



Opioid Settlement Advisory Committee

Monday, August 26, 2024

**RHODE
ISLAND**

Call to Order, Review of Agenda, and Approval of Minutes

Our Meeting Agenda

- Call to Order & Introductions
 - Review & Approval of the July 2024 OSAC Minutes
- FY2026 Recommendation Process
 - Presentation and Discussion of FY2026 Recommendations
- Public Comment
- Consensus Vote for FY26 Settlement Fund Allocations
- Committee Chair Address
- Updates from EOHHS
- Adjourn





Presentation and Fiscal Year 2026 Recommendation Discussion

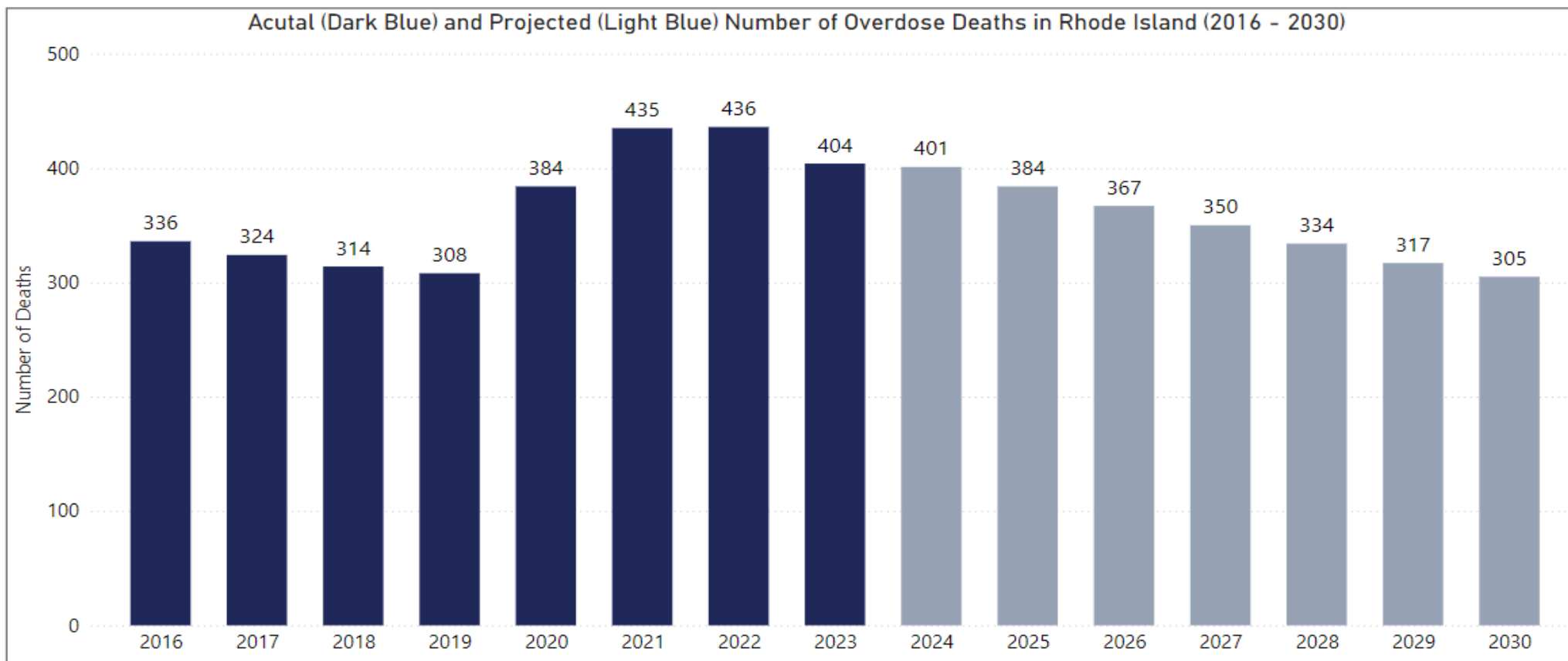
National Recognition

- **John Hopkins:** Rhode Island was recognized as a winner, with North Carolina, of the Award for Excellence in the Application of the Opioid Litigation Principles for Quarter 2. “Recognizing the immediacy of need in their state, Rhode Island seated its advisory committee in the spring of 2022 and approved the first round of expenditures in August 2022”.
- **National Governor’s Association:** Rhode Island was recognized at the Opioid Litigation Settlement Funds Summit by the National Governor’s Association for developing a process to ensure a wide variety of voices in the fiscal planning process so that funds are dedicated to a range of entities to help address the state’s priorities to respond to the overdose epidemic.
- **American Public Health Association:** Rhode Island was recognized by the [American Public Health Association](#) for its organization, transparency and quick distribution of settlement funds for public health services. Rhode Island allocated money to harm reduction programs, street outreach, school-based prevention counselors, recovery housing, opioid treatment centers, treatment for pregnant women and surveillance.

