



Opioid Settlement Advisory Committee

Wednesday, August 27, 2025

RHODE ISLAND

Call to Order, Introductions, and Review/Approval of Minutes



Our Meeting Agenda

- I. Call to Order, Introductions, and Review/Approval of Minutes
- II. Comprehensive Evaluation Status
- III. Public Comment
- IV. Updated Budget Review for FY23 through FY26 and Programmatic Updates
- V. Review of FY27 Recommendations and Discussion
- VI. Public Comment
- VII. Consensus Vote on Recommendations
- VIII. Updates and Next Steps
 - a. EOHHS Update
- IX. Adjourn



Comprehensive Overdose Prevention and Intervention Evaluation Update

Bryan Blissmer, Ph.D., University of Rhode Island



URI Evaluation Team



Bryan Blissmer, Ph.D.

- Director of the Institute for Integrated Health and Innovation
- Led State Innovation Model Evaluation



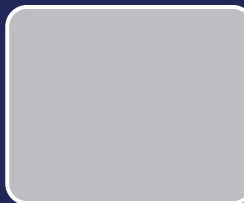
Lyn Stein, Ph.D.

- Professor
- Numerous National Institute of Health grants and federal grants examining substance use disorder
- Evaluator for many State projects



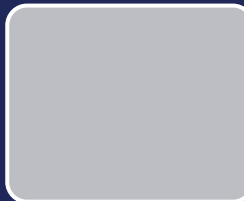
Meghan McCormick, MPH

- Pharmacy Teaching Professor
- Former Rhode Island Department of Health (RIDOH) Acting Chief of the Center for Health Promotion Overseeing Drug Overdose Prevention



Andrea Paiva, Ph.D.

- Professor
- Assisting with Prevention Evaluation



Joely Tynes, MPH

- Assisting with Evaluation of Rhode Island Foundation Prevention Projects

Primary Tasks

Task 1: Overarching Evaluation Planning

- Provide expert guidance in developing a comprehensive, overarching evaluation plan in alignment with the Governor's Overdose Task Force Strategic Plan.

Task 2: Specific Model-Based Evaluation

- Support broad-ranging evaluation efforts using appropriate theoretical frameworks/models.
- Conduct program specific evaluations determined in conjunction with the Rhode Island Executive Office of Health and Human Services (EOHHS).

Task 3: Coordination and Integration of Concurrent Evaluation Efforts

- Coordinate with other opioid- and substance use-related evaluations being conducted by other programs in the state.

Task 4: Evaluation Expertise, Assistance, and Information Sharing

- Support EOHHS and other designated staff to build relationships assisting in long-term improvements, including data collection and reporting, information sharing, and evaluation capacity building in the overdose response sector and the community.

Key Concepts

- URI is here to provide support and capacity to amplify the work being done by EOHHS and their partners.
 - Help establish an overarching framework for the evaluation of the State's Strategic Plan following the Centers for Disease Control and Prevention (CDC) Framework for Evaluation (appended).
 - Work with EOHHS, Task Force Work Groups, and data groups to support data-informed decision making, identify gaps, and suggest areas for improvement (measure alignment etc.).
 - URI can leverage expertise internally and externally, as needed, to meet evaluation needs (e.g., assessing how programs are improving people's lives).
- As a partnership, we are reliant upon data available from existing partners, agencies, population health metrics, and their data requirements.

