



Opioid Settlement Advisory Committee

Wednesday, May 27, 2026

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Call to Order, Introductions, and Review and Approve Minutes

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Welcome to the New OSAC Members

Community Representative:

- Alexis “Lex” Morales; Program Director, Project Weber/RENEW

Expert Representative:

- Michael O’Neill, LCDP, CADC, CPRS, CCHW; Director of Peer Services, The Providence Center

Our Meeting Agenda



- I. Call to Order, Welcome, and Review of Minutes
- II. Updates from the OSAC Chair on National Networking and Opioid Settlement
- III. Updates from Dr. Philip Chan on the National Academy for State Health Policy and State Opioid Settlement Learning Network
- IV. Public Comment
- V. Recommendations from the Governor's Overdose Task Force Community Conversation
- VI. Public Comment
- VII. Next Steps/Adjourn

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National Networking and Updates on Opioid Settlement

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National Networking and Representation

Our Committee's work has been, or will be, highlighted at the following national conferences or convenings in May and June 2026:

- **National Conference of State Legislatures (Philadelphia, PA):** Workshop on overdose prevention.
- **National Academy for State Health Policy (Austin, TX):** Convening of state opioid settlement administrators.
- **National Governors Association (New Orleans, LA):** Leveraging rural health transformation to sustain and grow overdose prevention efforts.
- **National Opioid Settlement Conference (Denver, CO):** A convening dedicated to ensuring the equitable, transparent, and effective use of opioid settlement funds.



National Academy for State Health Policy, May 2026

Finding the Story in Settlement Funds: A Media Perspective on Communicating About the Opioid Crisis

Dan Gorenstein, Founder and Executive Editor of Tradeoffs

- How to tell a story about what you are doing.
- Who is doing what? What are you trying to highlight?
- Who is the audience?
- What is happening in your state that captures the essence of the story that you are trying to tell?
 - Set expectations (Public use of stories)
 - Fact-check/Accuracy
 - Vet the reporter
 - Be transparent
- Addressing Difficult Media
 - “Thanksgiving Dinner” approach
 - Be curious
 - Engage people who want to have a serious conversation about an issue



Summary: Should the OSAC highlight its work better, including successes?

Financing Substance Use Treatment 101

Moderator: Rebecca Boss

- Data are lacking and limited about the amount of spending on substance use in the US.
- Mental health and substance use disorder spending in 2015 totaled \$212 billion (latest data).
- Substance use disorder spending represented 1.8% of all health spending in 2015.
- 57% of funding from public sources in 2015.
- No one really knows how much we are spending. It's not being tracked well.
- Example: Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant
 - \$2 billion grant administered by SAMHSA and SSA for substance use disorders.
 - Other grants (i.e., State Opioid Grants, etc.).

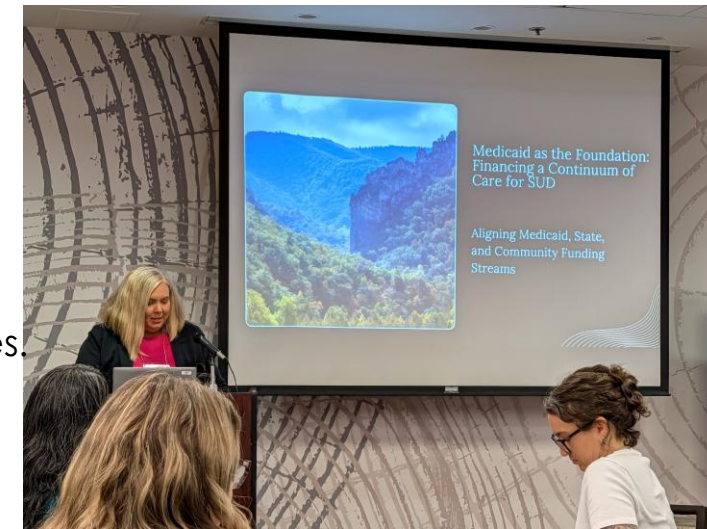


Summary: The financing of substance use is messy, and no one really knows the true spending.