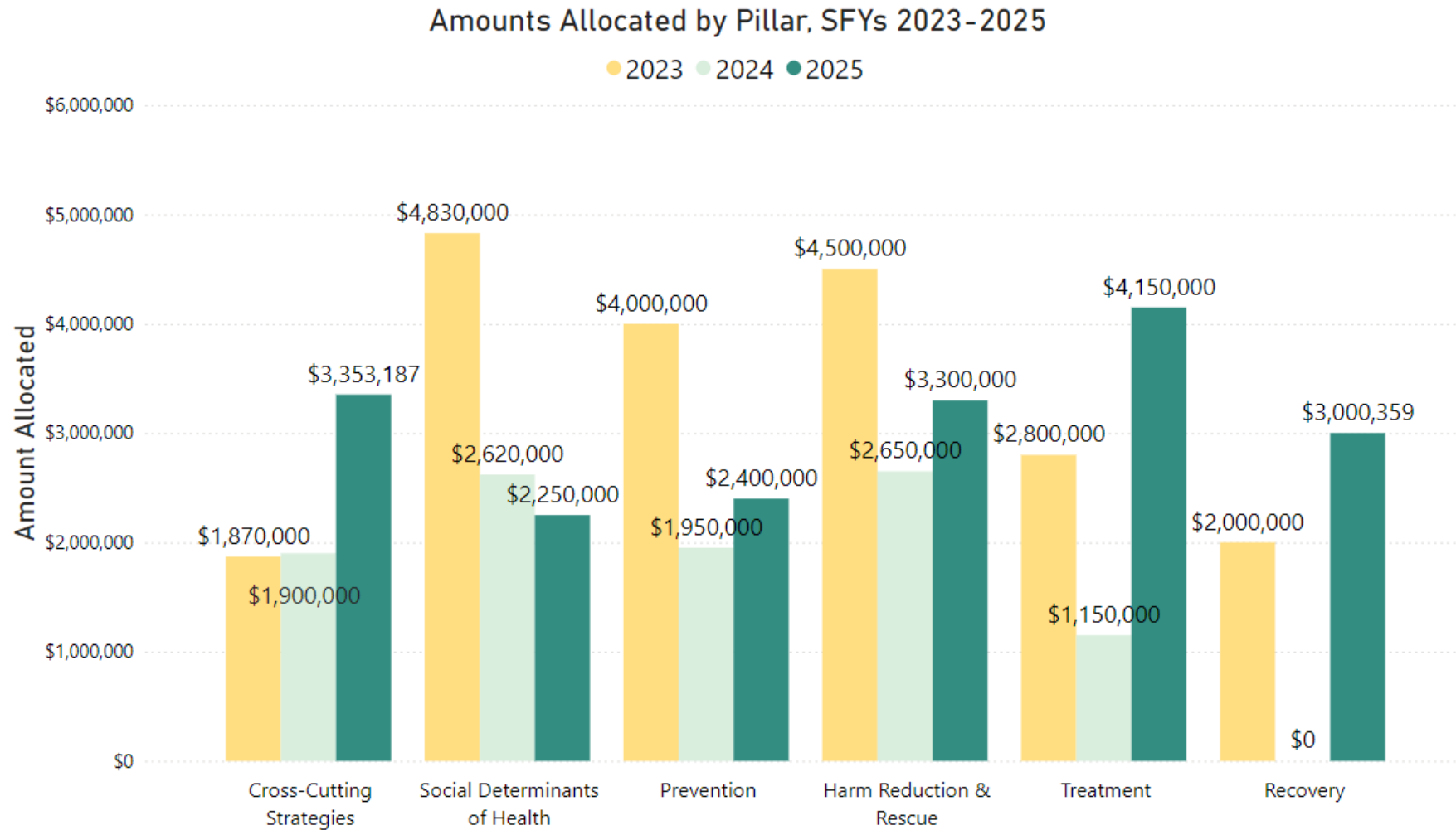
Overdose Deaths in Rhode Island (2016 – 2030)

2023 Fatal Overdose data - 7.3% reduction compared to 2022; first decrease in overdose deaths since 2019. Rate of fatal overdoses decreased by 11% among non-Hispanic Black and 15% among Hispanic or Latino.

Total deaths fell significantly below Projection for 2023 (417 fatalities) with 404 fatalities.