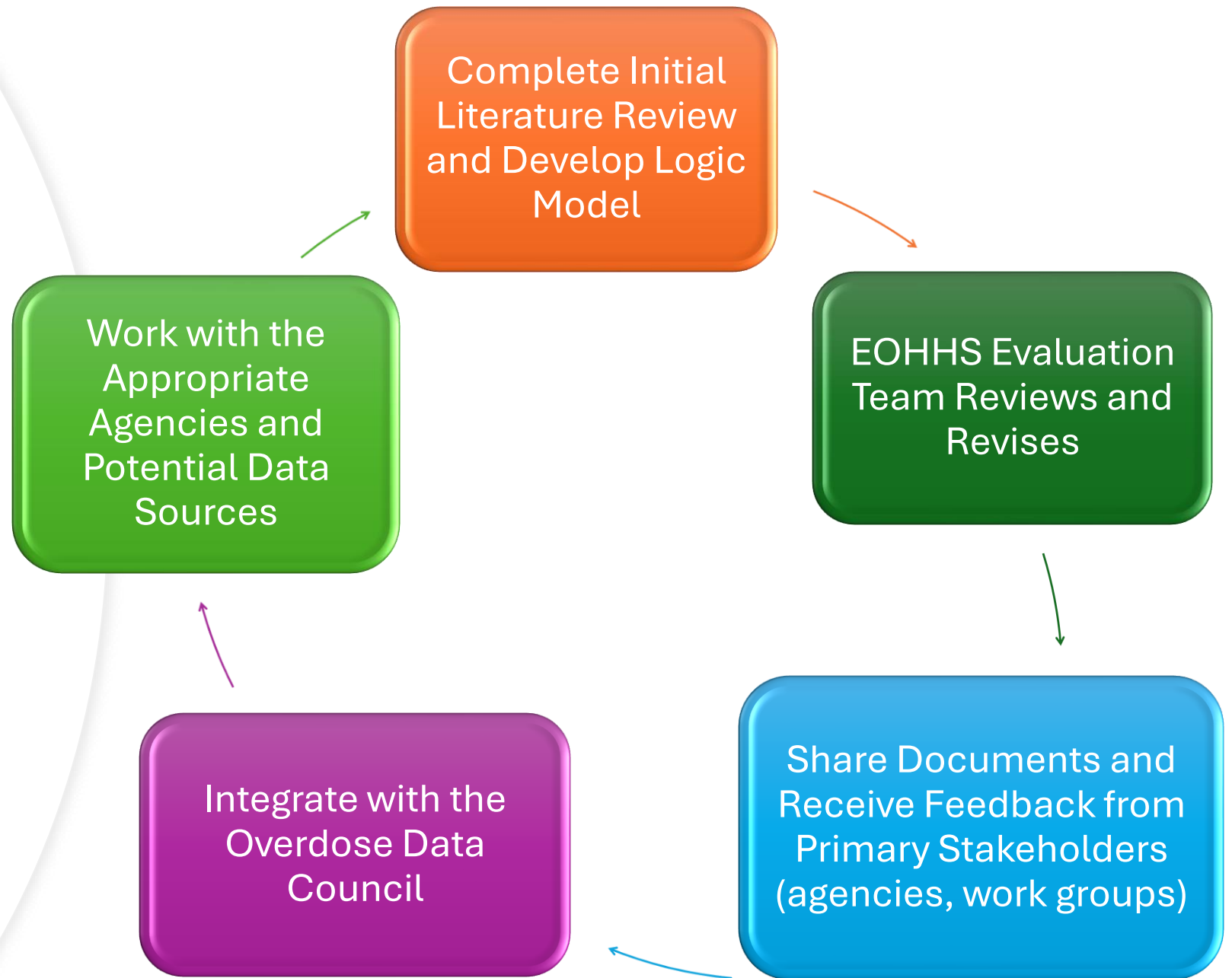


Activities

- Completed the overarching evaluation framework
 - Grounded in theory and based on best practices
- Overarching logic model drafted
- Pillar-by-pillar examination:
 - Literature review
 - Driver diagram review
 - Alignment (metrics and strategies)
 - Best practices
 - Recommendations
- Overdose Fatality Review Update
- Smaller scale evaluation on the impact of Rhode Island Foundation delivered funding for prevention activities



Process and Stakeholder Engagement for Each Overdose Pillar



Prevention Strategies, Programs, Indicator Matrix

Core Strategies	Identified Program	Program Description	RI Interagency Overdose Dashboard Tracked Indicators	Data Source
<p style="text-align: center;">A</p> <p style="text-align: center;">Implement Evidence-based Primary Prevention in Schools, Professional Settings, and High-Risk Communities</p>	RISAS/Coastline	<p>Provides Student Assistance Counselors in middle and high schools to provide school-based substance use and mental health prevention and early intervention services. Students are provided universal educational awareness activities.</p>	<ul style="list-style-type: none"> • # Schools with Counselors • School Names and Communities 	RISAS reports to BHDDH RISS Survey at BHDDH
	RI Foundation Grantees	<p>Community Prevention Services for Youth Opioid Mitigation category, which supports evidence-based or evidence-informed community-based opioid prevention services targeted towards children and youth up to age 21</p>	<ul style="list-style-type: none"> • # of programs helped • Category of programs supported • Primary population served • Community Served • Amount Funded Anticipated Outcome • Total # of people Served 	Grantees report quarterly to EOHHS
	Teen Institute/RISAS	<p>Youth development program that empowers teens to find their voice in leadership, feel affirmed in their identity, and discover wellness practices to foster prevention in their adolescent lives.</p>	NA	Grantees submitted end of program report to EOHHS
	Prevention Coalition Drug Takeback Day	<p>Prevention Coalitions: Primary Prevention Services. Determine state and community level substance use problems and priorities by completing regular needs assessments, plan and implement substance use prevention services throughout the state based on needs assessments.</p>	<ul style="list-style-type: none"> • Total pounds of medication collected 	Once a year event reported out publicly

Continued...

Core Strategies	Identified Program	Program Description	RI Interagency Overdose Dashboard Tracked Indicators	Data Source
<p>B</p> <p>Incorporate Prevention for Workplace Injuries, Disability Leaves, and Rehabilitation Services</p>	<p>NA</p>			
<p>C</p> <p>Prioritize Prevention Activities that Recognize Race Equity, Eliminate Structural Racism and Disparities</p>	<p>NA</p>			
<p>D</p> <p>Prevent Overprescribing and Ensure Appropriate Prescribing and Dispensing of Opioids</p>	<p>RIDOH PDMP</p>	<p>Collects data for controlled substance prescriptions (Schedules II-V and opioid antagonists) into a centralized database. Data is used by prescribers and pharmacists to manage their patients in active treatment.</p>	<ul style="list-style-type: none"> • # people/rates receiving buprenorphine • #people/rates receiving methadone 	<p>RIDOH PDMP keeps data, shares as requested</p>
<p>E</p> <p>Implement Broad Prevention Policies</p>	<p>NA</p>		<ul style="list-style-type: none"> • Important initiative-revisited by Rescue workgroup, could ask around data collection 	<p>RIDOH</p>



Review and Feedback

- **A lot of good strategies, but...**
- **Limited alignment with programmatic elements and indicators**
 - **Need to incorporate both process and outcome indicators**
 - **We are working through suggestions with the ODC group and data “holders”**
- **Potential solutions?**
 - **Consolidation?**
 - **New programs?**
 - **New indicators?**
- **New Strategies**

Comprehensive Prevention Core Strategies

Current Core Strategies
Implement Evidence-Based Primary Prevention in Schools, Professional Settings, and High-Risk Communities
Incorporate Prevention for Workplace Injuries, Disability Leaves, and Rehabilitation Services
Prioritize Prevention Activities that Recognize Race Equity, Eliminate Structural Racism and Disparities
Prevent Overprescribing and Ensure Appropriate Prescribing and Dispensing of Opioids
Implement Broad Prevention Policies

Exploring Recommended Strategies
Expand Coverage and Enhance Quality of School-Based Prevention Programs
Expand Workplace Interventions for Opioid Misuse Prevention
Enhance Training in Professional Settings for Early Identification and Intervention
Strengthen Community Engagement and Implement Culturally Specific Programs
Implement Peer-Led Interventions in High-Risk Communities
Utilize Data-Driven Approaches and Implement Statewide Data Dashboards
Address Social Determinants of Health (SDOH)
Enhance Trauma-Informed Care (TIC) Across Sectors

Our Evaluation Objectives

- Assist in developing a robust, consistently updated data system for use by various engaged parties.
 - Feeding from appropriately updated and relevant dashboards, where possible.
- Build a dynamic system which will allow the examination of quality process and impact metrics aligned with Task Force pillar goals.