Medicaid: Financing a Continuum of Care for Substance Use Disorder

Cindy Beane, West Virginia Medicaid Commissioner

- 75 million Americans are covered by Medicaid, about one in five people.
- Covers 40% of people with opioid use disorder (OUD), the largest payer of behavioral health services.
- Drivers of Medicaid funding for substance use:
 - SUPPORT Act, which made nationwide standards for medications for opioid use disorder (MOUD).
 - 1,115 waivers, which support system redesign (allowed funding of residential treatment programs).
 - Federal Medicaid Assistance Percentage (FMAP) is the percentage of a state Medicaid budget that CME reimburses. It drives state investments. Rhode Island is approximately 54%, slightly higher than the federal minimum of 50%.
 - Shift: Coverage to outcomes
- “Funds are drying up.” There’s a need to be better about tracking and demonstrating outcomes.
- Need to align Medicaid with other funding streams to build a true continuum of care. Focus on outcomes, not just access, and scale models that demonstrate access.
- Other states: Not allowed to use State Opioid Settlement dollars to cover Medicaid deficits.



Summary: Medicaid is an important sustainable funding source for substance use treatment.

Oversight and Monitoring

Gerry Zack, RiskTrek, LLC

Red Flags for funding

- Lost licenses (services provided by unlicensed people).
- Loss of nonprofit status.
- Significant disruption in staffing (i.e., loss of people with relevant experience).
- Prior fraud.
- Not being willing to follow the rules.
- "Intent is important."

More Lenient

- Financial capacity (i.e., operating deficit, capital, etc.).
- Big question: "Do they have the capacity to keep going?"

Other Concerns:

- Confidentiality/Security and protected health information.

Welcome to Austin!

State Opioid Settlement Administrators Convening

May 5-7, 2026



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Public Comment

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Overdose Task Force Community Conversations Recommendations

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Governor's Overdose Task Force Recommendation Process

Each year, the Governor's Overdose Task Force provides priority recommendations to the OSAC for consideration in their allocation of funding for the next State fiscal year.

Task Force Work Group Co-Chairs

- In April 2026, an Annual Recommendations Survey was developed by EOHHS and Brown University's People, Place & Health Collective. The survey gathered feedback on the Overdose Task Force Strategic Plan (i.e., "Roadmap") and priorities. It also asked open-ended questions about emerging issues and future challenges.

Gather Task Force Work Group Recommendations

- The survey was released to all nine Overdose Task Force Work Groups in April 2026.

Overdose Task Force Community Conversation

- In May 2026, community feedback was gathered during the meeting's community conversation and brainstorming activity. The brainstorming activity focuses on eight topics or themes: Racial Equity; Social Determinants of Health (Families); Social Determinants of Health (Housing); Emerging Response to the Epidemic, Harm Reduction and Rescue; Treatment; Recovery; and Prevention.

Report Out to the Opioid Settlement Advisory Committee

- Key takeaways from the Overdose Task Force Annual Recommendations Survey and the May Task Force Community Conversation will be shared during the May 2026 Opioid Settlement Advisory Committee meeting.

