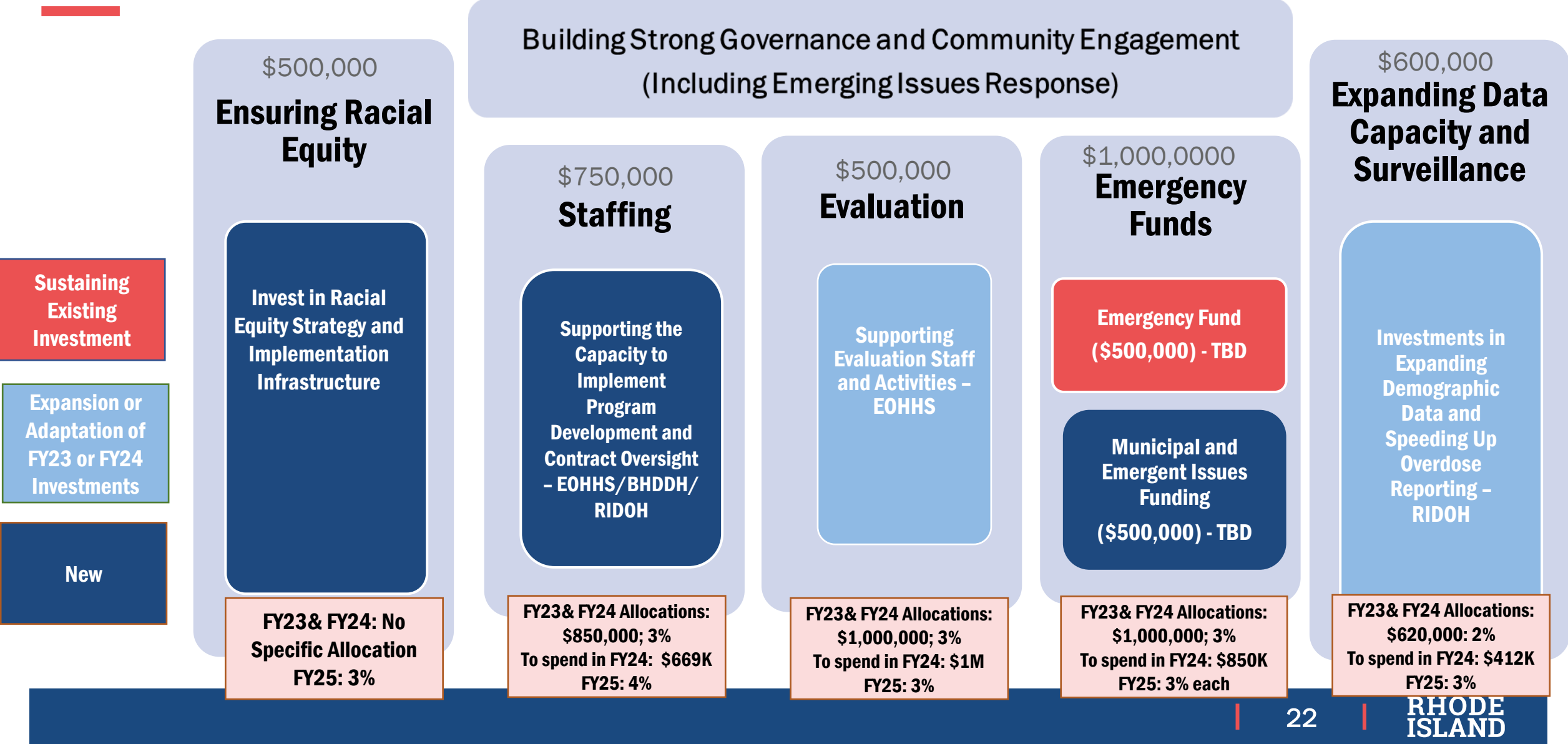
STRAWPERSON DRAFT: State Fiscal Year 2025 Funding Recommendations - UPDATED

\$26,106,333 being spent in FY24, from FY23 & FY24 allocations; \$12M firm to allocate for FY25, plus \$5,450,000.