Overdose Data Council Update

Christina Schulz, Ph.D.



EOHHS Overdose Data Analytics Lead



Overdose Data Council Scorecard





 In Progress
  On Track
  Off Course

Strategy	Metric Type	Metric and Aim	Update	Status	2030 Target
Overall Strategies	Primary	Reduce accidental drug-related overdose deaths per year.	Semi-Annually		305
	Primary	Reduce the number of emergency department (ED) visits for opioid-related overdose (quarterly average).	Quarterly		Under Review




Overdose Data Council Scorecard



Strategy	Metric Type	Metric and Aim	Update	Status	2030 Target
Prevention Strategies	Primary	Increase the number of schools with RI Student Assistance Counselors (counselors trained to prevent substance use and promote mental health).	Semi-Annually		Under Review
	Secondary	Sustain the number of opioid naïve patients receiving an opioid prescription (quarterly average).	Quarterly		Under Review
	Equity	Increase the diversity of the RI Student Assistance workforce. Assess potential racial/ethnic disparities among students receiving services from student assistance counselors.	Annually	Under Review	Under Review



Overdose Data Council Scorecard



Strategy	Metric Type	Metric and Aim	Update	Status	2030 Target
Harm Reduction and Rescue Strategies	Primary	Increase the number of naloxone kits distributed in the community each year.	Quarterly		50,000 minimum
		Increase the number of in-person harm reduction encounters each year. Increase the number of unique individuals served each year.	Quarterly		Encounters: 32,280
	Equity	Reduce disparities in the number of naloxone kits distributed to various racial/ethnic groups.	Quarterly		Under Review
		Reduce disparities in the rate of encounters among racial/ethnic groups.			


Overdose Data Council Scorecard



Strategy	Metric Type	Metric & Aim	Update	Status	2030 Target
Treatment Strategies	Primary	Increase the rate of people connected to treatment within six months of an overdose (Quarterly Average).	Quarterly	Under Review	Under Review
	Secondary	Sustain the rate of people receiving sustained buprenorphine treatment. Sustain the rate of people receiving sustained methadone treatment.	Quarterly		70%
		Increase the cumulative number of people receiving buprenorphine treatment each year. Increase the cumulative number of people receiving methadone treatment each year.	Quarterly		Buprenorphine: 8,100 Methadone: 7,060



Overdose Data Council Scorecard



Strategy	Metric Type	Metric & Aim	Update	Status	2030 Target
Treatment Strategies	Secondary	Increase the number of healthcare professionals prescribing buprenorphine each year.	Annually		1,362
	Equity	Increase the rate of people connected to treatment within six months of an overdose (quarterly average) broken down by race/ethnicity.	Quarterly	Under Review	Under Review

Overdose Data Council Scorecard



Strategy	Metric Type	Metric & Aim	Update	Status	2030 Target
Recovery Strategies	Primary	Increase the number of certified peer recovery specialists (CPRSs) and community health workers (CHWs).	Annually		725
	Secondary	Increase the percentage of people leaving a certified recovery house for other stable housing.	Annually		Under Review
	Equity	Increase the racial/ethnic and linguistic diversity of CPRSs and CHWs. Assess potential disparities among racial/ethnic subgroups concerning the percentage of people leaving a certified recovery house for other stable housing.	Annually	Under Review	N/A

Thank You



Public Comment



Budget and Overview of Overdose Response Investment



Status Update: State Fiscal Years 2025 and 2026



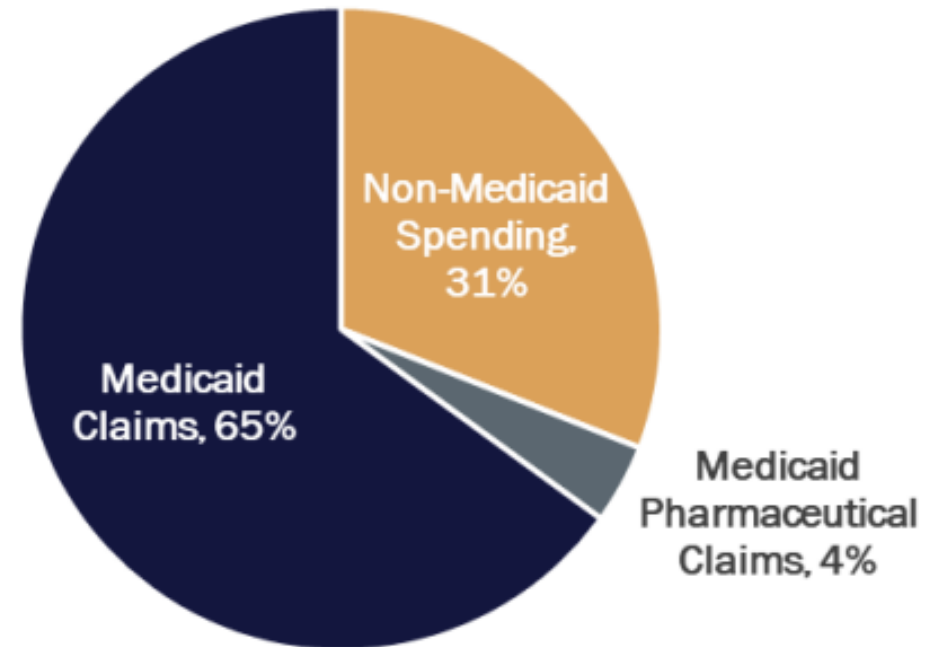
Pillar/Priority	SFY25 Allocations	SFY25 Enacted Budget (allocations, plus unspent)	SFY25 Unspent	SFY26 Allocations	SFY26 Rec. Budget (allocations, plus unspent)
Racial Equity	\$500,000	\$800,000	\$800,000	\$350,000	\$1,150,000
Emerging Issues/Municipal Fund	\$1,000,000	\$1,723,590	\$1,339,036	\$1,000,000	\$2,339,036
Administration and Evaluation	\$1,250,000	\$2,451,624	\$1,679,628	\$1,600,000	\$3,279,628
Data	\$600,000	\$741,124	\$195,240	\$1,500,000	\$1,695,240
Social Determinants of Health	\$2,250,000	\$6,151,820	\$4,457,365	\$2,100,000	\$6,557,365
Prevention	\$2,400,000	\$4,349,698	\$2,693,797	\$2,700,000	\$5,393,797
Harm Reduction and Rescue	\$3,300,000	\$7,330,740	\$3,700,777	\$5,475,000	\$9,175,777
Treatment	\$4,150,000	\$6,474,579	\$5,479,007	\$2,425,000	\$7,904,007
Recovery	\$3,000,000	\$4,092,993	\$2,656,454	\$3,550,000	\$6,206,454
Grand Total	\$18,450,000	\$34,116,168	\$23,001,304	\$20,700,000	\$43,701,304