2026 Task Force Annual Recommendations Survey

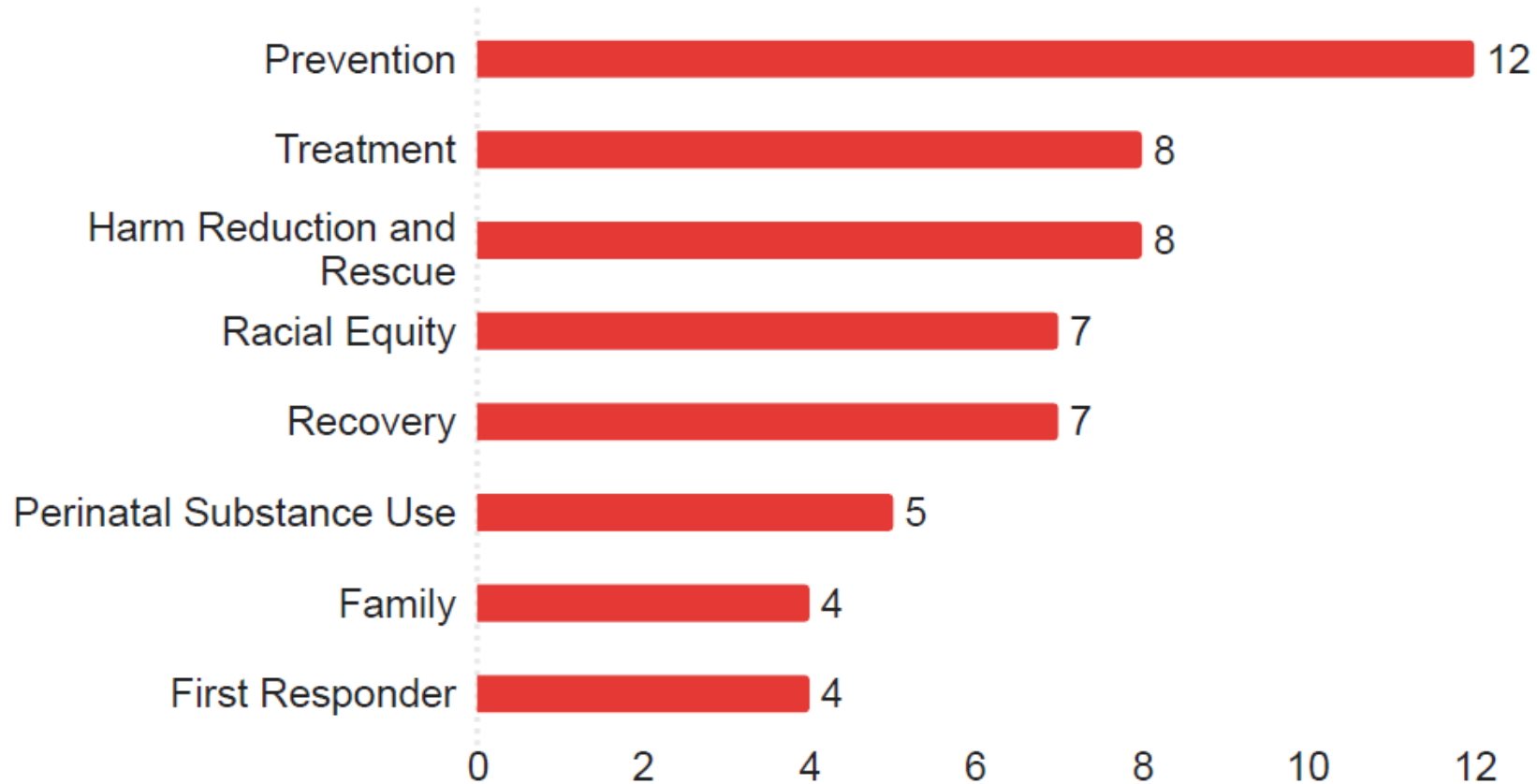
Survey for feedback and recommendations on priorities, issues, and strategic focus for the upcoming year.

- Survey respondents could choose multiple work groups.
- Respondents arranged a list of priorities associated with each work group to indicate which ones they thought were most important.
- We asked open-ended questions about emerging issues and upcoming challenges. We identified key priorities within each work group and analyzed open-ended answers to identify themes.
- **33 surveys were completed between April and May 2026.**