STRAWPERSON DRAFT: State Fiscal Year 2025 Funding Recommendations - UPDATED

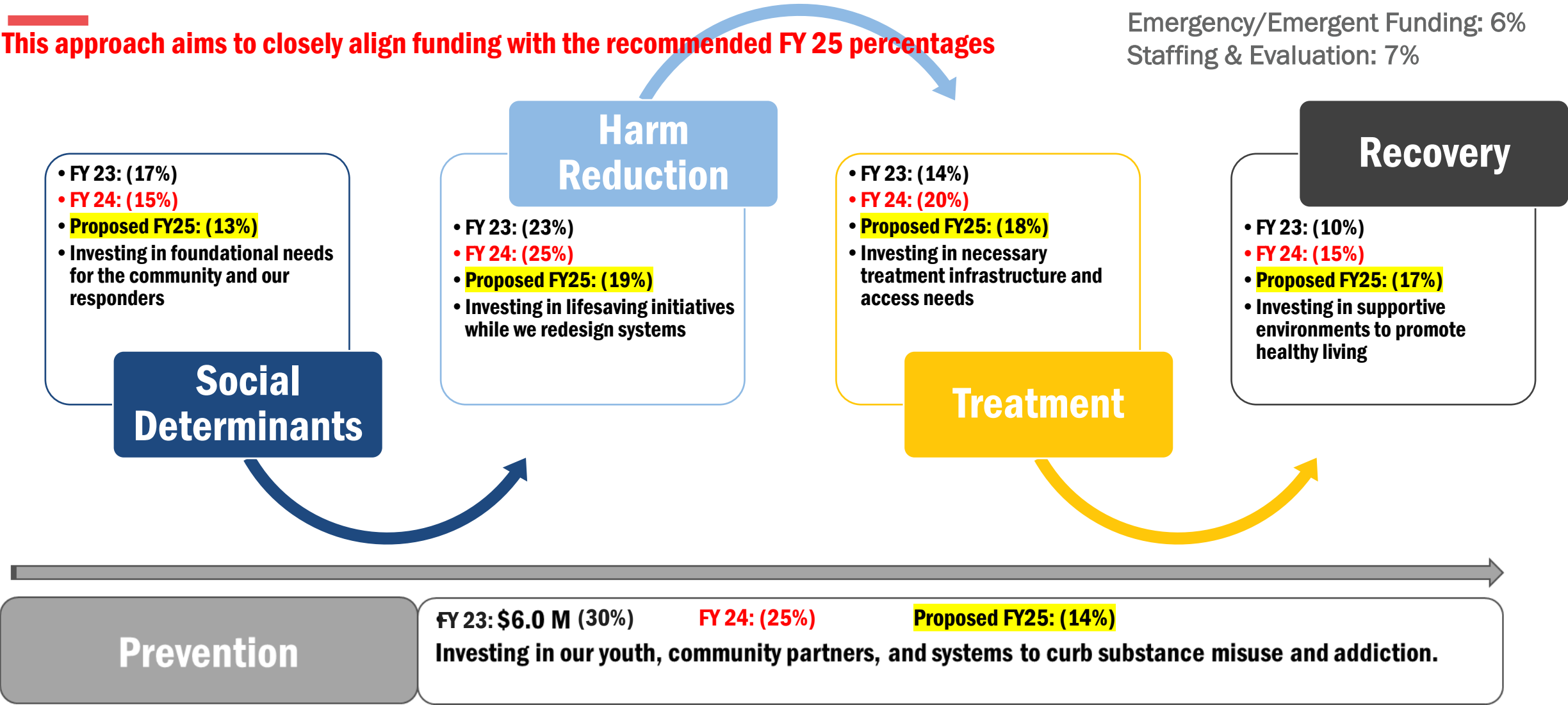
\$26,106,333 being spent in FY24, from FY23 & FY24 allocations; \$12M firm to allocate for FY25, plus \$5,450,000.



Shifting Investments Across the Continuum of Care

This approach aims to closely align funding with the recommended FY 25 percentages

Additional Investments:
Racial Equity Infrastructure: 3%
Surveillance Data: 3%
Emergency/Emergent Funding: 6%
Staffing & Evaluation: 7%



FY25 Stewardship Budget

FY25 Opioid Stewardship Budget	FY25 Budget
BHDDH	1,532,461
Expansion: Recovery Friendly Workplace	200,000
Expansion: Recovery Housing - Alcohol Use Disorder	600,000
Regional Substance Abuse Prevention Task Force	500,000
Hope Initiative	232,461
RIDOC	\$1,331,555
Expanded Medication for Addiction Treatment with Injectable Buprenorphine	378,100
MAT Expansion	846,598
Narcan Vending Machine	106,857
EOHHS	421,033
Task Force Staff	356,033
Support for the Task Force Work Group Community Co-Chairs	65,000
RIDOH	1,648,963
Harm Reduction Infrastructure	450,000
Naloxone Distribution (Outreach Teams)	450,000
OSME (Drug Overdose Death Investigation & Analysis OSME)	135,872
Needle Exchange	50,000
PDMP FTE Funding	153,091
HR/Naloxone Overdose Surveillance	150,000
Analytical drug testing Forensic Toxicology Laboratory drug	260,000
Grand Total	4,934,012