2023 Medicaid Substance Use Overview

In 2023, the State spent more than \$245 million on SUD programs or treatments services. **Medicaid claims accounted for nearly 70%** of this spending (\$171 million).

- Treatment services (\$160 million)
- Prescription medications (\$11 million)
- These claims served more than 20,000 unique individuals, including inpatient and outpatient treatments, rehabilitative services, residential treatment, detoxification, and psychiatric services.
- Prescription medications through pharmaceutical claims accounted for 6,500 individuals with an SUD diagnosis also received.

Medicaid Claims versus Non-Medicaid SUD Spending

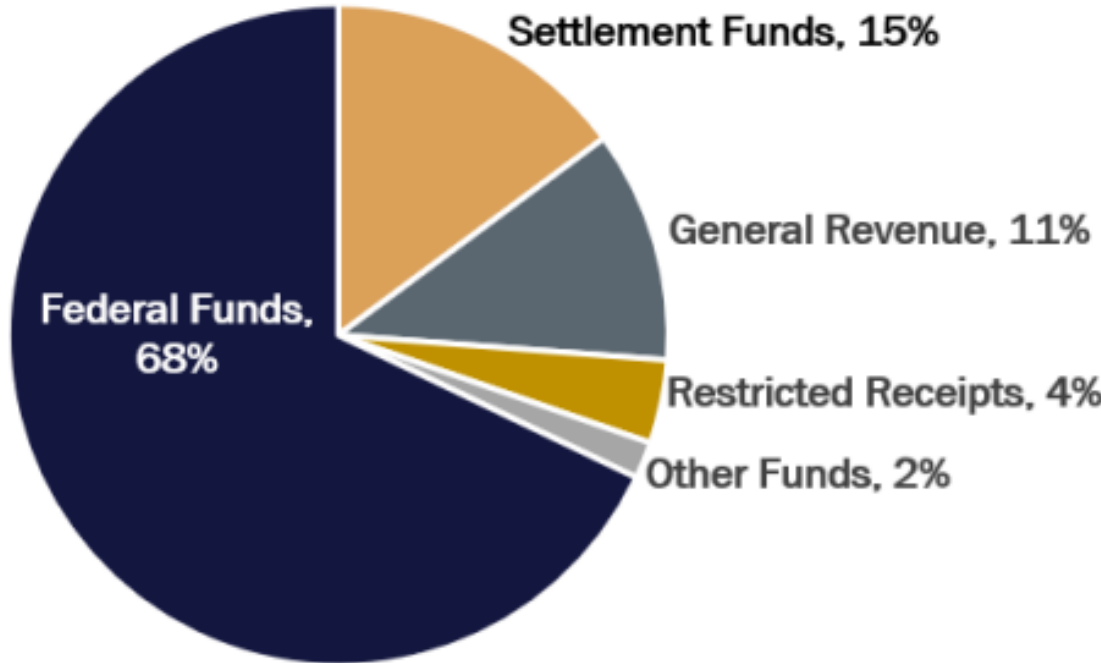


SUD Non-Medicaid Programs

Opioid Settlement and Stewardship funding represented 15% of total SUD programmatic funding, while federal funding accounted for 68%.

- \$77 million in additional resources not covered by Medicaid are administered by the State.
- EOHHS, BHDDH, and RIDOH are collectively responsible for approximately 75% of the total non-Medicaid SUD funding activity in Rhode Island.

SUD Program Spending by Funding Source



Overview of Programmatic Investments

PILLAR/PRIORITY	TOTAL ENCUMBERED SETTLEMENT	TOTAL ENCUMBERED STEWARDSHIP	TOTAL ENCUMBERED FEDERAL
Ensuring Racial Equity	\$400,000	\$0	\$90,000
Admin: Program Development and Contract Oversight	\$2,400,000	\$1,423,384	\$0
Emerging Issues	\$900,000	\$0	\$0
Municipal Coordination	\$500,000	\$0	\$0
Evaluation: Capacity for Evaluation	\$1,300,000	\$0	\$0
Task Force and Community Engagement	\$0	\$490,000	\$0
Using Data to Action	\$2,700,000	\$2,293,065	\$3,800,000
Addressing Social Determinant of Health	\$9,625,202	\$0	\$6,040,598
Comprehensive Prevention	\$9,455,000	\$1,950,000	\$12,653,897
Strengthening Harm Reduction and Rescue	\$15,104,030	\$5,741,746	\$6,370,278
Increasing Investment in Treatment	\$9,736,738	\$7,585,206	\$17,659,963
Supporting Recovery	\$9,569,116	\$3,900,000	\$26,089,298
Grand Total	\$61,843,086	\$23,383,401	\$72,702,034

Note: These are estimated totals reported by respective agencies.

Summary of Programmatic Updates



- Of the \$69 million dollars in Settlement Funds that were allocated, more than \$61 million dollars have been encumbered (in contract) or obligated to programs.
- Harm Reduction and Rescue pillars/priorities have the greatest amount of Settlement funds encumbered, or obligated, and the least amount of federal funds.
- Recovery, Treatment, and Prevention pillars/activities have greater amounts of federal funding encumbered.