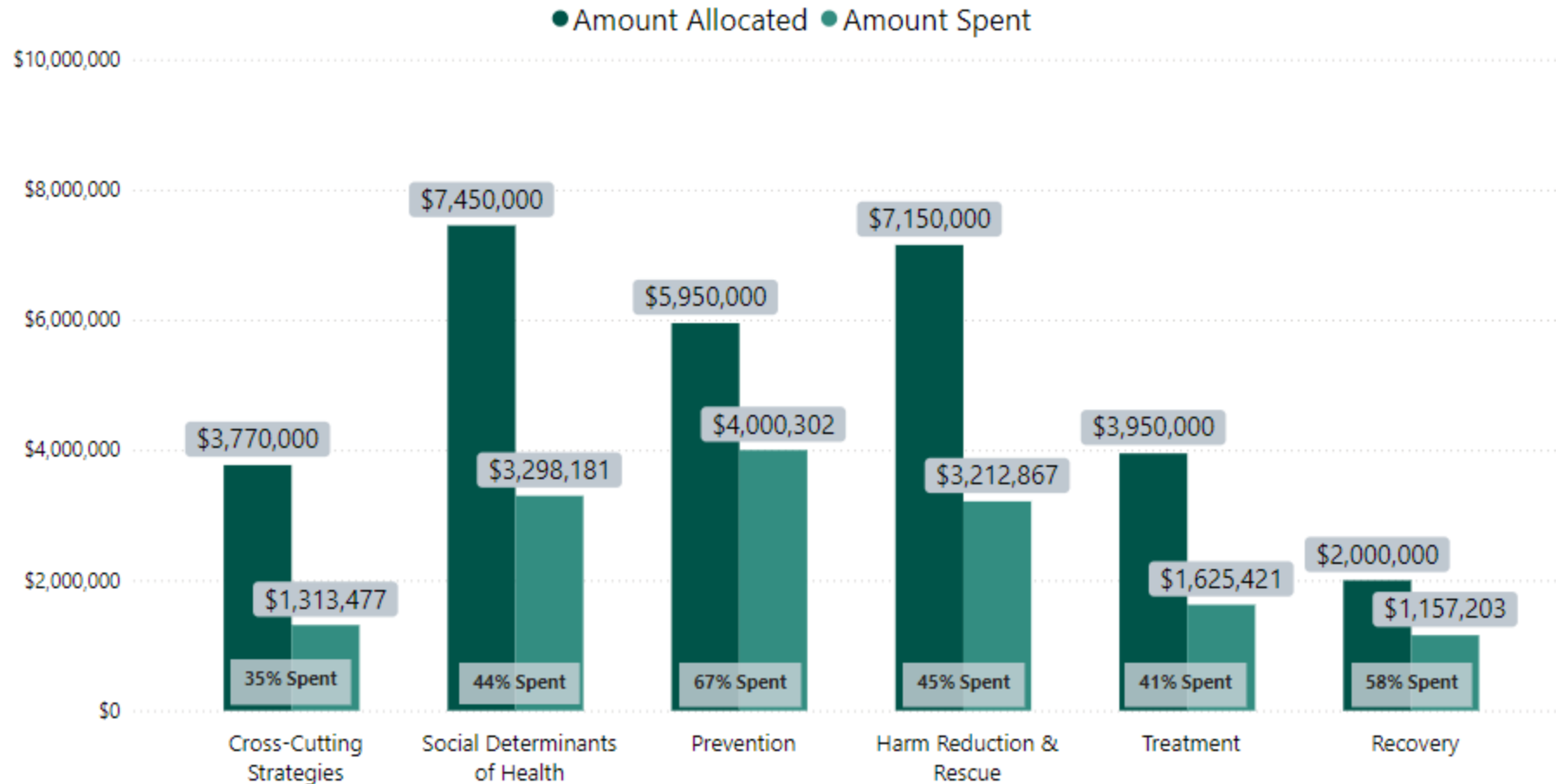


State Fiscal Years 2023-2025 Settlement Allocations Summary



State Fiscal Years 2023-2024 Settlement Funding Summary

Amounts Allocated & Spent by Pillar, SFYs 2023-2024



Status Update: State Fiscal Years 2024 and 2025

Pillar/Priority	SFY24 Enacted Budget (with carry forward from FY23)	SFY24 % Allocated (with carry forward)	SFY24 carry forward into SFY25	SFY24 % carrying forward into SFY25	SFY25 Allocations	SFY25 % Allocated	SFY25 Allocations (with carry forward)
Racial Equity	\$300,000	1%	\$300,000	2%	\$500,000	3%	\$800,000
Admin/Evaluation	\$2,427,030	6%	\$1,198,437	8%	\$1,253,187	7%	\$2,451,624
Emerging Issues/Municipal Fund	\$756,689	3%	\$723,590	5%	\$1,000,000	5%	\$1,723,590
Data	\$412,094	2%	\$141,124	1%	\$600,000	3%	\$741,124
Social Determinants of Health	\$6,266,958	24%	\$3,901,820	25%	\$2,250,000	12%	\$6,151,820
Prevention	\$4,125,903	16%	\$1,949,698	12%	\$2,400,000	13%	\$4,349,698
Harm Reduction & Rescue	\$6,529,612	25%	\$4,030,741	26%	\$3,300,000	18%	\$7,330,741
Treatment	\$3,948,867	15%	\$2,324,579	15%	\$4,150,000	22%	\$6,474,579
Recovery	\$2,097,416	8%	\$1,092,634	7%	\$3,000,359	17%	\$4,092,993
Grand Total	\$26,107,880	100%	\$15,662,622	100%	\$18,453,546	100%	\$34,116,168