Public Comment



Building Consensus and Formal Vote on FY25 Recommendations

Reminder: Consensus-Building Approach

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

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



THUMBS UP:

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



THUMBS SIDEWAYS:

- 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)

Evaluation Framework

Tamara Burman, EOHHS

Context: The Roadmap's Collective Impact Framework

Common Agenda

- Keeps all parties aligned and moving toward the same goal.

Shared Measurement

- Measures that can get to the TRUE outcome.

Mutually Reinforcing Activities

- Coordinated activities to amplify impact.

Continuous Communication

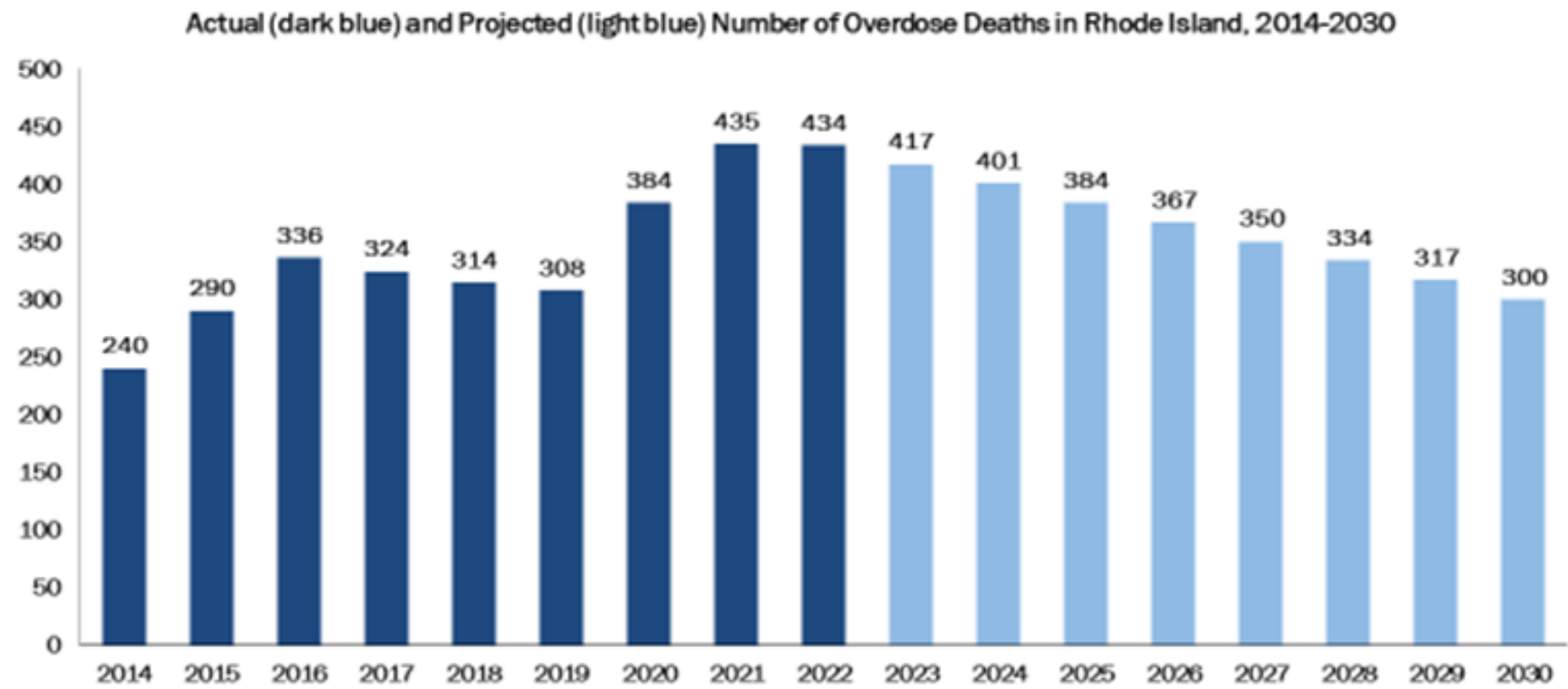
- Allows for a culture of collaboration, sharing knowledge, exchanging of ideas, and making well-informed decisions together

Backbone Support

- Takes on the role of managing collaboration.