Summary

- Opioid settlement funds support a relatively small (15%)—yet crucial—component of the state's overall response to the overdose crisis.
- The vast majority of opioid settlement funds support community-based, partner organizations (through more than 100 contracts).
- Many opioid settlement-supported programs are multi-year contracts and have funds already obligated from FY23 to FY26.
- Across all pillars, the opioid settlements support a combination of pilot project programs, one-time infusions, and ongoing infrastructure sustainment.

Public Comment



Proposed SFY27 Recommendations and Discussion



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 gaps in existing budgets rather than expand needed programs, but the Committee should use the funds to enhance 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 people and families with lived experience and representatives from communities that are disproportionately impacted.
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 guide entitled, [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 2025 to April 2025:** Compiled recommendations from the Overdose Task Force work groups, community conversations, State agencies, and public input.

Report Out

- **May 2025:** Task Force recommendations were shared with the OSAC.
- **June 2025:** 2024 fatal overdose data presented, agency programmatic updates offered, and programmatic overview report shared with the OSAC.

Budget and Process Review

- **July 2025:** Reviewed SFY25 allocation and spending. Discussed policy and decision-making process.

Recommend SFY27 Proposals

- **July 2025 and August 2025:** Reviewed existing revenue, discussed supplantation and status of programs, and drafted allocation proposals based on those presented.
- **August 2025:** Review encumbered and obligated status of all funding sources. The OSAC will hold a vote on proposed recommendations.

Additional Points: FY27 Recommendations Are Informed By...

- A continuum of care framework, which suggests investments in prevention, rescue/harm reduction, treatment, recovery, and the social determinants of health.
- The consideration of unspent carry-forward funds from previous fiscal years.
- A focus on the sustainment of comprehensive overdose response infrastructure and emerging issues, rather than new pilot programs or one-time infusions.
- The desire to avoid dramatic changes in allocations, which could significantly disrupt strategies that are delivering results.

Other Funding Sources for Related Health and Behavioral Health Services

- **BHDDH: \$40.2 million per year** in federal funds for mental health, substance use treatment, prevention, recovery, homeless outreach, emergency crisis work and diversion, and youth in transition.
- **RIDOH: Approximately \$10 million over the next three years** for Overdose Data to Action (OD2A). OD2A primarily funds harm reduction and surveillance programming and was decreased from previous CDC funding cycles. The **Prescription Monitoring Program (PDMP)** has received a no cost extension until 9/30/2026. No new funding announcement has been released by the Bureau of Justice Assistance (BJA).
- **EOHHS: \$111.7 million (All Funds) / \$34.2 million (GR)** for Certified Community Behavioral Health Clinics (CCBHC) in FY25. This is a federally-defined service delivery model that provides a comprehensive range of coordinated mental health and substance use services.

SFY25 and SFY26 Percentages and SFY27 Proposed Percentages

Pillars/Priorities	Strategies/Programs	SFY2025 (\$18M)	SFY26 (\$20.7M)	SFY27 Proposed (\$10M)	SFY 27 Status
Racial Equity	Ensuring racial equity across the continuum of care.	3%	2%	2%	Pilot
Emerging Issues and Municipal Funds	Responding to emerging issues and increasing alignment with municipalities.	5%	5%	7%	Sustainment, Pilot
Administration	Monitoring investments, financing and contract management.	4%	4%	7%	Infrastructure
Evaluation	Comprehensive evaluation across the continuum of care.	3%	4%	3%	Infrastructure
Data	Using data to inform action.	3%	7%	6%	Infrastructure
Social Determinants of Health (including Communications)	Addressing root causes and ensuring public dashboards, resources, messaging, and information are accessible and equitable.	12%	10%	5%	Infrastructure, Pilot
Prevention	Sustaining school- and community-based youth prevention.	13%	13%	12%	Sustainment, Pilot
Harm Reduction and Rescue	Sustaining the statewide naloxone distribution center, harm reduction education and supplies to all partner organizations, targeted mobile outreach, Overdose Prevention Center, and drop-in centers.	18%	26%	27%	Infrastructure, Sustainment, Pilot
Treatment (Infrastructure)	Ensuring treatment is available, accessible, and on demand to all individuals, including youth.	22%	12%	13%	Infrastructure
Recovery	Increasing recovery capital for individuals, families, and pregnant people, as well as supporting peer workforce and recovery housing initiatives.	17%	17%	18%	Infrastructure, Sustainment, Pilot

SFY25 and SFY26 Dollar Amounts and SFY27 Proposed Percentages

Pillars/Priorities	Strategies/Programs	SFY2025 (\$18M)	SFY26 (\$20.7M)	SFY27 Proposed (\$10M)	SFY Status
Racial Equity	Ensuring racial equity across the continuum of care.	\$500K	\$350K	\$200K	Pilot
Emerging Issues and Municipal Funds	Responding to emerging issues and increasing alignment with municipalities.	\$1M	\$1M	\$700K	Sustainment, Pilot
Administration	Monitoring investments, financing, and contract management	\$750K	\$800K	\$700K	Infrastructure
Evaluation	Comprehensive evaluation across the continuum of care.	\$500K	\$800K	\$350K	Infrastructure
Data	Using data to inform action.	\$600K	\$1.5M	\$600K	Infrastructure
Social Determinants of Health (including Communications)	Addressing root causes and ensuring public dashboards, resources, messaging, and information are accessible and equitable.	\$2.25M	\$2.1M	\$500K	Infrastructure, Pilot
Prevention	Sustaining school- and community-based youth prevention.	\$2.4M	\$2.7M	\$1.2M	Sustainment, Pilot
Harm Reduction and Rescue	Statewide naloxone distribution center, harm reduction education and supplies to all partner organizations, targeted mobile outreach, Overdose Prevention Center, and drop-in centers.	\$3.3M	\$5.475M	\$2.75M	Infrastructure, Sustainment, Pilot
Treatment (Infrastructure)	Ensuring treatment is available, accessible, and on demand to all individuals, including youth.	\$4.15M	\$2.425M	\$1.25M	Infrastructure
Recovery	Increasing recovery capital for individuals, families, and pregnant people, as well as supporting peer workforce and recovery housing.	\$3M	\$3.55M	\$1.75M	Infrastructure, Sustainment, Pilot

Reminder: Consensus-Building Approach

Recommendations will be reviewed, discussions take place, and intermittent polls for consensus vote will be conducted by committee members. 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).