Stewardship

Pillars/Priorities	Stewardship SFY24 Enacted Budget (with carry forward)	Stewardship SFY24 Spent	Stewardship SFY25 Budget (with carry forward)	Stewardship Proposed SFY26 Budget
Governance	\$413,778	\$386,687	\$450,599	\$539,128
Data	\$744,531	\$417,685	\$1,031,004	\$510,872
Prevention	\$1,299,569	\$500,000	\$1,299,569	\$450,000
Harm Reduction & Rescue	\$2,416,257	\$1,456,585	\$2,248,989	\$956,857
Treatment	\$2,237,631	\$1,254,400	\$2,207,930	\$1,293,143
Recovery	\$1,400,000	\$857,156	\$1,342,844	\$750,000
Grand Total	\$8,511,767	\$4,872,514	\$8,580,936	\$4,500,000

Proposed Fiscal Year 2026

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".*

Funding Recommendations Process

Input

- March – April 2024: Compiled recommendations from the Task Force workgroups, Community Conversations, and state agencies.

Report Out

- June 2024: EOHHS provided FY23 and FY24 funded programs and Task Force recommendations to the OSAC Committee.

Budget Review

- July 2024: SFY23 – SFY25 allocations and spending and SFY25 plans and initial draft proposal for SFY26

Recommended SFY 26 Proposals

- July - August 2024: EOHHS requested proposals from state agencies (based on available revenue), availability of other funding, and developed draft proposals.
- August 2024: EOHHS requested priorities from OSAC .

Summary of Feedback Received from Survey for SFY 2026 Allocations

— Average of 10 Recommendation Responses

Racial Equity	5%
Admin/Evaluation/Emerging Issues	4%
Data	4%
Social Determinants	14%
Prevention	13%
Harm Reduction & Rescue	27%
Treatment	19%
Recovery	14%

Other Funding Sources for Related Health/BH Services

- **EOHHS: \$163.4 million**, including \$64.3 million from general revenues, to fully fund Medicaid reimbursement rate increases in FY25. These rate increases are across a range of healthcare and social and human services programs.
- **BHDDH: \$32.4 million per year** in federal funds for mental health, substance use treatment, prevention and recovery, homeless outreach, emergency crisis work and diversion, and youth in transition.
- **RIDOH: Approximately \$15M over the next 4 years** for Overdose Data to Action (OD2A/CDC) and the Prescription Drug Monitoring Program. OD2A primarily funds harm reduction and surveillance and was decreased from previous funding cycles.
- **EOHHS: \$76.6 million dollars** for Certified Community Behavioral Health Clinics (CCBHC) for FY25. This is a federally defined service delivery model that provides a comprehensive range of coordinated mental health and substance use services.
- **EOHHS/RIDE: \$2.5 million over 3 years** from Centers for Medicare & Medicaid Services (CMS) for Children's Based Services.
- **DCYF: \$58.2 million** all funds for DCYF - Home and Community-Based Services and annual Family Care Community Partnership (FCCP) prevention funding is \$11.4 million, which includes investments in hotel support for families who are experiencing housing insecurity.

Proposed Percentages for FY 2026

Pillars/Priorities	Strategies/Programs	SFY2025 Allocations (\$18M)	SYF26 Proposed Percentage (\$11.5M)
Racial Equity	Ensuring racial equity across the continuum of care	3%	2%
Emerging Issues and Municipal Funds	Responding to emerging issues and increasing alignment with municipalities	7%	5%
Administration and Evaluation	Monitoring investments, financing, contract management and evaluation	5%	8%
Data	Using data to inform action	3%	7%
Social Determinants of Health (including Communications)	Addressing root causes, public dashboards, resources, ensuring messaging and information is available and equitable	12%	10%
Prevention	Sustaining school based and community-based youth prevention	13%	13%
Harm Reduction and Rescue	Sustaining naloxone, harm reduction education and supplies, targeted mobile outreach, Overdose Prevention Center, and post overdose interventions	18%	26%
Treatment (Infrastructure)	Ensuring treatment is accessible and available on demand to all (including youth)	22%	12%
Recovery	Increasing recovery capital for individuals, families, pregnant people and supporting peer workforce and recovery housing	17%	17%