Rhode Island's Goal to Reduce Overdose Fatalities

Short-Term Goal (2018 – 2025): 12% reduction (approximately 384 deaths)
Long-Term Goal (2018 – 2030): 30% reduction (approximately 300 deaths)* *Slightly below 2018 levels*



Context: Roadmap Strategies



Approach to Evaluation

Road to Understanding Collective Efforts



Outcomes Based

Will tell us if strategies and programs are being effective in meeting their objectives



Process

Allows for programs and strategies to monitor how well their program plans and activities are working.



Participatory

Involves the stakeholders in the evaluation process



Informing Evaluation

Here are the primary groups of individuals who will help guide our evaluation and how they will participate.

Stakeholder Group	Goals
OSAC	Input needed to support committee function
Task Force	Share and inform community voice & governance
EOHHS Data Analytics	Creation and utilization of data dashboards with updated indicators
Task Force Leadership	Share successes and lead using evidence
Task Force Workgroup Chairs	Share successes and set tracking measures aligned with Road Map logic models
Funded Partner Programs	Inform whether project intended to reach individuals it was designed to, how well the program is working, or the degree the program is positively impacting the target population and community
Partner Agencies	Share and promote program/initiative outcomes, evaluations, and specific data sources
National Partners	Provide successes, feedback, and recommendations

EXAMPLE: Roadmap Harm Reduction Strategy - Data Matrix

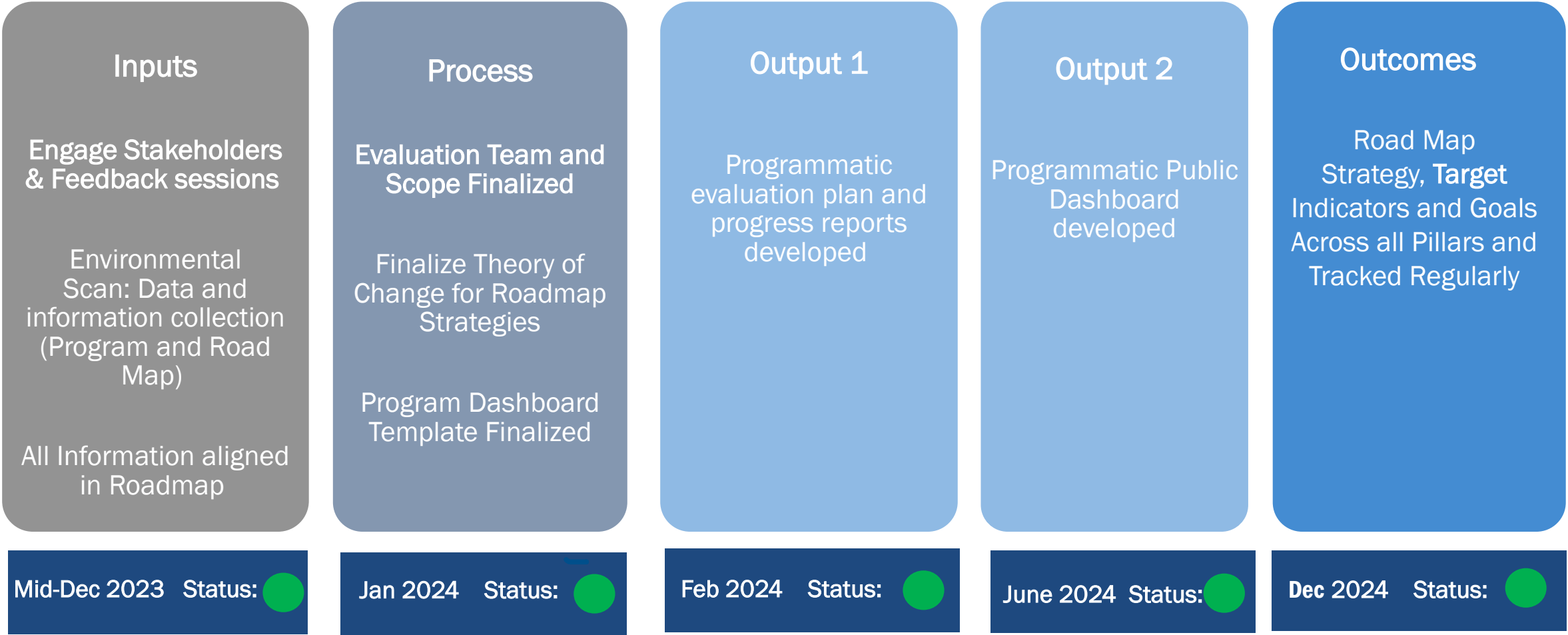
5 initiatives, 3 in process of launching. To date totaling (will most likely increase)- 11 organizations & agencies (not including CODE Projects).