State Fiscal Year Committee Vote



Next Steps

- EOHHS will draft a memorandum to the Secretary with your recommendations and report back to the OSAC by email.
- Topics to discuss during the next OSAC meeting:
 - Recommendations on allocation of Purdue settlements.
 - Continued supplantation discussion.
- Brief discussion on reconvening in September.

Save the Date: Next OSAC Meeting



DATE:

Wednesday, October 22, 2025

TIME:

1 p.m. to 3 p.m.

LOCATION:

Department of Administration, One Capitol Hill, Room 2A,
Providence

THANK YOU

Opioid Settlement Advisory Committee Chairperson:

Brandon DL Marshall, PhD
Professor, Department of Epidemiology
Brown University School of Public Health
66 Pavilion Ave., 2nd Floor, Providence, RI 02905
brandon_marshall@brown.edu



APPENDIX

Programmatic Updates

Note: these are estimated totals reported by respective agencies



Cross-Cutting Pillars (1 of 2)

INITIATIVES	AGENCY	PARTNERS	TOTAL ENCUMBERED SETTLEMENT	TOTAL ENCUMBERED STEWARDSHIP	TOTAL ENCUMBERED FEDERAL	TIMELINE (Some contracts vary)	SFY26 STATUS OF PROGRAM
Racial Equity							
Investment in Racial Equity Strategies	EOHHS RIDOH BHDDH	CCAP, EBCAP, Thundermist, ONB, Wood River Health, FSRI, and the Women's Resource Center	\$400,000	\$0	\$90,000	7/1/2022 - 6/30/2026	Pilot
Governance and Community Engagement							
Administration and Engagement	All Agencies	Administration, Fiscal, and Interagency Coordination Staff	\$2,400,000	\$1,423,384	\$0	N/A	Infrastructure
Evaluation	EOHHS	Evaluation Staff and the University of Rhode Island	\$1,300,000	\$0	\$0	7/1/2024 – 6/30/2027	Infrastructure
Task Force and community engagement	All Agencies	Task Force Work Group Co-Chair and Work Group Stipends and Community Engagement	\$0	\$490,000	\$0	N/A	Infrastructure

Cross-Cutting Pillars (2 of 2)



INITIATIVES	AGENCY	PARTNERS	TOTAL ENCUMBERED SETTLEMENT	TOTAL ENCUMBERED STEWARDSHIP	TOTAL ENCUMBERED FEDERAL	TIMELINE (Some contracts vary)	SFY26 STATUS OF PROGRAM
Emerging Issues and Municipal Coordination							
Addressing Emerging issues	EOHHS	SUMHLC, Amos House, Providence CODE 4: CCAP, EBCAP, LISC, Thundermist, ONB, Wood River Health, FSRI, Women's Resource Center, RIF, and to be announced.	\$900,000	\$0	\$0	1/30/2023 – 6/30/2026	Sustainment
Municipal Incentives	EOHHS	City of Providence and to be announced	\$500,000	\$0	\$0	5/1/2025 – 6/30/2026	Pilot
Data							
Surveillance Systems, Laboratories, and the PDMP	RIDOH	RIDOH SUEP, PDMP, State Laboratories, OSME, OFR Staff and Contracts	\$2,700,000	\$1,943,019	\$3,800,000	N/A	Infrastructure
BHOLD	BHDDH	Behavioral Health Data System	\$0	\$350,046	\$0	N/A	Infrastructure

Addressing Social Determinants of Health (1 of 2)

INITIATIVES	AGENCY	PARTNERS	TOTAL ENCUMBERED SETTLEMENT	TOTAL ENCUMBERED STEWARDSHIP	TOTAL ENCUMBERED FEDERAL	TIMELINE (some contracts vary)	SFY26 STATUS OF PROGRAM
Basic Needs Provision for High-Risk Clients and Community Members	RIDOH BHDDH	Anchor Recovery Community Center, Parent Support Network, East Bay Recovery Center, Community Care Alliance, Project Weber/RENEW, AIDS Care Ocean State, BH Link, Newport County Mental Health	\$1,450,000	\$0	\$0	9/1/2022 – 8/30/2026	One-Time Infusion
Basic Needs and Re-Entry	EOHHS	Access to Recovery, ACOS, Bridgemark, CCA, Children's Friend, Mathewson Street Church, PWR, Rhode Island Hospital, Thundermist CIT	\$300,000	\$0	\$0	7/1/2024 – 6/30/2025	One-Time Infusion
Communications (Translations, Paid Campaigns, and Capacity)	EOHHS BHDDH RIDOH	Brown University, Translations, RDW, Gift Cards, and Sponsorships	\$1,055,000	\$0	\$563,000	7/1/2022 – 8/31/2026	Infrastructure
Street Medicine (Wound Care)	EOHHS	Westbay Community Action	\$1,732,547	\$0	\$0	1/1/2024 – 6/30/2026	Pilot
Medical Respite	EOHHS	Westbay Community Action, Thundermist	\$ 2,020,655	\$0	~\$5,477,598	1/30/2023 – 12/31/2025	Pilot

Addressing Social Determinants of Health (2 of 2)