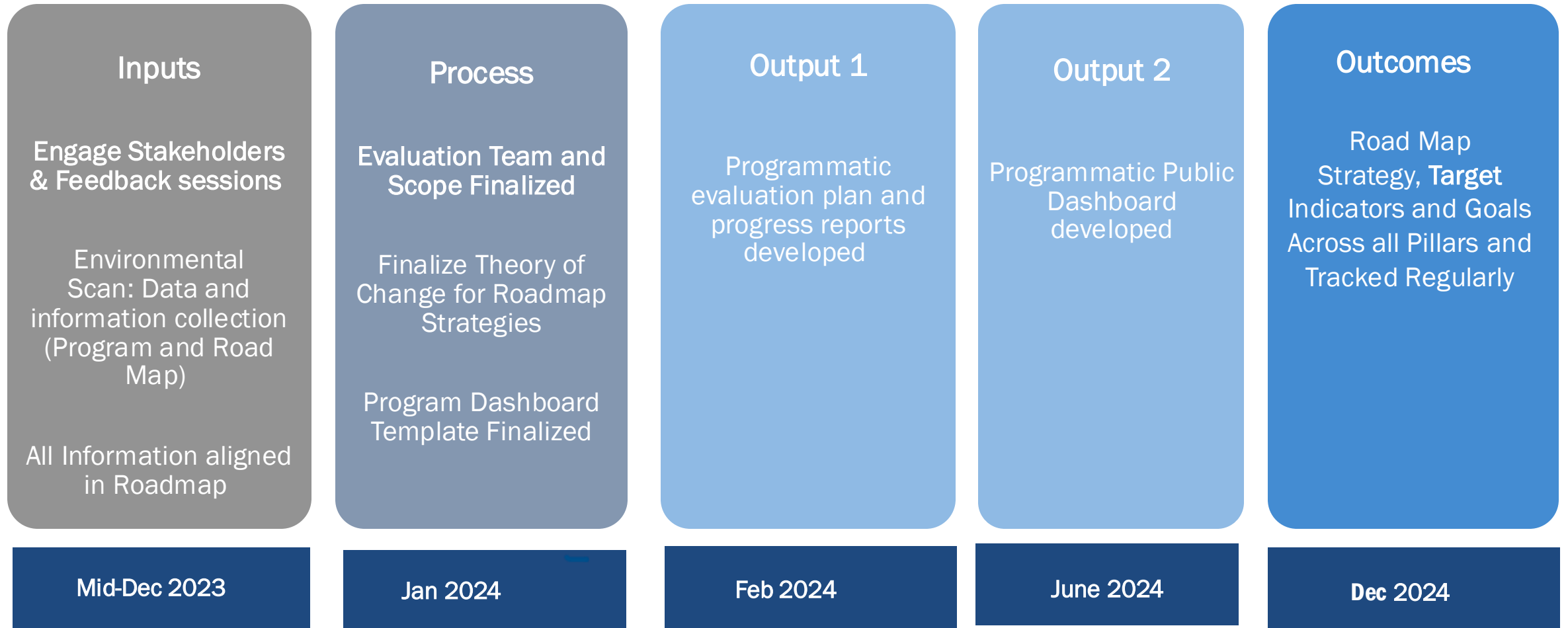
Additional settlements came in last fiscal year totaling approximately \$11 million for the state. OMB included these in SFY25 as a placeholder, but these were not allocated SYF2025.

Proposed Dollar Amounts for FY 2026

Pillars/Priorities	Strategies/Programs	SFY2025 Allocations (\$18M)	SYF26 Proposed Percentage (\$11.5M)
Racial Equity	Ensuring racial equity across the continuum of care	\$500K	\$200K
Emerging Issues and Municipal Funds	Responding to emerging issues and increasing alignment with municipalities	\$1M	\$500K
Administration and Evaluation	Monitoring investments, financing, contract management and evaluation	\$1.25M	\$1M
Data	Using data to inform action	\$600K	\$850K
Social Determinants of Health (including Communications)	Addressing root causes, public dashboards, resources, ensuring messaging and information is available and equitable	\$2.25M	\$1.1M
Prevention	Sustaining school based and community-based youth prevention	\$2.4M	\$1.5M
Harm Reduction and Rescue	Sustaining naloxone, harm reduction education and supplies, targeted mobile outreach, Overdose Prevention Center, and post overdose interventions	\$3.3M	\$2.9M
Treatment (Infrastructure)	Ensuring treatment is accessible and available on demand to all (including youth)	\$3.85M	\$1.4M
Recovery	Increasing recovery capital for individuals, families, pregnant people and supporting peer workforce and recovery housing	\$3.3M	\$1.9M

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Evaluation Steps & Timeline – Understanding the Collective Efforts



Committee Discussion

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.



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)

Consensus Vote



Opioid Settlement Chair Carrie Bridges

Updates from the Governor's Overdose Task Force

- **International Overdose Awareness Day**
 - Friday, August 30, 2024 (the actual day is August 31st)
 - Statewide Naloxone Distribution
 - Remembrance and Vigils Across the State

- **September is Recovery Month**
 - Kick Off Rally4Recovery September 5, 2024
 - Main Rally4Recovery September 22, 2024

Next Opioid Settlement Advisory Committee Meeting: **October 2024**

DATE:	Wednesday, October 23 rd
TIME:	1:00 – 3:00 pm
Location:	Department of Administration 2 nd Floor

THANK YOU

Opioid Settlement Advisory Committee Chairperson:

Carrie Bridges, MPH

Vice President, Community Health and Equity

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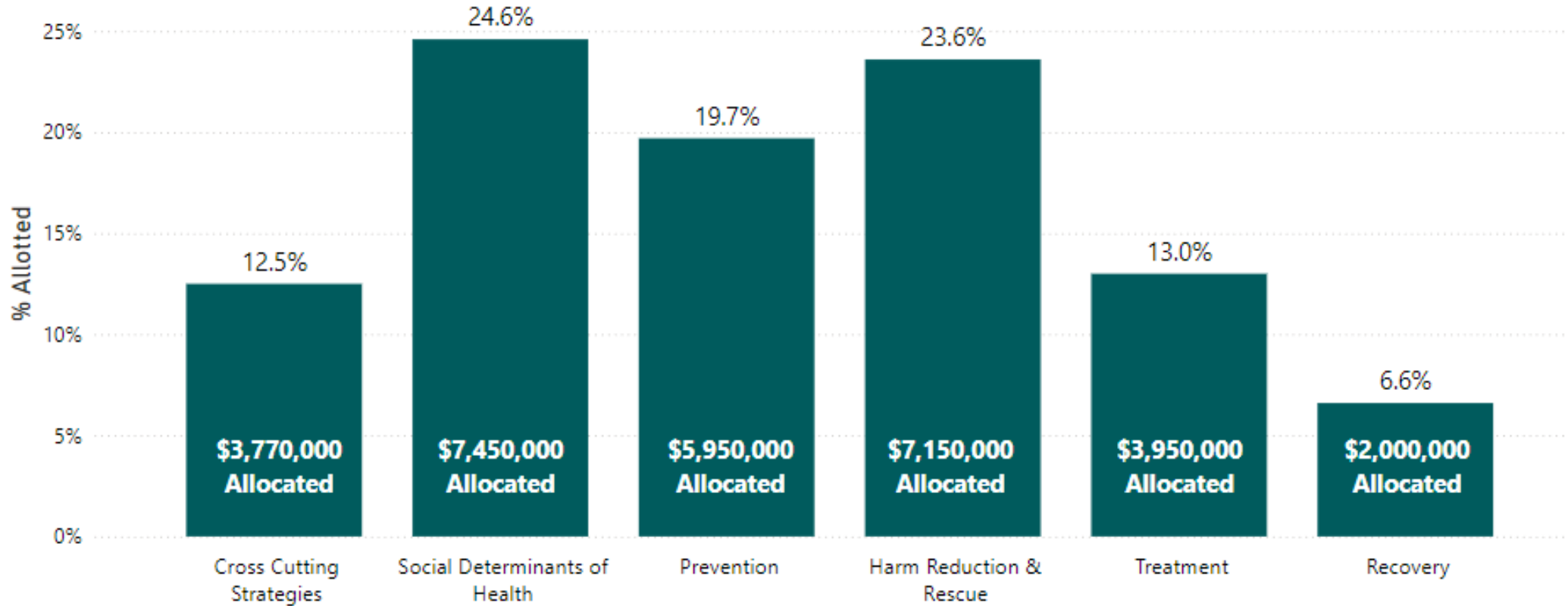
Appendix



State Fiscal Years 2023-2024 Settlement Allocations

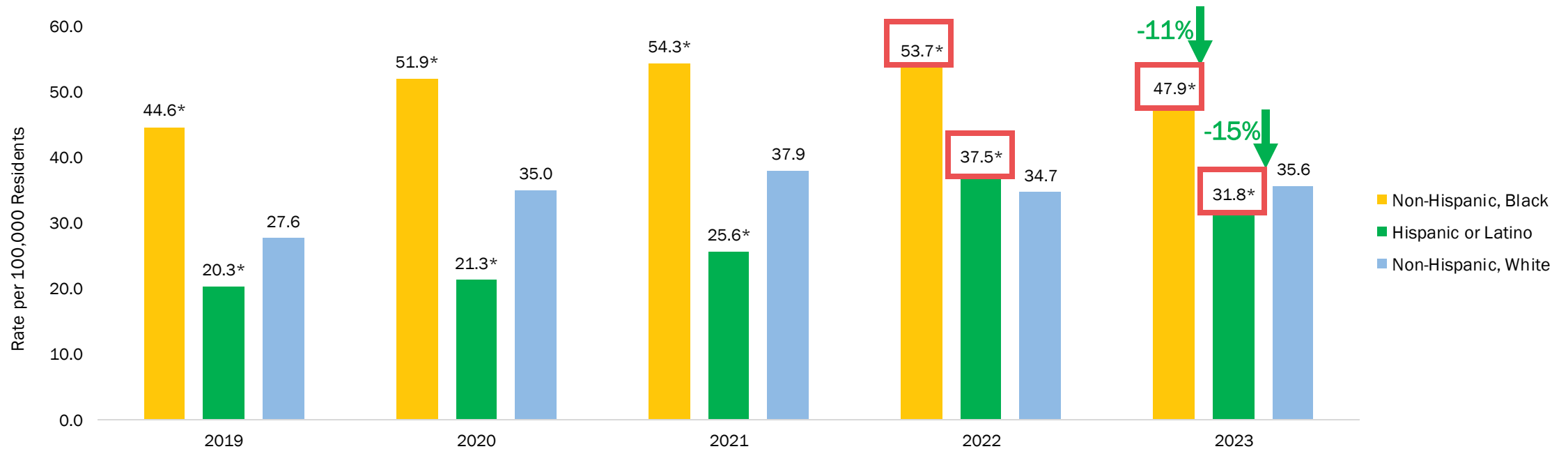
Budget Allocations by Pillar, SFYs 2023-2024