Road Map Strategy	Funded Primary Project/Initiative	Existing Data Set & Frequency
Sustain naloxone accessibility via a statewide plan and evaluate impact	Naloxone Distribution Hub (Teva & Intranasal), Community First Responder Program, PONI (Intramuscular)	<ul style="list-style-type: none"> - URI CFRP Distribution Tracking Data (Monthly) - RIDOH Naloxone Distribution Data: RIDOH Drug Overdose Surveillance Data Hub (Quarterly) - PORI Naloxone Data (Public facing dashboard presenting data from RIDOH data hub)
Maximize Access to Harm Reduction Materials and Resources	Harm Reduction Surveillance System Expansion, Public Health Vending Machine, Harm Reduction Technologies, Drug User Advisory Board, Harm Reduction Tool Hub	<ul style="list-style-type: none"> - Non-Fatal EMS Runs, Integrated Surveillance System: RIDOH Drug Overdose Surveillance Data Hub (quarterly) - Vending Machine Data Reports (As Requested) - RIDOH HRSS Survey (Completed April 2023) - PORI & RIDOH Data Hub: to launch HR page (RIDOH determining metrics)
Ensure harm reduction services are comprehensive and responsive to the evolving needs of people who use drugs	Overdose Prevention Center, Mobile Outreach—including BIPOC and Undocumented Resident Engagement	<ul style="list-style-type: none"> - RIDOH OD2A Project Evaluation (Anticipated to be presented '24)
Improve alternate post-overdose engagement strategies	HEZ Code, Hope Initiative/Early Diversion Program, Safe Landings	<ul style="list-style-type: none"> - RIDOH Code Project Reports (Presentation Jan '24)
Prioritize racial equity focused harm reduction outreach strategies	Place-Based Pilot: Peer Recovery, Harm Reduction, and Law Enforcement Community Conversations	<ul style="list-style-type: none"> - To launch (qualitative data monthly)
Implement comprehensive harm reduction policies	N/A, policy strategy	<ul style="list-style-type: none"> - TBD

Example: Harm Reduction

Program	State Funded	Additional Federal Funding
Naloxone distribution/supply	Stewardship, Settlement	Yes and Private Funding
Harm reduction infrastructure	Stewardship	Yes
Vending machine to ensure 24/7 access to harm reduction tools, including at the ACI	Stewardship	No
Needle Exchange	Settlement, Stewardship	Yes
Harm reduction technologies	Settlement	No
Overdose prevention center	Settlement	No Federal Funding Private Funding
Expand existing outreach	Settlement, Stewardship	Yes
New outreach focusing on BIPOC communities	Settlement	No
Post-Overdose Supports	Settlement	Yes
Hope Initiative	Stewardship	Yes
Drop-in centers	Settlement, Stewardship and McKinsey	No

Evaluation Steps & Timeline – Understanding the Collective Efforts



Discussion

What is positive about this approach? What do you think will work for the OSAC process through the approach?

Is there other specific information that could better inform your decision making?

Governor's Overdose Task Force Updates

Cathy Schultz,
Governor's Overdose Task Force Director

Committee Updates: Membership Meeting Dates

New Meeting Dates

- We are proposing two sets of changes for our meetings.
- First, we propose meeting 8 times a year instead of the 10 or 11 times a year now, with the following schedule:
 - **Focus on Vendor Reports and Evaluation Discussions:** January, March, May, October
 - **Fiscal Year Budget Planning:** June, July, August, November
- Second, we propose choosing to meet just on Wednesdays (except for January 2024), rather than moving back and forth between Wednesdays and Thursdays.
 - The proposed dates are the last Tuesday of January from 1-3 and then the fourth Wednesday of March, May, June, July, August, October, and November from 1-3.