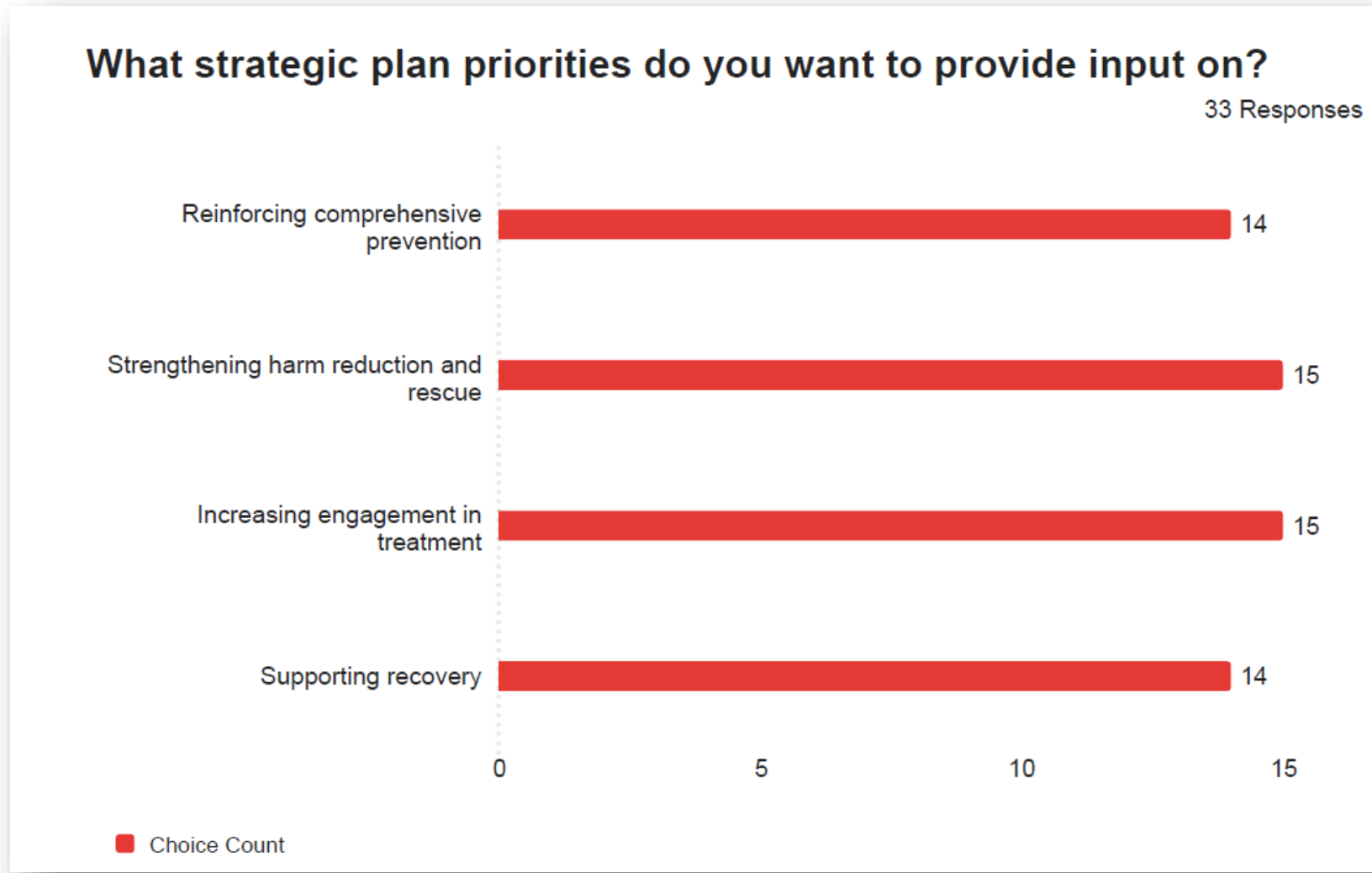
2026 Task Force Annual Recommendations Survey

What Overdose Task Force work groups are you most involved in?