Total Amount: \$30,270,000



Overdose Rate by Race and Ethnicity Among Rhode Island Residents, January 2019 – December 2023

From 2019 to 2023, **non-Hispanic, Black** Rhode Islanders continued to have the highest rate of fatal overdose compared to other race and ethnicity groups. From 2021 to 2022, the rate of fatal overdose among **Hispanic or Latino** Rhode Islanders increased by about 50%. In 2023, the rate of overdose **decreased** among **non-Hispanic, Black** and **Hispanic or Latino** Rhode Islanders.



Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 21, 2024. Prepared by Heidi Weidele.

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Population denominator based on CDC WONDER single-race population estimates for each year accessed April 16, 2024; 2022 estimate applied for 2023 rates. Data limited to accidental drug overdose deaths occurring in Rhode Island among Rhode Island residents. Due to RIDOH's Small Numbers Reporting Policy, fatal overdoses among decedents of unknown or additional race and ethnicity are not shown. All other racial and ethnic groups include people who identify as non-Hispanic ethnicity or have unknown ethnicity. Counts less than five are suppressed. *Please use caution when interpreting rates marked by an asterisk.



Other Behavioral Health Investments in FY25: CCBHCs

— CCBHC is a federally defined service delivery model that provides a comprehensive range of coordinated mental health and substance use services.

CCBHCs Must Provide Nine Core Services Directly or Through Formal Partnerships¹



Additional Required Service in Rhode Island

Assertive Community Treatment (ACT)



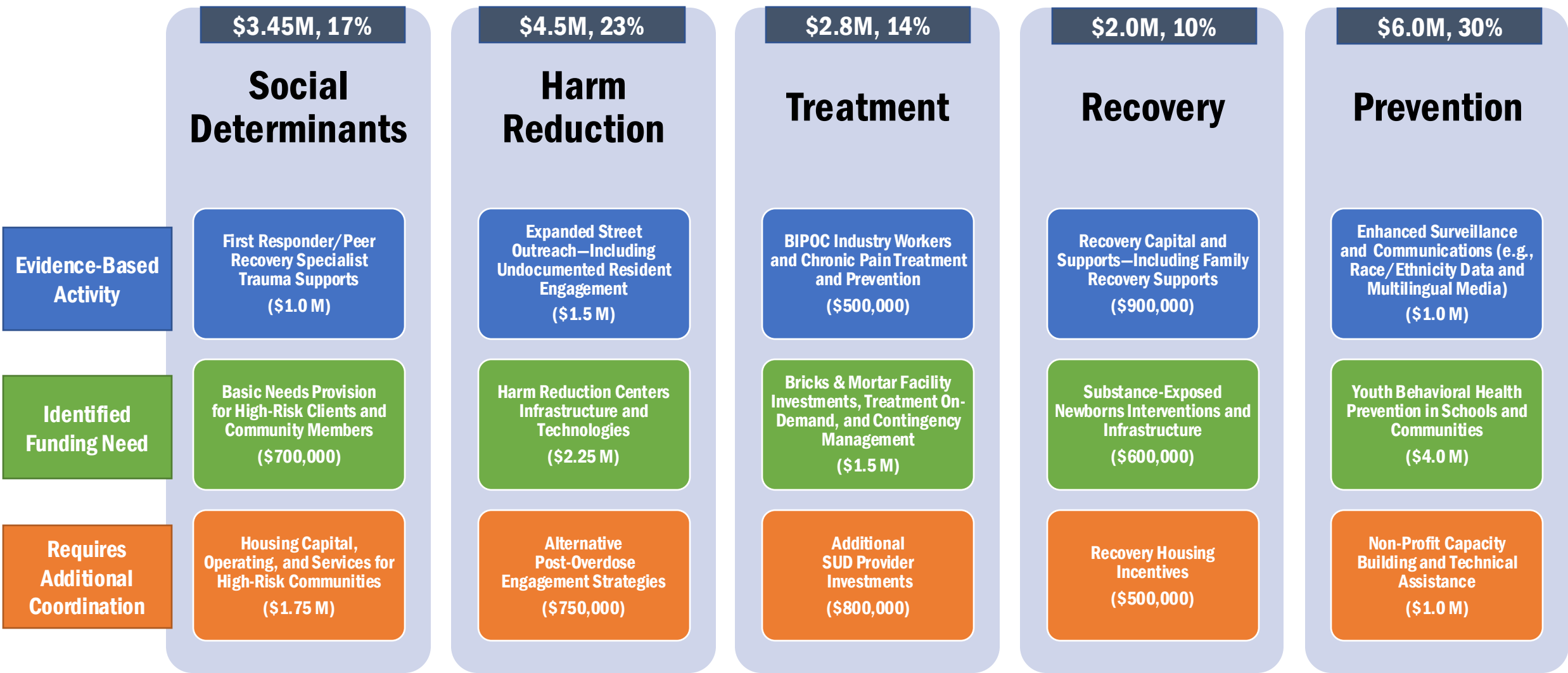
PPS: Monthly cost-based rate replaces FFS billing