-

Public Comment



THANK YOU



Opioid Settlement Advisory Committee Chairperson:

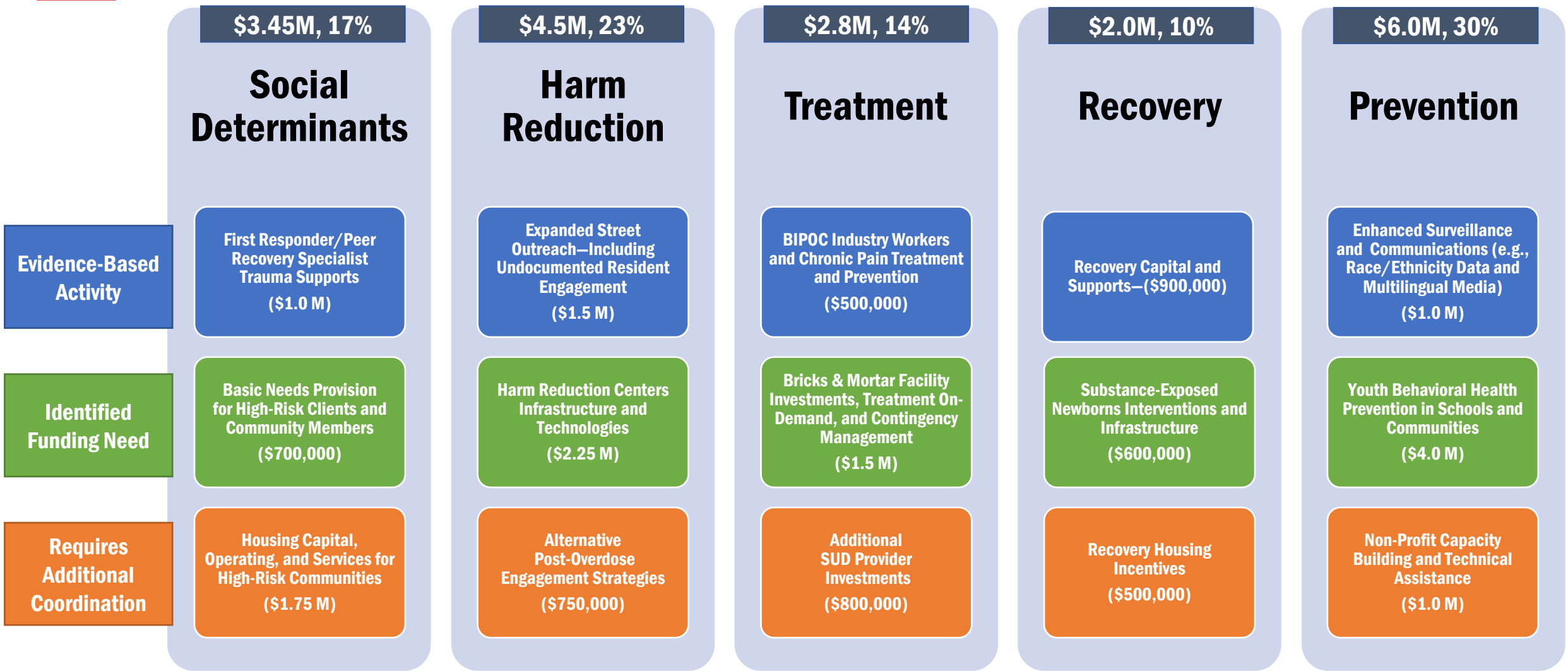
Carrie Bridges Feliz, MPH
Vice President, Community Health and Equity
Lifespan
335R Prairie Avenue, Suite 2B | Providence, RI 02905
Phone: 401-444-8009
cbridgesfeliz@lifespan.org

**RHODE
ISLAND**

Appendix

Opioid Settlement Advisory Committee: FY23 Original Investments

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



FY 24 Funding Recommendations

FY 24 NEW PROJECTS		FY 23/24 SUSTAINABILITY		FY 24 RESPONSE/ADMIN	
\$2,600,000 (25%)		\$6,070,000 (59%)		\$1,600,000 (15%)	
SUD Residential and Workforce Support*	\$600,000	Housing and Recovery Housing/Supports	\$1,620,000	Emergency Response	\$500,000
BIPOC Youth Development	\$800,000	Youth Prevention Programming	\$1,250,000	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	\$1,250,000		
Undocumented and Uninsured MAT Coverage*	\$550,000	General EOHHS Placeholder	\$700,000		

Equity Discussion

Operationalizing 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 *Equity Expectations* recommendations below were 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 and were accepted by the Committee at the May 2023 meeting. Moving forward, the OSAC aims to revise the *Equity Expectations* to the Secretary as part of the annual funding recommendation process.

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.

Equity Expectations

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

Equity Expectations

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

Equity Expectations

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.

Equity Expectations

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

Equity Expectations

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.

Equity Expectations

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.