INITIATIVES	AGENCY	PARTNERS	TOTAL ENCUMBERED SETTLEMENT	TOTAL ENCUMBERED STEWARDSHIP	TOTAL ENCUMBERED FEDERAL	TIMELINE <i>Some contracts vary</i>	SFY26 STATUS OF PROGRAM
Homelessness Prevention and Supports	EOHHS	Amos House (Cranston St. Armory), Crossroads, East Providence Library, RICEH	\$595,000	\$0	\$0	1/30/2023 – 6/30/2026	One-Time Infusion and Pilot
Re-Entry Basic Needs (vital documents)	EOHHS	Department of Corrections	\$125,000	\$0	\$0	7/1/2024 – 6/30/2025	Pilot
Non-Profit Capacity Building (RIF)	EOHHS	2 nd Act Inc, Access to Recovery, Bridgemark, Justice Assistance, MAP Behavioral Health Services, Project Weber Renew, Strategic Prevention Partnerships Inc, VICTA	\$750,000	\$0	\$0	7/1/2023 – 6/30/2024	One-Time Infusion
Non-Profit Capacity Building Technical Assistance	RIDOH	RI Department of Health, Health Equity Zone, Training and Technical Assistance Program	\$500,000	\$0	\$0	7/1/2024 – 6/30/2026	Pilot
Trauma-Informed Supports	EOHHS	2 nd Act Inc., Centro de Innovacion Mujer Latina, LISC, Medicine Horse, Melior, Thundermist Health Center RIF to be announced	\$1,250,000	\$0	\$0	7/1/2024 – 6/30/2027	Pilot

Reinforcing Comprehensive Prevention



PROJECT	AGENCY	PARTNERS	TOTAL ENCUMBERED SETTLEMENT	TOTAL ENCUMBERED STEWARDSHIP	TOTAL ENCUMBERED FEDERAL	TIMELINE <i>Some contracts vary</i>	SFY26 STATUS OF PROGRAM
Youth Community-Based Mental Health (RIF)	EOHHS	Friends Way, Interfaith Counseling Center, Progresso Latino, Shareiff's Family Foundation, SUMHLC, To be announced	\$3,200,000	\$0	\$0	7/1/2023 – 8/30/2027	Pilot
Youth Community-Based Mental Health	EOHHS	CODE 4: CCAP, EBCAP, LISC, Thundermist, ONB, Wood River Health, FSRI, Women's Resource Center	\$500,000	\$0	\$0	9/1/2025 – 8/31/2026	Pilot
Investment in School-Based Mental Health (Student Assistance)	BHDDH	Coastline EAP (RI Student Assistance Services)	\$5,755,000	\$799,569	\$10,688,00	10/1/2022 – 9/30/2026	Sustainment
Regional Substance Use Task Force	BHDDH	Partnerships, Inc.	\$0	\$1,150,431	\$1,965,897	3/29/2024	Sustainment

Strengthening Harm Reduction and Rescue (1 of 2)



PROJECTS	AGENCY	PARTNERS	TOTAL ENCUMBERED SETTLEMENT	TOTAL ENCUMBERED STEWARDSHIP	TOTAL ENCUMBERED FEDERAL	TIMELINE <i>Some contracts vary</i>	SFY26 STATUS OF PROGRAM
Drop-In Centers	RIDOH	Project Weber/RENEW (Pawtucket)	\$1,280,000	\$151,273	\$0	9/1/2023 – 8/31/2026	Infrastructure
Mobile Outreach, Harm Reduction Distribution and Delivery, and Expand Existing Outreach	RIDOH	Project Weber/RENEW, Community Care Alliance, and PSN - <i>expired</i>	\$2,961,844	\$1,779,174	\$1,525,085	9/1/2023 – 8/31/2026	Infrastructure
Harm Reduction Infrastructure	RIDOH EOHHS	Preventing Overdose and Naloxone Intervention (PONI)	\$528,844	\$642,461	\$0	9/1/2023 – 8/31/2026	Infrastructure
Naloxone Distribution/Supply	RIDOH	University of Rhode Island Pharmacy	\$327,028	\$868,195	\$125,000	9/1/2023 – 8/31/2026	Infrastructure
Delivery and Needle Exchange	RIDOH DOC	AIDS Care Ocean State	\$1,044,472	\$1,121,634	\$261,257	7/1/2022 – 6/30/2026	Infrastructure
Harm Reduction Technologies	EOHHS	Brave Technology Coop	\$458,000	\$0	\$0	3/24/2023 – 3/23/2027	Pilot
RI Mobile Crisis Response	BHDDH	Various	\$0	\$0	\$4,199,270	10/1/2022 -	Sustainment

Strengthening Harm Reduction and Rescue (2 of 2)

PROJECTS	AGENCY	PARTNERS	TOTAL ENCUMBERED SETTLEMENT	TOTAL ENCUMBERED STEWARDSHIP	TOTAL ENCUMBERED FEDERAL	TIMELINE <i>Some contracts vary</i>	SFY26 STATUS OF PROGRAM
Public Health Vending Machines	RIDOH DOC	AIDS Care Ocean State	\$200,000	\$496,548	\$0	9/1/2022 – 8/31/2026	Sustainment
New Outreach Focusing on BIPOC Communities	RIDOH	Project Weber/RENEW, Amos House, and Horizon Health	\$1,875,000	\$0	\$0	10/1/2023 - 9/30/2026	Pilot
Overdose Prevention Center	EOHHS	Project Weber/RENEW	\$5,500,000	\$0	\$0	3/20/2023 – 4/30/2026	Pilot
Post-Overdose	RIDOH	Rhode Island Hospital Addiction Care Today	\$864,927	\$0	\$0	2/25/2025 - 10/31/2026	Pilot
Post-Overdose	BHDDH	Safe Landings	\$0	\$0	\$0		Under Review
Post-Overdose	RIDOH	CODE 3 (expired) Thundermist, LISC, City of Providence	\$0	\$0	\$59,666	Ended in December 2024	Expired
Hope Initiative	BHDDH	CODAC	\$0	\$682,461	\$200,000	7/1/2023 - 9/29/2027	Pilot

Increasing Investment in Treatment (1 of 2)