33 Responses



2026 Task Force Annual Recommendations Survey

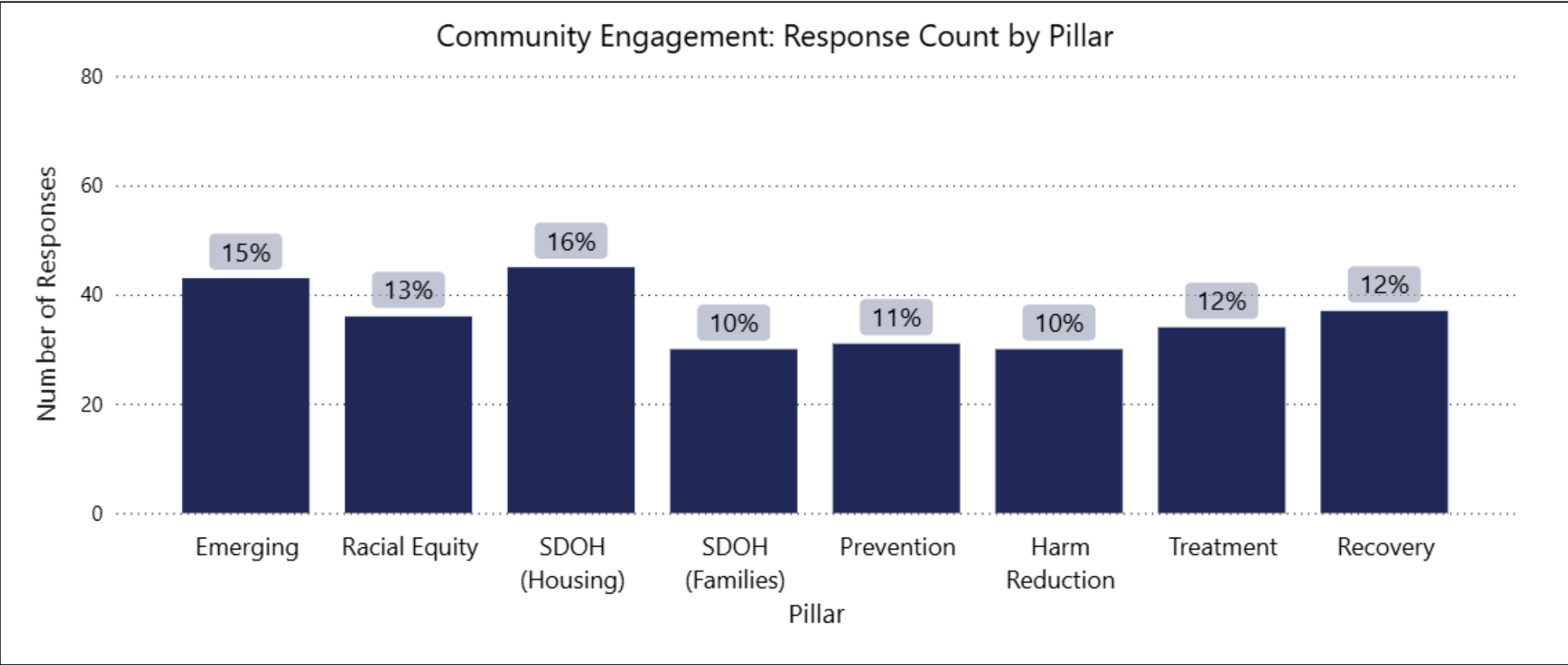


Summary of Survey Themes from Free-Text Questions

- **Funding Sustainability and Benefit Gaps:** How to sustain funding when there are cuts to vital services like Medicaid. Eligibility shifts and administrative hurdles are actively preventing "low-barrier" access that organizations want to provide.
- **Holistic Survival:** Material needs, such as housing and food, as well as wraparound support for families and job training are important considerations alongside clinical treatment and recovery.
- **Harm Reduction and Navigating the Unknown Drug Supply:** The challenge of keeping pace with emerging substances and the resulting long-term health impacts. Reinforcing harm reduction concepts for the public and loved ones.

Community Engagement

286 responses from the May 2026 Overdose Task Community Conversation.





Governor's Overdose Task Force Priority Recommendations

Alex Gautieri, MSW, LCSW; Task Force Community Co-Chair

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Purpose of Community Conversation

- **Capture** input on emerging issues, areas of focus, and priorities from community members, such as yourself, to help with planning for future years.
- **Compile** input from today's community conversation with results from the Task Force Annual Recommendations Survey.
- **Share** compiled feedback during the May 27th public OSAC meeting.

Topics or Themes for the Brainstorming Activity

- Emerging Response to the Changing Epidemic
- Racial Equity
- SDOH: Housing, Employment, Reentry/Justice Involved, and Basic Needs
- SDOH: Strengthening Families and Communities Across the Lifespan
- Prevention
- Harm Reduction/Rescue
- Treatment
- Recovery

Three Questions Open Ended Questions for Each Topic or Theme

- What are the most significant issues and/or topics in this area that need to be addressed?
- What is going well (e.g., programs, collaborations) in this priority area?
- Where are opportunities for impact and collaboration in this area?

For Virtual Participants Only:
Scan the QR Code for the Online Survey





Cross-Cutting Pillars

Racial Equity
Emerging Issues
Social Determinants of Health

Ensuring Racial Equity

Strategy: Ensure that racial equity is being embedded as a priority across all pillars.

Key Themes
Ensuring access to treatment, housing, & employment opportunities (related to substance) use for communities of color.
Allowing people directly impacted to lead and develop messaging and trainings and be the voice of their own communities.
Educating providers in cultural competencies and not just checking the box to improve access to care.
Prioritize and sustain efforts that represent the community they serve.
Support and listen to trusted organizations reaching vulnerable populations especially those targeted by current federal immigration policies.
Expand and increase programs that support re-entry and justice involved people and advocate for criminal justice reform (including expungement, sentencing, etc).

Emerging Issues

Strategy: Emerging Response to the Changing Epidemic

Key Themes
Expand and support community drug checking to monitor changes in the drug supply and ensure that information is disseminated to the people providing samples.
Address emerging stigma trends that view people in recovery and people who use drugs as not deserving of assistance.
Improve coordination between health, housing, and justice systems.
Address economic and policy challenges, including the increased cost of living in housing, food, energy costs and changes in Medicaid and SNAP benefit qualifications and work requirements.
Address social isolation, youth mental health, substance use, trauma, and co-morbidities.