¹Services can be provided by *either* the CCBHC or the DCO, with at least 51% directly provided by the CCBHC

²Beginning July 1, 2024, this includes HIV and HEP screenings

Opioid Settlement Advisory Committee: State Fiscal Year 2023 Funding Recommendations

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



SFY 2024 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%)

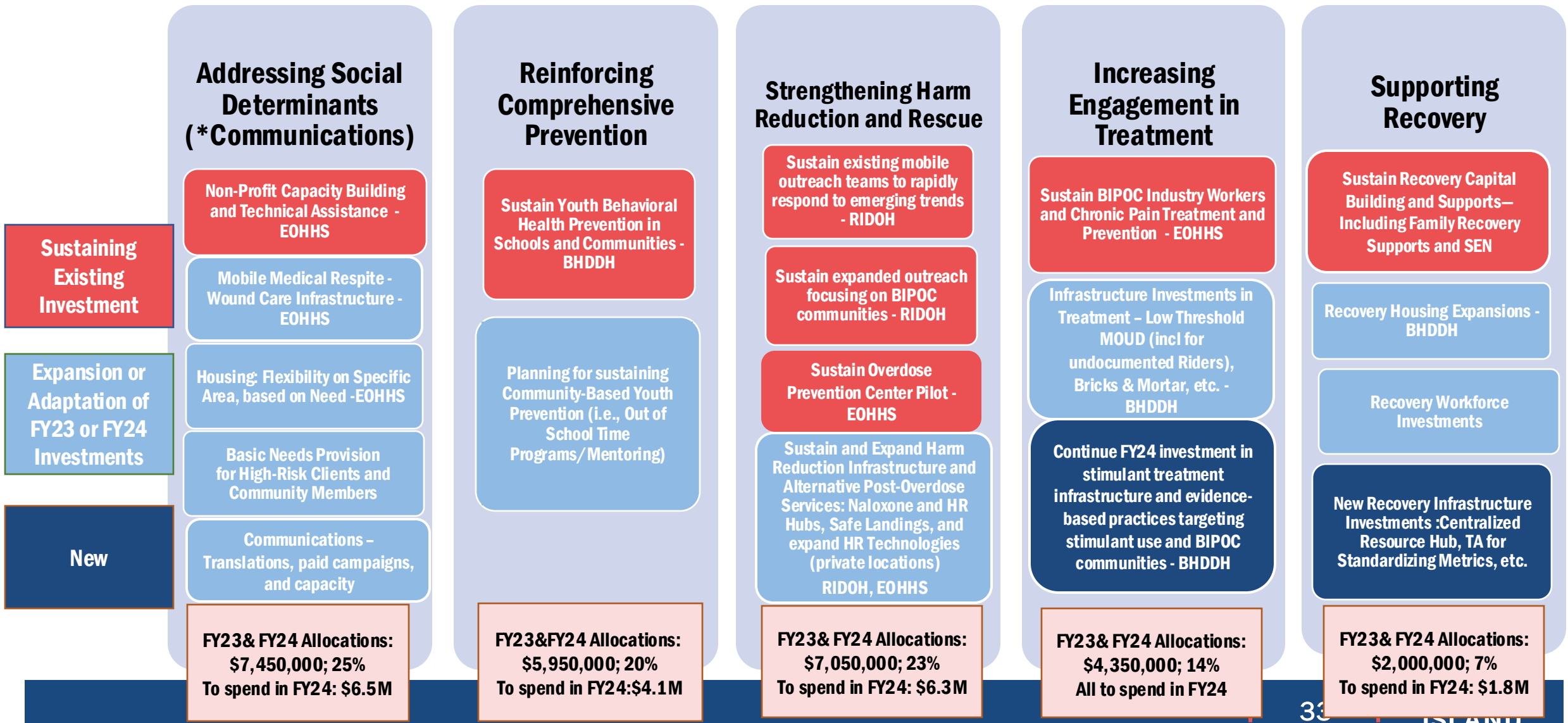
Dark Grey = Recovery (\$1M/10%)

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				

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.



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.