PROJECT	AGENCY	Partners	TOTAL ENCUMBERED SETTLEMENT	TOTAL ENCUMBERED STEWARDSHIP	TOTAL ENCUMBERED FEDERAL	TIMELINE <i>Some contracts vary</i>	SFY26 STATUS OF PROGRAM
Brick-and-Mortar Treatment Facilities	BHDDH	Bridgemark, Galilee Mission, and Zinnia Health Applications Under Review	\$3,507,828	\$300,000	\$0	10/1/2023 – ?	One-Time Infusion
Contingency Management	BHDDH	Dynamicare	\$603,910	\$0	\$250,000	10/1/2023 – 9/30/2026	Pilot
Medication for Opioid Use Disorder (MOUD) and Uninsured, Underinsured	BHDDH	Brown Health (RI Hospital); Residential Treatment Center, and Various OTPs	\$2,150,000	\$550,000	\$2,915,143	10/1/2023 – 9/30/2026	Infrastructure
Stimulant Use Disorder Treatment	BHDDH	Applications Under Review	\$1,625,000	\$0	\$0	10/1/2025 - ?	Pilot
SUD Workforce Supports	BHDDH	Various Trainings - Stimulant Use, CODE Summit, and URI Family Therapist	\$550,000	\$100,000	\$0	10/1/2024 - 9/30/2026	Sustainment

Increasing Investment in Treatment (2 of 2)



PROJECT	AGENCY	Partners	TOTAL ENCUMBERED SETTLEMENT	TOTAL ENCUMBERED STEWARDSHIP	TOTAL ENCUMBERED FEDERAL	TIMELINE <i>Some contracts vary</i>	SFY26 STATUS OF PROGRAM
Medication for Addiction Treatment	RIDOC	CODAC	\$0	\$6,335,206	\$0	7/1/2022 – 6/30/2026	Infrastructure
Youth Treatment Infrastructure	BHDDH	Tides & Family Services of RI Contract in Process	\$1,300,000	\$0	\$0	10/1/2025 – 9/30/2026	One-Time Infusion
BH Link	BHDDH	Horizon Health Partners	\$0	\$0	~\$13,432,056	3/15/2023 – 12/31/2025	Infrastructure
Behavioral Health Respite	BHDDH	Community Care Alliance	\$0	\$0	\$286,680	10/1/2024 – 9/30/2026	Sustainment
Integrated Mobile Treatment	BHDDH	CODAC	\$0	\$0	\$776,084	10/1/2022 – 9/29/2027	Sustainment
Alcohol Detoxification	BHDDH	Multiple Treatment Facilities	\$0	\$300,000	\$0	10/1/2023 – 9/30/2026	Infrastructure

Supporting Recovery (1 of 2)



PROJECTS	AGENCY	PARTNERS	TOTAL ENCUMBERED SETTLEMENT	TOTAL ENCUMBERED STEWARDSHIP	TOTAL ENCUMBERED FEDERAL	TIMELINE <i>Some contracts vary</i>	SFY26 STATUS OF PROGRAM
Recovery Community Centers	BHDDH	Anchor PVD, Anchor Warwick, CCA, and EBCAP	\$0	\$0	~13,000,000	10/1/2022 – 9/30/2026	Infrastructure
Recovery Housing – Brick-and-Mortar, Operations, and Incentives	BHDDH	Applications under Review Sanctuary, Brisan, Hope, Timberline, OpenDoors, Changes, Amos House, CCA, Bridgemark, Galilee Mission, and Operation Stand Down	\$2,000,000	\$0	~\$10,700,000	10/1/2022 – 9/30/2026	Sustainment
Recovery Housing – Alcohol Use	BHDDH	Multiple recovery houses	\$0	\$3,000,000	\$0	10/1/2022 – 9/30/2027	Infrastructure
Recovery Capital Supports	BHDDH	Anchor PVD, Anchor Warwick, CCA, and EBCAP (RICARES in SFY2026)	\$1,119,116	\$0	\$0	2/1/2023 - 9/30/2026	Pilot
Recovery Friendly Workplaces	BHDDH	Capacity for Program Mgmt.	\$200,000	\$600,000	~\$650,000	7/1/2022 - 9/30/2026	Sustainment
Recovery Capital for Industry Workers	EOHHS	Building Futures	\$1,400,000	\$0	\$0	1/15/2023 – 6/30/2028	Pilot
Recovery Infrastructure (Career Ladders)	EOHHS	Rhode Island College	~\$400,000	\$0	\$0	10/1/2025 - ?	Pilot
Building Recovery Capital (Oral Health)	EOHHS	Applications Under Review	~\$400,000	\$0	\$0	10/1/2025 – 9/30/2025	Pilot

Supporting Recovery (2 of 2)



PROJECTS	AGENCY	PARTNERS	TOTAL ENCUMBERED SETTLEMENT	TOTAL ENCUMBERED STEWARDSHIP	TOTAL ENCUMBERED FEDERAL	TIMELINE <i>Some contracts vary</i>	SFY26 STATUS OF PROGRAM
Family Supports/Family Connection and Utilize Families as a Resource	EOHHS	Round 2 – RI Foundation Friends Way, Interfaith Counseling Center, Progresso Latino, Shareiff's Family Foundation, SUMHLC	\$450,000	\$0	\$0	7/1/2024 – 6/30/2025	Pilot
Recovery supports for individuals and families	EOHHS	Round 3 – RI Foundation TBA	\$850,000	\$0	\$0	9/1/2025 – 8/31/2027	Pilot
Recovery Supports for Individuals and Families	RIDOH	CODE 4: EBCAP (LISC) ONE Neighborhood Builders Thundermist Wood River Health CCAP, FSRI, Women's Resource Center	\$900,000	\$0	\$0	9/1/2025 – 8/31/2025	Pilot
Perinatal Substance Use formerly Substance-Exposed Newborns (SEN) Family Planning	RIDOH	VNA, PWR, ACOs, CCAP, Community Care Alliance Children's Friend FSRI, Visiting Nurse Home and Hospice	\$1,850,000	\$300,000	\$739,298	7/1/2022 - 6/30/2026	Infrastructure
Imani (Faith-Based Recovery Program)	BHDDH	Multiple faith-based organizations	\$0	\$0	~\$1,000,000	10/1/2023 – 9/30/2026	Sustainment