Social Determinants of Health: Housing, Criminal Justice, and Basic Needs

Strategy: Prioritize housing stability, economic opportunity, and culturally responsive services for populations disproportionately impacted by overdose.

Key Themes
Increase opportunities for expungement, reduce barriers to employment, housing, and address basic needs for re-entry populations.
Providing stable and harm reduction-focused living environments including temporary and permanent housing.
Increase availability of housing, such as discharges from nursing homes, corrections, and emergency departments.
Ensure basic needs are being met such as food, housing, transportation, and employment.

Social Determinants of Health: Strengthening Families

Strategy: Prioritize housing stability, economic opportunity, and culturally responsive services for populations disproportionately impacted by overdose.

Key Themes
Improve coordination between education, health, housing, and criminal justice systems.
Collaboration with faith-based programs, health equity zones (HEZs), and community health programs to improve trust and engagement of families.
Sustain and expand support for pregnant and parenting individuals.
Address social isolation for older adults and people living with disabilities and increase inclusion and accessibility.

Core Pillars

Prevention
Harm Reduction/Rescue
Treatment
Recovery

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Reinforcing Comprehensive Prevention

Strategy: To prevent the initiation of substance use by implementing evidence-based, equity-centered primary prevention in schools, workplaces, healthcare, and high-risk settings. Primary prevention strategies include appropriate prescribing and injury prevention practices.

Key Themes
Sustaining and increasing school- and community-based mental health, substance use, afterschool, mentorship, and leadership development programs for youth and young adults.
Increasing mental health, trauma-informed community resiliency services across the lifespan.
Equity: Culturally appropriate and bilingual programming/services and staff
Sustaining the Rhode Island Prescription Drug Monitoring Program (PDMP) and expanding academic detailing initiatives

Strengthening Harm Reduction and Rescue

Strategy: Achieve targeted and statewide coverage of harm reduction resources by maximizing access to lifesaving tools (e.g., naloxone), adapting services to the evolving drug supply, and implementing equitable post-overdose engagement strategies that reduce mortality and improve linkages to care.

Key Themes

Sustaining harm reduction infrastructure and supportive environments that lower overdose risk and encourage people not to use alone.

Ensure harm reduction services are comprehensive and responsive to evolving needs of people who use drugs (PWUD) through 24/7 access to harm reduction tools.

Ensuring rapid overdose response to address the everchanging drug supply and emerging situations.

Improving post-overdose engagement that meets the needs of PWUD and connects individuals to treatment services and recovery support.

Increasing Engagement in Treatment

Strategy: Ensure equitable, low barrier, and on-demand treatment services across the lifespan. Expand treatment access, workforce capacity, reducing social, cultural, and structural barriers, and addressing social determinants of health and disparities that limit engagement and retention in care.

Key Themes
Increasing access to quality, appropriate inpatient and outpatient treatment services across the lifespan (i.e., youth to older adults).
Ensuring access to racially equitable and culturally competent treatment services for all substances, including stimulants and alcohol.
Expanding low-threshold access to medications for opioid use disorder (MOUD).
Implement strategies for integrated behavioral health in primary care.

Supporting Recovery

Strategy: Build and sustain recovery capital across housing, employment, family, community, and cultural domains by strengthening recovery-oriented systems, professionalizing the peer workforce, and supporting long-term recovery and intergenerational stability.

Key Themes
Address the most basic needs to maintain recovery such as food, transportation, clothing, and affordable housing.
Increase housing at all stages of recovery including recovery housing, affordable housing, justice-involved barriers, and transitional housing.
Develop and expand job training opportunities for people in recovery and address barriers for people with justice involvement.
Support and expand all pathways of recovery including faith-based partnerships.

Thank You

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Public Comment

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Upcoming OSAC Committee Meetings

DATE:	<ul style="list-style-type: none">• Wednesday, June 24, 2026; Agency programmatic updates• Wednesday, July 22, 2026; Review process and share additional materials• Wednesday, August 26, 2026; Consensus vote on proposed recommendations for FY2028• Wednesday, October 28, 2026; TBD
TIME:	1 p.m. – 3 p.m.
LOCATION:	Rhode Island Department of Administration, 2 nd Floor Conference Room 2A

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Thank You

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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

